

Defence Medical Welfare Service Supporting The Frontline



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The RIC Hub caught up with Mike Davies who has the incredibly rewarding role of connecting people to support in the community in Wales.

He uses social prescribing to provide person-centred care by unlocking solutions to improve wellbeing, support sustainable recovery, transition home and allow patients to carry on with their lives in the way that they want to. Not only is this role improving patient experience but it is reducing hospital bed days, unnecessary readmissions and releasing clinicians to do clinical work.



Interview with Mike Davies

Who are you and what do you do?

Mike: My name is Mike, and I'm a Veterans and Armed Forces Welfare Officer. I provide Medical Welfare support to veterans and current serving members of the armed forces. Medical welfare is important where non-clinical issues, problems or social influences may be distracting someone from their recovery. I am based in the University Hospital of Wales and also cover referrals from University Hospital Llandough. My main area is Cardiff and Vale but I provide support over the phone for the whole of South Wales via our National Response Service. This used to include North Wales but we now also have a Welfare Officer in post covering that area.

Benefits to Healthcare Organisations

- Reduced likelihood of issues escalating into a crisis
- Addresses Delayed Transfer of Care, delayed discharge and improves bed flow
- Capacity generator - releasing clinicians to do clinical work
- Improves patient experience
- Identifies support when the patient is at home to prevent unnecessary re-admissions/admission avoidance
- Provides a single point of contact with an understanding of NHS, statutory, third sector health & social care, care navigation & social prescribing
- Provides expertise in specialist military organisations and the services that are available
- Enables independent living & reduces social isolation making supported connections local to the patient
- Support to meet the Armed Forces Covenant duty

What is the DMWS?

The Defence Medical Welfare Service is an independent charity connected to a network of charities across the UK. It was established in 1943 and provides Medical Welfare Support to all services of the Armed Forces community and The Merchant Navy. This includes those currently serving, reservists, veterans and their immediate family members or carers.

Purpose of DMWS

To help people during their most critical time of need ensuring no one goes through the worry of injury or illness alone.

Mission: To provide high-quality medical welfare services to those who serve the nation and community when they are on a healthcare pathway.

Over the years, we have built a great working relationship with numerous armed forces charities in order to make either supported referrals or simply signpost patients to. By signposting and making referrals to these other charities we can help ease pressures on the NHS by filling in any possible gaps that may be delaying a patient discharge. For example, if a patient was identified as needing housing adaptations in order to go home but they can't afford to do so, I would make a referral on to the relevant Armed Forces charity to apply for funding in order to have this done.

The DMWS unlocks solutions to improve wellbeing, support sustainable recovery and transition home where possible.

Purpose of my role at DMWS

The aim of my role is to:

- Ease stress, anxiety, and loneliness
- Provide comfort at the bedside
- Identify potential mental health issues that can be impacting communication or treatment and then signpost/refer on to the relevant mental health charity/organisation.

Total Beneficiaries

Apr 22 - Mar 23



4,122

Direct Service Users



3,182

Family members/carers



2,295

NHS Staff

Total: 9,599



We reduced likelihood of NHS Mental Health Crisis Intervention for 157 people



We supported beneficiaries who battled with suicidal thoughts or had attempted to take their own lives

- Identify and arrange other support packages including housing, home adaptations, rehabilitation support, funding and benefits and connections with community groups
- Quicker discharge / reduced delays to transfers back home / prevent bed blocking
- Reduce do not attends
- Reduce unnecessary readmissions
- Support with terminal diagnosis / bereavement
- Help to save time and money for the NHS

The patient is at the heart of our role. The veteran/serving member is getting person-centred support that is right for them (and their families and carers), at the bedside and back home. But, there are also key benefits in identifying these patients as it can lead to saving bed days and reducing unnecessary re-admissions. In turn, eases the workload of the NHS staff which in turn could also have financial benefits.

What sort of things do you support with?

We work with patients when they are on a medical pathway but who also have issues, problems or social or economic influences that are causing poor physical and mental wellbeing, delaying discharge or preventing a recovery.

We support with many issues ranging from social isolation, homelessness, substance abuse issues, mental health issues and financial issues. We also support with anxiety and stress that some patients may suffer with whilst following the medical pathway to help make their admission easier for them. Mental health is one of the biggest issues I find myself supporting.



What is a veteran?

A veteran is defined as anyone who has served for at least one day in His Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.

A veteran can be male, female, young or old. Many veterans may not think of themselves as veterans, and others may be reluctant to seek support for many reasons.

