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Defense Health Board

**“THE UK MILITARY HEALTH SYSTEM:
A SYSTEM BUILT ON COLLABORATION”**

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Scope

- Context and Perspective
- The transformation of the UK Military Health System: Revolution and Evolution
- Collaboration: At home and abroad
- Issues and Challenges
- Questions



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Context and Perspective



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The United Kingdom





Size Matters...

Oregon



by Land Area



Idaho

Population: 62.26M
Area (sq mil): 93.8K



Connecticut



by Population Density



Maryland

Military Expenditure: \$62.7Bn
4th by actual spending
5th by GDP (2.6)



.....It's all a matter of scale!



	US (TRICARE)	UK (DMS)
Total Eligible Beneficiaries, of which:		
Total Active Duty Service Members	9.6 million	258,000
Total Active Duty Family Members	1.5 million	180,000
Retirees and Families	2.1 million	78,000
Guard/Reserve and Families	4.9 million	0
	1.0 million	0
Military Facilities—Direct Care System		
Inpatient Hospitals	56	1 (+6)
Medical Clinics	363	Circa 200
Dental Clinics	275	151
Veterinary Clinics	288	0
Military Health System (MHS) Personnel		
Military	86,007	4,900
Civilian	58,369	2,465
2012 Budget for Defense Health Program	\$54 billion	\$787 million




UK Health System - Pre-Cold War

UK Military Health System










UK Civilian Health System


Public

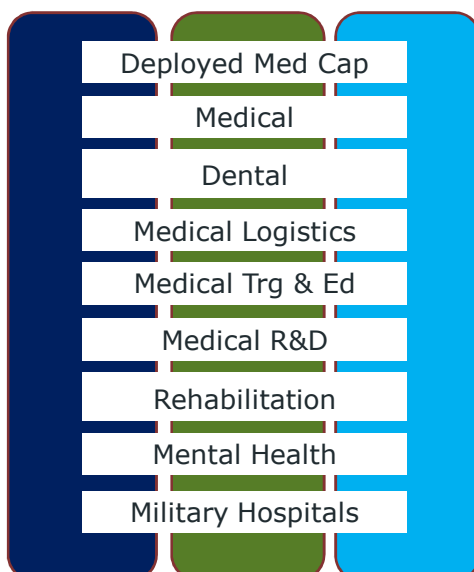
Private (11%)

