



Ministry  
of Defence

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Dear

Thank you for your email of 8 July 2015 requesting the following information:

“I would like to know the numbers of Service personnel that have been awarded compensation within the last five financial years under the AFCS following a claim for a fractured tibia, and of which the numbers that have been medically discharged from Service or medically downgraded (which may or may not be directly attributable to the fractured tibia).”

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.

**450** Service personnel have been awarded compensation within the last five financial years (1 April 2010 to 31 March 2015) under the Armed Forces Compensation Scheme (AFCS) where the claimed condition referred to a fractured tibia. Of these:

Of the 450 Service personnel awarded compensation within the last five financial years, **110** have been medically discharged with **50** of those attributable to fractured tibias (as at 31 March 2015, the latest data available).

Of the 450 Service personnel awarded compensation within the last five financial years, **270** were medically downgraded according to their last recorded Medical Deployment Standard (MDS) or P grade.

Figures presented are for current MDS or P grade for serving personnel or last known MDS or P grade for discharged personnel, which may or may not be directly attributable to the fractured tibia.

Please note personnel may have been downgraded at the time of the fractured tibia but have since been upgraded.

Under Section 16 (Advice and Assistance) you may find it helpful to note the following:

## *Armed Force Compensation Scheme (AFCS)*

The 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.

Awarded injuries/illnesses under the AFCS are assigned to a tariff of injury table condition grouping, as presented in Table 4.3 of the AFCS official statistic publication. This information is not recorded for unsuccessful cases. Further details on the tariff of injury tables are available at: <http://www.infolaw.co.uk/mod/docs/AFCS-2010-08-03.pdf>.

Awarded conditions are recorded on the AFCS data in a free-text field containing the tariff of injury table condition groupings. To identify claims awarded for a fractured tibia, we used the tariff description field to search for 'fractures and dislocations', then used the claimed field to search for 'fracture' and 'tibia'. Please note that due to the free text nature of this data it is possible that some records with reference to fractured tibias have not been identified, and therefore the figures supplied should be used as an estimate only.

A biannual Official Statistic provides summary statistics on claims and awards made under the Armed Forces and Reserve Forces Compensation Scheme, paying compensation for injury, illness or death caused by Service. This is published on the Gov.UK website: <https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index>. The latest version of the report was released on 4 June 2015.

Figures provided are sourced from data stored on the Defence Business Services' Compensation and Pensions System (CAPS).

## *Medical Downgradings*

The number of medical downgradings has been compiled using the Defence Statistics "derived" field which utilises a combination of the Joint Personnel Administration (JPA) and Defence Medical Information Capability Programme (DMICP) Medical Deployment Standard (MDS). For personnel who left service before the introduction of the JMES policy in December 2009 we have derived their downgrading status from their latest PULHHEEMS profile. There were four personnel who have no medical downgrading information recorded.

Defence Medical Information Capability Programme (DMICP) is a centralised data warehouse. It 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.

Joint Personnel Administration is the most accurate source for demographic information for UK Armed Forces personnel and is used to gather information on a person's service.

Current Medical Deployment Standard is correct as at 1 July 2015.

Service personnel with medical conditions or fitness issues which affect their ability to perform their duties are referred to a medical board for a medical examination and review of their medical grading. The patient may be downgraded, to allow for treatment and rehabilitation. Medically downgraded personnel are those personnel who have been assessed by a medical board and subsequently awarded a Medical Deployability Standard (MDS) of either Medically Limited Deployable (MLD) or Medically Non Deployable (MND).

MLD personnel are medically fit for duty with minor employment limitations. MLD personnel may have a medical condition or functional limitation that prevents the meeting of all Medically Fully Deployable (MFD) requirements. In accordance with Joint Service Publication 950 Leaflet 6-7-2

(Nov 09), “a grade of MLD requires a risk assessment to be carried out for each deployment and the decision on that deployment will depend on the medical condition, individual function, the proposed employment, length of the deployment and the medical support available”.

MND personnel are medically fit for duty with major employment limitations or are medically unfit for Service. MND personnel have a medical condition or functional limitation that prevents the meeting of all MLD requirements. They may require continued medical care, long term medication and access to secondary care facilities.

The PULHHEEMS system has been developed to provide a method for standardising and recording the medical functional assessment. The P grade is used to indicate an individual’s overall physical and mental development, his or her potential for physical training and suitability for employment worldwide (i.e. the overall functional capacity). The ‘P’ grading is affected by other qualities in the PULHHEEMS profile.

### *Medical Discharges*

Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. The latest report can be found at:

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

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 Defence Business Services (formerly SPVA).

Medical discharge figures for fractures of the tibia have been compiled using the International Classification of Diseases & Related Health Problems version 10 (ICD 10) cause code groups S821 (Fracture of upper end of tibia), S822 (Fracture of shaft of tibia) and S823 (Fracture of lower end of tibia).

The figures in this response have been scrutinised to ensure individual identities have not been revealed inadvertently. In line with Defence Statistics’ rounding policy for health statistics (May 2009), and in keeping with the Office for National Statistics Guidelines, all numbers less than five have been suppressed.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering Armed Forces Compensation statistics or Medical Discharge statistics 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 Information Rights Compliance team, 1<sup>st</sup> 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, <https://ico.org.uk/>.

Yours sincerely,

Defence Statistics (Health) Head (B1)