



Ministry
of Defence

Defence Statistics (Health)
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Reference: 17-10-2013-125053001

[REDACTED]

Date:

13 November 2013

Dear [REDACTED],

Thank you for your email of 16 October 2013 requesting the following information:

"For 2012 – regarding serving UK military personnel

What are the figures for time spent in hospital for:

mental disorders including PTSD

injury, including battlefield

other injuries, other illness and diseases

Further question: If these figures for the same subject matter are available, and have been collated over the last 13 years (or from 2000) can they be forwarded as part of this FOI."

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOIA).

A search for the information has now been completed within the Ministry of Defence, and I can confirm that some information in scope of your request is held.

Defence Statistics have provided the number of UK Armed Forces personnel admitted to hospital during 2012, the total number of days and the average time those admittances spent in hospital for:

1. Battle Injuries and Disease or Non Battle Injuries which were treated at a field hospital in Afghanistan
2. Battle Injuries treated at a hospital (excluding Field Hospital admissions)
3. Mental Health disorders at a hospital (excluding Field Hospital admissions)

Field Hospital, Afghanistan

Table 1 shows the number of inpatient admissions during 2012 and the length of stay for UK Armed Forces personnel treated at a field hospital for a 'Battle Injury' or a 'Disease or Non Battle Injury'.

Table 1. Number^{1,2,3} and length^{4,5,6} of Inpatient admissions of UK Armed Forces personnel at a Field Hospital, by Injury Class, 2012, Numbers

	Total Inpatient Episodes	Episodes with valid Discharge Date	Total Time Spent in Hospital (Days)	Median (Days)	Lower Quartile (Days)	Upper Quartile (Days)
All	926	677	1,934	2	2	4
Battle Injuries	222	182	552	3	2	4
Disease / Non Battle Injuries	704	495	1,382	2	2	4

Source: Field Hospital returns, EPINATO J97

1. Includes personnel admitted during 2012

2. The admissions data contain UK personnel admitted to any field hospital, whether operated by UK or Coalition Medical Facilities

3. Excludes personnel who subsequently died of wounds

4. Includes time spent in hospital beyond 31 December 2012 if the individual was discharged after 31 December 2012.

5. Excludes records without a valid discharge date

6. Days calculated as (date of discharge-date of admission)+1 as information is only provided as date admitted and discharged not as date and time.

Please note the number of inpatient admissions presented in the Table 1 will not match the Afghanistan Casualty and Fatality tables presented on the internet as the information in this response only includes UK Armed Forces personnel and excludes UK civilian casualties.

In addition, of the 926 UK Armed Forces personnel seen at a Field Hospital (see Table 1) **19** personnel had injury descriptions which indicated they were seen for a possible mental health disorder¹. A total of **60** days were spent in field hospital for a possible mental health disorder. The average inpatient admission was **4** days (median) with a lower quartile of 2 days and an upper quartile of 4 days.

Battle Casualty Hospital Admissions (excluding Field Hospital Admissions)

In 2012, **285** UK Armed Forces personnel were admitted to a hospital^{2,3} for a battle injury. A total of **4,018** days were spent in hospital for a battle injury⁴. The average inpatient admission was **7** days (median) with a lower quartile of 3 days and an upper quartile of 17 days.

Non Battle Injuries and Disease Hospital Admissions (excluding Field Hospital Admissions)

The MOD does not hold complete information on admissions to hospital in the UK for non battle injuries and illnesses which did not result in an Aeromedical Evacuation or an Initial Notification of Casualty (NOTICAS). Under section 16 of the Act (Advice and Assistance) I can advise that we hold information on non battle injuries and illnesses which resulted in an Aeromedical Evacuation or a NOTICAS and we would consider providing this information if requested.

¹ A total of 16 episodes had a valid discharge date

² Source: Defence Patient Tracking System

³ Excludes Field Hospital admissions; includes Royal Centre for Defence Medicine, NHS hospital and other independent hospital admissions

⁴ Includes time spent in hospital beyond 31 December 2012 if the individual was discharged after 31 December 2012

Mental Health, UK

Table 2 shows the number of inpatient admissions during 2012 and length stay for UK Armed Forces personnel for mental health disorders.

Table 2. Number¹ and length^{2,3,4} of Inpatient admissions of UK Armed Forces personnel in 2012 for mental health disorders (including PTSD), Numbers

	Total Inpatient Episodes	Episodes with valid Discharge Date	Total Time Spent in Hospital (Days)	Median (Days)	Lower Quartile (Days)	Upper Quartile (Days)
Ministry of Defence Inpatient Providers	304	259	3,425	22	11	43

Source: British Forces Germany and SSSFT inpatient data (see background notes)

1. Includes personnel admitted during 2012

2. Includes time spent in hospital beyond 31 December 2012 if the individual was discharged after 31 December 2012

3. Excludes records without a valid discharge date

4. Days calculated as (date of discharge-date of admission)+1 as information is only provided as date admitted and discharged not as date and time.

A total of 297 hospital episodes did not have a valid date of discharge and it is not therefore feasible to calculate the length of admission. This information falls within the scope of the following absolute exemption(s) under the Act: Section 40: Personal Information; as this information is held within the individual's medical record (and not within the anonymised medical electronic data warehouse).

