



Ministry
of Defence

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Dear [REDACTED]

Thank you for your email of 2 September 2018 requesting the following information:

Under the FOI Act I would like details of the numbers of service personnel currently suffering from Type 2 Diabetes. I would also like figures for personnel who are currently defined as being clinically obese.

For the period 2016 to date, I would like details of the numbers of personnel who have received lipo-suction and also those who have been prescribed diet pills. I would like details broken down by gender and service.

Separately, I would also like details of the number of service personnel who have faced disciplinary action for being overweight, including those whose service has been terminated since 2010.

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOIA).

A search for the information has now been completed within the Ministry of Defence, and I can confirm that information in scope of your request is held by the MOD.

Section 40(2) has been applied to some of the information in order to protect personal information as governed by the Data Protection Act 2018. This is also in line with the Joint Service Publication 200 (JSP 200), in which numbers fewer than five are suppressed 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.

The figures provided in this response are for UK Armed Forces personnel, full time trained and serving against requirement. This only includes the following personnel:

- UK Regular Armed Forces personnel who have passed Phase 1 and Phase 2 training in the Royal Navy and RAF.
- UK Regular Armed Forces and Gurkha personnel who have passed Phase 1 training in the Army.
- Those elements of the Full Time Reserve Service (FTRS) who are counted against the workforce requirement, for all three services.

As at 1 July 2018, there were **398 currently serving UK Armed Forces personnel**¹ who had a Read code for Type 2 diabetes entered onto their medical record at any point whilst serving.

¹ Full Time Trained (Naval Service and RAF)/Trade Trained (Army) and Serving Against Requirement

Table 1: Serving UK Armed Forces personnel¹ with a Read code for Type 2 diabetes, by gender and Service², numbers.

In Service as at 1 July 2018

Service	Gender		
	All	Male	Female
All	398	379	19
Naval Service²	115	~	~
Army	154	~	~
RAF	129	120	9

Source: DMICP and JPA

1 Full Time Trained (Naval Service and RAF)/Trade Trained (Army) and Serving Against Requirement

2 Includes Royal Navy and Royal Marines

~ In line with JSP 200 on statistical disclosure, figures less than five have been suppressed. Please see background notes for more information.

As at 1 July 2018, there were **17,602 currently serving UK Armed Forces personnel²** with a Body Mass Index (BMI) score over 30 (obese) at their last recorded weight.

Table 2: UK Armed Forces personnel¹ with a BMI score over 30, by gender and Service, numbers.

In Service as at 1 July 2018

Service	Gender		
	All	Male	Female
All	17,602	15,866	1,736
Naval Service²	4,666	4,211	455
Army	8,662	7,943	719
RAF	4,274	3,712	562

Source: DMICP, FISS and JPA

1 Full Time Trained (Naval Service and RAF)/Trade Trained (Army) and Serving Against Requirement

2 Includes Royal Navy and Royal Marines

Please note the following:

- The MOD use Body Composition Measurement (BCM) in their health risk assessments which comprises of BMI and waist circumference, rather than BMI in isolation. BMI is a simple index of height-weight and does not differentiate between weight that is associated with muscle mass and weight associated with body fat. Therefore, the relationship between BMI and body fat varies according to body build and composition.
- There may be a bias in the data provided, as personnel who appear underweight or overweight may have their BMI recorded more regularly than those personnel who appear to be of an ideal weight.

Between 1 January 2016 and 30 June 2018, **16 UK Armed Forces personnel³** had a Read code for liposuction entered onto their medical record. Individuals with multiple Read codes have only been counted once in the time period, and their service was taken at the earliest date of Read code entry. Please note that this includes personnel who were no longer serving at the time the data was extracted.

²Full Time Trained (Naval Service and RAF)/Trade Trained (Army) and Serving Against Requirement

³ Full Time Trained (Naval Service and RAF)/Trade Trained (Army) and Serving Against Requirement as at the point of data entry

Table 3: UK Armed Forces personnel¹ with a Read code for liposuction, by gender and Service, numbers.

1 January 2016 to 30 June 2018

Service	Gender		
	All	Male	Female
All	16	5	11
Naval Service²	~	~	~
Army	8	~	~
RAF	~	~	~

Source: DMICP and JPA

1 Full Time Trained (Naval Service and RAF)/Trade Trained (Army) and Serving Against Requirement

2 Includes Royal Navy and Royal Marines

~ In line with JSP 200 on statistical disclosure, figures less than five have been suppressed. Please see background notes for more information.

