

Defence Instructions and Notices (Not to be communicated to anyone outside HM Service without authority)	
Title:	Healthcare Provision in British Forces South Atlantic Islands (BFSAI) – Local Health Services and Medical Screening Advice.
Audience:	All Service and Civilian Personnel
Applies:	Immediately
Expires:	When rescinded or replaced
Replaces:	2013DIN01-137
Reference:	2015DIN01-159
Status:	Current
Released:	August 2015
Channel:	01 Personnel
Content:	This DIN details the healthcare provision available in BFSAI to the entitled population.
Sponsor:	JFC JCOS & HQSG Med Cts
Contact:	SO2 Med Ops and Plans, HQ BFSAI Mil: 94130 4336 Civ: 00500 74336 DII: BFSAI-FLK-HQ-MedOpsPlans-SO2@MOD.UK
Keywords:	BFSAI; Medical; Personnel; Downgrading; Screening; Primary Healthcare; Secondary Healthcare; Medical Employability; Health Policy; Medical Policy
Local Keywords:	Nil
Supplements:	Nil
Related Info:	JSP 770 JSP 950 2009DIN01-183 AP3394 BFSAI Standing Order J1-Pers-24 BFSAI SOP 101 MOU between KEMH and MOD MOU between AIG and MOD
Classification:	Official

GENERAL

1. Across the Permanent Joint Operating Bases (PJOBs) the standard and availability of healthcare provision varies depending on location. Whilst the aim of the Defence Medical Services (DMS) is to provide healthcare to a similar standard to the NHS, this is not always possible in overseas locations due to limited facilities. It is therefore, important that service personnel, dependants and MOD Civil Servants considering an assignment to a PJOB or visiting are fully aware of the medical capabilities available.
2. For career managers assigning personnel to PJOBS and for health professionals conducting the pre deployment screening process, there is a requirement to be fully conversant with the medical capabilities available. This will permit an informed assessment of individuals' health needs and the resources and skill sets available in the overseas location to support any existing medical condition or extant treatment pathway.

AIM

3. This DIN will provide the requisite information on the healthcare¹ available to entitled personnel² in BFSAI.

BACKGROUND

4. BFSAI incorporates the Falkland Islands (FI) (including South Georgia and the South Sandwich Islands) and Ascension Island Base (AIB). Separated by some 4000 miles, both islands are diverse in climate and in order to meet the needs of both effectively, this DIN will separate out the requirements for each, where required as well as the facilities available in each location.

FORCE HEALTH PROTECTION

5. **Joint Medical Employment Standard (JMES).** For Service Personnel a **minimum** JMES³ of A4/L2/M1/E1 is required. Service personnel and dependants that are likely to require frequent routine secondary healthcare **should not** be deployed to BFSAI. Medical staff conducting medical screening who are in any doubt must discuss individual patients with the Senior Medical Officer (SMO) at the Mount Pleasant Regional Medical Centre in accordance with BFSAI Standing Order J1-PERS-24. Due to the austere conditions in FI and AIB as well as additional duties undertaken by most personnel (Theatre Reserve) the JMES grade is intentionally robust although in consultation with BFSAI SMO, there is scope to sign off individuals at risk but early engagement is essential.

6. **Dependant Screening.** The pre-screening of families accompanying Service personnel to PJOBS is conducted by the Families Section, MOD Abbey Wood, BRISTOL BS34 8JH (Tel 030679 81013; Mil 96798 1013). Drafters/ Desk Officers should advise assignees to contact the Families Section at the earliest opportunity which will facilitate discussion with the BFSAI SMO and resolve any issues that are presented. There may be rare occasions where assignments are cancelled due to lack of fitness of dependants and Drafters/ Desk Officers should be aware of this possibility.

7. **Contractor Screening.** All contractors are to complete health pre-screening in accordance with their own employer's direction. Guidance for this can be obtained from SO2 Med Ops (Tel 500 74336; Mil 94130 4336) as required. All new arrivals are to be screened by the SMO and Senior Dental Officer (SDentO) prior to arrival on island.

8. **Dental Fitness.** All personnel are to be NATO Cat 1 or Cat 2 on arrival and remain in-date for the duration of their tour.

9. **Vaccinations.** Personnel should be in date for all routine vaccinations prior to deployment to BFSAI. Due to the possibility of diversion of the South Atlantic Airbridge to West Africa or South America, all personnel deployed to BFSAI must be in date for Yellow Fever Vaccinations.

