



Ministry
of Defence

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Dear [REDACTED]

Thank you for your email of 27 August 2015 requesting the following information:

"I am requesting information under the Freedom of Information Act 2000; would you be able to release the following information:

- 1. How many Regular tri-service personnel have been medically discharged with Epilepsy being recorded as the primary condition, since 2010?*
- 2. How many Regular tri-service personnel are serving with Epilepsy?*
- 3. How many personnel have received compensation under the Armed Forces Compensation Scheme, for a primary condition of Epilepsy, since the commencement of the Act?*
- 4. Of those, how many were awarded a lump sum alone, and how many were awarded a lump sum with a corresponding GIP?"*

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.

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.

Between 1 January 2010 and 31 March 2015 (the latest data available), **18** regular Naval Service personnel, **87** regular Army personnel and **six** regular RAF personnel were medically discharged with a principal condition of epilepsy.

As at 15 September 2015 there were **308** UK regular Armed Forces personnel who were serving with epilepsy.

Between 6 April 2005 and 31 March 2015 (the latest data available), **135** personnel were awarded compensation under the Armed Forces Compensation Scheme (AFCS) for epilepsy. **Fewer than five** of those were also medically discharged with a principle condition of epilepsy.

Of the 135 personnel awarded for epilepsy:

- **25** were awarded a lump sum payment only, of which **fewer than five** were also medically discharged with a principle condition of epilepsy.
- **110** were awarded a lump sum payment with an additional guaranteed income payment (GIP), none of which were medically discharged with a principle condition of epilepsy.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

Medically discharged personnel

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 2015/16 prior to the next statistical release, due in July 2016, as set out in the Statistics and Registration Service Act, 2007.

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. Therefore, the figures in this answer are presented separately for each Service.

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).

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 for epilepsy were compiled using the International Classification of Diseases and Related Health Problems Version 10 (ICD), specifically G40 (Epilepsy).

Serving personnel with epilepsy

Data are compiled by Defence Statistics (Health) from the Defence Medical Information Capability Programme (DMICP) data warehouse. The DMICP programme commenced during 2007 and comprises an integrated primary Health Record (iHR) for clinical use and a pseudo-anonymised central data warehouse. Prior to this data warehouse, medical records were kept locally, at each individual medical centre. By 2010, DMICP was in place for the UK and the majority of Germany. Rollout to other overseas locations commenced in November 2011. 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.

Medical data is stored in the DMICP data warehouse using read codes. Data on Service personnel with codes entered on their medical record relating to alcohol related medical problems and alcohol abuse/misuse has been sourced from DMICP. The data entered has been collected using the following Read Codes extracted on 15 September 2015:

