



IMPROVING THE MEDICAL DISCHARGE PROCESS

Our Mission is to help all
wounded Veterans stand strong

H  **LP** for
HEROES

SUPPORT FOR OUR WOUNDED

IMPROVING THE MEDICAL DISCHARGE PROCESS

Help for Heroes is committed to improving the lives of all wounded Veterans and their families, in collaboration with the Government and other stakeholders. This paper is the second in a series of proposals setting out where we think the Government should be doing more.

We're on a mission to help all wounded Veterans stand strong.

“It was the system/process that let us down hugely.”⁵



RECOMMENDATION

There are currently major inconsistencies and gaps in Ministry of Defence (MOD) support for those being medically discharged. Help for Heroes is fighting to fill those gaps and be there for anyone who needs support.

We believe the Government should commission an independent review and audit of the medical discharge process, to ensure those forced to leave the military as a result of their injuries or illnesses are provided with the best possible opportunity to transition well into civilian life.

Executive Summary

In 2018/19, there were 1,869 men and women discharged from the military as a result of their injury or illness.

Almost 40,000 have been medically discharged in the past 20 years, a quarter of whom have been discharged in the 5 years since the draw-down from activity in Afghanistan. This equates to 7 people a day, on average.¹

This paper sets out the major gaps in the MOD's current support for those being medically discharged. Help for Heroes is fighting to ensure those gaps are filled and be there for anyone who needs support.

Almost 70% of medically discharged Veterans supported by Help for Heroes said they had a negative or very negative experience of transition following medical discharge from the Armed Forces. Over 60% of respondents felt they did not receive enough support while transitioning out of the Armed Forces.²

A recent MOD report showed that medically discharged Service leavers were less likely to be employed (74%), but more likely to be unemployed (13%) and economically inactive (15%), than those who were not medically discharged (86%, 6% and 8% respectively).³

Therefore, we are calling on the Government to commission an independent review of the medical discharge process, and specifically the support available to wounded service personnel as they transition from the Armed Forces. In many respects the policies are in place, but we understand from our work supporting those injured, that issues arise where the process isn't followed properly, or is applied inconsistently by those in the Chain of Command, either because they are unaware or have little understanding of the recovery courses on offer.

Therefore, we would like to see the review include an audit of existing practices to highlight where improvements are needed.

Help for Heroes has been supporting ex-service personnel since 2008, many of whom will be living with the impacts and consequences of their injuries for life. We often hear how for many, the medical discharge and transition process was not satisfactory, and they did not feel adequately supported or prepared to re-enter civilian life.

In 2012, the Army committed £1.3 billion over ten years to improve recruitment. This year, the MOD is currently reviewing the overall transition policy. However, there has not been a review of the medical discharge process specifically. In 2018/19, one out of every eight who left the military was medically discharged.⁴ Many wounded service personnel feel their needs are largely ignored, but in many cases, they have a greater, and more complex support need than those who leave for other reasons.

We believe that a smoother transition will improve how well injured Veterans enter civilian life and make them more prepared to lead fulfilling and purposeful lives after leaving the military.

“If I'd known how bad the transition was going to be, I would have lied and tried to hang on for longer.”

¹ Data gathered from Ministry of Defence publications, Ministerial responses and Freedom of Information requests: 1999–2001 [link](#); 2001–2003/4 [link](#); 2004/5, [link](#); 2005/6–18/19 [link](#)

² Results of survey by Help for Heroes conducted between 19 and 30 August 2019 using a sample of 403 Veterans who have been medically discharged from the British Armed Forces and are supported by Help for Heroes

³ Career Transition Partnership Annual Statistics: UK Regular Service Personnel Employment 1 April 2013 to 31 March 2018, [link](#)

⁴ According to MOD data, 14,630 left the Armed Forces ([link](#)) and 1,869 of these were medically discharged ([link](#))

⁵ Unless otherwise stated, all quotes are from Help for Heroes beneficiaries who responded to the 2019 Survey on medical discharge.