10. **Force Health Protection – Falkland Islands.** The climate in the Falklands is colder and more varied than that of the UK and can often change repeatedly during a single 24 hour period from clear skies to sleet and snow. As a result, in accordance with JSP 539⁴

¹ This will include both medical and dental.

² Ch 4 of Annex A to JSP 770.

³ 2009DIN01-183 the Joint Medical Employability Standard.

⁴ JSP 539 – Climatic Illness and Injury in the Armed Forces: Force Protection and Initial Medical Treatment

any personnel with a previous history of a cold injury should not deploy to the Falkland Islands until their case has been reviewed or discussed with the Institute of Naval Medicine (INM). In accordance with JSP 886⁵, the Falklands are classed as a C2 climate which is defined as “colder areas which include northern Norway, the prairie provinces of Canada, Tibet and much of Russia”. As such the appropriate cold weather clothing is to be demanded before deployment.

11. **Force Health Protection – Ascension Island.** There are no climatic restrictions on personnel serving on Ascension Island.

PRE HOSPITAL EMERGENCY CARE

12. **Pre Hospital Emergency Care – Falkland Islands.** For personnel living in MPC, there is a limited Blue Light Service managed by the RMC. The duty staff in the RMC will respond and handle any casualties in the first instance. For serious cases the default response is transfer by Search and Rescue (SAR) to the King Edward VII Memorial Hospital (KEMH) under the direction of the Duty Medical Officer and coordinated by the Joint Operations Centre (JOC). For those personnel working at either Mount ALICE or BYRON Battlefield Advanced Trauma Life Support BATLS Medics supported by Remote Team Medics will provide care until such time as SAR can be tasked as required. For personnel at Hillside or Mount KENT, the ambulance service in Stanley will provide emergency care as required.

13. Exercises conducting live firing require a BATLS trained medic on location at all times during firing periods. Precise requirements should be coordinated via SO2 Med Ops at HQ BFSAL.

14. **Pre Hospital Emergency Care – Ascension Island.** Georgetown Hospital (GTH) provides the ambulance service for AIB and all emergency cases will be taken directly to hospital prior to further evacuation as required.

PRIMARY HEALTHCARE

15. **Primary Healthcare – Falkland Islands.** The Mount Pleasant Complex (MPC) Regional Medical Centre (RMC) provides a Primary Health Care (PHC) and Dental Service, including a dispensary, for the entitled population and eligible dependants. There are two GPs, a Practice Nurse, a Physiotherapist, a Pharmacy Technician and an Exercise Remedial Instructor (ERI). In the Dental Centre there is a Dental Officer and a Dental Nurse. These positions can be gapped at times and all staff have occasional commitments to operational taskings away from MPC. Access to a Mental Health Nurse and a Health Visitor Service is through the KEMH in Stanley in accordance with the Memorandum of Understanding signed between the Falkland Islands Government and the MOD.

16. **Primary Care Rehabilitation Facility (PCRF).** There is a small PCRF with a Physiotherapist and ERI in the RMC.

17. **Dental Care – Falkland Islands.** There is a dental team in the MPC Dental Centre consisting of a SDentO and a Dental Nurse. They are able to conduct routine treatment

⁵ Ch 10 of Part 5 to Volume 6 of JSP 886 – The Defence Logistic Support Chain Manual

and a limited surgical capability. Like the RMC, laboratory work will take longer to complete due to the extended timelines to the UK.

18. **Community Services – Falkland Islands.** Some community services normally available in the UK are not available in the Falkland Islands. These include educational psychology, community paediatrics, speech and language therapy and both adult and child behavioural services.

19. **Primary Healthcare – Ascension Island.** The Ascension Island Base (AIB) Medical Centre (BMC) provides a limited PHC service for the entitled military population and their eligible dependants. There is a Practice Nurse and a Practice Manager but their primary role is Aeromedical Evacuation Coordination.

20. **Dental Care – Ascension Island.** There is a dentist in GTH who will provide emergency cover to entitled personnel.

21. **Community Services – Ascension Island.** Some community services normally available in the UK are not available in the Ascension Island. These include educational psychology, community paediatrics and both adult and child behavioural services. This factor combined with the lack of Service Children's Education SCE schools and larger class sizes in local schools means that children with health issues affecting their education are likely to find Service life on Ascension Island challenging.

