



Ministry
of Defence

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Dear [REDACTED]

Thank you for your email of 23rd December 2021 requesting the following information:

- “1) the number of personnel who entered recovery in each of the last four full calendar years plus 2021 to date.
- 2) the number of those with a principal cause of mental health issues and PTSD in each of the last four full calendar years plus 2021 to date.”

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.

Information covering your request is presented in Table 1.

Due to the differences in eligibility criteria for recovery support between the three Services, comparisons between them are not valid and as such the three services have been presented separately in Table 1.

The principal cause has been obtained by identifying the most recent downgrading medical board prior to entering recovery. Please note, it is not possible to confirm whether the condition listed at the most recent medical board is the condition for which recovery support is required. Individuals can have multiple causes listed in a medical board/grading and as such there may be other contributing causes. The principal and contributory causes may change as the recovery pathway progresses.

Table 1: UK regular armed forces personnel who have entered recovery^{1, 2} and principal cause of medical downgrading³ prior to entering recovery, by year and service, numbers
1 January 2017 – 30 September 2021

Service	Cause of Downgrading	Year				
		2017	2018	2019	2020	2021 ⁴
Royal Navy ⁵	Total who entered Recovery	2,837	2,779	2,733	2,393	2,194
	Mental and behavioural disorders	457	487	530	440	416
	PTSD	34	33	29	22	11
Army	Total who entered Recovery	1,591	1,466	1,874	1,308	1,092
	Mental and behavioural disorders	490	456	532	377	345
	PTSD	103	113	108	63	47
RAF	Total who entered Recovery	273	276	325	230	222
	Mental and behavioural disorders	99	114	139	95	100
	PTSD	11	16	21	8	6

Source: Joint Personnel Administration System (JPA), Wounded, Injured Sick Management Information System (WISMIS), Defence Medical Information Capability Programme (DMICP)

¹ The figures presented are for UK trained regular Royal Navy personnel, UK trained regular Army Personnel and trained Gurkha personnel and UK trained regular RAF personnel.

² Individuals who have entered recovery multiple times have only been counted once per calendar year.

³ Individuals who have entered recovery multiple times within a year and had a recorded cause of Mental and behavioural disorders, and/or PTSD at the medical board prior to entering recovery on one or multiple occasions have only been counted once per year. Please note that for some personnel the most recent medical board information prior to entering recovery showed the individual was either not downgraded or had no associate principal cause information recorded on the medical board.

⁴ Includes data from 1 January 2021 to 30 September 2021 only (latest data available).

⁵ Royal Navy includes Royal Navy and Royal Marines.

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

The table provided covers UK Regular Armed Forces personnel receiving support through Defence Recovery Capability (DRC). The DRC is a MOD-led initiative delivered with charitable partnerships. The DRC ensures that UK Armed Forces personnel with battle injuries (wounded), injuries or sickness (WIS) have access to the key services and resources they need to help them either return to duty or make a smooth transition into civilian life.

The DRC comprises of the Royal Navy Recovery Pathway (RNRP), the Army Recovery Capability (ARC) and the RAF Recovery Capability (RRC). Individuals receiving support from Defence Recovery Capability were identified from the Joint Personnel Administration System (JPA) for the Royal Navy, the Wounded, Injured Sick Management Information System (WISMIS) and JPA for the Army and the Defence Medical Information Capability Programme (DMICP) and JPA for the RAF.

Further information on the Defence Recovery Capability can be found at:

<https://www.gov.uk/guidance/defence-recovery-and-personnel-recovery-centres>.

Principal Cause of Downgrading

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. A medical downgrading occurs when personnel are assigned a Medical Deployability Standard (MDS) of Medically Limited Deployable (MLD) or Medically Not Deployable (MND). The patient may be downgraded to allow for treatment and rehabilitation:

- Medically Limited Deployable (MLD): Personnel medically fit for duty with minor employment limitations. MLD personnel may have a medical condition or functional limitation that prevents the meeting of all Medically Fully Deployable (MFD) requirements.
- Medically Not Deployable (MND): Personnel medically fit for duty with major employment limitations. MND personnel are not fit to deploy on Operations but may be deployable on UK based exercises and should be able to work effectively for at least 32.5 hours per week.

Medical board templates were introduced in May 2014 and are used to enter medical deployability information including Medical Deployability Status (MDS) and the medical reasons for downgrading. All data entered through a template is stored as a Read code in the DMICP data warehouse. Medical board/grading templates were searched from 1 May 2014 to the most recent data available (30 September 2021) to identify the most recent medical board prior to entering recovery. Please note that there were incidences where the most recent medical board prior to entering recovery showed the individual was either not downgraded (had an MDS of MFD) or had no associate principal cause information recorded on the medical board.

Cause of medical downgrading figures were compiled using the principal condition cited on a medical board/grading template. Each principal condition has a Read code and description which was converted into the International Classification of Diseases and Related Health Problems Tenth Revision (ICD-10) coding scheme. For the groups presented in Table 1, principal cause of medical downgrading were coded under the following ICD-10 code groups:

- Mental and behavioural disorders (F00 – F99)
- Post-traumatic stress disorder (PTSD) (F431)

The Defence Medical Information Capability programme (DMICP) was used to obtain information on Medical Deployment Standard (MDS) and a patient's principal reason for medical downgrading.

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. It was rolled out in 2007 and is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers.

Any data entered as free text only in patients' medical records was not 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 data extract: 5 November 2021.

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

Would you like to be added to our contact list, so that we can inform you about updates to statistics and consult you if we are thinking of making changes? You can subscribe to updates by emailing Analysis-Health-PQ-FOI@mod.gov.uk.

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

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