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Yours sincerely,

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Assistant Head of Secretariat

## WAR PENSIONS

### Section 1. Scheduled Assessments (with preserved assessments for 1914 War)

A. Assessment of disablement caused by specified injuries and of certain other disablements (SPO 2006 Schedule 1 - Part V)

#### Description of Injury

##### Amputation Cases – Upper Limbs

per cent

Loss of both hands or amputation at higher sites	100
Forequarter amputation	100
Amputation through shoulder joint	90
Amputation below shoulder with stump less than 20.5 centimetres from tip of acromion	80
Amputation from 20.5 centimetres from tip of acromion to less than 11.5 centimetres below tip of olecranon	70
Amputation from 11.5 centimetres below tip of olecranon	60
Loss of thumb	30
Loss of thumb and its metacarpal bone	40
Loss of 4 fingers	50
Loss of 3 fingers	30
Loss of 2 fingers	20
Loss of terminal phalanx of thumb	20

##### Amputation Cases – Lower Limbs

per cent

Double amputation through thigh, or through thigh on one side and loss of other foot, or double amputation below thigh to 13 centimetres below knee	100
Double amputation through leg lower than 13 centimetres below knee	100
Amputation of one leg lower than 13 centimetres below knee and loss of other foot	100
Amputation of both feet resulting in end-bearing stumps	90
Amputation through both feet proximal to the metatarso-phalangeal joint	80
Loss of all toes of both feet through the metatarso-phalangeal joint	40
Loss of all toes of both feet proximal to the proximal interphalangeal joint	30
Loss of all toes of both feet distal to the proximal interphalangeal joint	20
Hindquarter amputation	100
Amputation through hip joint	90
Amputation below hip with stump not exceeding 13 centimetres in length measured from tip of great trochanter	80
Amputation below hip and above knee with stump exceeding 13 centimetres in length measured from tip of great trochanter, or at knee not resulting in end-bearing stump	70

Amputation at knee resulting in end-bearing stump, or below knee with stump not exceeding 9 centimetres	60
Amputation below knee with stump exceeding 9 centimetres but not exceeding 13 centimetres	50
Amputation below knee with stump exceeding 13 centimetres	40
Amputation of one foot resulting in end-bearing stump	30
Amputation through one foot proximal to the metatarso-phalangeal joint	30
Loss of all toes of one foot proximal to the proximal interphalangeal joint, including amputations through the metatarso-phalangeal joint.	20

**Other Specific Injuries**

per cent

Loss of a hand and a foot	100
Loss of one eye, without complications, the other being normal	40
Loss of vision of one eye, without complications or disfigurement of the eyeball, the other being normal	30
Loss of sight	100

**Other Disablements**

per cent

Very severe facial disfigurement	100
Absolute deafness	100
Mesothelioma	100

**Note:** Where the scheduled assessment for a specified injury involving multiple losses differs from the sum of the assessments for the separate injuries, the former is the appropriate assessment.

**B. Gratuities Payable for minor injuries (SPO 2006 Schedule I Part iii)**

For the loss of:

**A. Fingers:**

Index finger -

per cent

More than 2 phalanges including the loss of whole finger	14
More than 1 phalanx but not more than 2 phalanges	11
1 phalanx or part thereof	9
Guillotine amputation of tip without loss of bone	5

Middle finger -

More than 2 phalanges including loss of whole finger	12
More than 1 phalanx but not more than 2 phalanges	9
1 phalanx or part thereof	7
Guillotine amputation of tip without loss of bone	4

Ring or little finger -

per cent

More than 2 phalanges including loss of whole finger	7
More than 1 phalanx but not more than 2 phalanges	6
1 phalanx or part thereof	5
Guillotine amputation of tip without loss of bone	2

