

Ministry of Defence

Defence Business Services Secretariat Team Room 6303 Tomlinson House Norcross Thornton-Cleveleys Lancashire FY5 3WP

Our Ref: FOI2016/01223

E-mail: DBSRES-Secretariat@mod.uk



12th February 2016

Dear

Thank you for your further email of 26 January, requesting the following information:

"Please provide, under my original request, dated 6 Jan 2016, the following:

MPM200 Medical Advisers Desk Aid Assessment Claims Handout."

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 of the information you have requested is held.

The information you have requested can be found in the attached documents.

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, http://www.ico.org.uk

Yours sincerely,



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			
Amputation through one foot proximal to the metatarso-phalangeal joint			
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		
Loss of vision of one eye, without complications or disfigurement of the eyeball, the other being normal		
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			
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		
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	e 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, exc	cluding great toe -	
	Through metatarso-phalangeal joint	5
	Part, with some loss of bone	2
3 toes, exc	cluding great toe -	
	Through metatarso-phalangeal joint	6
	Triough metatarso-phalangear joint	· · · · · · · · · · · · · · · · · · ·

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.

Through metatarso-phalangeal joint

Part, with some loss of bone

- 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 20⁰ 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
9	Good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns, absent or minimal symptoms (eg Mild anxiety in a situation or an occasional blow up with family member).	
8	No more than a slight impairment in social or occupational functioning. If symptoms are present, they are a transient and expectable reaction to psychosocial stressors (eg upset by breakup with girlfriend).	Less than 20%
7	Some difficulty in social or occupational functioning, but generally functions pretty well, has meaningful interpersonal relationships OR some mild symptoms (eg depressed mood and mild insomnia, occasional minor anti-social behaviour),	

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).	
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).	80% - 100%
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
3/00	-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		WORSE EAR									
Pure tone level	dB	0-40	41-49	50-53	54-60	61-66	67-72	73-79	80-86	87-95	96-105	106+
В	0-40	0	2	4	6	8	10	12	14	16	18	20
E	41-49	2	10	12	14	16	18	20	22	24	26	28
T	50-53	4	12	20	22	24	26	28	30	32	34	36
E R	54-60	6	14	22	30	32	34	36	38	40	42	44
E	61-66	8	16	24	32	40	42	44	46	48	50	52
A	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

- 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.

Assessments

Assessments are divided into two groups:

1. Less than 20%

2. More than 20%

1. Assessments of less than 20%

are certified as:

- NIL _ Although the condition is due to service factors, there is no residual disablement and no payment is made
- 1 5% _ Paid as a lump sum gratuity
- 6 14% _ Paid as a lump sum gratuity
- 15 19% _ Paid as a lump sum gratuity

2. Assessments of 20% or more

rise in multiples of 10% to a maximum of 100% and are paid as a pension.

If there is more than one condition the MA will combine the assessments and give details of each individual as well as the combined assessment.

Eg.
$$1-5\%$$
 (individual) + 6 – 14% (individual) = 15 – 19% (combined)

(paid as a gratuity)

(paid as a pension)

The claimant is only told the combined assessment (never individually) because the overall disablement is not necessarily the sum of the individual assessments.

The right of appeal lies with the combined assessment only.

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