



Ministry of Defence

Ministry of Defence
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18 January 2017

Dear ,

Thank you for your letter of 14 December 2016 requesting the following information:

"How many military service personnel were discharged from military services between 2009 and 2012 due to "Hand Arm Vibration "Syndrome" (HAVS) more commonly called "White Finger" or "Carpal Tunnel Syndrome"."

I am treating your correspondence as a request for information under the Freedom of Information Act 2000.

A search for the information has now been completed within the Ministry of Defence, and I can confirm that 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 in line with JSP 200 (March 2016), 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.

Medical Discharge information is stored using the International Statistical Classification of Diseases, Version 10 (ICD-10) for which there is no code for Hand Arm Vibration Syndrome (HAVS) or White Finger. It may be that personnel were medically discharged for symptoms such as "pain" or "numbness", however these conditions may not be due to the effects of vibration. Therefore a search was made for personnel medically discharged with a principal or contributory cause of vibration¹. Between 1 January 2009 and 31 December 2012 no UK Armed Forces personnel were medically discharged with a principal or contributory cause of vibration.

This does not conclusively mean that no personnel were medically discharged with HAVS; medical discharges would only have been listed with a principal or contributory cause of vibration⁴ if this was stated explicitly within their medical record. In order to confirm medical discharges caused by HAVS, a full free-text search of medical records would need to be carried out. It is likely that such a search would incur a cost exceeding that permitted for answering an FOI request. Section 12 of the Act makes provision for public authorities to refuse requests for information where the cost of dealing with them would exceed the appropriate limit, which for central government is set at £600. This represents the estimated cost of one person spending 3.5 working days in determining whether the department holds the information, and locating, retrieving and extracting it.

¹ ICD-10 diagnosis code T75.2.

Between 1 January 2009 and 31 December 2012, **less than five** UK Regular Armed Forces personnel were medically discharged with a principal or contributory cause of carpal tunnel syndrome².

Please note that Carpal Tunnel Syndrome can be distinct and unrelated to HAVS and Vibration White Finger. Carpal Tunnel Syndrome can develop with certain health conditions, after an injury, during pregnancy or through certain activities (including using vibrating tools)³.

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

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 from DMICP 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.

Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. The last statistical release was on 14 July 2016 which presented data up to 31 March 2016. The latest report can be found at:

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

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering the UK Armed Forces and consult you if we are thinking of making changes? You can subscribe to updates by emailing: 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). 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)

² Where principal or contributory cause of medical discharge was listed as ICD-10 code E10.

³ <http://www.nhs.uk/Conditions/Carpal-tunnel-syndrome/Pages/Causes.aspx>