

Background Quality Report: Quarterly Afghanistan UK Patient Treatment Statistics

Introduction	<p>This section provides the context for the quality report.</p> <p>Overview</p> <p>The report provides statistical information on UK Armed Forces and Civilian personnel returned to the UK from Op HERRICK or Op TORAL as a result of an injury or illness who have been treated at the Royal Centre for Defence Medicine (RCDM) and/or the Defence Medical Rehabilitation Centre (DMRC) Headley Court, from 8 October 2007 onwards.</p> <p>The report is provided in response to a number of requests for information about the number of UK Service Personnel injured on Op HERRICK or Op TORAL that are subsequently receiving treatment in hospital at RCDM or receiving rehabilitation at DMRC. This does not include UK Service Personnel injured on Op VERITAS. Publishing this information monthly provides accurate and timely information to interested parties.</p> <p>This background quality report covers the Afghanistan UK Patient Treatment Statistics published on https://www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic</p> <p>Methodology and Production</p> <p>Data are compiled by Defence Statistics from the Defence Patient Tracking System (DPTS) which commenced on 8 October 2007. The DPTS was set up to enable the capture of tracking data for aeromedically evacuated patients at the place where healthcare is being delivered along the care pathway. Patients receiving treatment that were aeromedically evacuated prior to this date may not be included. Since October 2008, the figures presented include Armed Forces personnel that have returned on routine flights and subsequently been referred to DMRC for an operational-related injury or illness.</p> <p>Data is extracted from the DPTS and then used to generate the tables and graphs included in the report.</p> <p>Dr Kate Harrison, the Head of Defence Statistics (Health), is responsible for these statistics. Her contact details are: Defence Statistics (Health) Ministry of Defence Mailpoint #6028 Oak 0 West Abbey Wood NH5 South Gloucestershire BS34 8JH Tel: 00367984423 E-mail: DefStrat-Stat-Health-PQ-FOI@mod.uk Web site: https://www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic</p> <p>We welcome feedback on this Background Quality Report or any of the statistics mentioned.</p>
Relevance	<p>This section is about the degree to which the statistical product meets user needs both in coverage and in content.</p> <p>The principal customers for the Afghanistan UK Patient Treatment Statistics include:</p> <p>Royal Centre for Defence Medicine Defence Medical Rehabilitation Centre Directorate of Defence Rehabilitation Surgeon Generals' Department Armed Forces Occupational Health</p>

	<p>Department of Health External Organisations concerned with ex-serviceman welfare (including charitable organisation e.g. Help for Heroes) Academic Researchers Journalists</p> <p>The report is used to inform operational care and rehabilitation policy within the Armed Forces. The data is also utilised in the Health of the Armed Forces report, as well being used to answer parliamentary questions and Freedom of Information (FOI) requests.</p> <p>The report has an accompanying ministerial submission and a press-release.</p> <p>The statistics were developed in close consultation with customers and were released in response to the high volume of FOI requests regarding patients treated at RCDM and/or DMRC.</p>
<p>Accuracy, Reliability and Quality</p>	<p>This section is about the differences between the estimates and unknown true values.</p> <p>Defence Patient Tracking System (DPTS)</p> <p>The DPTS is not a medical or welfare record system; medical records are held on the Defence Medical Information Capability Programme; welfare records are held in single Service welfare databases. The DPTS is not an authoritative record of personnel and demographic details, these details are held on Joint Personnel Administration system.</p> <p>The DPTS is a live system that is constantly being updated. Data for 2015/16 are provisional and subject to change. Data for 2007/08 – 2014/15 have been finalised and are no longer provisional. Any amendments since the last release have been highlighted by an 'r'.</p> <p>Data is extracted approximately two weeks after the end of the reporting period. Any clinical contacts not recorded by this time will not be included in the report. Defence Statistics will continue to revise figures until the data has been finalised.</p> <p>In the July 2012 Monthly UK Patient Treatment Statistics report, historic data was heavily revised from previously reported figures. In total, 1,171 values were revised. In the August 2012 report an Annex was released outlining the scale and reasons behind the revisions. These included:</p> <ol style="list-style-type: none"> a. The reclassification of records for a number of conditions including: <ol style="list-style-type: none"> i. Mental Health: After consultation with the Defence Consultant Advisor for Mental Health, all Mental Health has been classified as Natural Causes. ii. Bites and Stings: The reclassification of a number of records that involved bites and stings from Natural Cause to Non-Battle Injury (where appropriate). iii. Heat and Cold Injuries: The reclassification of a number records where personnel who had sustained a heat injury or a cold injury were previously recorded as a disease (i.e. heat illness). b. Changes to records when validated at individual record level. c. Changes to data as a result of errors in the report generation process. <p>Defence Health Database (DHD)</p> <p>Data held on the DHD comes from four separate sources: Field Hospital Admissions from J97 Returns and Operational Emergency Attendance Register (OpEDAR), Notification of Casualty (NOTICAS), Aeromedical Evacuation and Joint Theatre Trauma Registry (JTTR). They all hold information regarding the injury class of the patient, with the exception of the Aeromedical Evacuation notes which contain diagnosis codes that are utilised to determine an injury class. If there is a discrepancy in the injury class recorded between any of the four data sources, a manual examination of the narrative data for each source is made, and a qualitative</p>