Between 1 January 2016 and 30 June 2018, **160** UK Armed Forces personnel³ were prescribed diet pills. Individuals with multiple prescriptions have only been counted once in the time period, and their service was taken at the earliest date of Read code entry. Please note that this includes personnel who were no longer serving at the time the data was extracted

Table 3: UK Armed Forces personnel who were prescribed diet pills, by gender and Service, numbers.

1 January 2016 to 30 June 2018

Service	Gender		
	All	Male	Female
All	160	125	35
Naval Service²	38	31	7
Army	96	75	21
RAF	26	19	7

Source: DMICP and JPA

1 Full Time Trained (Naval Service and RAF)/Trade Trained (Army) and Serving Against Requirement

2 Includes Royal Navy and Royal Marines

~ In line with JSP 200 on statistical disclosure, figures less than five have been suppressed. Please see background notes for more information.

There were no personnel who have faced disciplinary action for being overweight.

Please note, there is no discipline process in place for being overweight. The reason for this is that there are multiple factors that may cause an individual to have an unhealthy bodyweight, including being underweight, such as diet and lifestyle. If required, then an individual can be supported through various reporting and administrative systems to engage with a weight management programme.

A person may be medically discharged where an unhealthy bodyweight (high or low) is a factor in the context of their global health.

Under Section 16 (Advice and Assistance) you may find it helpful to note the following:

Using the Body Composition Measure (BCM) to indicate risk of ill-health, of the UK Armed Forces personnel⁴ in service as at 1 July 2018:

- a) **4,312** Naval service¹ personnel had a last recorded BCM at increased/high risk (overweight) and **2,089** had a BCM at very high/extreme risk (overweight).

⁴ Full Time Trained (Naval Service and RAF)/Trade Trained (Army) and Serving Against Requirement

- b) **13,252** Army personnel had a last recorded BCM at increased/high risk (overweight) and **3,865** had a BCM at very high/extreme risk (overweight).
- c) **5,332** RAF personnel had a last recorded BCM at increased/high risk (overweight) and **1,679** had a BCM at very high/extreme risk (overweight).

Source: DMICP, FISS and JPA

¹ Includes Royal Navy and Royal Marines

Body Mass Index (BMI)

Information on the BMI of UK Regular Armed Forces personnel on strength as at 1 July 2018 was taken from the Fitness Information Software System (FISS), Joint Personnel Administration (JPA) and the Defence Medical Information Capability Programme (DMICP). The BMI data from each of these systems was compiled, and the most recent information (prior to 1 July 2018) was used to determine an individual's BMI category.

Body Composition Measurement (BCM)

BCM was calculated using Body Mass Index (BMI) scores and waist circumference measurements. The compiled BMI data was matched with waist circumference data entered on DMICP, FISS or JPA on the same day to calculate BCM.

Liposuction might be provided to Service personnel on a case-by-case basis in accordance with NICE guidelines.

Please note, liposuction figures provided are a minimum. If liposuction is carried out at a NHS or private hospital the hospital may then advise a military GP if a patient has the procedure in the form of a letter. A military GP can record this information in a number of ways:

- A paper letter may be filed in a paper medical record.
- A letter may be scanned into the electronic patient record (in a pdf format)
- The GP may make notes in the medical record as free text which cannot be searched for centrally.

Please note that NICE have produced clear guidelines for the appropriate management of obesity and the use of prescription diet pills (Orlistat: trade names Xenical/Alli/Beacita). Prescribers within the MOD are expected to follow these guidelines when prescribing Orlistat to military personnel and this will be expressed within the formulary. Please see the website for more information, <https://www.nice.org.uk/guidance/cg43>

Please note, diet pills are available to be bought as a non-prescribed drugs over the counter in local pharmacies. These are not included in the numbers presented.

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK Armed Forces personnel and is used to gather information on a persons service and gender.

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

Please note that Read codes used to identify Type 2 diabetes include the following synonyms:

- Non-insulin dependant diabetes mellitus (NIDDM)
- Type II Diabetes
- Type 2 DM
- Adult-onset diabetes.

