



Ministry  
of Defence

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Dear [REDACTED]

Thank you for your email of 6 April 2016 requesting the following information:

*Under the FOI Act I would like details of the numbers of service personnel currently suffering from Type 2 Diabetes.  
 I would also like details of the numbers of personnel who have received lipo-suction and also those who have been prescribed diet pills.  
 I would like details for the last two years, broken down by gender and service.*

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 by the MOD.

As at 1 March 2016, there were **616 currently serving UK Armed Forces personnel** who had a read code for Type 2 diabetes entered onto their medical record at any point whilst serving.

**Table 1: Serving UK Armed Forces personnel with a read code for Type 2 diabetes, by gender and service, numbers<sup>1</sup>.**

**Serving on 1 March 2016**

Service	Gender		
	All	Female	Male
<b>All</b>	<b>616</b>	<b>27</b>	<b>589</b>
Naval Service <sup>2</sup>	<b>113</b>	7	106
Army	<b>364</b>	11	353
RAF	<b>139</b>	9	130

Source: DMICP and JPA

<sup>1</sup> Individuals with multiple read codes have only been counted once.

<sup>2</sup> Includes Royal Navy and Royal Marines

**800** UK Armed forces personnel, serving at any point between 1 April 2014 and 1 March 2016, had a read code for Type 2 diabetes entered onto their medical record at any point whilst serving. Of which, **637** had a read code for Type 2 diabetes entered onto their medical record in the past two years (1 April 2014 to 1 March 2016). Please note that this includes personnel that are no longer serving.

**Table 2: UK Armed Forces personnel with a read code for Type 2 diabetes, by gender and service, numbers<sup>1,2</sup>.**

**Serving between 1 April 2014 and 1 March 2016**

Service	Gender		
	All	Female	Male
<b>All</b>	<b>800</b>	<b>33</b>	<b>767</b>
Naval Service <sup>3</sup>	147	8	139
Army	473	13	460
RAF	180	12	168

Source: DMICP and JPA

<sup>1</sup> Individuals with multiple read codes have only been counted once.

<sup>2</sup> Service was taken at the date the read code was first entered in their medical record in the time period of interest.

<sup>3</sup> Includes Royal Navy and Royal Marines

Between 1 April 2014 and 31 March 2016, **20** UK Armed Forces personnel had a read code for liposuction entered onto their medical record. Please note that this includes personnel that are no longer serving.

**Table 3: UK Armed Forces personnel with a read code for liposuction, by gender and service, numbers<sup>1,2,3</sup>.**

**1 April 2014 to 31 March 2016**

Service	Gender		
	All	Female	Male
<b>All</b>	<b>20</b>	<b>10</b>	<b>10</b>
Naval Service <sup>4</sup>	~	~	~
Army	14	6	8
RAF	~	~	~

Source: DMICP and JPA

<sup>1</sup>The tables in this report have been scrutinised to ensure individual identities have not been revealed inadvertently. In line with Defence Statistics rounding policy, numbers fewer than five have been suppressed and presented as '~'.

<sup>2</sup> Individuals with multiple read codes have only been counted once.

<sup>3</sup> Service was taken at the date the read code was first entered in their medical record in the time period of interest.

<sup>4</sup> Includes Royal Navy and Royal Marines

Between 1 April 2014 and 31 March 2016, there were **271** UK Armed Forces personnel who were prescribed diet pills. Individuals with multiple prescriptions have only been counted once in the time period, and their service was taken at the earliest date read code entry.

**Table 4: UK Armed Forces personnel who had been prescribed diet pills, by gender and service, numbers<sup>1,2</sup>.**

**1 April 2014 to 31 March 2016**

Service	Gender		
	All	Female	Male
<b>All</b>	<b>271</b>	<b>70</b>	<b>201</b>
Naval Service <sup>3</sup>	77	18	59
Army	154	40	114
RAF	40	12	28

Source: DMICP and JPA

<sup>1</sup> Individuals with multiple prescriptions have only been counted once.

<sup>2</sup> Service was taken at the date of the first diet pill prescription recorded on their medical record in the time period of interest.

<sup>3</sup> Includes Royal Navy and Royal Marines

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

Liposuction might be provided to Service personnel on a case-by-case basis in accordance with NICE guidelines.

Please note, liposuction figures provided are a minimum. If liposuction is carried out at a NHS or private hospital the hospital may then advise a military GP if a patient has the procedure in the form of a letter. A military GP can record this information in a number of ways:

- A paper letter may be filed in a paper medical record.
- A letter may be scanned into the electronic patient record (in a pdf format)
- The GP may make notes in the medical record as free text which cannot be searched for centrally.

Please note that NICE have produced clear guidelines for the appropriate management of obesity and the use of prescription diet pills (Orlistat: trade names Xenical/Alli/Beacita). Prescribers within the MOD are expected to follow these guidelines when prescribing Orlistat to military personnel and this will be expressed within the formulary. Please see the website for more information, <https://www.nice.org.uk/guidance/cg43>

Please note, diet pills are available to be bought as a non-prescribed drugs over the counter in local pharmacies. These are not included in the numbers presented.