assessment of the correct classification of an injury or illness is conducted against the injury class criteria outlined above. If there is insufficient information from these four data sources to identify an injury class, Defence Statistics (Health) contact the Academic Department of Military Emergency Medicine (ADMEM) for further JTTR information, the Joint Casualty and Compassionate Centre (JCCC) for further NOTICAS information, the Permanent Joint Headquarters (PJHQ) for further Field Hospital Admission information and the Aeromedical Evacuation Control Centre (AECC) for further Aeromedical Evacuation information.

A more detailed description of each of the four data sources can be found in the section below:

Field Hospital Admissions from J97 Returns and OpEDAR

- The UK had a Field Hospital at Camp Bastion, that provided deployed hospital care to coalition forces and, when indicated, Afghan National Security Forces and local nationals. Associated support elements include Emergency Medicine, Surgery, Medicine, Intensive Care Unit, and Medium and Low dependency nursing care beds. Advanced diagnostic support is provided by a laboratory and an imaging department that includes two CT Scanners.
- Defence Statistics received information on the patients who were admitted to the UK Field Hospital at Camp Bastion from the J97 Returns. This J97 return also included those patients admitted to the following two locations:
 - The HQ of Multinational Brigade (South) in Kandahar maintain 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.
- Up until 31 December 2011, Defence Statistics also received information on admissions and attendances at the UK Field Hospital at Camp Bastion from the OpEDAR. This register has now been replaced with a new IT system; Whole Hospital Information System (WHIS). Defence Statistics now receive an extract from WHIS that will be used in the future to replace the statistics produced by OpEDAR.
- An admission to the field hospital is where a patient is allocated a bed; this could be within the Ward, in Intensive Care, or Surgery. If the patient is not allocated a bed they are recorded as an attendance, they are seen and treated without the need to allocate a bed.
- Field Hospital Admissions from J97 Returns and OpEDAR, information is available from 1 March 2006 (Opening of the UK Field Hospital in Afghanistan) until 22 September 2014 when the field hospital closed.

Notification of Casualty (NOTICAS)

- 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 or illness to inform what the individual's next of kin are told.
- The NOTICAS system is initiated very early in the patient's admission to the field hospital in Afghanistan, the classification of a casualty will change as time progresses. The initial signal listing may in some cases be followed by an updated less serious listing if the case appeared worse on admission than transpires.
- Initial NOTICAS, information is available from 7 October 2001 (start of Operations

in Afghanistan).

Aeromedical Evacuation

- 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.
- Defence Statistics receive Aeromedical evacuation records fortnightly from the Aeromedical Evacuation Control Centre (AECC) at RAF Brize Norton for operations in Afghanistan.
- Aeromedical Evacuations, information is available from 1 January 2003 to 30 June 2015 (latest data available). Information on Aeromedical Evacuations from 7 October 2001 to 31 December 2002 is not held electronically.