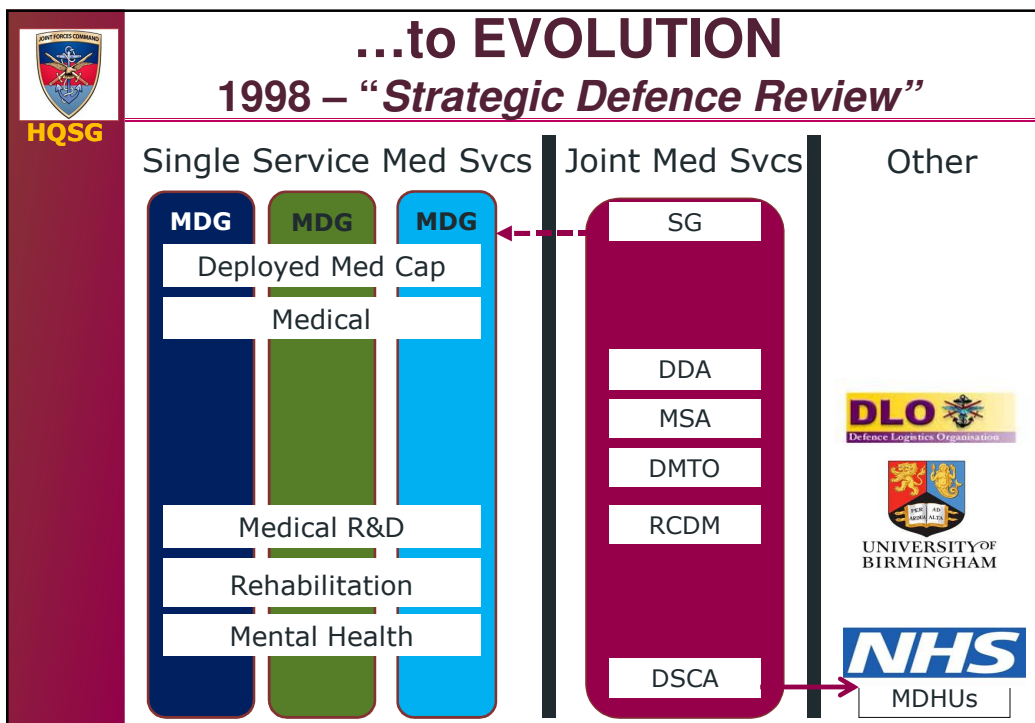
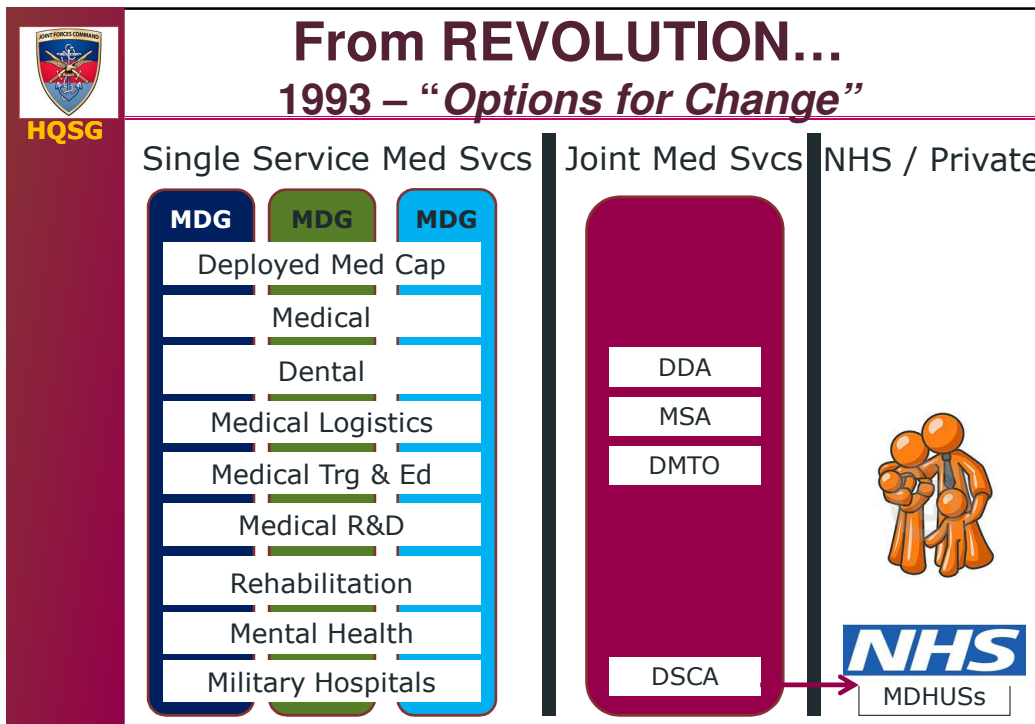