As this exemption is an absolute exemption an assessment of the public interest for and against disclosure is not required under the terms of the Act.

In response to your further question, these figures have not been collated for previous years and have therefore not been included with this correspondence.

Background Notes

The data in this response includes regular UK Armed Forces personnel (including Ghurkhas and Military Provost Guard Staff), mobilised reservists, Full Time Reserve Service personnel and Non-regular Permanent Staff.

Information on length of stay has been presented as a median average with an inter-quartile range, rather than a mean average and standard deviation as these statistics are affected less by outliers.

1. The median is the value in the centre of the data set when they are arranged from smallest to largest.
2. A quartile is any of three values (first/lower quartile, second quartile (median), third/upper quartile) that divides the sorted (from smallest value to largest value) dataset into four equal parts. The lower quartile is the value that at which 25% of the values in the dataset will be below (25% of all data points will fall below the lower quartile). The upper quartile is the value that at which 75% of the values in the dataset will be below (25% of all data points will fall above the upper quartile).

Please note there is a wide range of care and support available to outpatients such as regional rehabilitation facilities and Departments of Community Mental Health

Field Hospital

The EpiNATO J97 returns are used to identify field hospital admissions for UK personnel treated at the UK field hospital as well as those treated at coalition medical facilities. This number includes initial admissions only. It does not include personnel that are readmitted or just attended the field hospital for their injury.

Defence Statistics receive information on the patients who are admitted to the UK Field Hospital at Camp Bastion from the J97 Returns. This J97 return also includes those patients admitted to the following two locations:

1. The HQ of Multinational Brigade (South) in Kandahar also maintained a Field Hospital which provides support for ISAF and Coalition personnel. This facility includes additional capabilities to that of the Role 2 including specialist diagnostic resources and specialist surgical and medical capabilities.

In Kabul, UK Personnel may be admitted to either the French or Greek Field Hospital. There is also a US facility which provides physiotherapy and dentistry. In total, the UK deploy some 300 medical staff to support the operation.

Casualties are classified as follows:

1. A Battle Injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire.
2. A Disease or Non-Battle Injury is any injury that is not caused by a hostile act or an illness, disease or pregnancy.

Admission and discharge information is recorded in date format.

Defence Patient Tracking System

The Defence Patient Tracking System (DPTS) monitors the progress of Armed Forces patients undergoing specialist treatment, to ensure that their care is delivered promptly and coherently, and to coordinate clinical, administrative and welfare aspects of their support.

The DPTS records the patient care pathway. This is the sequence of clinical interventions that take place from the point where the patient is first seen by a medic, doctor, nurse, etc, to the point where the patient requires no further specialist treatment.

Tracking ceases when the patient no longer requires any specialist medical follow up. It follows those patients with long term conditions requiring specialist treatment who will be tracked for considerable periods of time, possibly extending for the remainder of their career.

A patient is entered onto the DPTS if:

1. They have been Aeromedically evacuated (since 8 October 2007).
2. On receipt of a NOTICAS signal detailing their admission to secondary health care (since 1 May 2008).
3. If they have a referral to DMRC Headley Court (since 1 October 2008)
4. If they have a referral to an RRU (since 2 February 2009).

The DPTS went live and began recording patients on the 8 October 2007. However DMRC did not begin recording out-patient appointments until 1 September 2008. Prior to this date only those admitted or seen in an out-patient appointment whose pathway originated from a class 1-4 Aeromed evacuation or those admitted to secondary healthcare through NOTICAS signal action were recorded on the DPTS.

Admission and discharge information is recorded in date and time format.

NOTICAS is the name for the formalised system of reporting casualties within the UK Armed Forces. The NOTICAS reports raised for casualties contain information on how seriously medical staff in theatre judge their condition to be. They are not strictly medical categories but are designed to give an indication of the severity of the injury to inform what the individual's next of kin are told.

Aeromedical Evacuation is the medically supervised movement of patients to and between medical facilities by air transportation. The RAF Aeromedical Evacuation Service provides the worldwide patient air movement capability for Defence 24 hours a day, 365 days a year. Patients are risk assessed prior to flight, and when necessary, trained medical teams are provided to deliver care in the air.

Ministry of Defence Inpatient Providers (mental health)

All UK based and aero-medically evacuated Service personnel based overseas requiring in-patient admission are treated by one of eight NHS trusts in the UK which are part of a consortium headed by the South Staffordshire and Shropshire NHS Foundation trust. UK based Service personnel from British Forces Germany were treated at Gilhead IV Hospital Bilefeld as part of the contract under Guys and St Thomas Hospital. When presenting in-patient data in this response, the data include returns from both medical providers.

Admission and discharge information is recorded in date format.

Please note that Defence Statistics do not routinely collect discharge from care information from the in-patient providers, however, Defence Statistics routinely publish admissions to in-patient care for mental health disorders within the quarterly and annual mental health of the Armed Forces reports on our website at www.dasa.mod.uk.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering patient treatment, operational casualties and mental health in the UK Armed Forces and consult you if we are thinking of making changes? You can subscribe to updates by emailing DefStrat-Stat-Health-PQ-FOI@mod.uk

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Deputy Chief Information Officer, 2nd Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://www.ico.gov.uk>.

I hope you find this information useful

Yours sincerely,

Defence Statistics Health Head (B1)