



# Ministry of Defence

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8 January 2020

Dear [REDACTED],

Thank you for your email of 9 November 2019 requesting the following information:

- (1) numbers of personnel of personnel medically discharged from Service with MS between the financial years 2005/2018
- (2) how many service personnel with MS were discharged under the Armed Forces Compensation Scheme (AFCS) since April 2005 (a) with and (b) without attributable benefits
- (3) how many service personnel have been diagnosed with MS whilst still serving and have put in an in-service claim and been awarded/rejected benefits.
- (4) under AFPS 05 and 15 how many service personnel have been received a Tier award for MS and what is the breakdown of the Tier award 1, 2 and 3.
- (5) How many claims for MS have been rejected by the WPS and AFCS Appeal Tribunals?

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. Some of the information falls entirely within the scope of the absolute exemptions provided for at section 40 (Personal Data) of the FOIA and has been withheld.

Section 40(2) has been applied to some of the information to protect personal information as governed by the Data Protection Act 2018 and GDPR. In line with JSP200 Statistics Disclosure Guidance, numbers fewer than five have been suppressed to reduce the possible inadvertent disclosure of individual identities; secondary suppression has been applied so numbers cannot be derived. 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 April 2005 and 31 March 2018, 84 UK Regular Armed Forces personnel were medically discharged with a principal or contributory cause of multiple sclerosis (MS) (**part 1**).

We have interpreted **part 2** of your request to refer to AFCS claims registered by personnel medically discharged due to MS. This is because it is not possible to be "discharged under" the AFCS. We have also interpreted "a) with and b) without attributable benefits" to mean AFCS claimants who were a) successful (condition deemed Service-attributable) and b) unsuccessful (condition deemed not Service-attributable).

Of the 84 UK Regular Armed Forces personnel medically discharged between 1 April 2005 and 31 March 2018 with a principal or contributory cause of MS:

- 13 personnel had an Armed Forces and Reserve Forces Compensation Scheme (AFCS) claim for MS automatically registered following medical discharge<sup>1,2</sup>. There were an additional nine personnel with an AFCS claim registered while in-service. None of these claims were successful (**part 2**).

As at 31 March 2019 nine UK Armed Forces personnel have had a Read code entered in their electronic primary medical record for MS and have registered an in-service AFCS claim for MS<sup>3</sup>. None of these AFCS claims were successful (**part 3**). This information only includes personnel who were in service following the roll out of the electronic primary medical record (see background notes for further information). This also includes personnel who may have since left service.

Of the 84 UK Regular Armed Forces personnel medically discharged due to MS, 20 had been awarded a Tier 1, 2 or 3 payment for MS under the Armed Forces Pension Scheme (AFPS) 05 and AFPS 15 (**part 4**). By tier received:

- Fewer than five were awarded a Tier 1 payment.
- 16 were awarded a Tier 2 payment.
- Fewer than five were awarded a Tier 3 payment.

Between 1 April 2005 and 31 March 2019 there were eight unsuccessful War Pension Claimants for MS that had their appeal rejected by the Pensions Appeal Tribunal (**part 5**).

Between 6 April 2005 and 31 March 2019 there were fewer than five AFCS claimants for MS with an appeal rejected by the Pension Appeal Tribunal. As at 31 March 2019 all claimants were rejected (**part 5**).

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

#### Medical Discharges

Information on the numbers of personnel medically discharged include UK Armed Forces Regular trained and untrained personnel.

Medical discharges are the result of several specialists (medical, occupational, psychological, personnel, etc) concluding 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.

The information on medical discharge cases was sourced from the electronic primary medical record (DMCIP) 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.

Medical discharges due to MS were identified as personnel who were medically discharged with a principal cause coded as the following in the International Classification of Diseases, version 10 (ICD-10)

- G35: Multiple sclerosis.

#### Electronic Primary Medical Record

Information on the numbers of personnel with a Read code for MS include all UK Armed Forces Regular and Reserve trained and untrained personnel.

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<sup>1</sup> The Armed Forces Compensation Scheme (AFCS) came into force on 6 April 2005.

<sup>2</sup> AFCS claims are automatically raised for eligible service personnel who have not registered an in-service claim.

<sup>3</sup> In-service compensation claims can only be registered under the AFCS where an initial diagnosis of MS was made on or after 6 April 2005.

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 personnel in Service at this time was migrated across during rollout. For those personnel who left Service prior to the rollout of DMICP, medical information is only held in paper format in MOD archives which is not accessible electronically.