SUMMARY OF FINDINGS

- 1 Men and women are being medically discharged with a physical injury before receiving a full diagnosis for mental health conditions.**
- 2 There is little mental health support through transition for those being discharged.**
- 3 Those being discharged are not being properly signposted to the courses available to help them.**
- 4 The time given to transition after medical discharge varies hugely between Services and individuals.**
- 5 Compensation awards are often not being disclosed until after service personnel have left the military.**
- 6 Individuals who are medically discharged often do not receive their full medical history documents for many months after leaving the military.**



DISCHARGE AND DIAGNOSIS

Ministry of Defence (MOD) statistics show mental health issues account for 25% of all medical discharges.⁶ However, the Annual Medical Discharges in the UK Regular Armed Forces report (July 2017) admits “More than half (one in two) of personnel medically discharged leave as a result of multiple medical conditions.” Therefore, as statistics only record a single reason for discharge, the reliability of the entire data set is undermined, and the true scale of need is masked.

Through our work with injured Veterans, we know that some are discharged from the Armed Forces before receiving a full assessment of their mental health needs, or a formal diagnosis. This needs to change to ensure those who need support have the time to access it while in service, can more easily access civilian services post-discharge and those eligible for compensation can leave knowing their future financial situation.

At present, a short assessment is made – but not enough to ascertain need or diagnosis. Without a full assessment, those who need support may delay their support seeking, and service attributability of their disorder becomes challenging. This can have a detrimental effect on proving their eligibility for compensation, how much they are awarded, and the support they are able to access, for example through Departments of Community Mental Health (DCMH) or the Defence Medical Rehabilitation Centre (DMRC) at Stanford Hall.⁷

Almost 50% of those surveyed by Help for Heroes were discharged without a diagnosis or were not receiving treatment at the point of discharge.

We are calling on the MOD to ensure individuals cannot be medically discharged from the Armed Forces with a mental health need, without first receiving a formal diagnosis and information on treatment and support options, with referral to appropriate service(s) where clinically recommended.

“Absolutely distraught – thought I would cope but didn’t – medical discharge is the most brutal process – much worse than any physical or mental injuries I sustained”



CASE STUDY CARL

Carl was injured in 2007 when a suicide bomber detonated near him. He suffered a brain injury as a result, but after a long period of recovery he was able to return to the front line in 2012. However, four months into his tour, he was injured again and had to be flown back to Birmingham for intensive care. Eight weeks after his injury, Carl was told his brother had been killed while serving in the same regiment as Carl. Devastated by his grief, and recovering from his physical injuries, he was told he would be medically discharged.

“It wasn’t a huge shock, but I think I was emotionally numb at the time. In quick succession I’d been wounded, lost my brother and lost the career I thought I was going to have for life. Mentally at this point, I was in a dark place. I didn’t want to get up in the mornings or go to bed at night.”

At the time of his medical discharge, Carl was receiving treatment for PTSD. He says “The medical discharge system worked for me but I know so many people who it hasn’t worked for. If it works for me, why can’t it work for everyone? I’m all for a review to make sure that everyone gets a fair deal.”

⁶ Annual Medical Discharges in the UK Regular Armed Forces 1 April 2012 to 31 March 2017
Published 13 July 2017, [link](#)

⁷ Help for Heroes is currently campaigning for the MOD and the NHS to allow operationally wounded Veterans to access the world class facilities and rehabilitation support available at DMRC Stanford Hall, the centre which replaced Headley Court.



MENTAL HEALTH SUPPORT THROUGH TRANSITION

It is important to recognise that most of those who serve in the military, do so without injury or illness. It is wrong to imply or associate military service with poor mental health. However, it is important to recognise that it can impact the mental health of some, and we believe that those who do require help with their mental health should be able to access the care they need, when they need it. 'Mental and Behavioural Disorders' is the second most common principle cause of medical discharge after 'Musculoskeletal Disorders'. In 2018/19, it was the principle cause for 500 of the 1,869 medically discharged. A recent study found that twice as many men in the military suffered from Common Mental Disorders (CMD) compared to their civilian counterparts (18.7% and 9.1%).⁸ Help for Heroes has observed almost as many coming forward for help with post traumatic symptoms (31%) as those with CMD such as depression or anxiety (35% combined).