SECONDARY HEALTHCARE

22. Any individuals requiring routine or urgent referral to secondary healthcare services beyond the capabilities on both FI and AIB will be sent back the UK at the earliest opportunity. A complete list of services available on island is included at Annex A. MOD patients admitted to hospital for acute conditions will be aeromedically evacuated back to the UK at the earliest opportunity. Where a condition is enduring and requires longer term support, individuals may be assigned out of BFSAI to ensure the continuity of care is maintained at minimum impact to the individual, their family and BFSAI.

23. Maternity Services across BFSAI are limited and routinely, all pregnant mothers should expect to return to the UK by the end of the 34th week until 2 – 6 weeks after birth. Should this advice not be taken, personal medical insurance is mandated to cover any emergency requiring evacuation to South America. Complicated pregnancies may be required to leave the island earlier.

24. **Secondary Healthcare – Falkland Islands.** The KEMH is the only hospital in the Falkland Islands. All medical, dental and community services for Falkland Island residents are provided through the hospital or through the local civilian GP clinic which is co-located with KEMH. KEMH equates to a small District General Hospital in the UK and civilians who require care that cannot be delivered by the KEMH are referred either into South America or the NHS. The hospital has one operating theatre, two high dependency beds, a laboratory service (although some tests are returned to the UK for analysis), digital x-ray and ultrasound, but there is no MRI or CT scanner. MOD patients with acute conditions or who require emergency admission can be admitted to KEMH but most will be evacuated by the RAF to the UK as soon as is practical. Seriously ill patients maybe transferred from KEMH to hospitals in Montevideo, Uruguay or Santiago, Chile.

25. **Secondary Healthcare – Ascension Island.** Georgetown Hospital (GTH) is the only hospital on Ascension Island. All medical, emergency dental and community services for Ascension Island residents are provided through the hospital. GTH equates to a small cottage hospital in the UK and treats approximately 5300 patients per year. Ascension Island civilians who require care that cannot be provided by GTH are referred to either private care or the NHS in the UK. The hospital has one operating theatre and no high dependency beds. Laboratory Services are provided by the United States Air Force (USAF) base medical centre (although some tests are returned to the UK for analysis). GTH has plain x-ray and digital radiology but there is no MRI or CT. MOD patients with acute conditions or who require emergency admission can be admitted to GTH but most will be evacuated by the RAF to the UK as soon as is practicable.

MEDICAL EVACUATION

26. **MEDEVAC – Falkland Islands.** Due to the extended timelines in the Falklands, the use of wheeled evacuation assets is reserved for routine patient movements or use when the weather prevents search and rescue flying. Battlefield Ambulances (BFA) manned by the RMC are available to carry out such road-moves and there is a civilian ambulance from the KEMH also available if required. In most instances SAR is the asset utilised to move emergency patients and they are tasked via the JOC.

27. **MEDEVAC – Ascension Island.** Owing to its small size, the evacuation times are much reduced on Ascension and therefore there is no dedicated support helicopter capability on island. The BMC has a single BFA as does GTH. These are tasked as required by the AIB Ops Rm.

28. **Strategic Aeromedical Evacuation.** RAF Air Evacuation Liaison Officers AELOs in both FI and ASI will coordinate the Strategic Aeromedical Evacuation Strat AE of entitled personnel as required to the UK or South America dependant on need in accordance with BFSAI SOP 101 – Procedures for Aeromedical Evacuation to South America.

MEDICAL C4I

29. **DMICP.** For non-serving personnel, the RMC will register them as new patients and their paper records will be requested from NHS England. It can take up to 3 months for the records to be transferred from the previous GP to receipt at the RMC.

SUMMARY

30. Healthcare facilities in BFSAI do not match those available in the UK and careful consideration should be made for any personnel considering an accompanied assignment, however where possible UK standards are met and any areas where they are not are mitigated against as much as is possible on island.

31. Attached is a summary of provision of healthcare available and further information can be obtained from SO2 Med Ops.

Annexes:

- A. Summary of Healthcare Provision Available in BFSAI.
- B. Funding for Medical Procedures Undertaken in Host Nation Medical Facilities.

