



Ministry  
of Defence

Defence Statistics (Health)  
Ministry of Defence  
Oak 0 West (#6028)  
Abbey Wood North  
Bristol BS34 8JH  
United Kingdom

Ref: FOI2015/04398

Telephone: +44 (0)30679 84423  
Facsimile: +44 (0)1179 319634  
E-mail: DefStrat-Stat-Health-PQ-FOI@mod.uk

11 June 2015

Dear [REDACTED]

Thank you for your email of 14 May 2015 requesting the following information:

*"I was wondering whether there were any figures available of military personnel with spinal cord injuries or amputations within our catchment (as defined by attached map). Any data would be very much appreciated."*

Following further clarification you requested the following:

*"I was wondering whether there were any figures available of military personnel with spinal cord injuries or amputations within our catchment (as defined by attached map).*

*Any data would be very much appreciated.*

*I would like if possible currently serving personnel and veterans within our catchment area. Our main emphasis is the building of a **Spinal Injury centre** for patients with cord injuries. Our vision is for this to serve the NHS and work in union with the military rehab centres (Chavasse Report) with the expectation of later expansion to serve patients with multiple injuries including amputations.*

*If the searches are time consuming, the figures for spinal cord injury are what I would very much like in the short term."*

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) 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, 16th July 2015.

- Defence Statistics release quarterly updates of Iraq and Afghanistan amputation statistics 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 Q1 2015/16 prior to the next statistical release, 30th July 2015.
- Defence Statistics release monthly updates of Op HERRICK patient treatment statistics covering data from the Defence Patient Tracking System (DPTS) 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 data after 31 March 2015 prior to the next statistical release, 30th July 2015.
- Defence Statistics release quarterly updates of NHS Commissioning Population Statistics covering data from DMICP 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 data after 1 April 2015 prior to the next statistical release, 27th August 2015.
- Defence Statistics release bi-annual updates of Armed Forces Compensation Scheme (AFCS) statistics as a National 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 2015/16 prior to the next statistical release, 3rd December 2015.
- Defence Statistics release annual updates on the location of Armed Forces Pension and Compensation recipients as a 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, 30th 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.

Figures have been provided below for individuals in the East of England with a spinal cord injury or an amputation.

There were **62** in-Service personnel and **63** post-Service personnel with an address in the East of England who have a spinal cord injury recorded on one of our data systems.

There were **fewer than five** in-Service personnel and **31** post-Service personnel with an address in the East of England who sustained an amputation on/as a result of Operations in Iraq/Afghanistan.

**Fewer than five** of the individuals above were recorded on both the spinal cord injuries and amputations datasets.

Please note that the individuals included in the above figures may not all currently require support/rehabilitation for the injury they sustained.

Under Section 16 of the Act (Advice and assistance) you may find it useful to note the following:

Please note that information is provided as at different dates for each data source, due to the availability of information.

Individuals have been included in the figures provided if their address was within the Region of the East of England. Region information has been based on postcode lookups provide by the Office for National Statistics.

For in-Service personnel (those who appeared on Armed Forces personnel files at 1 May 2015)

this has been based on the stationed location of personnel, as compiled in: <https://www.gov.uk/government/statistics/location-of-uk-regular-service-and-civilian-personnel-quarterly-statistics-2015>

Stationed location of the individual as recorded in the 'Assignment Location' field of the JPA system. The figures are based on Service personnel's stationed location and not their location of residence - where personnel work isn't necessarily where they live. Personnel deployed on operations to an area away from their stationed location are shown against their most recent stationed location.