Joint Theatre Trauma Registry (JTTR)

- The JTTR commenced during 2003 to improve the care of the seriously injured patient from the point of injury to the point of discharge from hospital treatment (both in Afghanistan and UK). The JTTR records patient level clinical information on trauma patients admitted to a field hospital in Afghanistan where the UK Trauma Team was activated.

Validating Injury Class

In order to validate the injury class of a patient (BI, NBI or NC), Defence Statistics (Health) compare the data captured on the Defence Patient Tracking System (DPTS) to information stored on the Defence Health Database (DHD). Patient care pathways held on the DPTS are linked to DHD events using a personal identifier (pseudo-anonymised) and date of injury. All automatic links between DPTS care pathways and DHD events are manually validated and DHD events that are not linked to a care pathway but are attributed to an individual with at least one care pathway are checked to ensure that no linkage should occur. If there is a discrepancy between the information stored on the DHD and the DPTS, a qualitative assessment of the data is made by analysts based on the narrative contents of both data sources. If there is insufficient information available in the DHD and DPTS to identify an injury class, Defence Statistics (Health) contact the Defence Patient Tracking Cell (DPTC) for further clarification on the incident. The injury class assessments are made according to the criteria outlined below:

Battle Injury (BI)

- Any injury sustained whilst under direct and indirect fire is referred to as BI. Whilst this is frequently applied to injuries such as gunshot and fragmentation wounds, it is also applied to injuries sustained whilst avoiding hostile fire and friendly fire.

Non-Battle Injury (NBI)

- Any injury sustained as a result of external causes not as a result of direct or indirect fire is referred to as NBI. This includes:
 - i. Injuries caused by sports and other external factors (e.g. training, normal duties and negligent discharge of a firearm)
 - ii. Bites and stings
 - iii. Heat and cold injuries
 - iv. Accidental poisonings & allergic reactions (excluding asthma and other respiratory conditions)

Natural Cause (NC)

- Any illness not as a result of external causes is referred to as a natural cause. This will include bacterial infections (where not the result an injury), viral infections (where not the result of biological weaponry) and musculoskeletal pain. Any mental or behavioural disorders (including post-traumatic stress disorder - PTSD) are also

	<p>classified as NC. Asthma and other respiratory conditions that have been exacerbated or triggered by external factors are also classified as natural cause.</p> <p>If the information available from the DPTS and the DHD is not sufficient to adequately categorise injury or illness, Defence Statistics (Health) contact the DPTC for further clarification on the incident.</p>
Timeliness and Punctuality	<p>This section reports on the time gap between publication and the reference period (timeliness) and the gap between planned and actual publication dates (punctuality).</p> <p>The report for the previous quarter is released on the last Thursday of the following month. It takes approximately two weeks for the clinical contacts to be entered on to the DPTS. The report itself takes approximately one week to compile and validate.</p> <p>Planned publication dates can be found on the Publication Release Dates section of the Gov.uk website. There have not been any delays to release dates since Defence Statistics began to produce the report.</p>
Accessibility and Clarity	<p>This section reports on the: ease with which users are able to access the data, the format in which the data are available and the availability of supporting information (accessibility); and the quality and sufficiency of the metadata, illustrations and accompanying advice (clarity).</p> <p>The reports are published on Gov.uk website and are available as pdfs. They can be found under the "Operational Casualties" section or by searching for "UK Patient Treatment Statistics". They can also be accessed through an internet search engine such as Google. All tables in the report are available as part of a Microsoft Excel file.</p> <p>24 hour pre-release access to the report is available to a limited distribution list within the Ministry of Defence (MoD). The full list can be found in the Pre-Release access list available on the Gov.uk website:</p> <p>The commentary in each report identifies and analyses the key changes in the data and summary statistics. It discusses the quality of the underlying data and identifies specific issues and estimates their impact. Each table has a number of footnotes clarifying what is included/excluded, and provides appropriate caveats. Graphs and confidence intervals are used to compare the rates of medical discharges between different demographic groups within each service.</p>
Coherence and Comparability	<p>This section examines: the degree to which data that are derived from different sources or methods but refer to the same topic, are similar (coherence); and the degree to which data can be compared over time and domain (comparability).</p> <p>The Defence Statistics figures of UK Military and Civilian personnel injured in Afghanistan and treated at RCDM and/or DMRC are the definitive statistics in the MoD. There are no other publically available regular publications on the numbers of people treated at RCDM and/or DMRC with which to ensure coherence. Within the MoD, direct queries of Defence Medical Information and Capability Programme (DMICP) for RCDM and/or DMRC will produce differing results due to quality issues.</p> <p>Monthly publications of the "Op HERRICK UK Patient Treatment Statistics: RCDM and DMRC Headley Court" from July 2012 to March 2015, and quarterly publications from Quarter 1 2015/16 (April 2015 – June 2015) onwards (including data back to 8 October 2007 - the earliest available) are available on the Gov.uk website. Prior to the April 2013 edition, patients injured in Iraq were also included in the report.</p> <p>The numbers of UK Military and Civilian personnel injured in Afghanistan and treated at RCDM and DMRC are comparable across time, and graphs are included in the report for this purpose.</p>
Trade-offs between Output Quality	<p>This section reports the extent to which different aspects of quality are balanced against each other.</p>