However, research suggests that approximately 60% of military personnel who experience mental health problems do not seek help. One of the most frequently reported barriers is concern about stigma.⁹ This causes difficulties assessing the extent of mental health issues in the community. It is often linked to a sense of being less worthy of help. Many report delaying seeking help as they perceive there are others "more in need".¹⁰ A study by King's College London in 2017 found that when Veterans are not in mental health treatment they don't recognise that the problems they are experiencing could be as a result of an untreated mental health disorder as they have not yet reached a crisis point where they can no longer cope. This is compared to those who were in mental health treatment and had done so as a response to a crisis event or another's intervention.¹¹ Help-seeking can also be delayed as a result of a negative initial experience or a perception that treatment will not be effective.¹²

International research indicates that the mental health of those who have served begins to deteriorate 12 months after they have left the forces.¹³ Therefore, we believe the MOD must undertake follow-up assessments one year after leaving the military, which focus specifically on the outcomes of Wounded, Injured and Sick (WIS) Veterans. This would ensure emerging mental health needs are addressed more quickly and give the MOD a clear touch point with those who recently left, which would improve evaluation of post-service outcomes and data management.

“[I was] destroyed. I wanted to do a full career in the Army but that was taken away from me for being honest about my mental health. The Army did not check up on me one time after I was medically discharged with severe PTSD.”

⁸ 'Are common mental disorders more prevalent in the UK serving military compared to the general working population?', Goodwin, Wessely, Hotopf, Jones, Greenberg, Rona, Hull, Fear, 2015, [link](#)

⁹ 'Stigma as a Barrier to Seeking Health Care Among Military Personnel With Mental Health Problems', Sharp, Fear, Rona, Wessely, Greenberg, Jones, Goodwin, 2015, *Epidemiologic Reviews*, [link](#)

¹⁰ 'Pathways into mental health care for UK Veterans: a qualitative study', Mellotte, Murphy, Rafferty & Greenberg, *European Journal of Psychotraumatology*, 2017, [link](#)

¹¹ King's College London, *Stigma and barriers to care in service leavers with mental health problems*, 2017, [link](#)

¹² *ibid*

¹³ Van Hooff M, Forbes D, Lawrence-Wood E, Hodson S, Sadler N, Benassi H, Hansen C, Grace B, Avery J, Searle A, Iannos M, Abraham M, Baur J, Varker T, O'Donnell M, Phelps A, Frederickson J, Sharp M, McFarlane A, 2018, *Mental Health Prevalence and Pathways to Care Summary Report, Mental Health and Wellbeing Transition Study*, the Department of Defence and the Department of Veterans' Affairs, Canberra. <https://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/mental-health-prevalence-and-pathways>

At present, individuals receive a short mental health assessment on leaving military Service; where a mental health issue attributable to Service is identified, that individual can access DCMH for up to 6 months post discharge, after which they will be supported through the NHS. This window of support offered to those who have transitioned out of service is limited compared to the support and ongoing input offered by MOD equivalents internationally.

The recent Help for Heroes survey showed 50% of respondents said they didn't know how to continue treatment for their injuries or illness after being medically discharged.¹⁴ International models of support for those who have been injured in Service, either physically or psychologically, generally centre around transitioning them into a 'Veteran Affairs (VA) type service, which holds responsibility for caring for them. The absence of a VA-type service leaves a big void for those who have transitioned out of the Forces and have ongoing needs attributable to their service.

The Transition, Intervention and Liaison Service (TILS) mental health service, which launched in 2017, seeks to increase the access to mental health services for Veterans and members of the Armed Forces who are approaching discharge. However, TILS is only in place in England, and we understand each TILS offers slightly different services at each location. They don't routinely have expertise in military mental health, and those who provide the treatment may not have experience treating Veterans.