[More information](#)

Without the help and support from the DMWS Welfare Officer, I would not be here now. Thank you from the bottom of my heart."

– Anonymous

DEFENCE MEDICAL
WELFARE SERVICE

The DMWS unlocks solutions to improve wellbeing, support sustainable recovery and transition home where possible.

Why is it important to connect veterans to their community in this way?

A lot of the veterans that I speak to have no idea of what is available to them within their community. Whether it be Veterans breakfast clubs or Veterans hubs, I feel it is vital that Veterans are connected to their community. These clubs and hubs are incredible at easing things which can then in turn help with their mental health and wellbeing. It gives Veterans an opportunity to talk to people that have been through the same or similar experiences that they have been through.

As a knock-on effect then, this can help stop unnecessary admissions to hospital as they will no longer need the interactions from the hospital admission. Visiting the hubs and clubs can also help to bring out deeper conversations that may indicate further help and support that the veteran may need which they may not have felt comfortable sharing. This will then lead to further referrals or signposting that may not have been able to be picked up previously.

What does a typical day look like for you?

A typical day for me isn't a typical day. I could be walking the wards one day trying to find new patients and then I could be attending an event such as the Royal Gun Salute at Cardiff Castle the next.

A general day at the hospital would usually entail me sending off referrals, visiting my veterans at their bedside, listening to their stories or just having general chit chat.

I'll sometimes go for a wander over to concourse with them for a coffee and some fresh air. I also have [Veterans Trauma Network](#) patients and [National Response Service](#) patients to contact via phone/email.

How do you find the people you support?

The people I support come to me through various means, whether that be approaching me from a leaflet, business card or posters I've left around the hospital, a referral direct from NHS staff via email/text/phone call or simply through word of mouth through conversations we have in passing. I also find patients by walking the wards bed to bed and simply chatting with people and asking if they have an armed forces connection.

What makes your role so special?

I feel that the Welfare Officer role is incredibly valuable due to what we're able to offer. There is a wealth of help and support out there for the Armed Forces community that isn't widely known.

We are able to provide a single point of contact for the patient and tap into a wider network in order to help them further. The network works together and we regularly get together to discuss things that work well with our communities and look for areas where things that can be improved. We discuss upcoming veterans focussed events and new upcoming armed forces charities. We are also all part of a mailing list where events and initiatives are sent out to help us keep up to date with what going on in the communities.

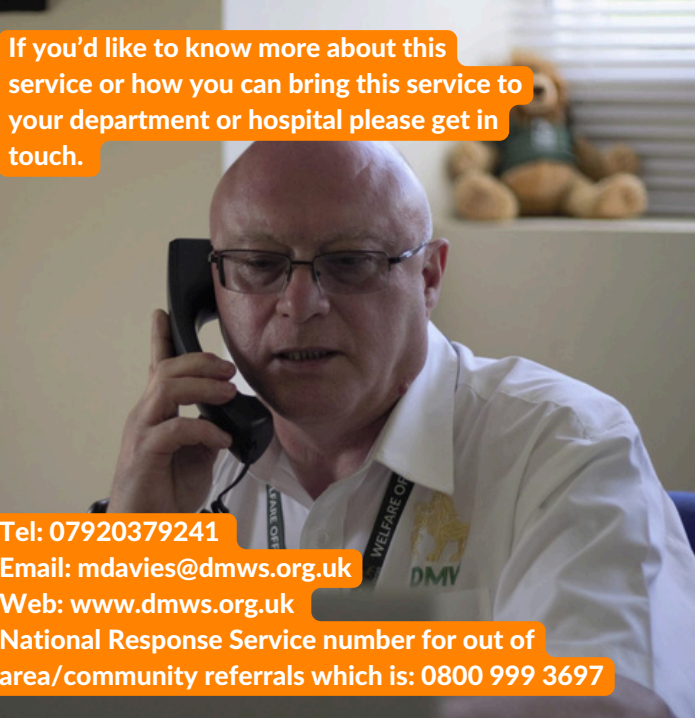
What do you find most rewarding about your role?

My favourite part of my role is the stories. I love listening to the stories and lives that my patients have lived through. I've found that the patients I've been involved with also like having someone to talk to about their time in the Forces. There's also a great sense of accomplishment that comes from helping someone and putting things in place to make their life easier, especially those that have given so much for us.

What are your ambitions for the role as it progresses?

