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Dear

Thank you for your email of 28 October in which you requested the following information:

"Number of soldiers medically discharged from the Army from April 2012 to April 2019. Please could you break this down by cause of medical discharge, P grade and Medical Deployment Standard (MDS)".

I am treating your correspondence as a request for information under the Freedom of Information Act (FOIA) 2000. A search for the information has been completed within the Ministry of Defence and I can confirm that the information in scope of your request is held.

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 2012 and 31 March 2019, **12,372** UK Regular Army other ranks personnel were medically discharged, of which their last recorded Medical Deployability Standard (MDS) was:

- 11,821 were Medically Not Deployable (MND).
- 404 were Medically Limited Deployable (MLD).
- 84 were Medically Fully Deployable (MFD).

Table 1 presents this information by P grade and principal cause of medical discharge. An additional 63 personnel did not have an MDS available for analysis.

Table 1: UK Regular Army Other Ranks personnel¹ medically discharged, by last recorded Medical Deployability Standard², P grade², and principal condition of medical discharge³, numbers

1 April 2012 to 31 March 2019

	All	MND⁴						MLD			MFD ⁴			
ICD-10 chapter		P2	P3	P4	P7	P8	P0	P3	P7	P8	P2	P3	P7	P8
All	12,372	2	6	~	5,262	6,463	30	325	74	5	61	~	9	11
Infectious and parasitic diseases (A00 - B99)	54	0	0	0	40	9	0	~	~	0	0	0	0	0
Neoplasms (C00 - D48)	77	0	0	0	~	50	0	0	0	0	0	0	~	0
Blood disorders (D50 - D89)	~	0	0	0	19	~	0	0	0	0	0	0	0	0
Endocrine, nutritional and metabolic diseases (E00 - E90)	103	0	0	0	84	14	0	0	~	0	~	0	0	0
Mental and behavioural disorders (F00 - F99)	2,197	0	0	~	232	1,927	6	5	0	~	12	0	0	~
Nervous system disorders (G00 - G99)	292	0	0	0	129	156	~	~	0	0	~	0	0	0
Eye and adnexa diseases (H00 - H59)	62	0	0	0	24	38	0	0	0	0	0	0	0	0
Ear and mastoid process diseases (H60 - H95)	571	0	~	0	199	315	0	45	7	0	~	0	0	~
Circulatory system disorders (I00 - I99)	225	~	~	0	119	87	0	12	~	0	0	0	0	0
Respiratory system disorders (J00 - J99)	112	0	0	0	75	22	0	11	~	0	~	0	~	0
Digestive system disorders (K00 - K93)	191	0	0	0	116	69	0	~	~	0	~	0	~	0
Skin and subcutaneous tissue diseases (L00 - L99)	143	0	~	0	95	39	0	~	~	0	~	0	0	0
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	6,932	~	~	~	3,280	3,357	18	154	34	~	28	~	5	5
Genitourinary system diseases (N00 - N99)	63	0	0	0	~	33	0	~	0	0	~	0	0	0
Pregnancy, childbirth and the puerperium (O00 - O99)	~	0	0	0	0	~	0	0	0	0	0	0	0	0
Congenital malformations (Q00 - Q99)	37	0	0	0	21	~	0	~	0	0	0	0	0	0
Clinical and laboratory findings (R00 - R99)	333	0	~	0	185	134	~	~	~	0	~	0	0	0
Factors influencing health status (Z00 - Z99)	118	0	0	~	72	32	~	~	~	0	~	0	~	0
No details held on principal condition for medical boarding	830	0	0	~	518	154	~	80	23	0	5	0	0	0
Withheld consent	~	0	0	0	~	0	0	0	0	0	0	0	0	0

Source: DMICP and JPA

1. Includes untrained and trained personnel.

Background notes

- 1. 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 burden 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.
- 2. The information on cases was sourced from electronic personnel records from the Defence Medical Information Capability Programme (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.
- Medical discharges were coded to the International Classification of Diseases, version 10 (ICD-10). The principal condition is the first principal ICD-10 code on the medical discharge documents.

^{2.} See background notes for further information on MDS and P grades.

^{3.} ICD-10 chapter is the first principal condition of medical discharge listed during the time period.

[~] Numbers fewer than five have been suppressed and presented as "~" in line with JSP 200 for statistics.

^{4.} An additional 51 MND and fewer than five MFD personnel medically discharged did not have a P grade available. An additional 63 personnel medically discharged had no MDS or P grade available. These were included in the total column but not the MDS or P grade columns.

- 4. The PULHHEEMS system was developed to provide a method for standardising and recording the medical functional assessment. The "P" grading is used to indicate an individual's overall physical and mental development, his or her potential for physical training and suitability for employment worldwide. A "P" grading is followed by a number which will determine fitness for duty. These gradings are as follows:
 - P2: Medically fit for unrestricted service worldwide.
 - P3: Medically fit for duty with minor employment limitations.
 - P4: Medically fit for duty within the limitations of pregnancy.
 - P7: Medically fit for duty with major employment limitations.
 - P8: Medically unfit for service.
 - P0: Medically unfit for duty and under medical care.
- 5. MDS was compiled using the Defence Statistics "derived" field which utilises a combination of the Joint Personnel Administration (JPA) and DMICP. P grade was compiled from DMICP.
- 6. JPA is the most accurate source for demographic information for UK Armed Forces personnel and was used to gather information on a person's service and rank.
- 7. DMICP has a centralised data warehouse of coded information. It was rolled out in 2007 and is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers. DMICP is a live data source and is subject to change.

Under section 16 (advice and assistance) you may find it useful to know Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. The last statistical release was on 11 July 2019 which presented data up to 31 March 2019. The latest report can be found at:

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

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