If a military mental health treatment network cannot be established for Veterans, where those delivering the treatment have a greater understanding of military mental health, then as a minimum requirement we would suggest that DCMH extends its timelines for support from six months to a minimum of two years for those who have left service. This could greatly alleviate the burden on the NHS, but the Government needs to ensure DCMH is appropriately resourced, and where necessary facilitate the recruitment of psychologists from overseas to fill the current skills gap which pervades mental health provision in the UK.

**“Devastated, cast aside,
no longer part of the family”**

“I was discharged without any thought of my ongoing mental health treatment, which then took 12 months to get on the NHS.”

Help for Heroes is calling on the Government to improve the mental health support available to those leaving the military. This should include:

- follow-up assessments one year after leaving the military following medical discharge.
- more robust mental health assessments for those leaving the military with a physical injury, even where no symptoms have presented, before they are discharged to ensure those who need support or treatment can access it sooner.
- DCMH extending its timelines for support from 6 months to a minimum of 2 years for those who have left service

¹⁴ Help for Heroes survey, August 2019



CASE STUDY **TOMMY**

After being sexually assaulted while on exercise in Gibraltar, Tommy's mental health began to suffer. While at home on compassionate leave, he received a letter informing him he'd been medically discharged – without warning. Despite being forced to leave as a result of his evidently declining mental health, he was offered no ongoing support, and no mental health assessment – even though he was being discharged on mental health grounds.

"I felt angry and betrayed. The thing I'd wanted to do my whole life was being taken away because of an act that wasn't my fault. It hurt."

In an instant, Tommy had lost not just his career but everything else that came with it – his accommodation, the colleagues who had become like family, his whole way of life. He was also never told why he was being discharged or given any support for his condition.

"There was no exit interview, no advice given about what I should do next – nothing. I didn't have a clue what to do next."

Unbeknown to Tommy at the time, he was suffering from Post-Traumatic Stress Disorder (PTSD). For the next 13 years, he tried not to think or speak about what had happened to him. But keeping his emotions locked

inside took its toll. Struggling with his anger, by 2014 Tommy felt suicidal.

If he had been given the right level of support, and enough time to benefit from the help available, it might have been a very different story.

"The problem that we've got now is that there are many, many people who have gone through the same experiences that I have and come out the same way and who unfortunately, are not here anymore. The help has come too late for those guys – it's sad. If we'd had the knowledge back then that we do now, we probably could have helped a lot more people."

RECOVERY AND TRANSITION COURSES

Currently, medically discharged Veterans can feel like they are totally alone, discarded and helpless.

A study in 2012 found that 81% of those still serving were concerned about securing employment after leaving the military.¹⁵ A National Audit Office report also found that one third (35%) of those who left the military did so without using the Career Transition Partnership, either because they were ineligible for support or they chose not to.¹⁶

The Help for Heroes survey showed 44% of respondents admitted they did not have a new job lined up before leaving the military and 26% were worried about where they would live.¹⁷

There are a number of courses offered by the military and third sector which aim to help serving personnel transition smoothly, but they are not consistently signposted to by the Chain of Command, or there is little understanding of their benefits, therefore many are allowed to leave the military without the opportunity to take these courses which could improve their transition.

Courses available include a 5-day Multi-Activity Course (MAC) and a 5-day Foundation course, that all WIS are to attend. This course covers the recovery pathway, sleep hygiene, supporting agencies, HARDFACTS, introduction to the Individual Recovery Plan, relationships with the chain of command, and stress management. These courses are mandated for WIS, and can add real value to the transition process, but many still do not attend prior to being discharged. The reasons for this can vary from lack of incentive to lack of time, but we believe there should be better attendance enforcement.

The Rolling Recovery Programme is a multi-activity course, jointly run by Help for Heroes and the MOD, which offers serving personnel and Veterans opportunities to develop social skills and confidence through multiple sporting and wellbeing activities – but it is not mandatory. For individuals struggling with their recovery journey, the Enhanced Individual Recovery Plan workshop is a 2.5-day course following Foundation which helps to focus individuals on key aspects of their lives, for example their housing, finances, healthcare provision, and education.

