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Dear 

Thank you for your email of 11 January 2016 requesting the following information:

“How many people have been medically discharged from the MOD due to Secondary Raynaud’s and non-freezing cold injuries in the last 5 years? What is the total amount spent on compensation and disability pensions over that period and what is the average amount of compensation awarded?”

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 some of the 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) 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 and all figures of five or more have been rounded to the nearest 5 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.

We are not able to determine if the medical discharge or compensation is due to primary or secondary Raynaud’s Syndrome, therefore information has been provided for Raynaud’s Syndrome.

Of the **470** UK regular Service Personnel medically discharged for a principle or contributory cause for either Raynaud’s Syndrome or a non-freezing cold injury between 1 April 2010 and 31 March 2015 (the latest data available):

- **55** were discharged due to Raynaud’s syndrome.
- **425** were discharged due to a cold injury.
- **10** were discharged for both Raynaud’s syndrome and a non-freezing cold injury.

Personnel may have principal and/or contributory ICD 10 codes for both Raynaud’s syndrome and NFCI. Therefore the totals provided in this response may be less than the sum of their parts.

Of the 470 Service Personnel medically discharged between 1 April 2010 and 31 March 2015, **290** were subsequently awarded for a non-freezing cold injury under the Armed Forces Compensation Scheme (AFCS) as at 30 September 2015 (the latest data available). There were no awards for Raynaud’s syndrome. The amounts paid out to those with non-freezing cold injuries as at 30 September 2015 are:

- £2,877,600 in lump sum awards with £9,923 being the average mean amount per claim.
- £150,331 in Guaranteed Income Payments (GIPs) with £4,555 being the average mean amount per person per year.

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

UK Regular Armed Forces figures include Gurkhas and Military Provost Guard Service (MPGS) personnel.

Medical Discharges

Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. The next statistical release is due on 14 July 2016. The latest report can be found at: <https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>

Medical discharges for Raynaud's Syndrome and cold injuries were compiled using the International Classification of Diseases and Related Health Problems Version 10 (ICD), specifically I730 (Raynaud's Syndrome) and T68 (Hypothermia) and T69 (Other effects of reduced temperature).

Principal condition is the first principal ICD 10 code on the medical discharge documents (FMED 23). Contributory cause contains all other principal conditions and any contributory conditions on the medical discharge paper (FMED 23).

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.

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.

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 Vets UK (formerly Service Personnel and Veterans Agency).

Armed Forces Compensation Scheme

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.

A biannual Official Statistic provides summary statistics on claims and awards made under the Armed 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 3 December 2015.

Awarded conditions are recorded on the AFCS dataset in a free-text field containing the tariff of injury table condition groupings. To identify claims awarded for non-freezing cold injuries, we used the tariff description field and the claimed condition field to search for 'cold' and then visually validated the data to make sure only non-freezing cold records were included. To identify claims awarded for Raynaud's syndrome, we used the claimed condition field to search for 'Raynaud's'. Please note that due to the free text nature of this data it is possible that some records with reference to non-freezing cold injuries have not been identified, and therefore the figures supplied should be treated as a minimum.

A lump sum is payable to the service person or former service person based on the tariff level for their injury/injuries. The AFCS Tariff has 15 levels from 1 (most severe) to 15 (least severe). Each tariff level has a corresponding level of lump sum payment.

If the claimant was awarded with a tariff level 12-15 then they would receive a lump sum only, and if the claimant was awarded at tariff level 1-11 then they would receive a GIP in addition to their lump sum award.

A Guaranteed Income Payment (GIP) is a tax free, index linked monthly income stream paid to recognise the effect of the injury on the future earnings capacity of the individual once they stop receiving their military salary. Therefore if a GIP is awarded as the result of an in-Service claim it will be deferred until the claimant has left the Services. Once awarded, a GIP is payable for life and uprated annually in line with inflation to the Consumer Price Index (CPI).

To calculate the average mean amount per claim, the total amount paid out was divided by the number of claims.

Figures provided are sourced from data stored on the Compensation and Pensions System (CAPS) and linked with financial information provided by Defence Business Services (DBS).

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 and Armed Forces Compensation 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.

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)