**B. Toes:**

Great toe -

per cent

Through metatarso-phalangeal joint	14
Part, with some loss of bone	3

1 other toe -

Through metatarso-phalangeal joint	3
Part, with some loss of bone	1

2 toes, excluding great toe -

Through metatarso-phalangeal joint	5
Part, with some loss of bone	2

3 toes, excluding great toe -

Through metatarso-phalangeal joint	6
Part, with some loss of bone	3

4 toes, excluding great toe -

Through metatarso-phalangeal joint	9
Part, with some loss of bone	3

**Notes:**

1. Injuries not included in the schedule of the SPO. Loss of one hand, or of thumb and 4 fingers of one hand – the appropriate assessment is 60 per cent.
2. The scheduled assessment for a specified injury must be certified once the condition is stable and without complication. If there is some complication or additional feature and the scheduled assessment is less than 100 per cent then the 'scheduled assessment' is the minimum assessment to be certified.
3. Fixed finger, unable to be flexed or extended, should not be assessed as for loss of finger or part of finger. The assessment to be based solely on the degree of disablement present, assessed within the appropriate less than 20 per cent range.
4. Only knee and ankle amputations can be end-bearing but an ankle stump or stumps may not be capable of end bearing in which case the assessment may be increased.
5. Loss of sight. The 100 per cent assessment is appropriate when the claimant is unable to perform any work for which sight is essential.
6. All these assessments apply only when the condition has reached a settled state and is stable and without complication.

7. When an artificial limb or appliance (other than a hearing aid) is available the assessment of disablement must be determined while the prosthesis is in use. If for a medical or surgical reason the prosthesis cannot be used then an increase in assessment is justified.

## Section 2. Assessments for ankyloses in the optimum position. (For guidance only)

	per cent
Shoulder	40
Elbow	40
Wrist	30
Hip	60
Knee	30
Ankle	20

**Note:** In most cases the optimum positions of the various joints are:

*Shoulder* – Arm abducted to about 20° with the elbow slightly in front of the body and with free movement of the shoulder girdle.

*Elbow* – The angle between humerus and forearm rather more than a right angle, about 110°. The forearm supinated so that the palm is slightly upwards.

*Wrist* – In the neutral position, that is in line with the forearm and with slight or no loss of pronation and supination.

*Hip* – Thigh flexed 10° with slight abduction and slight external rotation.

*Knee* – In 5° of flexion.

*Ankle* – 5-10° plantar flexion of the foot.

When a joint is ankylosed in an unfavourable position an increase in the assessment would be justified. When a joint is not truly ankylosed but only limited in its movements the assessment would normally be reduced, provided there is no pain.

## Section 3. Assessment of psychiatric disorders using Axis 5 DSM III. (For guidance only)

Code	Per cent
<b>9</b>	Less than 20%
<b>8</b>	
<b>7</b>	

6	Moderate difficulty in social or occupational functioning, OR moderate symptoms (eg few friends and conflict with peers, flat affect and circumstantial speech, occasional panic attacks).	20%
5	Any serious impairment in social or occupational functioning OR serious symptoms (eg no friends, unable to keep a job, suicidal preoccupation, severe obsessional rituals, frequent shoplifting).	30% - 50%
4	Major impairment in several areas, such as work, family relationships, judgement, thinking or mood (eg depressed, avoiding friends, neglecting family, unable to work) OR some impairment in communication (eg speech is sometimes illogical, obscure or irrelevant) OR single suicidal gesture.	60% -70%
3	Inability to function in most area (eg stays in bed all day), or is considerably influenced by delusions or hallucinations OR serious impairment in communication (eg sometimes incoherent) or judgement (eg acts grossly inappropriately).	80% - 100%
2	Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene (eg suicide attempts without clear expectation of death, frequently violent, manic excitement, smears faeces), OR gross impairment of communication (eg largely incoherent or mute).	
1	Persistent danger of severely hurting self or others (eg recurrent violence) OR persistent inability to maintain minimal personal hygiene, OR serious suicide attempts with clear expectation of death).	

**Section 4. Assessments for defective vision. (For guidance only – suggested assessments. Scheduled assessments at section 1A.)**

(1) The following table (based on a report presented by Dr Leon Hambresin during the 18th International Congress of Ophthalmology 1958) gives specimen assessments for use when both eyes are present.

