



Ministry
of Defence

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[REDACTED]

[REDACTED]

Thank you for your email of 15 June 2018 requesting the following information:

"I am seeking to find out more information regarding hip injuries/hip morphology within the British armed forces.

I am seeking to find out how many members of the British Armed forces have been diagnosed with hip morphology over the last 5-10 years whilst on active duty. I am particularly interested in the numbers regarding femoroacetabular impingement (FAI) if you have that information.

I would also like to know if you are able to tell me the outcomes of these diagnoses in as much detail as you are able. If you are able to reveal how many of these injuries required surgery and ultimately how many resulted in medical discharge or the service member leaving the armed forces as a result.

Again I would like specific information regarding femoroacetabular impingement syndrome if you are *able to provide it but would also like wider information regarding all forms of hip morphology.*"

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 some information in scope of your request is held.

Please note that it is not possible to identify the number of UK Armed Forces personnel "diagnosed with hip morphology". This is because "hip morphology" simply means the shape of the hip and therefore cannot be a diagnosis in itself. However, it is possible to identify the number of UK Armed Forces personnel with a Read code for femoroacetabular impingement entered in to their electronic primary care medical record.

Between 1 April 2008 and 31 March 2018, **204** UK Regular Armed Forces personnel had a Read code for femoroacetabular impingement entered into their electronic primary care medical record. Of these, **38** were medically discharged with a principal or contributory cause of a hip disorder¹ between 1 April 2008 and 31 March 2018.

Causes of medical discharge are recorded using ICD 10¹. There is no specific ICD 10 code for femoroacetabular impingement; instead it is classified within "other specified disorders of the hip joint" which may include other hip joint disorders. Therefore, it is not possible to identify medical discharges

¹ Please see background information below for further detail

specifically due to femoroacetabular impingement. Of the 38 personnel medically discharged between 1 April 2008 and 31 March 2018 due to hip disorders, **14** were medically discharged with a principal or contributory cause of “other specified disorders of the hip joint”.

Under section 16 of the Act (Advice and Assistance) you should note:

The information is presented for UK Regular Armed Forces personnel only and does not include any Reservist personnel. This is because information on medical discharges for Regular personnel are routinely reported.

“Active duty” has been interpreted as “in service”. It is not possible to identify from the data when diagnoses are made.

Please note that any surgery required for femoroacetabular impingement would be carried out in secondary care by the NHS and not by MOD. A MOD clinician may record the surgery in the patient’s medical record, however, this could be in the form of a scanned letter and so would not be coded within the data warehouse. A manual search of individual medical records would therefore be required to determine how many of the **204** personnel diagnosed with femoroacetabular impingement required surgery. This would take over 4 days’ effort and would therefore make the request exempt under Section 12 of the FOI act.

Medical discharges can take a number of months to complete. Therefore, some personnel with a Read code for femoroacetabular impingement may medically discharge in the future.

Defence Medical Information Capability Programme (DMICP) has a centralised data warehouse of coded information. It is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers. DMICP was rolled out in 2007 and legacy medical data for currently serving personnel was migrated across during rollout.

The following Read codes were searched to identify femoroacetabular impingement within DMICP:

Read Code	Description
N215B	Femoroacetabular impingement
EMISNQIM9	Impingement syndrome of hip

DMICP is a live data source and is subject to change. Date of extract 5 July 2018.

Please note, any data entered as free text only in patients’ medical records will not be included in the figures presented as this information is not available in the data warehouse

Medical Discharge

Causes of medical discharge are recorded using ICD 10. ICD 10 is the International Statistical Classification of Diseases and Related Health Problems version 10, published by the World Health Organisation.

Medical discharges due to hip disorders were identified as personnel who were medically discharged with a principal or contributory cause of discharge ICD 10 coded as:

- M00-M03 (Infectious arthropathies)
- M05-M14 (Inflammatory polyarthropathies)
- M15-M19 (Arthrosis)
- M20-M25 (Other joint disorders)

Codes relating to the “pelvic region and thigh” were included. This includes not only the hip, but also the thigh, buttock, femur, pelvis and sacroiliac joint. ICD 10 coding does not allow for further granularity.

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 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 12 July 2018 which presented data up to 31 March 2018. The latest report can be found at:

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

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, 2nd 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 this is helpful.

Yours sincerely

Defence Statistics Health