Once medical discharge is confirmed, a 10-day Transition course is offered. This includes Vocational assessments (with Royal British Legion Industries), workplace visits, financial education, CV writing/interviews training, and accommodation/re-location. CTP Assist is also offered. This is a 5-day course to develop skills and experience to help those wounded, injured and sick into new careers.

These courses can provide significant benefit and improve outcomes for those leaving the military with injuries or an illness. However, we know they are poorly attended at present, meaning many are missing out on the opportunity to transition better into civilian life.

Attendance reports show that 15% of Foundation courses are not filled, and 30% of Rolling Recovery Programme places are not filled. There are reports that the Royal British Legion's Battle Back programme, which is offered to those still serving, has a similar issue filling the courses to capacity.

The survey conducted by Help for Heroes shows that almost 100% of respondents didn't attend these courses, either because they were not aware of them, weren't given the time to, or they weren't considered eligible.¹⁸

We are calling for the MOD to ensure those leaving undertake at least the mandated courses to ensure they don't simply crash out of the military and are supported better as they re-enter 'civvy street'.

“[I felt] totally lost. Found it hard at first. It took at least 18 months to 2 years to fully Transition into civilian life.”

¹⁵ Lord Ashcroft, The Armed Forces & Society: The Military in Britain through the eyes of the Service Personnel, employers and the public. Lord Ashcroft Polls, 2012

¹⁶ National Audit Office, Ministry of Defence: Leaving the Services, London: House of Commons, 2007

¹⁷ Help for Heroes survey, August 2019

¹⁸ Help for Heroes survey, August 2019



CASE STUDY **PAUL**

Sports-loving Paul was a physical trainer in the Signals when he suffered an injury to his leg during a loaded march in 2003. He damaged his ligament, tendon and cartilage. Despite this, he served tours in Afghanistan and Iraq. His medical discharge eventually came in 2017.

Medical investigations had shown the extent of the damage to Paul's leg, which required multiple surgeries, including bone grafts and ligament replacement and he is even considering amputation. Paul relies on a leg brace and knows further surgery is inevitable. Through his transition, an Army Personnel Recovery Officer at Tedworth House worked closely with Paul to ensure he got the most out of the support available.

"Help for Heroes directly helped me as soon as I found out I was getting medically discharged – they were there along with the military, together on an induction course to show what courses were open to me, what I could do, where I could go, what I need to do, putting things in reality to things that I didn't want to admit that I had to do. CV writing, the list goes on; they covered everything that you'd need to cover before leaving."

Paul was given the time and support he needed from the Army to undertake all the resettlement and recovery courses available to him, and he credits this with helping him find a purpose after the military.

"The things I've done at [Help for Heroes' Recovery Centre] Tedworth House have made a big difference on my path, probably the biggest one for me was the coaching course I did, that made me accept that probably I'm not 100% mentally where I think I was. It made me see life from a different perspective and it's also helped me help others along the way."

"I find it frustrating, that although I got the treatment I needed, some of my direct friends from service got absolutely nothing. I was speechless when friends told me the lack of support they received when they had been medically discharged."

Across the three services of the Armed Forces, the time to transition following a medical discharge varies hugely. It can also vary person to person. This causes a huge amount of anxiety and uncertainty for a serving soldier, sailor, marine or airman waiting for a medical board to determine their future career. It also doesn't allow any time to plan for the future or take the necessary steps to ensure a smooth transition. For some, it can mean leaving before completing rehabilitation. Without allowing access to Defence Medical Rehabilitation Centre Stanford Hall, this can seriously impact the continuity of treatment those injured require.

The time allowed to transition doesn't just affect those in rehabilitation, however. In 2012, a Lord Ashcroft Armed Forces poll found that 65% of personnel surveyed lacked a clear plan for life post Service.¹⁹

In addition to those who said they didn't have a new job lined up (44%) and those who were worried about where they would live after leaving the military (26%), almost 40% of those surveyed said their transition period simply wasn't long enough.²⁰

“[I felt] let down - I still needed more operations and MOD was happy for NHS to take over when it was Army's fault.”