**Valuation Table figures in percentages**

		6/6 1-0.9	5/6 0.8	6/9 0.7	5/9 0.6	6/12 0.5	6/18 0.4	6/24 0.3	6/36 0.2	0.15	6/60 0.1	4/60 1/15	3/60 1/20	-1/20
6/6	1-0.9	0	0	2	3	4	6	9	12	16	20	23	25	27
5/6	0.8	0	0	3	4	5	7	10	14	18	22	24	26	28
6/9	0.7	2	3	4	5	6	8	12	16	20	24	26	28	30
5/9	0.6	3	4	5	6	7	10	14	19	22	26	29	32	35
6/12	0.5	4	5	6	7	8	12	17	22	25	28	32	36	40
6/18	0.4	6	7	8	10	12	16	20	25	28	31	35	40	45
6/24	0.3	9	10	12	14	17	20	25	33	38	41	47	52	60
6/36	0.2	12	14	16	19	22	25	22	47	55	60	67	75	80
	0.15	16	18	20	22	25	28	38	55	63	70	78	83	88
6/60	0.1	20	22	24	26	28	31	41	60	70	80	85	90	95
4/60	1/15	23	24	26	28	32	35	47	67	78	85	92	95	98
3/60	1/20	25	26	28	32	36	40	52	75	83	90	95	98	100
	-1/20	27	28	30	35	40	45	60	80	88	95	98	100	100

These assessments are for defective vision without special features and are based on the visual defect as measured, after correction with glasses, by the ordinary test only.

(2) When one eye is removed and there are no special features the following assessments take account of the Hambresin Scale. The best obtainable acuity in remaining eye is :

	per cent
6/6	40
6/9	40
6/12	40
6/18	50
6/24	60

	per cent
6/36	80
6/60	100
3/60	100
NIL	100

## Section 5. Assessments for deafness. (For guidance only)

A. By conversational voice

Degree of hearing attained	Grade	Assessment per cent
Shout not beyond 1 metre (3 feet)	1	80
Conversational voice not over 30 cm (1 foot)	2	60
Conversational voice not over 1 metre (3 feet)	3	40
Conversational voice and over 2 metres (6 feet)	4	20
Conversational voice not over 3 metres (9 feet)	5	
(a) one ear totally deaf		20
(b) otherwise		Less than 20

B. By audiometric evaluation

### Scales of hearing loss as recorded on pure tone audiogram

Pure tone level	Pure tone level dB	WORSE EAR										
		0-40	41-49	50-53	54-60	61-66	67-72	73-79	80-86	87-95	96-105	106+
B E T T E R  E A	0-40	0	2	4	6	8	10	12	14	16	18	20
	41-49	2	10	12	14	16	18	20	22	24	26	28
	50-53	4	12	20	22	24	26	28	30	32	34	36
	54-60	6	14	22	30	32	34	36	38	40	42	44
	61-66	8	16	24	32	40	42	44	46	48	50	52
	67-72	10	18	26	34	42	50	52	54	56	58	60



R	73-79	12	20	28	36	44	52	60	62	64	66	68
	80-86	14	22	30	38	46	54	62	70	72	74	76
	87-95	16	24	32	40	48	56	64	72	80	82	84
	96-105	18	26	34	42	50	58	66	74	82	90	92
	106+	20	28	36	44	52	60	68	76	84	92	100

**Notes**

1. These scales are derived from Appendix 1 of the report of the Brit Assoc of Otolaryngologists on Occupational Deafness submitted on 7 March 1973 and later amended.
2. The pure-tone levels are calculated as the arithmetical mean of the levels at frequencies of 1, 2 and 3 kiloHertz.



**The exception to the combined assessment rule is when Noise Induced Sensorineural hearing Loss (NISHL) is certified.**

On 7/1/93 legislation came into effect stating that when NISHL is certified at less than 20% assessment no payment is made in respect of that NISHL assessment.

Eg. other condition 6-14% + NISHL 1-5% = 6-14% combined assessment  
(paid as a gratuity)

or

other condition 20% + NISHL 6-14% = 20% combined assessment  
(paid as a pension)

The claimant is told the individual assessment of the NISHL and that payment cannot be made because of the less than 20% disablement assessment.

**This is the only occasion when an individual assessment is notified**