



Ministry  
of Defence

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Thank you for your email of 18 January 2018 requesting the following information:

"I can confirm that we would like to know:

- the numbers of personnel medically discharged with a spinal injury
- of which, how many also had paralysis resulting from the injury

and to be able to compare these with the total numbers of service people medically discharged.

The time period of interest is 2001 - 2014 as that was the period of British involvement in the combat operations in Iraq and Afghanistan, if possible year by year.

If your colleagues at Headley Court are able to add any context (that is to say narrative) to the incidence of spinal cord injuries among servicemen that would also be of great interest."

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.

Please note 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. It was not possible to provide numbers by year as it would result in excessive suppression 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.

Between 1 January 2001 and 31 December 2014 **23,558** UK Regular Armed Forces personnel were medically discharged, of which a minimum of **44** UK Regular Armed Forces personnel were medically discharged with a principal or contributory cause of "spinal injury". Of these, a minimum of **12** personnel were also medically discharged with a cause of "paralysis from injury".

The number presented is a minimum as there were personnel who had complex multiple conditions leading to discharge. These 'multiple conditions' may have included a spinal cord injury but this was not listed separately on the coded causes contributing to medical discharge.

The peak conflict period in Iraq and Afghanistan was between 2009 and 2011 where the greatest number of spinal cord injuries due to conflict was seen. Normal medical practice was for patients with significant injuries to be aeromedically evacuated from theatre and admitted to an NHS spinal cord injury unit first. Once they were stabilised and had received appropriate NHS care, patients were then transferred to the Defence Medical Rehabilitation Centre (DMRC) for care that aimed to maximise function through rehabilitation, provide the best quality of mobility and aids for daily living (ADL) available, and to consider future accommodation and vocational options. Patients were discharged from care when their

rehabilitation potential had been realised, and the accommodation and vocational situations had been arranged to an appropriate level. The length of this process varied dependant on spinal cord injury severity.

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

Defence statistics published a report on the types of Types of Injuries Sustained by UK Service Personnel on Op HERRICK in Afghanistan. This report covers the time period 1 April 2006 and 30 November 2014 when the UK field hospital at Camp Bastion was open. This report can be found at: <https://www.gov.uk/government/statistics/types-of-injuries-sustained-by-uk-service-personnel-on-operations-in-afghanistan-op-herrick-1-april-2006-to-30-november-2014>

In this report, there were 552 UK Service Personnel admitted to the field hospital (with injuries that required the activation of the UK trauma team) whose injuries included a spinal/back injury. Of these, 207 were medically discharged between 1 January 2001 and 31 December 2014.

Medical discharges due to spinal injuries were identified as personnel who were medically discharged with a principal or contributory cause of discharge coded as T06, T09, S14, S24, S34 to the International Statistical Classification of Diseases and Related Health Problems Tenth Revision (ICD-10). Medical discharges due to paralysis from injury were identified as personnel who were medically discharged with a principal or contributory cause of discharge coded as G81 - G83 to ICD-10.

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.

Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. The last statistical release was on 13 July 2017 which presented data up to 31 March 2017. 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 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](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, 1st 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>.

I hope this is helpful.

Yours sincerely,

Defence Statistics Health Head (B1)