



Ministry
of Defence

Defence Business Services

Secretariat
Room 6303
Tomlinson House
Norcross
Thornton-Cleveleys
Lancashire FY5 3WP

DBSRES-Secretariat@mod.gov.uk

Ref: FOI2023/06163

██████████
██

12 June 2023

Dear ██████████

Thank you for your email of 8 March 2023 to the Ministry of Defence (MOD) requesting the following information:

I am replying on behalf of ██████████ to your attached letter in relation to our Freedom of Information request (FOI2023/04805). Thank you for your considered reply and for the clarity of the rationale given - this is very helpful and understandable. In light of this, we would like to make the following refined FOI request (removing the previous request under item 3):

- 1. What is the number of personnel medically discharged from HM Armed Forces in Scotland, between the financial years 2011/12 and 2021/22, with a diagnosis of Multiple Sclerosis?*
- 2. How many service personnel discharged in Scotland with MS did so with access to the Armed Forces Compensation Scheme and how many were discharged without access to this between the financial years 2011/12 and 2021/22.*
- 3. What provision (advice, guidance, and signposting) is currently made for people with Multiple Sclerosis who are discharged from HM Armed Forces in Scotland?*

Please note, we should have clarified in our initial request that our purpose is to determine, for internal planning and service development purposes only, the relative position and specialist/non-specialist support needs of Armed Forces personnel in Scotland who are/have been discharged from service following a diagnosis of MS. We currently support former Armed Forces personnel but understand that there may be additional unmet need for support. I have ascertained this as a former employee of both Erskine Hospital (under ██████████ ██████████) and The Army Benevolent Fund (under ██████████) - this request is therefore made by a "friend" of the Armed Services, with solely the future welfare of service personnel discharged in Scotland in mind.

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

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

However, some of the information falls entirely within the scope of the absolute exemptions provided for at section 40 (Personal Data) of the FOIA and has been withheld.

Section 40(2) has been applied to some of the information to protect personal information as governed by the Data Protection Act 2018 and UK GDPR. Numbers fewer than five are suppressed to reduce the possible inadvertent disclosure of individual identities. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

In response to request numbered one and two:

We have interpreted your question to mean; the number of UK regular armed forces personnel medically discharged between 1 April 2011 and 31 March 2022 with either a principal or contributory cause of Multiple Sclerosis (MS) or who had MS as a diagnosis in their medical record and have either a:

- a) post discharge location of Scotland
- b) location of Scotland reported in the pension and compensation systems

Of these, the number that have been awarded compensation under the Armed Forces Compensation Scheme (AFCS) before or at the point of medical discharge, as at 31 March 2023.

There were seven UK regular armed forces personnel medically discharged between 1 April 2011 and 31 March 2022 with either a principal or contributory cause of Multiple Sclerosis (MS) or who had had a Read code entered in their electronic primary medical record for MS and have a location of Scotland reported in the pension and compensation systems. Of these, as at 31 March 2023, fewer than five personnel were awarded compensation under the AFCS before or at the point of medical discharge.

There were six UK regular armed forces personnel medically discharged between 1 April 2011 and 31 March 2022 with either a principal or contributory cause of Multiple Sclerosis (MS) or who had had a Read code entered in their electronic primary medical record for MS, with a post discharge location of Scotland. Of these, as at 31 March 2023, fewer than five personnel were awarded compensation under the AFCS before or at the point of medical discharge.

Please note individuals may have a location of Scotland reported in the pension and compensation systems and have a post discharge location of Scotland, therefore these numbers should not be summed.

In response to request three:

Where personnel leaving the Armed Forces have an enduring need for healthcare, the Defence Medical Services works in partnership with the NHS to ensure continuation of care

The Defence Recovery Capability is a MOD-owned capability designed to deliver programmed, command-led and coordinated support to wounded, injured and sick serving personnel. Each person who comes under the Defence Recovery Capability will get a tailored Individual Recovery Plan which enables them to focus on their outcome, either their return to duty or transition to civilian life.

The Individual Recovery Plan incorporates all aspects of an individual's recovery including medical, welfare, housing, education, re-skilling, Return to Work Programmes, work placements and employment opportunities. The designated Recovery officer will work with wounded, injured and sick personnel under their command to create a tailored IRP to enable them to focus on their outcome.

The Veterans Welfare Service and Defence Transition Service are provided by the Ministry of Defence. These services deliver additional support to service leavers and their families who are most likely to face challenges as they leave the Armed Forces, including facilitating access to NHS services.

Under Section 16 (Advice and Assistance) it may be helpful if I explain the following:

Information on the numbers of personnel medically discharged include UK Armed Forces Regular trained and untrained personnel:

Medical discharges are the result of a number of specialists (medical, occupational, psychological, personnel, etc) coming to the conclusion that an individual is suffering from a medical condition that pre-empts their continued service in the armed forces. Statistics based on these discharges do not represent measures of true morbidity or pathology. At best they indicate a minimum burden of ill-health in the armed forces. Furthermore, the number and diversity of processes involved with administering a medical discharge introduce a series of time lags, as well as impact on the quality of data recorded.