Joint Personnel Administration is the most accurate source for demographic information for UK Armed Forces personnel and is used to gather information on a persons service and gender.

The Defence Medical Information Capability Programme (DMICP) was rolled out in 2007 and is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers.

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 everyday care of a Patient. They are part of a hierarchical structure and form the recognised standard for General Practice.

Please note that read codes used to identify Type 2 diabetes include the following synonyms:

- Non-insulin dependant diabetes mellitus (NIDDM)
- Type II Diabetes
- Type 2 DM
- Adult-onset diabetes.

The following read codes were used to identify Type 2 Diabetes from DMICP:

<b>Read code</b>	<b>Description</b>
C1001	Diabetes mellitus, adult onset, no mention of complication
C1001-2	Non-insulin dependent diabetes mellitus
C1011	Diabetes mellitus, adult onset, with ketoacidosis
C1021	Diabetes mellitus, adult onset, with hyperosmolar coma
C1031	Diabetes mellitus, adult onset, with ketoacidotic coma
C1041	Diabetes mellitus, adult onset, with renal manifestation
C1051	Diabetes mellitus, adult onset, + ophthalmic manifestation
C1061	Diabetes mellitus, adult onset, + neurological manifestation
C1071	Diabetes mellitus, adult, + peripheral circulatory disorder
C1072	Diabetes mellitus, adult with gangrene
C1074	NIDDM with peripheral circulatory disorder
C109	Non-insulin dependent diabetes mellitus
C109-1	NIDDM - Non-insulin dependent diabetes mellitus
C109-2	Type 2 diabetes mellitus
C109-3	Type II diabetes mellitus
C1090	Non-insulin-dependent diabetes mellitus with renal comps
C1090-1	Type II diabetes mellitus with renal complications
C1090-2	Type 2 diabetes mellitus with renal complications
C1091	Non-insulin-dependent diabetes mellitus with ophthalm
C1091-1	Type II diabetes mellitus with ophthalmic complications
C1091-2	Type 2 diabetes mellitus with ophthalmic complications
C1092	Non-insulin-dependent diabetes mellitus with neuro comps
C1092-1	Type II diabetes mellitus with neurological complications
C1092-2	Type 2 diabetes mellitus with neurological complications
C1093	Non-insulin-dependent diabetes mellitus with multiple
C1093-1	Type II diabetes mellitus with multiple complications
C1093-2	Type 2 diabetes mellitus with multiple complications
C1094	Non-insulin dependent diabetes mellitus with ulcer
C1094-1	Type II diabetes mellitus with ulcer
C1094-2	Type 2 diabetes mellitus with ulcer
C1095	Non-insulin dependent diabetes mellitus with gangrene
C1095-1	Type II diabetes mellitus with gangrene
C1095-2	Type 2 diabetes mellitus with gangrene
C1096	Non-insulin-dependent diabetes mellitus with retinopathy
C1096-1	Type II diabetes mellitus with retinopathy
C1096-2	Type 2 diabetes mellitus with retinopathy
C1097	Non-insulin dependent diabetes mellitus - poor control
C1097-1	Type II diabetes mellitus - poor control
C1097-2	Type 2 diabetes mellitus - poor control
C1099	Non-insulin-dependent diabetes mellitus without
C1099-1	Type II diabetes mellitus without complication
C1099-2	Type 2 diabetes mellitus without complication
C109A	Non-insulin dependent diabetes mellitus with
C109A-1	Type II diabetes mellitus with mononeuropathy
C109A-2	Type 2 diabetes mellitus with mononeuropathy
C109B	Non-insulin dependent diabetes mellitus with polyneuropathy