The following Read codes were used to identify Type 2 Diabetes from DMICP:

Read code	Description	Read code	Description
C1001	Diabetes mellitus, adult onset, no mention of complication	C109G-2	Type 2 diabetes mellitus with arthropathy
C1001-2	Non-insulin dependent diabetes mellitus	C109H	Non-insulin dependent d m with neuropathic arthropathy
C1011	Diabetes mellitus, adult onset, with ketoacidosis	C109H-1	Type II diabetes mellitus with neuropathic arthropathy
C1021	Diabetes mellitus, adult onset, with hyperosmolar coma	C109H-2	Type 2 diabetes mellitus with neuropathic arthropathy
C1031	Diabetes mellitus, adult onset, with ketoacidotic coma	C109J	Insulin treated Type 2 diabetes mellitus
C1041	Diabetes mellitus, adult onset, with renal manifestation	C109J-1	Insulin treated non-insulin dependent diabetes mellitus
C1051	Diabetes mellitus, adult onset, + ophthalmic manifestation	C109J-2	Insulin treated Type II diabetes mellitus
C1061	Diabetes mellitus, adult onset, + neurological manifestation	C109K	Hyperosmolar non-ketotic state in type 2 diabetes mellitus
C1071	Diabetes mellitus, adult, + peripheral circulatory disorder	C10D	Diabetes mellitus autosomal dominant type 2
C1072	Diabetes mellitus, adult with gangrene	C10D-1	Maturity onset diabetes in youth type 2
C1074	NIDDM with peripheral circulatory disorder	C10F	Type 2 diabetes mellitus
C109	Non-insulin dependent diabetes mellitus	C10F-1	Type II diabetes mellitus
C109-1	NIDDM - Non-insulin dependent diabetes mellitus	C10F0	Type 2 diabetes mellitus with renal complications
C109-2	Type 2 diabetes mellitus	C10F0-1	Type II diabetes mellitus with renal complications
C109-3	Type II diabetes mellitus	C10F1	Type 2 diabetes mellitus with ophthalmic complications
C1090	Non-insulin-dependent diabetes mellitus with renal comps	C10F1-1	Type II diabetes mellitus with ophthalmic complications
C1090-1	Type II diabetes mellitus with renal complications	C10F2	Type 2 diabetes mellitus with neurological complications
C1090-2	Type 2 diabetes mellitus with renal complications	C10F2-1	Type II diabetes mellitus with neurological complications
C1091	Non-insulin-dependent diabetes mellitus with ophthalm comps	C10F3	Type 2 diabetes mellitus with multiple complications
C1091-1	Type II diabetes mellitus with ophthalmic complications	C10F3-1	Type II diabetes mellitus with multiple complications
C1091-2	Type 2 diabetes mellitus with ophthalmic complications	C10F4	Type 2 diabetes mellitus with ulcer
C1092	Non-insulin-dependent diabetes mellitus with neuro comps	C10F4-1	Type II diabetes mellitus with ulcer
C1092-1	Type II diabetes mellitus with neurological complications	C10F5	Type 2 diabetes mellitus with gangrene
C1092-2	Type 2 diabetes mellitus with neurological complications	C10F5-1	Type II diabetes mellitus with gangrene
C1093	Non-insulin-dependent diabetes mellitus with multiple comps	C10F6	Type 2 diabetes mellitus with retinopathy
C1093-1	Type II diabetes mellitus with multiple complications	C10F6-1	Type II diabetes mellitus with retinopathy
C1093-2	Type 2 diabetes mellitus with multiple complications	C10F7	Type 2 diabetes mellitus - poor control
C1094	Non-insulin dependent diabetes mellitus with ulcer	C10F7-1	Type II diabetes mellitus - poor control
C1094-1	Type II diabetes mellitus with ulcer	C10F9	Type 2 diabetes mellitus without complication
C1094-2	Type 2 diabetes mellitus with ulcer	C10F9-1	Type II diabetes mellitus without complication
C1095	Non-insulin dependent diabetes mellitus with gangrene	C10FA	Type 2 diabetes mellitus with mononeuropathy
C1095-1	Type II diabetes mellitus with gangrene	C10FA-1	Type II diabetes mellitus with mononeuropathy
C1095-2	Type 2 diabetes mellitus with gangrene	C10FB	Type 2 diabetes mellitus with polyneuropathy
C1096	Non-insulin-dependent diabetes mellitus with retinopathy	C10FB-1	Type II diabetes mellitus with polyneuropathy
C1096-1	Type II diabetes mellitus with retinopathy	C10FC	Type 2 diabetes mellitus with nephropathy
C1096-2	Type 2 diabetes mellitus with retinopathy	C10FC-1	Type II diabetes mellitus with nephropathy
C1097	Non-insulin dependent diabetes mellitus - poor control	C10FD	Type 2 diabetes mellitus with hypoglycaemic coma
