



Ministry of Defence

Defence Statistics (Health)

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Dear [REDACTED]

Thank you for your email of 13 October 2015 requesting the following information:

"I am trying to find statistics related to ulcerative colitis (UC).

I want to find stats related to members of the armed forces and any increase in the number of diagnosed cases of UC, Inflammatory Bowel Diseases and Chron's disease.

Its relevance to Submariners, how many of them have been made Permanently Medically Unfit for Submarines?"

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 Ministry of Defence, and I can confirm that all the information in scope of your request is held.

Between 1 January 2007 and 21 October 2015 **1,222** UK Armed Forces personnel had at least one code for an inflammatory bowel disease¹ entered onto their electronic Defence Medical Information Capability Programme (DMICP) primary health care record.

This information is presented by calendar year in **Table 1**. Each person has been counted only once, in the first year that the code was entered in their record over the 9 year period.

Please note the first occurrence of a code for inflammatory bowel disease may not relate to an 'initial diagnosis' of the condition. The condition may have been diagnosed earlier than the 9 year period. It is not possible to identify from centrally held coded information whether the occurrence of a code relates to a new diagnosis. Numbers below relate to the first time a clinician recorded the condition in the 9 years specified. Therefore, in Table 1 2007 cannot be interpreted as the largest number of cases of inflammatory bowel disease being diagnosed over the 9 year period.

Table 1: UK Armed Forces personnel, DMICP Primary Healthcare record for an inflammatory bowel disease, 1 January 2007 – 21 October 2015, by calendar year, numbers^{1,2,3,4,5,6}

¹ Medical data is stored in the DMICP data warehouse using read codes. DMICP was searched for personnel with Chapter J4-2 (Inflammatory bowel disease) read codes entered on their medical record. Crohn's disease, ulcerative colitis and other inflammatory bowel diseases are within the J4-2 chapter. Please see the background notes for a full list of the read codes searched.

Calender Year	All
All Personnel	1,222
2007	248
2008	134
2009	114
2010	118
2011	126
2012	136
2013	108
2014	139
2015 ⁶	99

Source: DMICP, JPA

¹ Personnel include all UK Armed Forces Regular and Reservist Personnel

² Data extracted on 21 October 2015

³ Inflammatory bowel disease read codes recorded on DMICP electronic primary care record between 1 January 2007 and 21 October 2015 (see section 16 advice and assistance for codes used)

⁴ The data between 2007 and 2010 may be incomplete due to the rollout of the electronic medical record system, therefore numbers presented are a minimum.

⁵ Personnel are only included once overall, the first time a clinician recorded the condition between 1 January 2007 and 21 October 2015

⁶ Data for 2015 is correct up to 21 October 2015

Of the **1,222** UK Armed Forces personnel who had at least one read code for an inflammatory bowel disease entered onto their DMICP record, **177** were Royal Navy personnel. Of these, **31** had been a Submariner prior² to the inflammatory bowel disease read code being entered on to their DMICP Primary Healthcare record.

Of the **31** Submariners who had at least one read code for an inflammatory bowel disease entered onto their DMICP Primary Healthcare record, **fewer than 5** had a "Permanently unfit submarine service" limitation code recorded in DMICP at any point after their first occurrence of a code for inflammatory bowel disease. Please note, this figure is based on coded data and has not been reviewed by the Department of Submarine and Radiation Medicine. Please note that if a diagnosis is entered as free text only in a patients medical record it will not be included in figures presented as this information is not available in the data warehouse.

Under Section 16 of the Act (Advice and assistance) you may find it useful to note the following:

Defence Medical Information Capability Programme (DMICP) is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers. It included a clinical application and centralised data warehouse of coded information. DMICP was rolled out in 2007 and legacy medical data for currently serving personnel was migrated across during rollout.

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK Armed Forces personnel and is used to gather information on a person's service. Submariners were identified by their Arm in JPA.

Defence Statistics have identified a technical issue in the electronic patient record data warehouse which has resulted in a number of records for UK Armed Forces personnel who have since become registered at a MOD medical centre as a civilian being excluded from the search. We are working to resolve this issue.

Medical data is stored in the DMICP data warehouse using read codes. Data on Service personnel with codes entered on their medical record relating to inflammatory bowel disease has been

² Submariners were identified by their Arm in Joint Personnel Administration which was rolled out in October 2006. Navy personnel who were a Submariner for a period of time before October 2006, but not since 2006, have not been identified.

sourced from DMICP. The data entered has been collected using the following Read Codes extracted on 21 October 2015:

Code	Description	Code	Description
J4-2	Inflammatory bowel disease	J4212	Chronic ischaemic enterocolitis
J40	Regional enteritis - Crohn's disease	J421-2	Chronic ischaemic colitis and/or enteritis
J400	Regional enteritis of the small bowel	J4213	Chronic ischaemic colitis
J4001	Regional enteritis of the jejunum	J421z	Chronic intestinal vascular insufficiency NOS
J4002	Crohn's disease of the terminal ileum	J42-99	Vascular insuff.- intestine
J4003	Crohn's disease of the ileum unspecified	J42z	Intestinal vascular insufficiency NOS
J4004	Crohn's disease of the ileum NOS	J42z0	Ischaemic colitis NOS
J4005	Exacerbation of Crohn's disease of small intestine	J430	Radiation gastroenteritis
J400z	Crohn's disease of the small bowel NOS	J4300	Radiation gastritis
J401	Regional enteritis of the large bowel	J4301	Radiation enteritis
J40-1	Crohn's disease	J4302	Radiation enterocolitis
J4010	Regional enteritis of the colon	J4303	Radiation colitis
J4011	Regional enteritis of the rectum	J430z	Radiation gastroenteritis NOS
J4012	Exacerbation of Crohn's disease of large intestine	J431	Toxic gastroenteritis
J401z	Crohn's disease of the large bowel NOS	J4310	Toxic gastritis
J401z-1	Crohn's colitis	J4311	Toxic enteritis
J402	Regional ileocolitis	J4312	Toxic enterocolitis
J40-2	Granulomatous enteritis	J4313	Toxic colitis
J40-99	Regional enteritis - Crohn	J4313-1	Pseudomembranous colitis
J40z	Regional enteritis NOS	J431z	Toxic gastroenteritis NOS
J40z-1	Crohn's disease NOS	J432	Allergic gastroenteritis and colitis
J41	Idiopathic proctocolitis	J4320	Allergic gastroenteritis
J410	Ulcerative proctocolitis	J4321	Allergic enteritis
J4100	Ulcerative ileocolitis	J432-1	Allergic diarrhoea
J4101	Ulcerative colitis	J4322	Allergic enterocolitis
J4102	Ulcerative rectosigmoiditis	J432-2	Cow's milk allergy
J4103	Ulcerative proctitis	J4323	Allergic colitis
J4104	Exacerbation of ulcerative colitis	J432z	Allergic gastroenteritis NOS
J410z	Ulcerative proctocolitis NOS	J433	Dietetic gastroenteritis
J411	Ulcerative (chronic) enterocolitis	J4330	Dietetic gastritis
J41-1	Mucous colitis and/or proctitis	J4331	Dietetic enteritis
J412	Ulcerative (chronic) ileocolitis	J433-1	Dietetic diarrhoea
J41-2	Ulcerative colitis and/or proctitis	J4332	Dietetic enterocolitis
J413	Ulcerative pancolitis	J4333	Dietetic colitis
J41y	Other idiopathic proctocolitis	J433z	Dietetic gastroenteritis NOS
J41y0	Pseudopolyposis of colon	J434	Pseudomembranous colitis
J41y0-1	Inflammatory polyps of colon	J435	Pouchitis
J41y1	Toxic megacolon	J436	Microscopic colitis
J41yz	Other idiopathic proctocolitis NOS	J4360	Collagenous colitis
J41z	Idiopathic proctocolitis NOS	J4361	Lymphocytic colitis
J42	Vascular insufficiency of the intestine	J437	Colitis
J420	Acute intestinal vascular insufficiency	J438	Left sided colitis
J4200	Embolus of the superior mesenteric artery	J43z	Other non-infective gastroenteritis and colitis NOS
J4201	Thrombus of the superior mesenteric artery	J43z-1	Chronic diarrhoea
J420-1	Acute ischaemic colitis and/or enteritis	J4z	Non-infective gastroenteritis NOS
J4202	Thrombus of the superior mesenteric veins	J4z0	Non-infective gastritis NOS
J420-2	Bowel infarction	J4z1	Non-infective jejunitis NOS
J4203	Acute ischaemic colitis	J4z-1	Presumed noninfectious diarrhoea
J420-3	Gangrene - intestine	J4z2	Non-infective ileitis NOS
J420-4	Mesenteric embolus	J4z3	Non-infective colitis NOS
J420-6	Mesenteric thrombus and/or embolus	J4z4	Non-infective sigmoiditis NOS
J420-7	Mesenteric embolism	J4z5	Exacerbation of non-infective colitis
J420-8	Mesenteric thrombosis	J4z6	Indeterminate colitis
J420x	Mesenteric embolus NOS	J4zz	Non-infective gastroenteritis NOS
J420y	Mesenteric thrombus NOS	J4zz-1	Diarrhoea - presumed non-infectious
J420z	Acute intestinal vascular insufficiency NOS	Jyu4	[X]Noninfective enteritis and colitis
J421	Chronic intestinal vascular insufficiency	Jyu40	[X]Other Crohn's disease
J4211	Chronic ischaemic enteritis	Jyu41	[X]Other ulcerative colitis
J421-1	Angina - abdominal	Jyu42	[X]Other specified noninfective gastroenteritis+colitis

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1st Floor, MOD Main Building, Whitehall,

SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <https://ico.org.uk/>.

Yours sincerely,

Defence Statistics (Health) Head (B1)