<b>Read code</b>	<b>Description</b>
C109B-1	Type II diabetes mellitus with polyneuropathy
C109B-2	Type 2 diabetes mellitus with polyneuropathy
C109C	Non-insulin dependent diabetes mellitus with nephropathy
C109C-1	Type II diabetes mellitus with nephropathy
C109C-2	Type 2 diabetes mellitus with nephropathy
C109D	Non-insulin dependent diabetes mellitus with hypoglyca
C109D-1	Type II diabetes mellitus with hypoglycaemic coma
C109D-2	Type 2 diabetes mellitus with hypoglycaemic coma
C109E	Non-insulin depend diabetes mellitus with diabetic cataract
C109E-1	Type II diabetes mellitus with diabetic cataract
C109E-2	Type 2 diabetes mellitus with diabetic cataract
C109F	Non-insulin-dependent d m with peripheral angiopath
C109F-1	Type II diabetes mellitus with peripheral angiopathy
C109F-2	Type 2 diabetes mellitus with peripheral angiopathy
C109G	Non-insulin dependent diabetes mellitus with arthropathy
C109G-1	Type II diabetes mellitus with arthropathy
C109G-2	Type 2 diabetes mellitus with arthropathy
C109H	Non-insulin dependent d m with neuropathic arthropathy
C109H-1	Type II diabetes mellitus with neuropathic arthropathy
C109H-2	Type 2 diabetes mellitus with neuropathic arthropathy
C109J	Insulin treated Type 2 diabetes mellitus
C109J-1	Insulin treated non-insulin dependent diabetes mellitus
C109J-2	Insulin treated Type II diabetes mellitus
C109K	Hyperosmolar non-ketotic state in type 2 diabetes mellitus
C10D	Diabetes mellitus autosomal dominant type 2
C10D-1	Maturity onset diabetes in youth type 2
C10F	Type 2 diabetes mellitus
C10F-1	Type II diabetes mellitus
C10F0	Type 2 diabetes mellitus with renal complications
C10F0-1	Type II diabetes mellitus with renal complications
C10F1	Type 2 diabetes mellitus with ophthalmic complications
C10F1-1	Type II diabetes mellitus with ophthalmic complications
C10F2	Type 2 diabetes mellitus with neurological complications
C10F2-1	Type II diabetes mellitus with neurological complications
C10F3	Type 2 diabetes mellitus with multiple complications
C10F3-1	Type II diabetes mellitus with multiple complications
C10F4	Type 2 diabetes mellitus with ulcer
C10F4-1	Type II diabetes mellitus with ulcer
C10F5	Type 2 diabetes mellitus with gangrene
C10F5-1	Type II diabetes mellitus with gangrene

<b>Read code</b>	<b>Description</b>
C10F6	Type 2 diabetes mellitus with retinopathy
C10F6-1	Type II diabetes mellitus with retinopathy
C10F7	Type 2 diabetes mellitus - poor control
C10F7-1	Type II diabetes mellitus - poor control
C10F9	Type 2 diabetes mellitus without complication
C10F9-1	Type II diabetes mellitus without complication
C10FA	Type 2 diabetes mellitus with mononeuropathy
C10FA-1	Type II diabetes mellitus with mononeuropathy
C10FB	Type 2 diabetes mellitus with polyneuropathy
C10FB-1	Type II diabetes mellitus with polyneuropathy
C10FC	Type 2 diabetes mellitus with nephropathy
C10FC-1	Type II diabetes mellitus with nephropathy
C10FD	Type 2 diabetes mellitus with hypoglycaemic coma
C10FD-1	Type II diabetes mellitus with hypoglycaemic coma
C10FE	Type 2 diabetes mellitus with diabetic cataract
C10FE-1	Type II diabetes mellitus with diabetic cataract
C10FF	Type 2 diabetes mellitus with peripheral angiopathy
C10FF-1	Type II diabetes mellitus with peripheral angiopathy
C10FG	Type 2 diabetes mellitus with arthropathy
C10FG-1	Type II diabetes mellitus with arthropathy
C10FH	Type 2 diabetes mellitus with neuropathic arthropathy
C10FH-1	Type II diabetes mellitus with neuropathic arthropathy
C10FJ	Insulin treated Type 2 diabetes mellitus
C10FJ-1	Insulin treated Type II diabetes mellitus
C10FK	Hyperosmolar non-ketotic state in type 2 diabetes mellitus
C10FK-1	Hyperosmolar non-ketotic state in type II diabetes mellitus
C10FL	Type 2 diabetes mellitus with persistent proteinuria
C10FL-1	Type II diabetes mellitus with persistent proteinuria
C10FM	Type 2 diabetes mellitus with persistent microalbuminuria
C10FM-1	Type II diabetes mellitus with persistent microalbuminuria
C10FN	Type 2 diabetes mellitus with ketoacidosis
C10FN-1	Type II diabetes mellitus with ketoacidosis
C10FP	Type 2 diabetes mellitus with ketoacidotic coma
C10FP-1	Type II diabetes mellitus with ketoacidotic coma
C10FQ	Type 2 diabetes mellitus with exudative maculopathy
C10FQ-1	Type II diabetes mellitus with exudative maculopathy
C10FR	Type 2 diabetes mellitus with gastroparesis
C10FR-1	Type II diabetes mellitus with gastroparesis

The following read codes were used to identify lipo-suction from DMICP:

Read Code	Description
7G012	Abdominoplasty and liposuction
7G2H0	Liposuction of subcutaneous tissue of head or neck
7G2H1	Liposuction of subcutaneous tissue NEC
7G2H4	Liposuction of haematoma

The following drug names were used to identify prescribed diet pills from DMICP.

Drug Name
Orlistat
Xenical
Alli
Beacita

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. Date of extract 15 April 2016.

In line with Defence Statistics' rounding policy for health statistics (May 2009), and in keeping with the Office for National Statistics Guidelines, all numbers less than five have been suppressed and presented as '~'. Where there is only one cell in a row or column that is less than five, the next smallest number (or numbers where there are tied values) has also been suppressed so that numbers cannot simply be derived from totals.

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, 2nd 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/>.

Yours sincerely,

Defence Statistics (Health) Head (B1)