SUMMARY OF HEALTHCARE PROVISION AVAILABLE IN BFSAI

Capability	Falkland Islands	Ascension Island
Force Health Protection	<p>All personnel with a history of NFCI are to be reviewed by INM prior to deployment.</p> <p>All downgraded personnel must be reviewed by the SMO to ensure fitness to carry out secondary duties such as Theatre Reserve.</p>	<p>No limitations however any downgraded personnel must be made known to SMO BFSAI.</p>
Pre Hospital Emergency Care	<p>Provided by RAF Search and Rescue (SAR) and KEMH.</p>	<p>Provided by Georgetown Hospital delivering an Island wide 999 service (not to UK standards)</p>
Primary Healthcare	<p>Defence Medical Services Regional/Station Medical Centre.</p>	
Dental Care	<p>Routine and Emergency care provided by Dental Centre, MPC</p>	<p>Emergency care only, provided by GTH.</p>
Emergency Hospital Care	<p>Provided by KEMH.</p>	<p>Provided by GTH.</p>
Elective Surgery	<p>No elective surgery in BFSAI.</p>	
Maternity Services	<p>Pre/post natal assistance provided by MPC RMC and KEMH. Childbirth services provided by KEMH.</p>	<p>Pre/post natal assistance provided by GTH midwife. Childbirth services provided by GTH.</p>

Capability	Falkland Islands	Ascension Island
Outpatient Services	Some outpatient clinics. All other routine patients in need of outpatient care are referred to the UK.	No outpatient clinics are available on Ascension Island
Community Health Services	Health Visiting and Adult Mental Health is available through KEMH. Child and Adolescent Mental Health and Behavioural Services, Community Paediatrics, Speech and Language Therapy and Educational Psychology are not available.	No community health services are available on Ascension Island
MEDEVAC	SAR or LR BFA are available for evacuation purposes.	There is no SH CASEVAC available on island. All patient moves are by LR BFA.
Strategic Aeromedical Evacuation	Routine Strat AE to UK Emergency Start AE from Falkland Islands to South America	All Strat AE from Ascension Island is to the UK

FUNDING FOR MEDICAL PROCEDURES UNDERTAKEN IN HOST NATION MEDICAL FACILITIES

The MOD has commissioned emergency and acute services from the Falkland Island Government (FIG) through KEMH and from the Ascension Island Government (AIG) through GTH. All routine outpatients and elective surgery is returned to the UK.

1. The matrix below provides information on the medical treatment that will and will not be funded by the Defence Medical Services (DMS). Funding will be initiated through the Medical Centre. The list is not exhaustive; where there is any doubt that proposed treatment may not be funded, patients should speak to their medical centre in the first instance who in turn should contact the SMO BFSAI on 94130 6334.
2. Treatments not specifically mentioned, but which would normally be regarded as routine, such as ENT procedures (ie tonsillectomy, polypectomy, adenoidectomy), abdominal operations (ie cholecystectomy, hernioplasty), gastro-intestinal investigations and operations (ie colonoscopy, haemorrhoidectomy, treatment of gastric ulcer), urological investigations and operations (ie cystoscopy, prostatectomy, lithotripsy), dermatology treatments, genito-urinary medical treatments etc, will ordinarily be funded by the DMS or NHS but will be provided in the UK, necessitating Aeromedical Evacuation.

Medical treatment/procedures matrix:

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
1	Out-patient Consultations and Diagnostic Services with Doctors or Specialists	Yes	Not available in BFSAI; provided in the UK. For all except conditions/treatments described at serials 3, 18, 19, 23 and 48	
2	Infertility treatment, including hormone treatment, Intra-Uterine Insemination and In Vitro Fertilisation.	No	No funding for any form of fertility treatment accessed from secondary care (hospitals).	
3	Reversal of vasectomy or tubal ligation/clips (for female)	No	Not provided.	

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
4	Investigation of infertility	Yes	Not available in BFSAI; provided in the UK. All investigations are funded, but treatment of confirmed infertility is limited to correction of anatomical defects preventing conception, excluding reversal of sterilisation.	
5	Correction of anatomical defect preventing conception.	Yes	Not available in BFSAI; provided in the UK. Includes unblocking of fallopian tubes.	
6	Vasectomy	Yes	Not available in BFSAI; provided in the UK.	
7	Female sterilisation	Yes	Not available in BFSAI; provided in the UK: Only after counselling over a period of 6 months. This must be documented in the patient's medical record. Counselling is essential, because reversal will not be funded.	
8	Maternity Care – normal pregnancy	Yes	Shared care between KEMH/GTH community midwives and MPC/AIB MC. Recommended return to UK for birth by the end of the 34 th week.	Should recommended advice to return to UK not be taken, individual advised to have their own Medical Insurance including Aeromedical Evacuation (AE) should complications arise and emergency AE to South America be required.
9	Maternity Care – complicated pregnancy	No	Complicated pregnancies, including twins, should receive care in the UK. Pregnant women who cannot be supported throughout their pregnancy will be recommended to return to the UK before 22 weeks.	

