



Ministry of Defence

Ref: FOI2019/13072

Ministry of Defence
Abbeywood North
Bristol
BS34 8JH
United Kingdom

Telephone 03067 984423

E-mail: Def-Strat-Stat-Health-PQ-FOI@mod.gov.uk

20 December 2019

Dear [REDACTED],

Thank you for your email of 20 November 2019, clarifying your request for the following information:

1. How many individuals and what percentage of the whole current UKAF strength (i.e. serving only) have been diagnosed at some point with Post Traumatic Stress Disorder (PTSD)?
2. How many individuals and what percentage of the whole current UKAF strength (i.e. serving only) are currently employed within the Chain of Command and have a medical status of Temporarily Medically Non-Deployable (MND(T))?
3. How many individuals and what percentage of the whole current UKAF strength (i.e. serving only) are currently employed within the Chain of Command and have a medical status P7R S7R MND Temp?
4. How many individuals and what percentage of the whole current UKAF strength (i.e. serving only) have been diagnosed at some point with Post Traumatic Stress Disorder (PTSD) and have subsequently returned to work within the Chain of Command?

CLARIFICATION: This refers to any individual who is "at work" having previously been diagnosed with PTSD regardless of current MDS i.e. occupying a PID but is not "sick at home"

5. How many individuals and what percentage of the whole current UKAF strength (i.e. serving only) have been diagnosed at some point with Post Traumatic Stress Disorder (PTSD) and have subsequently been reassessed and re-graded P1 or P2?

CLARIFICATION: This refers to any individual who has been diagnosed with PTSD at any point in their career but is now graded P2. This may not be a downgrade **due** to PTSD but should refer to any individual diagnosed with the condition.

CLARIFICATION: [personnel employed with the chain of command] should refer to any serving individual within any of HM Forces.

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 information in scope of your request is held. However, I must advise you that we will not be able to answer your request without exceeding the appropriate cost limit. This is because to identify personnel who are currently at work and not "sick at home" would require a manual search of individual medical records, which would take in excess of 1 month of effort.

Section 12 of the Act makes provision for public authorities to refuse requests for information where the cost of dealing with them would exceed the appropriate limit, which for central government is set at £600. This represents the estimated cost of one person spending 3.5 working days in determining whether the department holds the information, and locating, retrieving and extracting it.

The MOD may be able to provide some information in scope of your request if you reduce or refine your request to bring the cost of compliance under the limit.

Under Section 16 (Advice and Assistance) you may find it helpful to note that the MOD holds information on the following information:

- The number and percentage of UK Armed Forces personnel with a Read code for Post-Traumatic Stress Disorder (PTSD) in their medical record.
- The number and percentage of UK Armed Forces personnel with a medical status of Medically Not Deployable, temporary status.
- The number and percentage of UK Armed Forces personnel with a Read code for PTSD who have subsequently held a medical status of Medically Fully Deployable.

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.

Defence Medical Information Capability Programme (DMICP) has a centralised data warehouse of coded information. It is the source of electronic, integrated medical 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.

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. Medically downgraded personnel are those personnel who have been assessed by a Medical Board or in primary care and subsequently awarded a Medical Deployability Standard of either Medically Limited Deployable or Medically Not Deployable. The MDS awarded can be on a temporary or permanent basis.

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, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.gov.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.

I hope this is helpful.

Yours sincerely

Defence Statistics Health