Information on medical discharges was sourced from electronic medical records (DMICP) and manually entered paper documents (FMed 23s). The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting are secondary functions.

Defence Statistics release annual updates on medical discharges in the UK armed forces as an Official Statistic publication. The last statistical release was on 14 July 2022 which presented data up to 31 March 2022. The latest report can be found at:

<https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>

Medical discharges due to Multiple Sclerosis (MS) were identified as personnel who were discharged with a principal or contributory cause coded as G35 (Multiple Sclerosis) in the International Classification of Diseases and Related Health Problems Tenth Revision (ICD-10).

Individuals who had had a Read code entered in their electronic primary medical record for MS who subsequently medical discharged regardless of principal or contributory cause were also included in this response. Please note that MS may not have been listed as a principal or contributory cause of the subsequent medical discharge.

Information on Multiple Sclerosis (MS) was derived from the Defence Medical Information Capability Programme (DMICP) which was rolled out in 2007. Prior to this data warehouse, medical records were kept locally, at each individual medical centre. By 2010, DMICP was in place for the UK and the majority of Germany.

DMICP has a centralised data warehouse of Read coded information. It is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers from which searches for Read codes can be run.

The following Read codes were used to identify personnel with Multiple Sclerosis (MS):

Code	Description
8Cc0	Management of multiple sclerosis in onset phase
8Cc1	Management of multiple sclerosis in early disease phase
8Cc2	Management of multiple sclerosis in stable disability phase
8Cc3	Management of MS in progressive disability phase
8Cc4	Management of multiple sclerosis in palliative phase
8CS1	Multiple sclerosis care plan agreed
EMISNQMU11	Multiple sclerosis - primary progressive
EMISNQMU12	Multiple sclerosis - secondary progressive
EMISNQMU13	Multiple sclerosis - relapsing remitting
F20	Multiple sclerosis
F20-1	Disseminated sclerosis
F200	Multiple sclerosis of the brain stem
F201	Multiple sclerosis of the spinal cord
F202	Generalised multiple sclerosis
F203	Exacerbation of multiple sclerosis
F204	Benign multiple sclerosis
F205	Malignant multiple sclerosis
F206	Primary progressive multiple sclerosis
F207	Relapsing and remitting multiple sclerosis
F208	Secondary progressive multiple sclerosis
F20z	Multiple sclerosis NOS

Diagnosis of multiple sclerosis is made in secondary care (NHS hospitals) and information may be passed to an individual's GP in the form of a hospital discharge letter. The GP may then file this letter in the paper FMed4, code this information into the patient's electronic record, or they may scan it as a document (which is only searchable by a review of the individual record). For this reason the numbers provided may be a minimum as it would not include cases where the letter was filed in a paper record, where the letter was scanned or notes made as free text (as opposed to entered as Read codes).

It is not possible to identify the date of diagnosis for any condition without a manual review of medical records, however, MS precludes entry to the UK Armed Forces, therefore personnel with a Read code for MS will have received this diagnosis after joining service.

Please note that if information was entered as free text in the patient record, then it was not available in the DMICP data warehouse and was not retrieved using the search for Read codes.

DMICP is a live data source and subject to change. Date of data extracts: 4 May 2023.

Armed Forces Compensation Scheme (AFCS)

The Armed Forces and Reserve Forces Compensation Scheme (AFCS) came into force on 6 April 2005 to pay compensation for injury, illness or death attributable to service that occurred on or after that date. It replaced the previous compensation arrangements provided by the War Pensions Scheme (WPS) and the attributable elements of the Armed Forces and Reserve Forces Pensions Scheme.

The scheme is open to both currently serving and former members of the Armed Forces. All personnel discharged between Financial Years 2011/12 and 2021/22 could make a claim under the AFCS."

AFCS data is sourced from the Compensation and Pension System (CAPS) which is administrated and managed by DBS Veterans UK.

Personnel with a location of Scotland were identified based on the latest address provided to the MOD by the individual and recorded on either of the following compensation systems: the War Pension Computer System (WPCS) or Compensation and Pension System (CAPS). Please note that the MOD may not always be notified of a change of address and therefore the location information for some individuals may be incorrect. Please note, information is only available on individuals who are in receipt of an Armed Forces pension and/or compensation and will therefore not be representative of all veterans in a given location.

Defence Statistics Health publish statistics on claims and awards made under the AFCS. The latest publication presents statistics at 31 March 2022 and can be found on the Gov.uk website:

<https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index>

Defence Statistics Health publish statistics on personnel in receipt of UK Armed Forces compensation or pensions by location. The latest publication presents statistics at 31 March 2022 and can be found on the Gov.uk website:

<https://www.gov.uk/government/collections/location-of-armed-forces-pension-and-compensation-recipients>

Post Discharge Location

Personnel who medically discharged with a post discharge location of Scotland were identified from the 'resettlement – post discharge' field as reported in the Joint Personnel Administration (JPA) system. Please note, this information is not always supplied by the individual.

If you have any queries regarding the content of this letter, please contact this office in the first instance.

If you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.gov.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at <https://ico.org.uk/>.

Yours sincerely,



Defence Business Services (Secretariat)