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
10	Treatment of birth defects and congenital illness of newborns	Yes	Not available in BFSAI; provided in the UK.	
11	Knee Arthroscopy	Yes	Not available in BFSAI; provided in the UK.	
12	Repair of Anterior Cruciate Ligament	Yes	<p>Not available in BFSAI; provided in the UK.</p> <p>Patient must have undergone appropriate course of physiotherapy before surgery is contemplated.</p> <p>Military personnel must be referred to a Regional Rehabilitation Unit (RRU) in the UK for assessment by the Multi-disciplinary Injury Clinic (MIAC) who will refer for surgery if appropriate.</p>	<p>Military personnel should expect to undergo surgery and follow-up in UK as rehabilitation following this operation can take up to a year.</p> <p>Poor recovery may result in permanent down-grading and possible medical discharge. It is therefore essential that mil pers are referred to a military treatment pathway.</p>
13	Hip Arthroscopy	No	Not available in BFSAI; provided in the UK.	All patients must be referred to UK for this specialist procedure. Will require extended follow-up and rehabilitation.
14	Shoulder Arthroscopy	No	<p>Not available in BFSAI; provided in the UK:</p> <p>Patient must undergo a course of physiotherapy before referral for arthroscopy. If physiotherapy does not result in improvement, the patient should be referred to UK.</p>	Service personnel must be referred to a UK RRU. Extended term physiotherapy and follow-up in UK may be required.

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
15	Spinal Surgery for Prolapsed Discs	Yes	<p>Not available in BFSAI; provided in the UK:</p> <p>Details of diagnosis, physiotherapy treatment and proposed treatment plan must be seen by the RMC before funding will be considered.</p>	Mil personnel should expect a referral to UK – such surgery could impact on their future mil careers. It may be necessary for mil pers to be posted back to UK as treatment and follow-up may be extended and best managed by an RRU/Mil consultant.
16	Surgery for Hallux Valgus (bunion)	Yes	<p>Not available in BFSAI; provided in the UK:</p> <p>Surgery should only be undertaken if appropriate footwear does not ease pain, and/or if the bunion compromises mobility.</p>	
17	Bariatric Surgery (surgery to aid weight loss)	No	<p>Not available in BFSAI; provided in the UK:</p> <p>All the following criteria must be fulfilled for referral to a UK Consultant:</p> <ul style="list-style-type: none"> • Minimum BMI of 40 kg/m² or • BMI between 35 and 40 kg/m² and a significant disease (e.g. type 2 diabetes or high blood pressure, which would improve with weight-loss. • Appropriate non-surgical measures have failed to maintain weight-loss for more than 6 months. • Patient is fit for anaesthesia and surgery. • Patient commits to long-term follow-up. 	Patients must be referred to the UK as such surgery requires extended and often intensive follow-up. This is likely to involve a permanent posting back to the UK to ensure continuity of follow up.

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
18	Laser Therapy for Removal of Tattoos	No	Not available in BFSAI; provided in the UK: Military style tattoos (eg para wings), <i>may</i> be removed at public expense for troops working in special ops, but these personnel must be referred to a UK military plastic surgeon.	Removal of tattoos for personal reasons must be privately funded.
19	Laser Therapy for Hair Removal	No	Not available in BFSAI; provided in the UK: Where laser hair removal is part of transgender reassignment, this may be NHS funded. Transgender patients should remain in UK for the duration of their transition.	Other laser hair removal must be privately funded.
20	Laser Therapy for the Removal of Birth Marks	Yes	Not available in BFSAI; provided in the UK: Birthmark must be considered disfiguring.	Will not be funded for children under the age of 2 years.
21	Laser Eye Surgery	No	Specific regulations apply to Service personnel, downgrade and funding.	Must be privately funded.
22	Surgical Excision of Moles	Yes	Not available in BFSAI; provided in the UK: The mole/s must give the physician cause for concern ie possible malignancy, and this must be documented in the medical record. Or If there are 5 or more moles on the face, which adversely affect the patient psychologically.	