I'd love for us to be in a place where the need for a Welfare officer is known about and recognised in every hospital, where patients and staff ask for us. We currently have two officers in Wales and I'd love to be a part of the growth of our Welsh Welfare Officers.

If you'd like to know more about this service or how you can bring this service to your department or hospital please get in touch.



Tel: 07920379241
Email: mdavies@dmws.org.uk
Web: www.dmws.org.uk
National Response Service number for out of area/community referrals which is: 0800 999 3697

Case Study : Brian

The RIC Hub joined Mike on one of his daily rounds. We visited 78-year-old Brian. He's not officially a veteran but his strong family links to the service make him eligible.

Brian has been in hospital for 6 months after being admitted following issues with his leg, which later had to be amputated. We found him to be a kind, engaging and selfless man who is not worried about his amputation for his sake but for those around him. What was striking about Brian is that 95% of our conversation was about his worries for his wife (who he worries is at home with dementia) and his busy son who is now stepping in as a carer whilst Brian is in hospital.

Mike's Support

Brian's support has been centred around keeping him company and being there as a listening ear for him to talk through the things he's struggling with whilst admitted into hospital. No outside referrals have been necessary so far.

Benefits and Outcomes

Brian: *"This man has been the most influential person throughout all of this, in my decisions and in shaping the way my life was going...In the short period we've know each other (we've only had a couple of meetings), I would say that we are friends. Well, we can't say we are real friends but you know what I mean...he understands exactly where I was with what was evidently a very difficult thing [amputation] to decide on. He made it easier and clearer, it meant so much to me. He means so much to me. In terms of putting my head straight, it was turmoil. I didn't know he was doing it at the time. He listens and that's important. A man of few words but a great deal of wisdom, reading between the lines with problems – things always go deeper than you can express. It's been a long time since I laid in a hospital bed and looked at the door waiting for a certain person to appear".*



It's the simple things in life Brian desires. Brian has ambitions to get back to a place where he can be back with his wife and family, get the care his wife needs, where he can watch his beloved Cardiff City play again at Cardiff City Stadium and to be able to get back to a river or lake to watch the ducks - hopefully something Mike may be able to help with soon.

Case Study : Veteran's Breakfast Club

Fact File:

- **83 year old Veteran**
- **Served in the Army as a Lance Corporal**
- **Referral received from an Occupational Therapy staff member**
- **Admitted to hospital through illness**
- **Through regular visits with service user it was found that they suffered with cognitive ability and was found to be quite lonely**
- **No local family, as his only active family member lives in Australia**

Mike's Support

Regular visits to service user as he had no local family or friends to visit. Liaised with discharge team to keep up to date with, and to keep SU up to date with, discharge plan. Supported Referral to [Cardiff Veterans Breakfast Club](#) to keep up social integration. Liaised with the breakfast club to arrange travel and transport back and fore.

Benefits and Outcomes

Service user was discharged with appropriate care plan in place. He has been able to access the community via The Cardiff Veterans Breakfast Club and is doing well there. He is now a valued member of the club and is very much enjoying his time there. His nephew was able to be put at ease knowing his uncle would no longer be lonely.



Case Study : Woody's Lodge



Fact File:

- **88 Year old Army Veteran**
- **Served in the Royal Engineers**
- **Found whilst walking bed to bed and was admitted following a fall, resulting in a leg amputation**
- **Member of various clubs that he no longer felt he was able to attend due to his amputation.**
- **Wife was elderly and frail and also concerned she'd not be able to give him the care and support he needed.**
- **Mental health was also deteriorating as a result of his length of stay, and the length of time awaiting a social worker to be allocated**

Mike's Support

Regular visits for company and to ease his anxieties about his admission. Made Supported Referral to Woody's Lodge to keep up social integration. Liaised with family members to reduce their anxieties of Service User's admission and kept them up to date with discharge plans to help reduce anxiety of his discharge. Chased through and made Social Work team aware of service user's declining mental health to help push his allocation through a bit faster. Worked with Occupational Therapy to help gain information about wheelchair delivery and speed up delivery a little. Accompanied service user's and family to discharge planning meeting to ease anxieties. Signposted family to RBL to gain funding for ramp to be built at Service User's home to ensure safe and easy entry and exit to home.



Benefits and Outcomes

Service user was able to access the community through referral to Woody's Lodge. Service User was discharged a week earlier than originally planned due to earlier Social Worker Allocation. Families minds put at ease for service user's discharge, made aware that service user would be going home with a package of care and, his wife would not be left to fend for herself. Service user was able to access funding to have a ramp installed at the property.