According to those we support, at present, the amount of time between the medical board decision being made and the last day in service can vary from a few hours, to a couple of months, to over a year. Whilst we understand every case will be different, we believe the MOD should set a minimum transition time of six months for each service, except where there is a clinical need to be retained for longer (e.g.: follow-up surgery or ongoing complex mental health treatment). We also believe those being discharged should be able to commence treatment with civilian healthcare services should they wish to, as part of a positive transition.

Allowing a longer, minimum standard, period of time to properly prepare would significantly improve outcomes for those who are forced to leave the military as a result of their injuries or illness. It would also allow the time for those who are still undergoing treatment, or indeed are yet to even begin treatment which remains an issue for many, to safely transition while still under the care of the organisation to which they have loyally served.

We believe each service of the Armed Forces should guarantee a minimum transition time of 6 months to ensure those medically discharged are able to transition smoothly while receiving the support they need, to begin to recover from their injuries or illnesses sustained while serving.

Tommy, Army:
“I was out the very same day.”

Paul, Army:
“I was given 6 months.”

Carl, Army:
“I had 12 months.”

Paula, RAF:
“I was told to clear my desk the same day.”

Dave, Army:
“The day I got the letter, is the day I was officially out of Service.”

Kev, Army: “I was out the very same day.”

Lee, Navy: “I was given a couple of months.”

¹⁹ Lord Ashcroft, The Armed Forces & Society: The military in Britain through the eyes of the Service personnel, employers and the public, London: Lord Ashcroft Polls, 2012

²⁰ Help for Heroes survey, August 2019

COMPENSATION AWARDS

Medically discharged Veterans are forced to leave their career as a result of injury or illness. This can have a significant impact on earnings and future career prospects. Not knowing for months or years how much compensation you are going to receive adds a level of unnecessary uncertainty which we believe can be avoided.

Delays in awards

A recent survey of those Help for Heroes supports shows for 42% it took over 4 months after leaving the military to be made aware of their compensation. For 27% of those medically discharged it took over 10 months to have this financial security.²¹

The process by which awards are calculated is long and protracted, and for many it doesn't commence until after the individual has left the military. This also makes it far more complicated to contest the award, since the individual is no longer within the Chain of Command and supported by their unit or service.

The amount of compensation awarded is based on receiving a diagnosis, or suspected diagnosis, which as we have already mentioned can take many months, if not years, while consultants ascertain whether the condition has service attributability and whether it will impact employability.

We believe the MOD must guarantee interim compensation awards to be known before receiving notice of last day in service. The longer transition period will enable this.

Civilian vs military

For those eligible, the Armed Forces Compensation Scheme (AFCS) will provide a lump sum award to reflect pain and suffering which results from the injury sustained or illness acquired as a result of service. The lump sum will be taken from a tariff guideline and will not necessarily consider the impact that injury has on the specific individual.

For more severe injuries, which meet the criteria of an award at tariff of 11 or above, the claimant will receive a Guaranteed Income Payment (GIP) in addition to the lump sum. The GIP is a further annual payment (similar to a pension) which is intended to reflect the impact those injuries are likely to have on the individual's future earning capacity.

In cases where an injury results in medical discharge but no GIP is awarded under the AFCS, there is likely to be a huge difference between the award made by the AFCS and that you would reasonably expect by way of civil claim.

For example, for a Non-Freezing Cold Injury, under AFCS the injured Veteran would receive a lump sum of £6,000. For the equivalent injury, a civilian could reasonably expect to receive ²²:

Pain and Suffering	£15,000
Handicap on labour market	£30,000
Loss of congenial employment	£5,000
Loss of earnings	£50,000
Loss of pension	£50,000
Loss of Service benefits	£20,000
Cost of heating, clothing etc	£10,000
Total	£180,000

We are calling for the MOD to review compensation amounts for those injured while serving their country to bring them closer in line to awards made to civilians who sustain similar injuries.