F25 – Epilepsy

F250 - Generalised nonconvulsive epilepsy

F2500 - Petit mal (minor) epilepsy

F2500-1 - Epileptic absences

F2500-99 - Petit mal epilepsy

F2501 - Pykno-epilepsy

F2502 - Epileptic seizures – atonic

F2503 - Epileptic seizures – akinetic

F2504 - Juvenile absence epilepsy

F2505 - Lennox-Gastaut syndrome

F250y - Other specified generalised nonconvulsive epilepsy

F250z - Generalised nonconvulsive epilepsy NOS

F251 - Generalised convulsive epilepsy

F2510 - Grand mal (major) epilepsy

F2510-1 - Tonic-clonic epilepsy

F2510-99 - Grand mal epilepsy

F2511 - Neonatal myoclonic epilepsy

F2511-1 - Otohara syndrome

F2512 - Epileptic seizures – clonic

F2513 - Epileptic seizures – myoclonic

F2514 - Epileptic seizures – tonic

F2515 - Tonic-clonic epilepsy

F2516 - Grand mal seizure

F251y - Other specified generalised convulsive epilepsy

F251z - Generalised convulsive epilepsy NOS

F252 - Petit mal status

F253 - Grand mal status

F253-1 - Status epilepticus

F254 - Partial epilepsy with impairment of consciousness

F2540 - Temporal lobe epilepsy

F2541 - Psychomotor epilepsy

F2542 - Psychosensory epilepsy

F2543 - Limbic system epilepsy

F2544 - Epileptic automatism

F2545 - Complex partial epileptic seizure

F2545-99 - Partial complex seizure

F254z - Partial epilepsy with impairment of consciousness NOS

F255 - Partial epilepsy without impairment of consciousness

F2550 - Jacksonian, focal or motor epilepsy

F2550-1 - Focal epilepsy

F2550-2 - Motor epilepsy

F2551 - Sensory induced epilepsy

F2552 - Somatosensory epilepsy

F2553 - Visceral reflex epilepsy

F2553-1 - Partial epilepsy with autonomic symptoms

F2554 - Visual reflex epilepsy

F2555 - Unilateral epilepsy

F2556 - Simple partial epileptic seizure

F255y - *Partial epilepsy without impairment of consciousness OS*
 F255z - *Partial epilepsy without impairment of consciousness NOS*
 F256 - *Infantile spasms*
 F256-1 - *Lightning spasms*
 F256-2 - *West syndrome*
 F256-99 - *Infantile spasms –hysarrythmia*
 F2560 - *Hypsarrythmia*
 F2561 - *Salaam attacks*
 F256z - *Infantile spasms NOS*
 F257 - *Kojevnikov's epilepsy*
 F258 - *Post-ictal state*
 F259 - *Early infant epileptic encephalopathy with suppression bursts*
 F259-1 - *Ohtahara syndrome*
 F25A - *Juvenile myoclonic epilepsy*
 F25B - *Alcohol-induced epilepsy*
 F25C - *Drug-induced epilepsy*
 F25D - *Menstrual epilepsy*
 F25E - *Stress-induced epilepsy*
 F25F - *Photosensitive epilepsy*
 F25G - *Severe myoclonic epilepsy in infancy*
 F25G-1 - *Dravet syndrome*
 F25H - *Generalised seizure*
 F25X - *Status epilepticus, unspecified*
 F25y - *Other forms of epilepsy*
 F25y0 - *Cursive (running) epilepsy*
 F25y1 - *Gelastic epilepsy*
 F25y2 - *Locl-rlt(foc)(part)idiop epilep&epilptic syn seiz locl onset*
 F25y3 - *Complex partial status epilepticus*
 F25y4 - *Benign Rolandic epilepsy*
 F25y5 - *Panayiotopoulos syndrome*
 F25yz - *Other forms of epilepsy NOS*
 F25z - *Epilepsy NOS*
 F25z-1 - *Fit (in known epileptic) NOS*

A person could have the same codes relating to epilepsy entered into their record on the same date but it is not possible to say if these codes relate to one or multiple events. Therefore each person is counted once, with their latest date of that code being counted. Please note if any of the descriptions or codes listed above were recorded as free text only in the patient medical record they will not be included in the above search.

Please note, DMICP is a live system and thus patient figures may change as a result.

Personnel awarded compensation for epilepsy

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 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-2010-08-03.pdf>.

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 update was released on 4 June 2015.

Figures provided are sourced from data stored on the DBS Compensation and Pensions System (CAPS).

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 epilepsy, we used the tariff description field and the claimed condition field to search for 'epilepsy' as well as some visual validation. Please note that due to the free text nature of this data it is possible that some records with reference to epilepsy have not been identified, and therefore the figures supplied should be used as an estimate only.

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. Personnel can claim and be awarded for multiple conditions at different tariff levels under the AFCS and therefore it is not possible to determine a primary condition of a person's claim.

Personnel awarded a lump sum with a guaranteed income payment (GIP) have been identified using the tariff level recorded for the epilepsy condition. 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.

Personnel can be awarded for multiple conditions at various tariff levels. It is possible that if a claimant is awarded for two or more conditions at tariff levels 12-15 then they may also be awarded a GIP, therefore the numbers presented for lump sum awards and GIPs should be treated as an estimate.

In line with Defence Statistics' Rounding Policy for AFCS data, all figures of five or more have been rounded to the nearest five and figures fewer than five have been suppressed and marked ~. Due to rounding, the figures provided may not sum to totals.

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

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