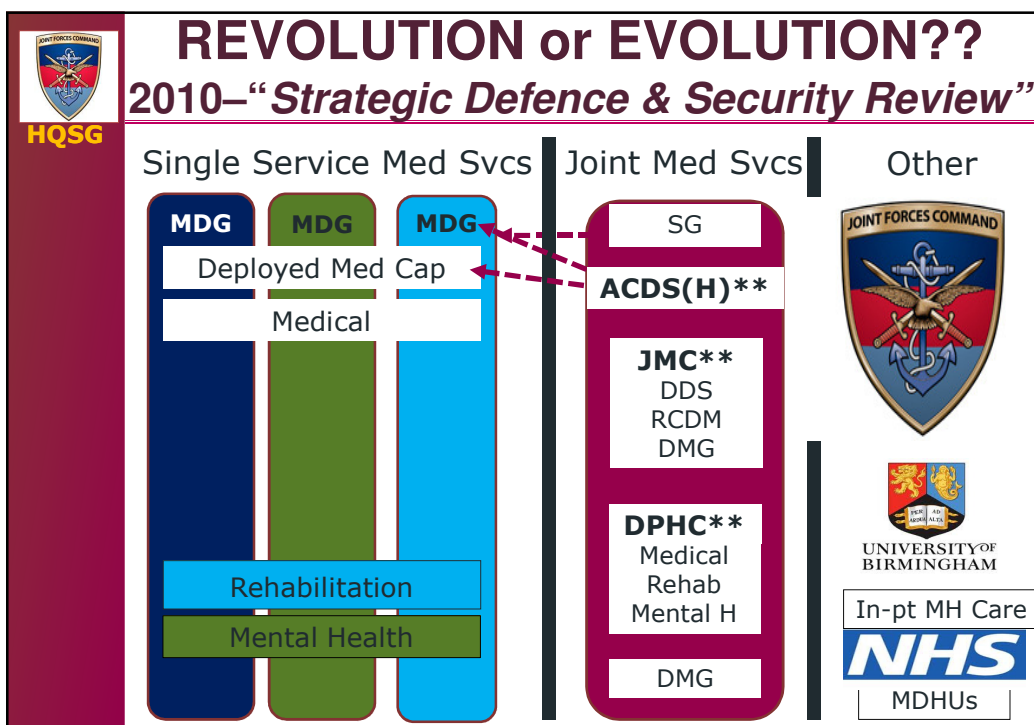
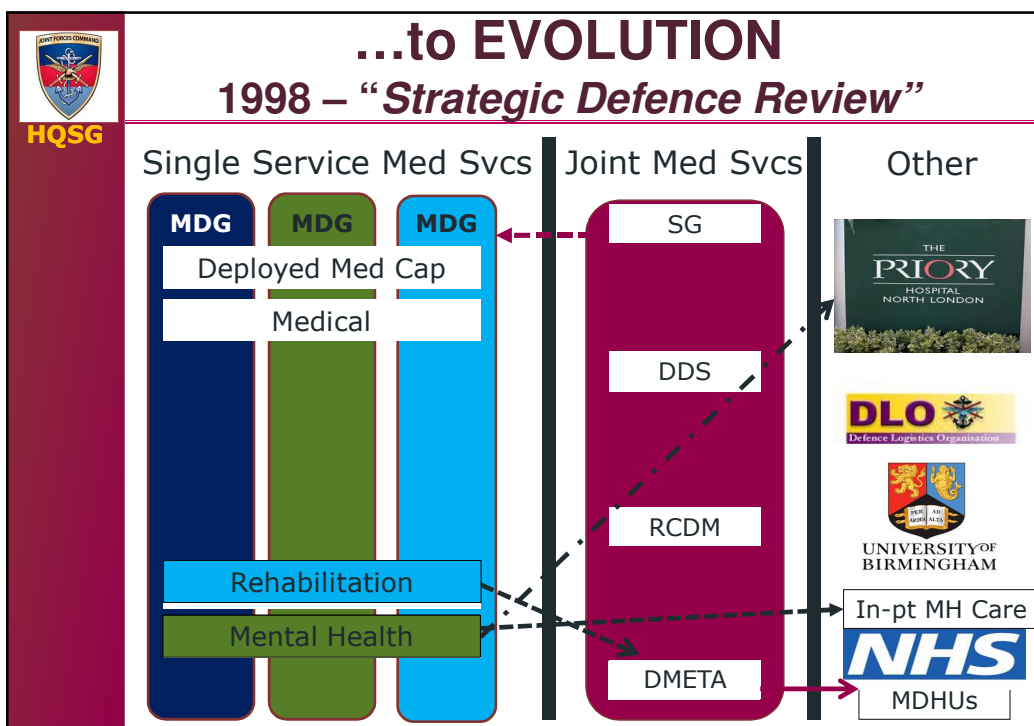