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
23	Cosmetic Surgery	No	With exceptions at serials 24, 25 & 28.	Must be privately funded.
24	Upper Blepharoplasty (eyelid surgery)	Yes	Not available in BFSAI; provided in the UK. Only when the consultant confirms in writing that vision is adversely affected by drooping eyelids.	If blepharoplasty is required for purely cosmetic reasons, it must be privately funded.
25	Pinnaplasty (Correction of 'Bat Ears')	Yes	Not available in BFSAI; provided in the UK. Authorised for children aged 14 years and under, who specifically ask for the procedure. It will not be considered if it is at the parents' request, rather than the child's. Children over 14 years and adults will be considered for funding if the condition is causing adverse psychological effect.	Those over age 14 years must be referred to a psychiatrist for assessment. The psychiatric report (where applicable) must be seen by the RMC before funding will be considered.
26	Breast Augmentation	No	Via a referral from the RMC only – only available in the UK. Consideration will be given only where the breast size is smaller than an A-Cup.	

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
27	Reduction Mammoplasty (Breast Reduction)	No	<p>Via a referral from the RMC only – only available in the UK.</p> <p>When the breasts are so large as to cause back pain and/or reduce ability to exercise/move freely, especially if it prevents military personnel from wearing body armour or passing mandatory fitness tests Exceptional Case funding may be sought.</p> <p>Patients who smoke or/and are overweight, will not be considered for this procedure.</p>	Referrals for reduction mammoplasty must include the patient's height, weight and BMI.
28	Breast Reconstruction (following breast cancer treatment)	Yes	Not available in BFSAI; provided in the UK.	
29	Abdominoplasty (Operation to remove excess abdominal tissue)	No	This may be considered when the patient also has a ventral herniation. Must be referred via the RMC – only available in the UK. Smokers and those overweight will not be considered.	Referrals for abdominoplasty must include the patient's height, weight and BMI.
29	Rhinoplasty (operation to reshape the nose)	Yes	<p>Not available in BFSAI; provided in the UK:</p> <p>Only to correct a defect as the result of fracture and/or, which causes breathing difficulty, or which is documented as causing psychological distress.</p>	It will not be funded if performed for purely cosmetic reasons.
30	Other Nose Operations (Sub mucosal resection, sub mucosal dilation)	Yes	Not available in BFSAI; provided in the UK.	

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
31	Minor Surgery (as an out-patient, not included in the serials above)	Yes	Not available in BFSAI; provided in the UK.	
32	Emergency Treatment (ie treatment following RTA or head injury, collapse, stroke, heart attack, sports injury, appendicitis or other acute abdominal pain, kidney stones, etc).	Yes	All emergency treatment is funded.	The RMC must be informed if in-patient care in excess of 7 days is expected.
33	Cancer Treatment	Yes	Not available in BFSAI; provided in the UK. After diagnosis, the case and proposed treatment pathway must be referred via the RMC for funding approval. Changes to the treatment plan/additional treatment must be referred via the RMC for further funding approval.	Cancer treatment differs across Europe and may not meet with NICE guidelines. Long term treatment and/or terminal care may be better managed in the UK, particularly if a patient's condition is likely to deteriorate.
34	Stroke/CVA	Yes	Care not available in BFSAI; provided in the UK or South America. After diagnosis, the case and proposed treatment plan must be referred via the RMC for further funding approval. Changes to the treatment plan/additional treatment must be referred via the RMC for further funding approval.	AE to South America may be deemed more appropriate to receive timely medical intervention. Long term treatment and rehabilitation may be better managed in the UK, particularly if the patient's condition is expected to deteriorate or another stroke likely.
35	Hospice Care	No	Not available in BFSAI; provided in the UK.	

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
36	Surgery for Hernia	Yes	Not available in BFSAI; provided in the UK.	
37	Surgery for Varicose Veins	Yes	Not available in BFSAI; provided in the UK: Only if the varicose veins are affecting mobility/are causing pain – this must be documented in the medical notes.	Not funded for cosmetic reasons.
38	Removal of Cataract	Yes	Not available in BFSAI; provided in the UK.	
39	Gender Reassignment Therapy/ Surgery	No	Not available in BFSAI; provided in the UK.	Must be referred to the NHS in UK, as treatment and follow-up is extended.
40	Provision of a Wig	Yes	Wig provision in the event of cancer treatment or alopecia (with the exception of male-pattern alopecia) to the value of £500, will be funded in the first year. Thereafter, further wigs must be locally funded by the JSU.	
41	Psychiatric care: in-patient or outpatient.	Yes	KEMH provide a limited Community Psychiatric Nurse CPN and emergency psychiatry service.	MPC RMC to be informed of chronic psychiatric illness, requiring long term treatment – consideration will be given to returning the patient to UK for ongoing treatment.
42	Treatment for alcohol and/or drug addiction	No	Not available in BFSAI; provided in the UK. Patients requiring intensive treatment must be referred to the UK via the RMC.	It is likely that such patients will be transferred to the UK until fully recovered – this may require career management for military personnel.

