



Ministry
of Defence

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Dear [REDACTED]

Thank you for your letter of 6 December 2019 requesting the following information:

"We would be grateful if the following information could be provided to us:

1. The number of War Pension applications submitted on the grounds of skin cancer
2. The number of successful War Pension applications submitted on the grounds of skin cancer
3. The parameters of the War Pension awards for applications submitted on the grounds of skin cancer
4. The number of Armed Forces Compensation Scheme applications submitted on the grounds of skin cancer
5. The number of successful Armed Forces Compensation Scheme applications submitted on the grounds of skin cancer"

On 20 December 2019, Defence Statistics (Health) sent you an email, asking you to clarify part 3 of your request:

"In particular we need clarification on what you mean by 'The parameters of the War Pension awards for applications submitted on the grounds of skin cancer'".

On 31 December 2019 you replied requesting:

"We are requesting information in relation to War Pension and Armed Forces Compensation Scheme awards for skin cancer. We seek information regarding the awards made for skin cancer claims and the criteria used to determine such awards."

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.

Parts 1 and 2: Between 1 April 1995 and 31 March 2019 (latest data available), there were **21,087** claims made for skin cancer under the War Pension Scheme (WPS), of which, **20,276** were awarded compensation under the WPS.

Part 3: There is no automatic presumption of Service causation for skin cancer claims registered under the WPS and the Armed Forces Compensation Scheme (AFCS). Since the precise aetiology of skin cancers is unknown, decisions are based on case specific facts and relevant standard of proof, including duration, type of Service and location in relation to ultraviolet radiation (UVR) exposure. Case specific facts are also considered alongside contemporary medical understanding of causation, progress and the relevant law.

As with all civil compensation and most other statutory compensation schemes, the burden of proof under the AFCS is “on the balance of probabilities”, i.e. that military Service is more likely than not the predominant cause of the injury or disease in the individual case. For the WPS, the claimant is required to show a “reasonable doubt”, based on reliable evidence, that a condition is caused or made worse by service.

For claimants diagnosed with non-melanoma skin cancers with significant overseas Service in sunny climates such as the Far East, UVR exposure is accepted and compensation awards are made. Additionally, claimants diagnosed with squamous cell carcinoma who suffered Service-related skin trauma (a potential carcinoma precursor) may also be awarded compensation.

Parts 4 and 5: Between 6 April 2005 (the date the scheme began) and 31 March 2019 (latest data available), there were **73** claims made for skin cancer under the Armed Forces Compensation Scheme (AFCS), of which, **six** were awarded compensation under the AFCS, either in the form of a lump sum award or a lump sum award plus a Guaranteed Income Payment (GIP).

Under Section 16 (advice and assistance) you may wish to note the following:

War Pension Scheme

The WPS provides no-fault compensation for all ex-Service personnel where illness, injury or death is caused by Service from the start of the First World War in 1914 up until 5 April 2005. The WPS is managed by the Ministry of Defence (MOD) with all compensation claims administered by Defence Business Services (DBS) Veterans UK.

Claims for skin cancer are recorded on the War Pension Computer System (WPCS) with a free-text medical diagnosis description. The description is based on the medical evidence and diagnosis obtained from the GP once a claim has been registered with DBS Veterans UK. Electronic information is held for all awarded claims since 1 April 2003.

The figures provided in this response were based on a search of the following free-text terms: ‘actinic keratosis’, ‘basal cell’, ‘squamous cell carcinoma’, ‘malignant melanoma’ and ‘skin cancer’. As conditions are sometimes spelt incorrectly it is possible that some records with reference to skin cancer have not been identified. Therefore, the figures supplied should be treated as a minimum.

Please note, MOD only holds information centrally on the conditions claimed for; not the conditions for which they received a final award (which may or may not have been the same).

Defence Statistics (Health) publish statistics on claims and awards made under the WPS. The latest publication presents statistics as at 31 March 2019 which was published on the Gov.uk website on 27 June 2019:

<https://www.gov.uk/government/collections/war-pension-recipients-index>

Figures provided are sourced from data stored on the War Pensions Computer System (WPCS).

Armed Forces Compensation Scheme

The Armed Forces and Reserve Forces Compensation Scheme (AFCS) came into force on 6 April 2005 to pay compensation for injury, illness or death attributable to Service that occurred on or after that date. It replaced the previous compensation arrangements provided by the War Pensions Scheme (WPS) and the attributable elements of the Armed Forces and Reserve Forces Pensions Scheme.

AFCS data is sourced from the Compensation and Pension System (CAPS) which is administrated and managed by DBS Veterans UK.

Data were extracted from the CAPS as at 31 March 2019 to inform the latest published National Statistics, as published on the Gov.uk website on 27 June 2019:

<https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index>

Claimants' injuries/illnesses considered to be Service-attributable are awarded under the AFCS in line with one of nine tariff of injury tables, which each cover the legislation surrounding the payment of compensation: Table 1 - Burns; Table 2 - Injury, Wounds and Scarring; Table 3 - Mental Disorders; Table 4 - Physical Disorders; Table 5 - Amputations; Table 6 - Neurological Disorders; Table 7 - Senses; Table 8 - Fractures and Dislocations; and Table 9 - Musculoskeletal Disorders. The information supplied in this response concerns awards made under Table 4 – Physical Disorders.

Tax-free lump sum awards are paid to all Service personnel and veterans as compensation for pain and suffering for an injury or illness that is predominantly caused or made worse by Service. Lump sum awards can be made whilst the claimant is still in Service. Where a lump sum award has been made at tariff levels 1-11 (reflecting a more serious injury/illness), the claimant will also be awarded a tax-free index-linked income stream known as a Guaranteed Income Payment (GIP). A GIP will be paid from Service termination for life to recognise long-term loss of earnings.

Please note that it is not possible to reliably determine awards specifically for skin cancer. Skin cancer awards have been identified based on a free text search of the condition claimed for using the following terms: 'actinic keratosis', 'basal cell', 'squamous cell carcinoma', 'malignant melanoma' and 'skin cancer'. The condition claimed for is based on information supplied by the claimant and does not necessarily reflect a diagnosis of skin cancer. Therefore, awards made under the physical disorders table to those that claimed for skin cancer may have been awarded for a different type of physical injury/illness and should be treated with caution.

If you have any queries regarding the content of this letter, please contact this office in the first instance

If you wish to complain about the handling of your request, or the content of this response, you can request 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 should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at <https://ico.org.uk/>.

Yours sincerely

Defence Statistics (Health)