Medical data is stored in the DMICP data warehouse using Read codes. The Read codes used to search the DMICP data warehouse for multiple sclerosis were:

<b>Code</b>	<b>Description</b>
8Cc0	Management of multiple sclerosis in onset phase
8Cc1	Management of multiple sclerosis in early disease phase
8Cc2	Management of multiple sclerosis in stable disability phase
8Cc3	Management of MS in progressive disability phase
8Cc4	Management of multiple sclerosis in palliative phase
8CS1	Multiple sclerosis care plan agreed
EMISNQMU11	Multiple sclerosis - primary progressive
EMISNQMU12	Multiple sclerosis - secondary progressive
EMISNQMU13	Multiple sclerosis - relapsing remitting
F20	Multiple sclerosis
F200	Multiple sclerosis of the brain stem
F201	Multiple sclerosis of the spinal cord
F202	Generalised multiple sclerosis
F203	Exacerbation of multiple sclerosis
F204	Benign multiple sclerosis
F205	Malignant multiple sclerosis
F206	Primary progressive multiple sclerosis
F207	Relapsing and remitting multiple sclerosis
F208	Secondary progressive multiple sclerosis
F20z	Multiple sclerosis NOS

Diagnosis of multiple sclerosis is made in secondary care (NHS hospitals) and information may be passed to an individual's GP in the form of a hospital discharge letter. The GP may then file this letter in the paper FMed4, code this information into the patient's electronic record, or they may scan it as a document (which is only searchable by a review of the individual record). For this reason the numbers provided may be a minimum as it would not include cases where the letter was filed in a paper record, where the letter was scanned or notes made as free text (as opposed to entered as Read codes).

It is not possible to identify the date of diagnosis for any condition without a manual review of medical records, however, MS precludes entry to the UK Armed Forces, therefore personnel with a Read code for MS will have received this diagnosis after joining service.

#### Armed Forces Pension Scheme (AFPS)

Information on Tier awarded under AFPS 05 and AFPS 15 relates to personnel who were medically discharged between 1 April 2005 and 31 March 2018. Therefore, this information does not include any personnel who were medically discharged for other conditions and awarded AFPS 05 or AFPS 15 for MS.

#### Armed Forces and Reserve Forces Compensation

The Armed 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.

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

Claims registered under the AFCS for multiple sclerosis were identified based on a free text search for the following terms: 'multiple sclerosis' and 'ms'. Due to potential spelling errors, figures supplied should be treated as a minimum.

Please note that when a Service person is medically discharged from the UK Armed Forces and has been considered eligible for an ill-health pension, DBS Veterans UK will automatically consider whether it is caused by Service and therefore warrants an AFCS award. This will not happen if the individual has already made an in-Service claim from the same condition.

If an individual is not happy with the decision made in relation to their AFCS claim, in most cases, they may appeal that decision to an independent tribunal. Once an appeal is made, DBS Veterans UK will first look to see if a reconsideration has been conducted on the claim. If one has not been undertaken, they will automatically undertake a reconsideration. This reconsideration enables DBS Veterans UK to take a fresh look at the case. The outcome of the reconsideration may lead to the appeal being resolved and not proceeding to a Pension Appeal Tribunal. Tribunals are held by the HM Courts and Tribunals Service (England, Scotland and Wales) and the Northern Ireland Courts and Tribunals Service and are independent from DBS Veterans UK. More information about the AFCS appeals process can be found in the JSP 765: Armed Forces Compensation Scheme Statement of Policy<sup>4</sup>.

Note that to date there have been no awards made under the AFCS for multiple sclerosis. There is no evidence that MS is uniquely occupational and in military personnel. The evidence suggests that MS is an autoimmune disorder whose incidence is influenced by genetic and racial predisposition, family history and migration<sup>5</sup>.

#### War Pension Scheme (WPS)

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.

The WPS data is sourced from the War Pension Computer System (WPCS) which is administrated and managed by DBS Veterans UK.

Claims registered under the WPS for multiple sclerosis were identified based on a free text search for the following terms: 'multiple sclerosis' and 'ms'. Due to potential spelling errors, figures supplied should be treated as a minimum.

If a claimant has one or more condition rejected under the WPS and they are dissatisfied with the decision, they can lodge an entitlement appeal to a Pension Appeal Tribunal for the evidence relating to rejected condition(s) to be reassessed. Tribunals are held by the HM Courts and Tribunals Service (England, Scotland and Wales) and the Northern Ireland Courts and Tribunals Service and are independent from DBS Veterans UK.

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](mailto:CIO-FOI)-

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<sup>4</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803492/JSP\\_765\\_Part\\_1\\_V6.0\\_May\\_2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803492/JSP_765_Part_1_V6.0_May_2019.pdf)

<sup>5</sup> The Independent Medical Expert Group: Report and recommendations on medical and scientific aspects of the Armed Forces Compensation Scheme:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200140/imeg\\_report\\_2013\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/200140/imeg_report_2013_final.pdf)

[IR@mod.gov.uk](mailto: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