Components	<p>The main trade-offs are between timeliness and the quality of the data included within the report. If additional time was allowed to account for the late reporting of appointments at RCDM and DMRC. If additional time was allowed to allow for the late addition of data on to the DPTS, the number of subsequent revisions to the report would fall. However, this would reduce the timeliness of the report. Approximately two weeks are allowed after the end of the reporting month before data are extracted. The time allowed to process the raw data and compile the completed report is around one week. Counts, graphs and commentary on trends and patterns are included within the report. However, further statistical analysis is not included.</p> <p>This trade-off has ensured that the information is made available as soon as possible after the end of the month.</p>
Assessment of User Needs and Perceptions	<p>This section reports the processes for finding out about users and uses, and their views on the statistical products.</p> <p>Defence Statistics (Health) invite feedback from customers within the publication and seek feedback from a wider range of internal and external customers.</p> <p>The report was initially created in response to a number of FOI requests regarding the number of UK Military Personnel injured in Afghanistan that had been treated at RCDM and DMRC. Key internal and external stakeholders were consulted in its creation.</p>
Performance, Cost and Respondent Burden	<p>This section is about the effectiveness, efficiency and economy of statistical output.</p> <p>The DPTS was set up to enable the capture of tracking data for aeromedically evacuated patients at the place where healthcare is being diverted along the care pathway - statistical reporting is a secondary function of the system. Defence Statistics spend approximately one day per month validating the data entered on to the DPTS for the UK Patient Treatment Official Statistic report.</p>
Confidentiality, Transparency and Security	<p>This section is about the procedures and policy used to ensure sound confidentiality, security and transparent practices.</p> <p>Security All staff involved in the production process have signed a confidentiality agreement; all MoD, Civil Service and data protection regulations are adhered to. The data is stored, accessed and analysed using the MoD's restricted network and IT systems, and the access to raw data is password protected. Once the data has been entered on the Defence Statistics database it is converted into a pseudo-anonymised format prior to analysis, to help ensure the confidentiality of the data held.</p> <p>Confidentiality Outputs include counts of personnel treated at RCDM and DMRC, by type of injury (Battle Injury, Non-Battle Injury and Natural Cause), patient type (Inpatient, Outpatient, Residential patient) and location of treatment. This information is not considered at risk of potentially disclosing sensitive information and as such no suppression or rounding of the data occurs prior to its publication.</p> <p>Transparency The Quarterly Afghanistan UK Patient Treatment Statistics: RCDM and DMRC Headley Court report provides commentary on the key features of the outputs and identify any issues or caveats to the data. This quality report provides further information on the method, production process and quality of the output.</p>