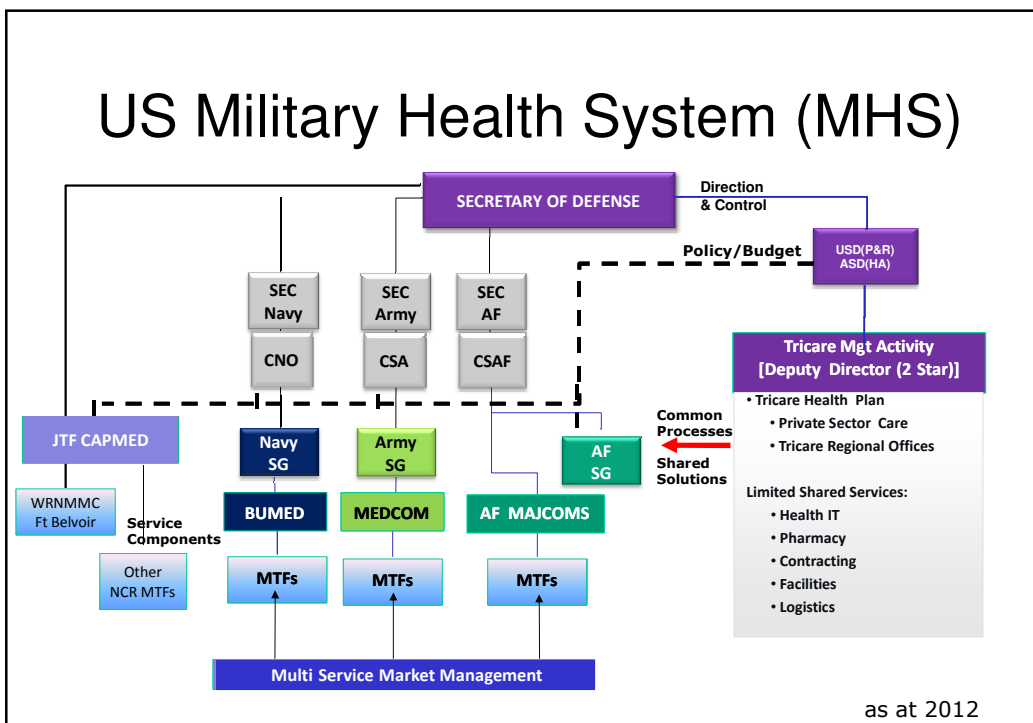
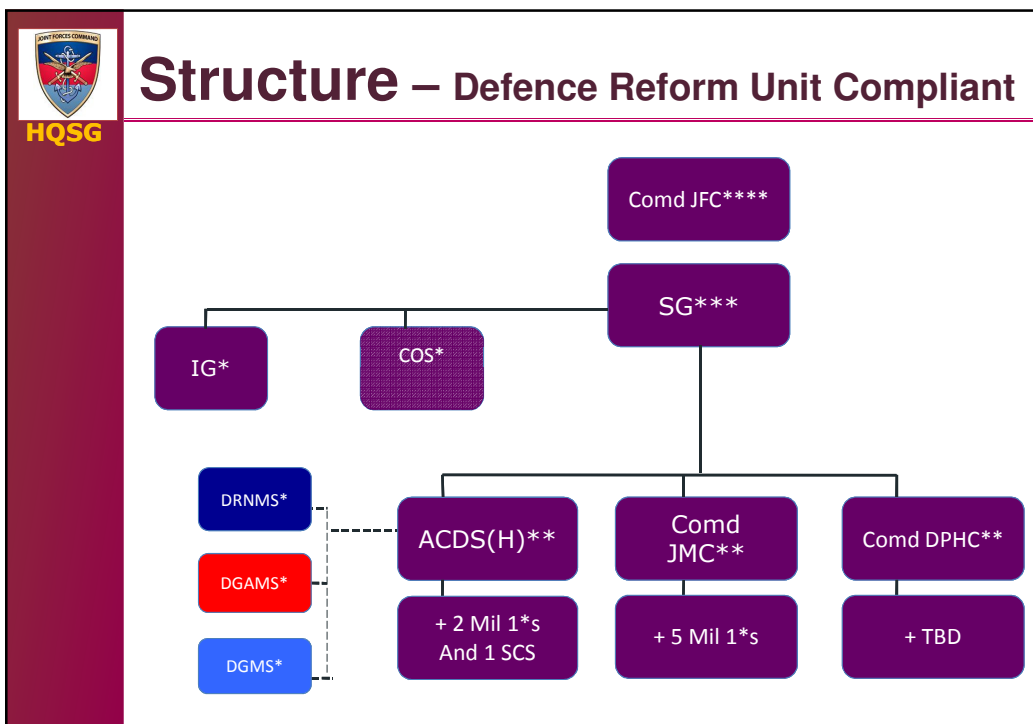


