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Date: 03 January 2018

Dear

Thank you for your email of 21 November 2017 where you requested the following information:

"I would like to know the number of currently serving personnel who have impaired or poor hearing. Of which, how many of these personnel had a code for Noise Induced Hearing Loss (NIHL) in their electronic medical record?"

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. The information you requested is enclosed.

As at 1 October 2017 there were **137,280** currently Serving UK Armed Forces¹ personnel. Of these:

- 2,450 (1.8%) personnel had impaired hearing (H3)
 - o of which 337 also had a code for NIHL recorded on their medical record,
- 373 (<1%) personnel had poor hearing (H4)
 - o of which 33 also had a code for NIHL recorded on their medical record.

Background Notes

Full time trained strength (Naval Service and RAF) and Full time trade trained strength (Army) comprises trained UK Regular Forces, trained Gurkhas and elements of the Full

¹ Full time trained strength (Naval Service and RAF) and Full time trade trained strength (Army).

Time Reserve Service (FTRS) that may be deployed overseas, including Full Commitment (FC), Limited Commitment (LC), Home Commitment (HC) personnel.

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

The following Read codes were used to identify NIHL from DMICP:

Underlying Code	Description
DMSACA03	Audiogram shows potential noise induced hearing loss pattern
DMSACM02	MO assessed - Screening audiometry consistent with mild NIHL
DMSACM03	MO assessed - Screening audiometry consistent with significant stable NIHL
DMSACM04	MO assessed - Screening audiometry consistent with significant progressive or rapid NIHL
DMSACS02	Specialist diagnosis - mild NIHL
DMSACS03	Specialist diagnosis - significant stable NIHL
DMSACS04	Specialist diagnosis - significant progressive or rapid NIHL
F5810	Unspecified noise effect on inner ear
F5811	Acoustic explosive ear trauma
F5812	Noise induced deafness
F5812	Noise-induced hearing loss
F581z	Noise effects on inner ear NOS

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.

There has been no clinical audit of the accuracy of the data recorded on the patient's record.

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.gov.uk.

I hope you find this information useful

Yours sincerely,

Defence Statistics Health Head (B1)