



Ministry
of Defence

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Reference: FOI2014/07105

[REDACTED]
[REDACTED]

Date: 11 December 2014

Dear [REDACTED]

Thank you for your email of 14 November 2014 requesting the following information:

"How many members of

i) The Army

ii) Royal Air Force

iii) Royal Navy

Currently serve with the medical condition 'Ankylosing Spondylitis', and how many people have been discharged due to the condition over the last five calendar years.

Please break it down by calendar year for each branch.."

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 40 (Personal Data) and section 44 (Prohibitions on Disclosure) of the FOIA and has been withheld.

Section 40(2) has been applied to some of the information in order to protect personal information as governed by the Data Protection Act 1998. This is also in line with Defence Statistics rounding policy, in which numbers fewer than five are suppressed in order 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.

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 on 16 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 number of currently serving UK Armed Forces personnel¹ with Ankylosing Spondylitis as at 25 November 2014 by service was:

- 41 Naval Service²,
- 100 Army,
- 62 Royal Air Force.

Between 1 January 2009 and 31 December 2013 (the latest full calendar year available):

- There were **less than five** UK Regular Naval Service personnel medically discharged with a principal cause of Ankylosing Spondylitis. In addition **less than five** UK Regular Naval Service personnel were discharged with a contributory (but not principal) cause of Ankylosing Spondylitis.
- There were **five** UK Regular Army personnel medically discharged with a principal cause of Ankylosing Spondylitis. **No** UK Regular Army personnel were discharged with a contributory (but not principal) cause of Ankylosing Spondylitis.
- There were **six** UK Regular RAF personnel medically discharged with a principal cause of Ankylosing Spondylitis. **No** UK Regular RAF personnel were discharged with a contributory (but not principal) cause of Ankylosing Spondylitis.

Due to the small numbers involved, we are unable to provide these figures by calendar year, as this would qualify as an absolute exemption under Section 40(2).

In this response we have interpreted "branch" to refer to Service. We are unable to provide a further breakdown of these figures as this would qualify as an absolute exemption under Section 40(2).

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

The 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.

Data recorded for UK Armed Forces personnel, with a HM Forces (DMS) patient registration in DMICP have been used to provide this analysis. The MOD is responsible for providing the primary medical care for all personnel with a 'Defence Medical Services' (DMS) registration. This includes trainees and Full Time Reserve Service (FTRS) personnel but excludes reservists such as the Army Reserve with a registration type of 'Reservist Non-DMS' whose primary medical care would be provided by the NHS.

Information is coded into the DMICP data warehouse using read codes. The read codes used to search DMICP for personnel with Ankylosing Spondylitis were:

- N100 – 'Ankylosing Spondylitis'
- DMSRC1391 – 'Ankylosing Spondylitis (mNYc criteria)'

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

¹ Currently serving personnel are those recorded as HM Forces (DMS) registration type only. This includes regulars, trainees and Full Time Reserve Service (FTRS) personnel but excludes reservists such as the Army Reserve with a registration type of 'Reservist Non-DMS', civilians and non-UK military.

² Naval Service includes the Royal Navy and Royal Marines.

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 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.

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 Ankylosing Spondylitis have been compiled using the International Classification of Diseases & Related Health Problems version 10 (ICD 10) cause codes M45* (Ankylosing Spondylitis).

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 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)