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
43	Organ transplant	No	Not available in BFSAI; provided in the UK. Those requiring organ transplants must be referred to UK via the RMC.	If too ill to be transferred to UK, authority to proceed must be authorised via the RMC and HQ BFSAI.
44	Treatment and monitoring of chronic disease	Yes	The RMC must be informed of chronic disease requiring frequent monitoring and which is not well controlled.	Health screening of military personnel and their accompanying dependants should result in low incidence of such conditions
45	Routine health screening, e.g. mammogram, cervical cytology, colposcopy service.	Yes	Screening test and frequency must follow NHS rules (eg cervical cytology 3 yearly, mammography from age 50 etc.) There is no mammography or colposcopy available in BFSAI; Provided in UK.	
46	Dietetics	Yes	Via a licensed provider from the UK and must be ordered by a doctor.	
47	Acupuncture	Yes	Only if provided as part of treatment by a physiotherapist or GP for the control of pain. This may or may not be available depending upon the qualifications of the Physiotherapist in post at the time.	Treatment by a complementary therapist will not be funded.
48	Complementary /Alternative Therapies (Aromatherapy, osteopathy, chiropractic therapy, reflexology, massage therapy, hot stone/oil therapy etc)	No	Excluding acupuncture in the circumstances at Ser 47, above.	

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
49	Speech and Language Therapy	Yes	Not available in BFSAI; provided in the UK.	
50	Occupational Therapy	Yes	Up to 6 sessions via a licensed provider and ordered by a doctor.	Authority must be sought from RMC if more than 6 sessions are required.
51	Prescription drugs	Yes	Non Mil Patients will be required to pay Prescription Charges in line with charges in England.	
52	Family Planning, birth control	Yes	<p>Full spectrum of birth control available on Falkland Islands.</p> <p>On Ascension Island this service is delivered by AIB-based nurses and therefore depends upon the qualifications held by the person in post at the time.</p> <p>All Termination of Pregnancy requests ToP are returned to UK via British Pregnancy Advisory Service BPAS.</p>	Patients deployed/posted to AIB are advised to ensure sufficient supplies for duration of stay and to contact the practice nurse before travelling if family planning services are required during the duration of their stay on island.
53	Viagra and similar (for sexual dysfunction)	Yes	<p>Only as part of a treatment for erectile dysfunction (impotence) due to diabetes, multiple sclerosis, Parkinson's disease, poliomyelitis, spina bifida or single gene neurological disease, removal of prostate and/or prostate cancer, spinal and / or severe pelvic injury.</p> <p>In addition to the above, individuals who have been referred from an NHS specialist treatment centre, or who have been assessed by military psychiatric or community mental health services as suffering from significant distress as a result of impotence, may be considered for treatment.</p> <p>Not more than 1 tablet per week.</p>	<p>This is in line with UK practice.</p> <p>Patients who do not meet the specified criteria, but for whom the prescriber still wishes to initiate treatment, may be give a private prescription, for which costs will not be reimbursed.</p>

Ser	Medical Condition/Treatment/Procedure	Funded (Yes/No)	Conditions/Criteria for Funding	Other Comments
54	Over-the-Counter Medicines (prescription not required)	No	Not funded unless required to treat a chronic condition eg aqueous and E45 creams for Eczema. Glucosamine is not funded.	Over-the-counter medicines for chronic conditions must be prescribed in order to claim reimbursement.
55	Vaccinations	Yes	Excluding vaccinations for recreational travel purposes for dependants and entitled civilians.	Service personnel should obtain all vaccinations through visiting military medical providers. If this is not practical, authority must be sought from the RMC to receive vaccinations through HN.
56	Hormone Replacement Therapy (HRT) for the menopause	Yes		
57	Investigation of Sleep Apnoea (associated with snoring)	Yes	Not available in BFSAI; provided in the UK. Epworth Sleepiness Scale score must be greater than 9 for referral to a Sleep Clinic.	