C1097-1	Type II diabetes mellitus - poor control	C10FD-1	Type II diabetes mellitus with hypoglycaemic coma
C1097-2	Type 2 diabetes mellitus - poor control	C10FE	Type 2 diabetes mellitus with diabetic cataract
C1099	Non-insulin-dependent diabetes mellitus without complication	C10FE-1	Type II diabetes mellitus with diabetic cataract
C1099-1	Type II diabetes mellitus without complication	C10FF	Type 2 diabetes mellitus with peripheral angiopathy
C1099-2	Type 2 diabetes mellitus without complication	C10FF-1	Type II diabetes mellitus with peripheral angiopathy
C109A	Non-insulin dependent diabetes mellitus with mononeuropathy	C10FG	Type 2 diabetes mellitus with arthropathy
C109A-1	Type II diabetes mellitus with mononeuropathy	C10FG-1	Type II diabetes mellitus with arthropathy
C109A-2	Type 2 diabetes mellitus with mononeuropathy	C10FH	Type 2 diabetes mellitus with neuropathic arthropathy
C109B	Non-insulin dependent diabetes mellitus with polyneuropathy	C10FH-1	Type II diabetes mellitus with neuropathic arthropathy
C109B-1	Type II diabetes mellitus with polyneuropathy	C10FJ	Insulin treated Type 2 diabetes mellitus
C109B-2	Type 2 diabetes mellitus with polyneuropathy	C10FJ-1	Insulin treated Type II diabetes mellitus
C109C	Non-insulin dependent diabetes mellitus with nephropathy	C10FK	Hyperosmolar non-ketotic state in type 2 diabetes mellitus
C109C-1	Type II diabetes mellitus with nephropathy	C10FK-1	Hyperosmolar non-ketotic state in type II diabetes mellitus
C109C-2	Type 2 diabetes mellitus with nephropathy	C10FL	Type 2 diabetes mellitus with persistent proteinuria
C109D	Non-insulin dependent diabetes mellitus with hypoglyca coma	C10FL-1	Type II diabetes mellitus with persistent proteinuria
C109D-1	Type II diabetes mellitus with hypoglycaemic coma	C10FM	Type 2 diabetes mellitus with persistent microalbuminuria
C109D-2	Type 2 diabetes mellitus with hypoglycaemic coma	C10FM-1	Type II diabetes mellitus with persistent microalbuminuria
C109E	Non-insulin depend diabetes mellitus with diabetic cataract	C10FN	Type 2 diabetes mellitus with ketoacidosis
C109E-1	Type II diabetes mellitus with diabetic cataract	C10FN-1	Type II diabetes mellitus with ketoacidosis
C109E-2	Type 2 diabetes mellitus with diabetic cataract	C10FP	Type 2 diabetes mellitus with ketoacidotic coma
C109F	Non-insulin-dependent d m with peripheral angiopath	C10FP-1	Type II diabetes mellitus with ketoacidotic coma
C109F-1	Type II diabetes mellitus with peripheral angiopathy	C10FQ	Type 2 diabetes mellitus with exudative maculopathy
C109F-2	Type 2 diabetes mellitus with peripheral angiopathy	C10FQ-1	Type II diabetes mellitus with exudative maculopathy
C109G	Non-insulin dependent diabetes mellitus with arthropathy	C10FR	Type 2 diabetes mellitus with gastroparesis
C109G-1	Type II diabetes mellitus with arthropathy	C10FR-1	Type II diabetes mellitus with gastroparesis

The following Read codes were used to identify lipo-suction from DMICP:

Read Code	Description
7G012	Abdominoplasty and liposuction
7G2H0	Liposuction of subcutaneous tissue of head or neck
7G2H1	Liposuction of subcutaneous tissue NEC
7G2H4	Liposuction of haematoma

The following drug names were used to identify prescribed diet pills from DMICP.

Drug Name
Orlistat
Xenical
Alli
Beacita

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.

DMICP is a live data source and is subject to change. Date of extract 04 September 2018.

The tables in this report have been scrutinised to ensure individual identities have not been revealed inadvertently. In line with JSP 200 (March 2016), all numbers less than five have been suppressed and presented as '~'. Where there is only one cell in a row or column that is less than five, the next smallest number (or numbers where there are tied values) has also been suppressed so that numbers cannot simply be derived from totals.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications 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, 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, <https://ico.org.uk/>.

Yours sincerely,

Defence Statistics Health