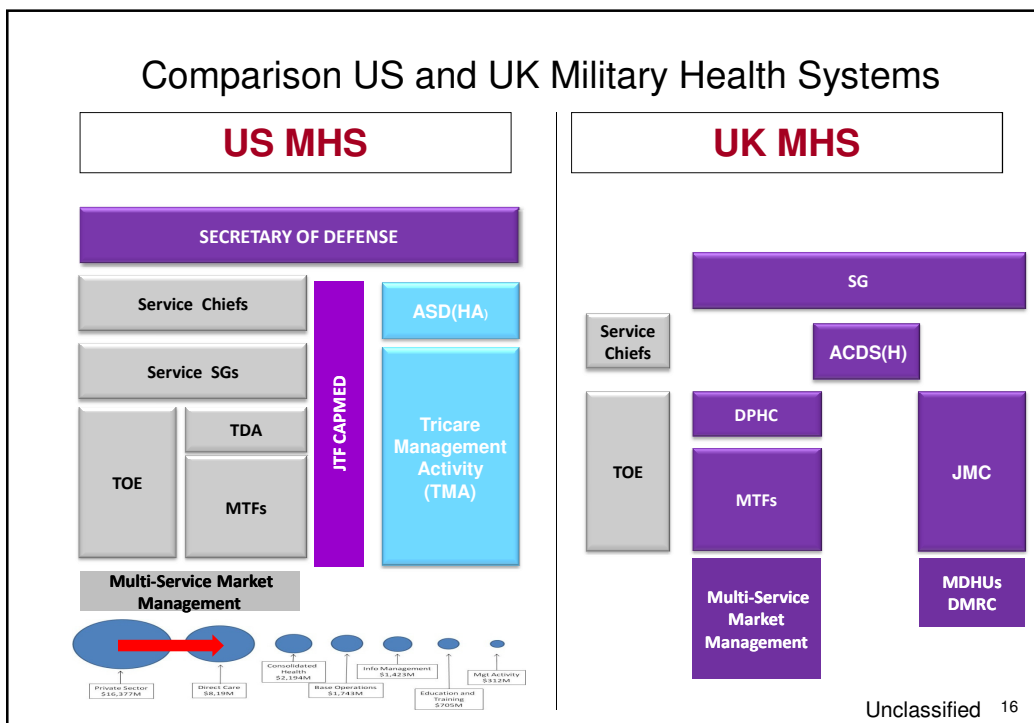
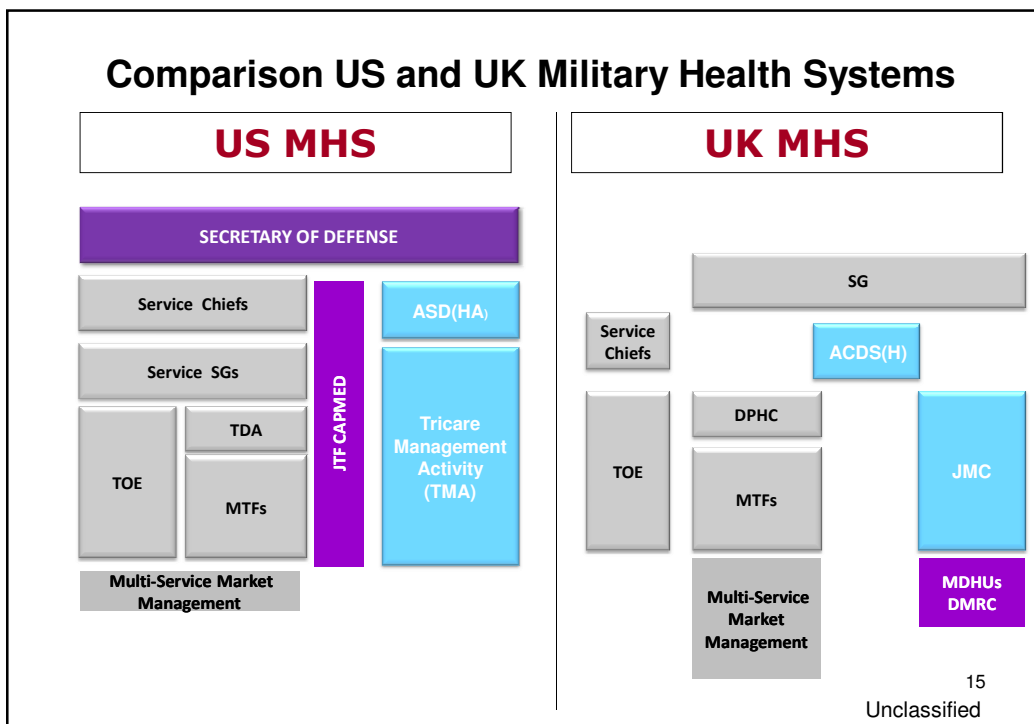
Components of Mil Healthcare

