



Ministry
of Defence

Ministry of Defence
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Ref: FOI2017/10599

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Dear [REDACTED],

Thank you for your email of 26 October 2017 requesting the following information:

1. On September 2017, how many Royal Navy Regular Trained personnel were in Service?
2. Of which, how many of these personnel were medically downgraded
3. Please can you split these numbers by branch if possible?
4. What is the average duration of medical downgrading for personnel in the Royal Navy?
5. Of Royal Navy Regular personnel medically downgraded at 1 April 2017, what was the principal reason for which they were medically downgraded?

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 the information in scope of your request is held.

As at 1 September 2017 there were **22,469** UK Regular Trained Royal Navy personnel. Of these personnel, **17%** (n = 3,851) were medically downgraded (**Table 1**).

Table 1: UK Regular Trained Royal Navy personnel¹ medically downgraded, by branch, percentages and numbers
1 September 2017

		Royal Navy Personnel	Downgraded	
			n	%
Royal Navy	All Branches	22,469	3,851	17
Officers	All Branches	5,023	694	14
	Warfare	2,468	293	12
	Engineering	1,530	202	13
	Logistics	519	92	18
	Medical	453	101	22
	Chaplain	53	6	11
Ratings	All Branches	17,446	3,157	18
	Warfare (General Service)	3,852	634	16
	Warfare (Submarine)	557	109	20
	Warfare (Air)	619	96	16
	Engineering (General Service)	4,333	732	17
	Engineering (Submarine)	2,118	403	19
	Engineering (Air)	2,787	468	17
	Logistics	2,386	508	21
	Medical	794	207	26

Source: DMICP and JPA

1. This table includes Regular, Royal Navy personnel in service on 1 September 2017. The number of Royal Navy personnel by branch in this table do not match published statistics; please see background notes for further information

The median¹ average length of medical downgrading for UK Regular Trained Royal Navy personnel was **nine months** (270 days). This was calculated from a cohort of personnel who were medically downgraded during May 2014.

As at 1 April 2017, there were **3,832** UK Regular Trained Royal Navy personnel who were medically downgraded. Of these, **81%** (n = 3,098) had a principal cause of downgrading that could be matched to the International Classification of Diseases and Related Health Problems version 10 (ICD-10) (**Table 2**).

Table 2: UK Regular Trained Royal Navy Personnel¹ medically downgraded, by principal cause of downgrading numbers and percentages
1 April 2017

	Royal Navy	
	n	%
All medically downgraded	3,832	
All ICD-10 coded medically downgraded	3,098	100
Infectious and parasitic diseases (A00 - B99)	12	0
Neoplasms (C00 - D48)	71	2
Blood disorders (D50 - D89)	20	1
Endocrine, nutritional and metabolic diseases (E00 - E90)	77	2
Mental and behavioural disorders (F00 - F99) ²	446	14
Nervous system disorders (G00 - G99)	66	2
Eye and adnexa diseases (H00 - H59)	40	1
Ear and mastoid process diseases (H60 - H95)	81	3
Circulatory system disorders (I00 - I99)	101	3
Respiratory system disorders (J00 - J99)	62	2
Digestive system disorders (K00 - K93)	116	4
Skin and subcutaneous tissue diseases (L00 - L99)	71	2
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	1,508	49
Genitourinary system diseases (N00 - N99)	52	2
Pregnancy, childbirth and puerperium (O00 - O99)	0	0
Certain conditions originating in the perinatal period (P00 - P96)	0	0
Congenital malformations (Q00 - Q99)	11	<1
Clinical and laboratory findings (R00 - R99)	117	4
Factors influencing health status (Z00 - Z99) ³	247	8
Cause Information not Available	734	

Source: DMICP and JPA

1. This table includes Regular, Royal Navy personnel in service as at 1 April 2017.

2. Including downgrading episodes for those receiving treatment for smoking cessation (F17).

3. Includes some downgrading episodes due to pregnancies (Z33).

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

Table 1 includes Regular, Royal Navy personnel in service on 1 September 2017 and so excludes Royal Marines and the Royal Navy Reserve. This table includes people who are currently undergoing training in a new branch after transferring in to that branch. I.e, if a service person transfers from Warfare (Air) to logistics, they are still considered “trained” as a Navy Service Person, but not trained in their specific logistics role. In this example, the Service person would be included in the Logistics role in Table 1. Therefore the number of Royal Navy personnel by branch do not match those published in the Royal Navy and Royal Marine service monthly personnel situation report: September 2017 which can be found at :

<https://www.gov.uk/government/statistics/royal-navy-and-royal-marines-monthly-personnel-statistics-2017>

Medical downgradings were identified as personnel who were assigned a Medical Deployability Standard (MDS) of Medically Limited Deployable (MLD) or Medically Not Deployable (MND). Service personnel with medical conditions or fitness issues which affect their ability to perform their duties are assessed in Primary Care or referred to a Medical Board for a medical examination and review of their medical grading. The patient may be downgraded to allow for treatment and rehabilitation. The definitions of downgraded MDS categories are as follows:

¹Median time downgraded is when 50% of downgrading episodes remain ongoing/have ended. Median time downgraded is limited to the longest complete care pathway length.

Medically Limited Deployable (MLD): Personnel medically fit for duty with minor employment limitations. MLD personnel may have a medical condition or functional limitation that prevents the meeting of all Medically Fully Deployable (MFD) requirements.

Medically Not Deployable (MND): Personnel medically fit for duty with major employment limitations. MND personnel are not fit to deploy on Operations but may be deployable on UK based exercises and should be able to work effectively for at least 32.5 hours per week.

In order to calculate the median average length of downgrading, personnel medically downgraded during May 2014 were identified using patients electronic medical record (DMICP). The end of their medical downgrading episode was identified as either returning to MFD or exit from service. This cohort consisted of **205** personnel. As this is a relatively small cohort in relation to the size of the Royal Navy, there is a risk that the cohort is not representative of all Royal Navy medical downgradings.

The median is a type of average. If all data points are arranged in ascending order, the median is the value in the middle. It is a good measure for average time of downgrading as it is not biased by very high or low lengths. However, median does not give an indication of variability; the range of lengths of downgrading could be very large or very small.

Medical downgradings due to smoking were excluded from analysis of length of medical downgrading as certain forms of smoking cessation therapy (e.g. Varenicline, Bupropion) automatically incur a set period of medical downgrading.

Data sources

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK Armed Forces personnel and was used to gather information on a person's service and branch.

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 information on downgrading cases was sourced from electronic personnel records from DMICP.

Figures on principal cause of medical downgrading were produced using the principal condition as recorded on DMICP. Each principal condition has a Read code and description which was converted where possible.

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)