



Ministry
of Defence

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Dear [REDACTED],

Thank you for your email of 29 December 2017 requesting the following information:

"I have just been reading the Defence People Mental Health and Wellbeing Strategy 2017-2022, and on page 4, Lt Gen Nugee states that "mental health problems are now the second most common cause of medical downgrading and discharge in the Armed Forces..." I am interested to know what are the other most common cause of medical downgrading and discharge. Please can you provide me with with top 5 or top 10 most common causes?..."

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.

Some of the information you have requested is exempt under Section 21 of the Freedom of Information Act (FOIA), because it is reasonably accessible to you by other means. Information on the medical conditions leading to medical discharge is already in the public domain:

<https://www.gov.uk/government/statistics/uk-service-personnel-medical-discharges-financial-year-201617>. Page 3 provides an Executive Summary on the data within the Official Statistic. Please refer to Page 10 Table 2, Page 17 Table 4 and Page 24 Table 6 for the information you have requested, presented by Service.

As at 1 April 2017, the top five principal¹ causes of medical downgrading in the UK Regular Armed Forces were²:

- Musculoskeletal Disorders and Injuries (59%)
- Mental and Behavioural Disorders (11%)
- Factors Influencing Health Status³ (5%)
- Ear and Mastoid Process Diseases (4%)
- Clinical and Laboratory Findings⁴ (3%).

¹ Personnel who are medically downgraded or medically discharged can be affected by multiple injuries/illnesses. The Principal cause is the main medical cause leading to the downgrading or discharge.

² Based on UK Regular Armed Forces personnel who were medically downgraded as at 1 April 2017 and had a principal cause of downgrading that could be matched to the International Classification of Diseases and Related Health Problems version 10 (ICD-10).

³ Includes specific procedures such as fitting of prosthetics and donation of tissue. Also includes reasons for encountering the health services; for example for examination and investigation of a health concern and monitoring of pregnancy.

⁴ Includes symptoms and abnormal results of clinical tests that do not fit within other specific chapters or do not yet have a diagnoses. For example, nausea, nonspecific rash, and abnormal blood test results.

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

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.

Figures on principal cause of medical downgrading were produced using the principal condition as recorded on the Defence Medical Information Capability Programme (DMICP). Each principal condition has a Read code and description which was converted to the International Classification of Diseases and Related Health Problems version 10 (ICD-10) where possible.

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 medical discharges 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.

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 medical records from DMICP.

Any data entered as free text only in patients' medical record will not be included in the figures presented as this information is not available in the data warehouse.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering medical discharges in 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)