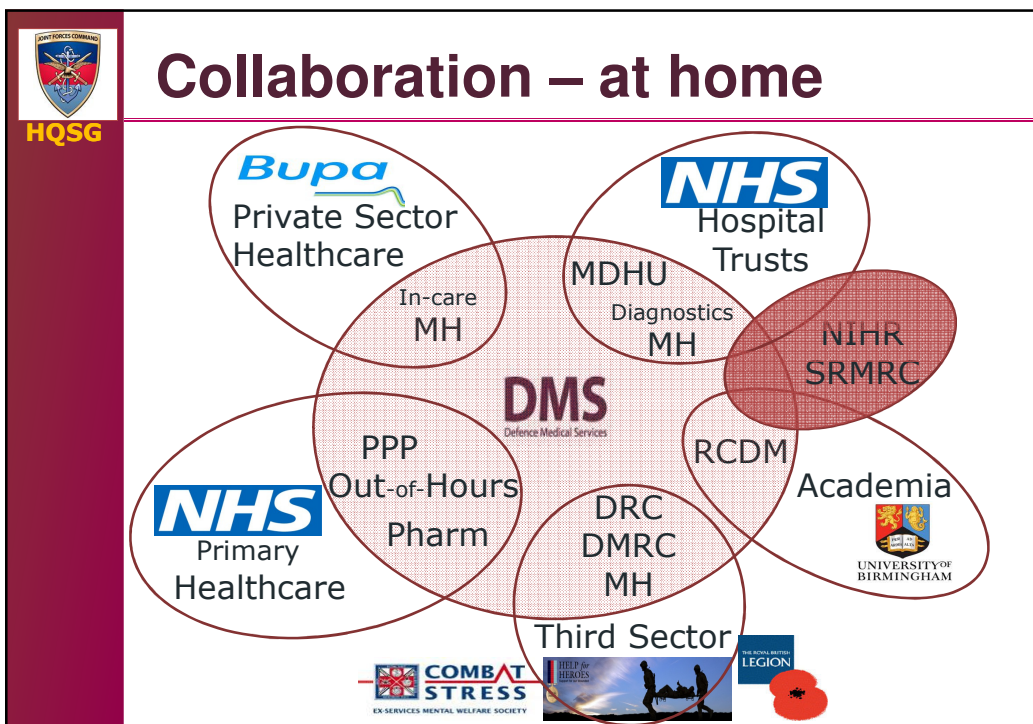












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- **Bosnia – R3MMU (Sipovo)**
 - **Kosovo – Camp Bondsteel**
 - **Afghanistan – R3MMU (Kandahar)**
 - **Afghanistan – R3(UK) (Bastion)**



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Collaboration -Med Op Capability

■ Pre-Hospital Emergency Care (PHEC):

- Tourniquets
- Haemostatic Dressings

■ Medical Evacuation and in-route care (MEDEVAC)

- Blood
- "Flying ER"
- "inter-fly"

■ Deployed Hospital Care (DHC)

- Massive Blood Transfusion
- TXA (Tranexamic Acid)

■ Command and Control (C2)

- PECC (MERT / Pedro / Dustoff)
- Combined Training



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Collaboration – US/UK

■ Exchange Officers (ISR; Aeromed; Avn Med; AFSG)

■ Liaison Officers (OTSG; OSD/FHP&R)

■ Medical Research

■ International SG/WGs (CBRN; OEHS; COMEDs)

■ US/UK Task Force:

- WG1 – Transition
- WG2 – **Mental Health**
- WG3 – **Wounded Warrior Rehabilitation**
- WG4 – Families
- WG5 – **Deployed Medical Capability**



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Issues and Challenges

■ Implementation of SDSR

- Size, shape, composition of the DMS
- Less Uniformed delivery of military healthcare
- More partnership with public, private and Third sector



Strategic Defence and Security Review

■ Delivering operational effectiveness

- Joint, Reserves, Contractors.
- Multinational – NATO, EU

■ Potential game-changers.....



2014 – Scottish Referendum



-CHRIS MADDEN-

“What do you mean - that’s fine by you?”




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QUESTIONS




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CJOC PHOTO



- Medical Operations Officer (2)
- Aviation Operations Officer
- Email
- 'Chat'
- MEDEVAC Database
- 'Chat'
- Geographic Information
- Phone bank
- TACEVAC 'tracker'
- Email
- Medical Operations Officer (1)
- Evacuation Coordination Officer