For individuals who have left Service, the latest home address has been provided based on War Pension, Armed Forces Pension Scheme and Armed Forces Compensation Scheme (AFCS) data (as at 31 March 2014). These data sources are used to compile our Official Statistic on the location of pension and compensation recipients: <https://www.gov.uk/government/statistics/location-of-armed-forces-pension-and-compensation-recipients>

### Amputations data

Individuals with amputations between 7 October 2001 and 31 March 2015 have been based on Defence Statistics (Health)'s official statistic: Quarterly Afghanistan and Iraq amputation statistics which can be found at:

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

Data on the number of amputees are compiled by Defence Statistics from five pseudo-anonymised medical data sources:

- The Joint Theatre Trauma Register (JTTR), which commenced during 2003 to improve the care of the seriously injured patient from the point of injury to the point of discharge from hospital treatment.
- The Complex Trauma Database managed by the Defence Medical Rehabilitation Centre, Headley Court which commenced in June 2008 to record information on patients receiving in-patient care on the complex trauma ward.
- The Prosthetics Database managed by the Defence Medical Rehabilitation Centre, Headley Court which commenced in June 2006 to record information on patients fitted with a prosthetic limb(s).
- The Defence Patient Tracking System (DPTS) which commenced on 8 October 2007. The DPTS was set up to enable the capture of tracking data for aeromedically evacuated patients at the place where healthcare is being delivered along the care pathway.
- UK Service personnel who have sustained a partial or complete limb amputation as a result of injuries on Op VERITAS, Op HERRICK and Op TELIC prior 1 April 2006 have been identified from the dataset used to compile the following research paper: Dharmdatta, S; Etherington, J.; Mistlin A. & Clasper J, 2011, Outcome of amputees in relation to military Service, Journal of Bone and Joint Surgery - British Volume, Vol 93-B, Issue SUPP\_1, 52.

A live UK Service personnel is defined as an *amputee* if they have an injury coded in the JTTR as Amputation (traumatic), partial or complete, for either upper or lower limbs using the Abbreviated Injury Scale (AIS) Dictionary 2005 (Military Edition), or who had a surgical amputation performed either at the field hospital or at a UK hospital (the majority of these will be at the Royal Centre for Defence Medicine). A traumatic or surgical amputation can range from the loss of part of a finger or toe up to the loss of entire limbs.

### Spinal cord injuries

Individuals with spinal cord injuries have been identified from a number of data sources:

- Individuals recorded on the Joint Theatre Trauma Registry between 2003 and 2 June 2015 with a spinal cord injury.
- Individuals recorded on the Defence Patient Tracking System (DPTS) who were treated at the Defence Medical Rehabilitation Centre Spines Clinic between 1 October 2008 and 31 March 2015
- Patients with a read code for a spinal cord injury recorded on their DMICP medical records between 1 January 2007 and 31 March 2015
- Individuals medically discharged between 1 January 1995 and 31 March 2014 with a principal/contributory condition of spinal cord injury
- Individuals awarded compensation under the Armed Forces Compensation Scheme (AFCS) for a spinal cord injury (between 6 April 2005 and 31 March 2015)

Figures for spinal cord injuries (identified in the JTTR and Medical Discharges) have been compiled using the International Classification of Diseases & Related Health Problems version 10 (ICD 10), specifically:

- S140 (Concussion and oedema of cervical spinal cord)
- S141 (Other and unspecified injuries of cervical spinal cord)
- S240 (Concussion and oedema of thoracic spinal cord)
- S241 (Other and unspecified injuries of thoracic spinal cord)
- S340 (Concussion and oedema of lumbar spinal cord)
- S341 (Other and unspecified injuries of lumbar spinal cord)
- T060 (Injuries of the brain and cranial nerves with injuries of nerves and spinal cord at neck level)
- T061 (Injuries of nerves and spinal cord involving other multiple body regions),
- T093 (Injury of spinal cord, level unspecified).

## JTTR

The Joint Theatre Trauma Registry (JTTR) commenced during 2003 to improve the care of the seriously injured patient from the point of injury to the point of discharge from hospital treatment.

A casualty is entered onto the JTTR if the incident triggers activation of the trauma team in a deployed field hospital.

## Defence Patient Tracking System (DPTS)

The DPTS monitors the progress of Armed Forces patients undergoing specialist treatment, to ensure that their care is delivered promptly and coherently, and to coordinate clinical, administrative and welfare aspects of their support.

A patient is entered onto the DPTS if:

- a. They have been Aeromedically evacuated (since 8 October 2007).
- b. On receipt of a NOTICAS signal detailing their admission to secondary health care (since 1 May 2008).
- c. If they have a referral to DMRC Headley Court (since 1 October 2008)
- d. If they have a referral to an RRU (since 2 February 2009).

