



Ministry
of Defence

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Date: **23 December 2014**

Dear [REDACTED]

Thank you for your email of 1 December 2014 requesting the following information:

"...I would very much like to request the following information under the Freedom of Information Act 2000:

- ***The number of UK Armed Forces personnel who had Read codes relating to Ulcerative Colitis or Crohn's Disease entered in their electronic patient medical record between 1 January 2007 and 1 November 2014.***
- ***How many of those with codes since 2007 served in Afghanistan prior to code being entered.***
- ***How many UK Armed Forces personnel code entered with Ulcerative Colitis or Crohn's Disease since 2007 have been medically discharged and how many of these receive compensation under the Armed Forces Compensation Scheme (AFCS)."***

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 information in scope of your request is held.

There were a total of **823** UK Regular Armed Forces personnel who have had codes entered in their electronic medical records for Ulcerative Colitis or Crohn's Disease between 1 January 2007 and 1 November 2014. Of these:

- **570** had a read code for Ulcerative Colitis entered.
- **285** had a read code for Crohn's Disease entered.

Please note the sum of these numbers does not equal the total number of UK Armed Forces Regular personnel with a code entered because some personnel have codes entered for more than one condition.

Nine of the 823 UK Regular Armed Forces personnel with a read code for Ulcerative Colitis or Crohn's Disease could not be matched to a personnel record to obtain a Service number. Therefore they could not be matched with other datasets and have been excluded from the remainder of this response.

Of the **814** UK Regular Armed Forces personnel with a read code for Ulcerative Colitis or Crohn's Disease in their electronic medical records with an identified Service number, **235** were deployed to Afghanistan before the initial Ulcerative Colitis or Crohn's disease read code was entered in their electronic medical records.

Of these 235 personnel, **18** were subsequently medically discharged from the UK Armed Forces with a principal cause of either Ulcerative Colitis or Crohn's Disease (as at 31 March 2014, the latest data available). **One** of the 235 personnel was subsequently medically discharged from the UK Armed Forces with a contributory (but not principal) cause of either Ulcerative Colitis or Crohn's Disease.

Of the 19 personnel who were medically discharged, **less than five** were awarded compensation under the Armed Forces Compensation Scheme (AFCS) between 1 January 2007 and 31 March 2014. However, the awards were due to other injuries/illnesses.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

Patient Medical Record Data

Defence Medical Information Capability Programme (DMICP) is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers. DMICP was rolled out in 2007 and legacy medical data for currently serving personnel was migrated across during rollout. 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. If information is entered as free text in the patient record then it is not available in the data warehouse.

Data recorded for UK Armed Forces Regular personnel identified from DMICP were used for this analysis. Please note numbers only include personnel registered as HM Forces DMS have been included within this response.

Medical data is stored in the DMICP data warehouse using read codes. One ICD10 code maps to one or more read code. The read codes relating to the ICD10 codes as provided by you in your email of 1 December 2014 that were used to search the DMICP data warehouse for military personnel with Crohn's Disease or Ulcerative Colitis were:

- J4101 - Ulcerative colitis
- J41-2 - Ulcerative colitis and/or proctitis
- Jyu41 - [x] Other ulcerative colitis
- J40-1 - Crohn's disease
- J4002 - Crohn's disease of the terminal ileum
- J4003 - Crohn's disease of the ileum unspecified
- J4004 - Crohn's disease of the small bowel NOS
- J401z - Crohn's disease of the large bowel NOS
- J401z-1 - Crohn's colitis
- J40 - Regional enteritis – Crohn's disease

DMICP is a live data source and is subject to change. Date of extract 11 December 2014.

Deployment Data

Data only includes personnel who are deployed to an overseas location with an assigned country code. All personnel on overseas training exercises are excluded from the total figures published.

Data excludes all personnel who are deployed to supporting operation posts, including Naval afloat, which are not geographically located within Afghanistan.

Person level deployment data for Afghanistan was not available between 1 January 2003 and 14 October 2005. Therefore, it is possible that some UK Armed Forces personnel who were deployed to Afghanistan during this period have not been identified.

Medical Discharge Data

Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. In accordance with the Code of Practice for the release of National/Official Statistics we are unable to provide the data for 2014/15 prior to the next statistical release, due on 16 July 2015, as set out in the Statistics and Registration Service Act, 2007. The latest report can be found at: <https://www.gov.uk/government/organisations/ministry-of-defence/about/statistics>

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.

The information on medical discharges was sourced from electronic personnel records and manually entered paper documents from medical boards. The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting is a secondary function.

Although Medical Boards recommend medical discharges they do not attribute the principal disability leading to the board to Service. A Medical Board could take place many months or even years after an event or injury and it is not clinically possible in some cases to link an earlier injury to a later problem which may lead to a discharge. Decisions on attributability to Service are made by the Service Personnel and Veterans' Agency.

Principal cause is the first principal coded cause on the medical discharge paperwork (F Med 23). Contributory cause contains all other principal coded causes and any contributory coded causes on the medical discharge paper (F Med 23).

The numbers of medical discharges in this response are for trained and untrained UK Regular Service personnel. Regular Army personnel include Gurkha Regiments and Military Provost Guard Service (MPGS).

Medical discharges for Crohn's Disease and Ulcerative Colitis have been compiled using the International Classification of Diseases & Related Health Problems version 10 (ICD 10) cause codes K50* (Crohn's Disease) or K51* (Ulcerative Colitis).

Armed Forces Compensation Scheme Data

The Armed Forces and Reserve Forces Compensation Scheme (AFCS) came into force on 6 April 2005 to pay compensation for injury, illness or death caused by 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 Pensions Scheme.

Defence Statistics release bi-annual updates on the AFCS. The latest report can be found at: <https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index>.

Registered and awarded AFCS claims are recorded on the Compensation and Pension System (CAPS). All awarded claims under the AFCS between 1 January 2007 and 31 March 2014 were matched with those who have been medically discharged with Crohn's disease or Ulcerative Colitis. A free-text 'claimed' field was then searched to determine any awarded personnel that had claimed for Crohn's disease or Ulcerative Colitis.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering Medical Discharges in the UK Regular Armed Forces and the Armed Forces Compensation Scheme and consult you if we are thinking of making changes? You can subscribe to updates by emailing DefStrat-Stat-Health-PQ-FOI@mod.uk

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 Deputy Chief Information Officer, 2nd 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, <http://www.ico.gov.uk>.

I hope you find this information useful

Yours sincerely,

Defence Statistics (Health) Head (B1)