“Knowing what your pension is going to be and what compensation you're entitled to would help you to plan for future employment and what exact salary you actually need to survive.”

²¹ Help for Heroes survey, August 2019

²² Irwin Mitchell, 'When AFCS isn't Enough' [link](#)



CASE STUDY **PAULA**

Paula joined the Royal Air Force aged 17, but an accident she sustained while on a special guard unit on deployment caused compression injuries through her spine. She continued working through the injury for a number of years, undergoing a medical assessment every 6 months, until one day, that “routine” medical led to her immediate discharge. They told her she would be leaving the RAF that day. No warning.

After years of medical tests and bone scans, Paula was discharged with nothing to take to her GP other than a letter saying she had “pain in left knee”. Then her medical records went missing and she started a ten-year long battle to prove her injuries were service attributable.

“The biggest issue was having to fight for my pension and compensation. They knew darn well that the two things that I had happened to me in service, yet I had to prove it and it took ten years.

During this time, she lost her home and struggled financially. Paula: “I actually had no support at all. I had no income of my own and trying to find employment was difficult.”

“I think I always felt alone. It’s hard to explain; you’ll be in a crowd of people – you’ll be with people who you consider friends, but they just don’t get it and you find that you don’t mention it.”



THE TRANSFER OF MEDICAL RECORDS FROM MOD TO NHS

The Government began working on the programme Cortisone in 2013 with a view to improving interoperability and coordination of medical records between the MOD's Defence Medical Services and the National Health Service. It has long been known that issues exist in the transfer of medical records between these two services, but progress in implementing the simple changes needed has been interminably slow, despite the Government funding the project to the tune of £250m.

At present, when medically discharged everyone receives a short summary of their medical records which only includes very limited information and doesn't include details on treatment or previous medication. This can lead to inappropriate treatment or significant delays in continuing the appropriate treatment.

According to Help for Heroes' survey, 20% of respondents waited over 6 months to receive their medical records and 15% waited over 10 months. 25% were still waiting to receive their records at the time the survey was conducted. Only 13% of those surveyed received their records prior to leaving the military.

The survey also revealed that 50% of respondents didn't know how to continue their treatment after leaving the military. When any delay in treatment can have a huge impact on outcomes.

The Government has spent £495m to expedite the transfer of medical files in the recruitment process. This venture has been plagued by a catalogue of errors, but it showed a clear commitment to improving the status quo. We believe the same dedication should be shown to those who have served in the military as is being shown to those who wish to join.



Help for Heroes is calling on the Ministry of Defence to expedite the roll-out of the Cortisone programme and ensure those medically discharged receive their medical history documents within one month of leaving the military to ensure they can register with civilian GPs and continue to receive the appropriate treatment.

“To get my medical records, that was a bit of a nightmare. [...] I wrote to the military to get them and it still took a good three months, but [it was] stopping me having surgery. It took a long while.”

Almost 40,000 people have been medically discharged from the British Armed Forces in the last twenty years. The Ministry of Defence holds responsibility for those who served, as they transition out of the military, and arguably beyond, as responsibility for their healthcare passes to the NHS. Yet it is precisely at the point of transition, that those being medically discharged can feel abandoned. We know there are currently major inconsistencies and gaps in the Ministry of Defence's support for those being medically discharged. The medical discharge process is no longer fit for purpose and if we are serious about ensuring better long-term outcomes for those who leave the military as a direct consequence of their injury, that is where the focus and investment must be.

At Help for Heroes, we know that each individual transition journey is different. Many will land on their feet and thrive as a result of their service, but some will have huge obstacles to face which cannot be ignored. Given the sacrifices they made for us, it is only right that they are looked after if injury or illness has cut their service life short.

We believe that every wounded Veteran is entitled to a positive experience of medical discharge and want to ensure they receive the support they need.

We're on a mission to help all wounded Veterans stand strong.

"[Medical discharge is] the hardest battle of them all for us."



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