



Ministry  
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Ref: FOI2022/00672  
[REDACTED]

8 February 2022

Dear [REDACTED],

Thank you for your email of 16 January 2022 requesting the following information:

“Of the UK armed forces personnel serving as at 1 October 2021 who have had a diagnostic Read code for a nut allergy entered into their electronic health record;

- a) How many were graded with a Medical Deployability Standard of MLD/MFD (as at 16 January 2022 or 1 October 2021).
- b) How many were terminated from service as a result of the nut allergy Read code? (as at 16 January 2022 or 1 October 2021).
- c) How many had been prescribed an epinephrine autoinjector (Epi Pen) in the last 18 months (as at 16 January 2022 or 1 October 2021).”

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 the 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 are suppressed to reduce the possible inadvertent disclosure of individual identities. 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.

Of the 275 UK armed forces personnel identified in FOI2021/13877 as serving at 1 October with a Read code for a nut allergy entered into their electronic medical record:

- a) At 1 October 2021, **151** had a Medical Deployability Standard (MDS) of Medically Fully Deployable (MFD), **74** were Medically Limited Deployable (MLD), and **50** were Medically Not Deployable (MND). Please note, the diagnosis of a nut allergy may not

have been listed as the principal or contributory cause of a medical downgrading (MLD/MND), and personnel may be downgraded for another condition.

- b) Between 1 October 2021 and 31 December 2021, fewer than 5 Regular personnel were medically discharged with a principal or contributory cause of a nut allergy. Please note this data is provisional and subject to change.
- c) **37** were prescribed an epinephrine autoinjector (Epi Pen) between 1 April 2020 and 1 October 2021.

Under section 16 of the Act (Advice and Assistance) you may find it useful to note:

#### Nut allergies

The population of 275 UK armed forces personnel is the same as that identified in FOI2021/13877 as serving at 1 October with a Read code for a nut allergy entered into their electronic medical record.

The figures provided in this response are for all UK armed forces trained and untrained, regular and reservist personnel in service as at 1 October 2021. This does not include entitled or non-entitled civilians.

Reservist personnel have been included. However, please note that the majority of reservist personnel receive their primary medical care from the NHS. Any personnel who were only seen by the NHS regarding this condition and have not informed the MOD were not included in the figures presented for the number of personnel with a Read code entered into their military medical record.

The following Read codes were used to identify personnel with a nut allergy:

- SN583 (Nut allergy)
- SN582 (Peanut allergy)
- ^ESCTAL769611 (Allergy to hazelnut)

#### Medical Deployment Standard (MDS)

Service personnel with medical conditions or fitness issues which affect their ability to perform their duties will generally be referred to a medical board for a medical examination and review of their medical deployment standard (MDS). The patient may be downgraded to allow for treatment, recovery and rehabilitation. The definitions of MDS categories are as follows:

- Medically Fully Deployable (MFD): Personnel medically fit for duty with no employment limitations.
- 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.

Most reserve personnel do not come into contact with MOD healthcare on a regular basis as their care is provided by the NHS. Therefore, if these personnel incur an injury or illness which would result in a change of MDS, the MOD will not be aware until that person is called up for service/mobilised or unless they inform Defence as they are required to do by Reserve regulations. Therefore, we expect that a proportion of the reserve personnel have outdated

data which does not accurately reflect their current health. As a result the MDS of reservists may be outdated. Reserve personnel who are entitled to care from the MOD (such as FTRS (FC)) are not affected by this data limitation.

## Medical Discharges

Medical discharge figures presented are for UK Regular personnel (including Gurkhas and MPGS).

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.

Information on medical discharges was sourced from electronic medical records (DMICP) and manually entered paper documents (FMed 23s). The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting are secondary functions.

Medical discharges due to a nut allergy were identified as personnel who were discharged with a principal or contributory cause coded to the Read codes SN583, SN582 and ^ESCTAL769611. The principal condition of discharge is the first principal ICD-10 code on the medical discharge documents. Contributory causes of medical discharge are any other condition on the medical discharge documents.

Defence Statistics release annual updates on medical discharges in the UK Regular Armed Forces as an Official Statistic publication. The last statistical release was on 15 July 2021 which presented data up to 31 March 2021. The latest report can be found at <https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>. Please note some medical discharge numbers by cause are provisional, further details can be found in the report.

## Epinephrine Autoinjectors

Please note that EpiPen is a brand of epinephrine autoinjector; therefore, to give the most complete picture of this type of prescription, the information in this response includes **all** epinephrine autoinjectors.

The following terms were used to search within the DMICP data warehouse for epinephrine autoinjector prescriptions:

- Adrenaline (Base) 1 In 1,000 solution for injection, 1mg / 1ml ampoule
- Anapen
- Anapen Adult
- Anapen Junior
- Emerade
- EpiPen
- EpiPen Junior
- Jext

Advice from pharmacists is that epinephrine autoinjectors expire within approximately 18 months of issue from a pharmacy. Prescriptions made prior to 1 April 2020 are therefore not considered current and were not included in the information provided.

Please note, it is not possible to determine from the centrally held database whether the epinephrine autoinjectors have been used. Please also note that it is not possible to determine the reason for the epinephrine autoinjector prescription, which may have been prescribed for allergies other than nut allergies.

Information on nut allergies and epinephrine autoinjectors was derived from the Defence Medical Information Capability Programme (DMICP) which was rolled out in 2007.

DMICP has a centralised data warehouse of Read coded information. It is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers from which searches can be run.

Please note that if information was entered as free text in the patient record then it was not available in the DMICP data warehouse and was not retrieved using the search for Read codes.

DMICP is a live data source and is subject to change. Date of data extract 20 January 2022.

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK armed forces personnel and was used to gather information on currently serving personnel and their MDS.

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](mailto: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