



Ministry  
of Defence

Defence Statistics (Health)  
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Reference: [REDACTED]

Date: 19 August 2014

Dear [REDACTED]

Thank you for your email of 23 July 2014 requesting the following information:

- a) *How many members of the Armed Services are there at the present time?*
- b) *How many members of the armed services have impaired hearing?*
- c) *Please provide a breakdown between the different services*
- d) *How many members of the armed services have been discharged from 2010 onwards as result of impaired hearing?*
- e) *Where possible please provide breakdown between the different services.*

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. Some of the information falls entirely within the scope of the absolute exemptions provided for at section 44 (Prohibitions on Disclosure) of the FOIA and has been withheld.

Section 44(1)(a) has been applied as the disclosure of some of the information is prohibited by the Statistics and Registration Service Act 2007. 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 and Official Statistics, as set out in the 2007 Act, we are unable to provide the data for 2014/15 prior to the next statistical release in July 2015. Section 44 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

The information you have requested can be found below.

As at 1 July 2014, the UK Full-time Armed Forces trained and untrained strength was **163,670**.

Of which;

- a. **33,610** were Naval Service<sup>1</sup>

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<sup>1</sup> Includes Royal Navy and Royal Marines

b. **94,370** were Army

c. **35,690** were RAF

Of the **163,670** UK Full-time Armed Forces trained and untrained personnel, **3,980** had impaired hearing<sup>2,3</sup>

Of which:

a. **730** were Naval Service

b. **2,620** were Army

c. **640** were RAF

**Table 1** provides the number of UK Regular Naval Service, Army and RAF Service personnel medically discharged with a principle condition of hearing loss during the period 1 January 2010 to 31 March 2014.

**Table 1: UK Regular Armed Forces Personnel medically discharged with a principal condition of hearing loss, by Service, 1 January 2010 to 31 March 2014, Numbers**

Service	All
Naval Service <sup>1</sup>	77
Army	328
RAF	26

Source: FMED 23 and Joint Personnel Administration (JPA) system

1. Includes Royal Navy and Royal Marines

Medical discharges in the UK Armed Forces involve a series of processes, at times complex, which differ in each Service to meet their specific employment requirements. Due to these differences between the three Services, comparisons between the single Service statistics are judged to be invalid.

**Table 2** provides the number of UK Regular Naval Service, Army and RAF Service personnel medically discharged with a principle or contributory (but not principal) condition of hearing loss during the period 1 January 2010 to 31 March 2014.

**Table 2: UK Regular Armed Forces Personnel medically discharged with a principal or contributory condition of hearing loss, by Service, 1 January 2010 to 31 March 2014, Numbers**

Service	All
Naval Service <sup>1</sup>	190
Army	522
RAF	44

Source: FMED 23 and Joint Personnel Administration (JPA) system

1. Includes Royal Navy and Royal Marines

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

Data have been rounded to 10 in accordance with Defence Statistics (Manpower) policy. Totals and sub totals have been rounded separately and so may not equal the sums of their rounded parts. When rounded to the nearest 10, numbers ending in '5' have been rounded to the nearest 20 to avoid systematic bias. Numbers less than 5 are presented as '<5'.

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<sup>2</sup> Source: Defence Medical Information Capability Programme (DMICP)

<sup>3</sup> H Grades H3 (impaired hearing) and H4 (poor hearing) as recorded on DMICP

UK Full-time Armed Forces comprises all UK Regular Forces, Gurkhas and all Full Time Reserve Service (FTRS) personnel.

The Defence Medical Information Capability Programme (DMICP) was rolled out in 2007 and is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers.

The electronic patient record has information that is Read coded. Read codes are a set of clinical codes designed for Primary Care to record the every day care of a Patient. They are part of a hierarchical structure and form the recognised standard for General Practice.

Personnel with impaired hearing were identified using the following read codes:

Underlying Code	Description
RAFPUHL3	HI3
RAFPUH31	Hr3
RAFPUHL4	HI4
RAFPUHR1	Hr4

Personnel identified as having impaired hearing comprise those who are H3 (impaired hearing) and H4 (poor hearing). These personnel were identified using their latest H grade as entered on DMICP. Where there was a difference in the left and the right assessments, the hearing grade was considered to be that of the 'worst ear'.

Any data entered as free text only in the patients' medical record will not be included in the figures presented as this information is not available in the data warehouse.

There has been no clinical audit of the accuracy of the data recorded on the patient's record.

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 in 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 cases 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).

Figures for hearing loss have been compiled using the International Classification of Diseases & Related Health Problems version 10 (ICD 10) cause codes H833 (noise-induced hearing loss), H900 - H908 (Conductive and sensorineural hearing loss) and H910 - H919 (Other hearing loss).

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