The DPTS records the patient care pathway. This is the sequence of clinical interventions that take place from the point where the patient is first seen by a medic, doctor, nurse, etc, to the point where the patient requires no further specialist treatment.

Tracking ceases when the patient no longer requires any specialist medical follow up. It follows those patients with long term conditions requiring specialist treatment who will be tracked for considerable periods of time, possibly extending for the remainder of their career.

The DPTS went live and began recording patients on the 8 October 2007. However DMRC did not begin recording out-patient appointments until 1 September 2008. Prior to this date only those admitted or seen in an out-patient appointment whose pathway originated from a class 1-4 Aeromed evacuation or those admitted to secondary healthcare through NOTICAS signal action were recorded on the DPTS. For some of these patients Defence Statistics can identify attendance at DMRC but not the individual clinic attended.

The data provided is provisional and subject to change as the DPTS is a live system and is constantly being updated. Date of Extract: 27 May 2015

#### Defence Medical Information Capability Programme (DMICP)

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. 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.

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.

DMICP was searched for 147 read codes. Of these, the following read codes have been entered onto patients' DMICP medical records between 1 January 2007 and 31 March 2015:

Read Code	Description
S110	Closed fracture of cervical spine with cord lesion
S1106	Cls spinal fracture with unspec cervical cord lesion, C5-7
S113	Open fracture of thoracic spine with spinal cord lesion
S114	Closed fracture of lumbar spine with spinal cord lesion
S116	Closed fracture of sacrum with spinal cord lesion
S11x	Closed fracture of spine with spinal cord lesion unspecified
S4989	Closed spinal subluxation with cervical cord lesion, unspec
SJ2	Spinal cord injury without evidence of spinal bone injury
SJ20	Cervical cord injury without evidence of spinal bone injury
SJ21-1	Dorsal cord injury without spinal bone injury
SJ8	Injury of nerves and spinal cord at neck level
SJA	Inj/nerves+lumbar spinal cord/abdo,lower back+pelvis level
SJz	Nerve and spinal cord injury NOS
Syu19	[X]Other and unspecified injuries of cervical spinal cord
Syu2B	[X]Other and unspecified injuries of thoracic spinal cord
Syu38	[X]Other injury of lumbar spinal cord
SyuAA	[X]Injuries of nerves and spinal cord of other multiple bod

If you require the full list of read codes searched please contact Defence Statistics (Health).

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.

DMICP is a live data source and is subject to change.

#### Medical Discharges

Medical discharges in the UK Regular 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. Therefore, the figures in this answer are presented separately for each Service.

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 16 July 2015, as set out in the Statistics and Registration Service Act, 2007.

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 (DBS).

#### AFCS data

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.

Under the AFCS, compensation payments include a tariff-based tax free lump sum for pain and suffering associated with the injury or illness, the size of which reflects the severity of the injury or illness. There are 15 tariff levels with associated lump sums. For more serious injuries (tariff levels 1-11), in addition to the lump sum, a tax-free index-linked income stream known as the Guaranteed Income Payment (GIP) is paid from service termination for life to recognise loss of future earnings due to the injury or illness. Under the AFCS, a claim can be made and awarded while still in Service.

Awarded injuries/illnesses under the AFCS are assigned to a tariff of injury table condition grouping, as presented in Table 3.3a 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-2013-04-08.pdf>

Awards made for spinal cord injuries were identified using the tariff of injury table of 'Neurological disorders, including spinal, head or brain injuries'. The tariff description was searched for records that contained the following terms: 'spinal cord', 'spinous', 'traumatic spinal injury'. Please note that due to the free text nature of this data it is possible that some records with reference to spinal cord injuries have not been identified.

AFCS data is based on the latest data currently published, which includes awards between 6 April 2005 and 31 March 2015.

All of Defence Statistics published statistics can be found at the following link:  
<https://www.gov.uk/government/statistics/mod-national-and-official-statistics-by-topic>

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications 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, 1st 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/>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health) Head (B1)