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Ref: FOI2023/0277

23 January 2023

[redacted]

Dear [redacted]

Thank you for your email of 3 January 2023 to the Ministry of Defence (MOD), seeking information about the assessment of mental health conditions under the War Pensions Scheme.

You requested the following information:

> *" We make a Freedom of Information Act request for the criteria employed in determining the assessment of disablement in the War Pension Scheme concerning mental health conditions."*

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 MOD and I can confirm all information in scope of your request is held.

However, the information you have requested falls entirely within the scope of an absolute exemption under Section 21 of the FOIA as it is reasonably accessible by other means. As Section 21 is an absolute exemption, there is no requirement to consider the public interest in making the decision to withhold the information.

Under Section 16 (Advice and Assistance) you may be interested to know that the Naval, Military and Air Forces Etc. (Disablement and Death) Service Pensions Order 2006 can be accessed at the following link:
https://www.legislation.gov.uk/uksi/2006/606/contents

Also, under Section 16 (Advice and Assistance) of the FOIA, you may wish to be aware that a War Pension assessment is determined in accordance with Section 42 of the Service Pensions Order. This states that the degree of disablement due to service in the Armed Forces shall be assessed by making a comparison between the condition of the claimant and the condition of a normal healthy person of the same age and sex. Assessment is a medical judgement as to the degree of disablement present and is made in accordance with the legislation, contemporary medical understanding and the case specific facts. All Medical Advisers employed by Defence Business Services hold full, unrestricted registration with the General Medical Council and a key requirement for their recruitment is broad based clinical experience. After recruitment, they receive comprehensive training in the complexities of War Pension claims.

In addition, some assessments are specified in the legislation, and these are the statutory scheduled assessments and specified minor injuries. They refer mainly to the loss of body parts

and are incorporated into a desk aid, a copy of which can be found at annex A. They can be used as the benchmark when determining assessment and the assessment bands are also specified in the legislation. These cover a range of disablements, including Psychiatric Disorders (Section 3) and the composite assessment is made by reference to the combined effects of all accepted injuries.

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

[redacted]

Defence Business Services Secretariat

**Annex A**
**to FOI2023/02277**
**23 January 2023**

# DESK AID - WAR PENSIONS STATUTORY SCHEDULED ASSESSMENTS AND SPECIFIED MINOR INJURIES

## WAR PENSIONS

### Section 1. Scheduled Assessments (with preserved assessments for 1914 War)

**A.** Assessment of disablement caused by specified injuries and of certain other disablements (SPO 2006 Schedule 1 - Part V)

**Description of Injury**

**Amputation Cases – Upper Limbs**

| | per cent |
|---|---|
| Loss of both hands or amputation at higher sites | 100 |
| Forequarter amputation | 100 |
| Amputation through shoulder joint | 90 |
| Amputation below shoulder with stump less than 20.5 centimetres from tip of acromion | 80 |
| Amputation from 20.5 centimetres from tip of acromion to less than 11.5 centimetres below tip of olecranon | 70 |
| Amputation from 11.5 centimetres below tip of olecranon | 60 |
| Loss of thumb | 30 |
| Loss of thumb and its metacarpal bone | 40 |
| Loss of 4 fingers | 50 |
| Loss of 3 fingers | 30 |
| Loss of 2 fingers | 20 |
| Loss of terminal phalanx of thumb | 20 |

**Amputation Cases – Lower Limbs**

| | per cent |
|---|---|
| Double amputation through thigh, or through thigh on one side and loss of other foot, or double amputation below thigh to 13 centimetres below knee | 100 |
| Double amputation through leg lower than 13 centimetres below knee | 100 |
| Amputation of one leg lower than 13 centimetres below knee and loss of other foot | 100 |
| Amputation of both feet resulting in end-bearing stumps | 90 |
| Amputation through both feet proximal to the metatarso-phalangeal joint | 80 |
| Loss of all toes of both feet through the metatarso-phalangeal joint | 40 |
| Loss of all toes of both feet proximal to the proximal interphalangeal joint | 30 |
| Loss of all toes of both feet distal to the proximal interphalangeal joint | 20 |
| Hindquarter amputation | 100 |
| Amputation through hip joint | 90 |
| Amputation below hip with stump not exceeding 13 centimetres in length measured from tip of great trochanter | 80 |
| Amputation below hip and above knee with stump exceeding 13 centimetres in length measured from tip of great trochanter, or at knee not resulting in end-bearing stump | 70 |

| | |
|---|---|
| Amputation at knee resulting in end-bearing stump, or below knee with stump not exceeding 9 centimetres | 60 |
| Amputation below knee with stump exceeding 9 centimetres but not exceeding 13 centimetres | 50 |
| Amputation below knee with stump exceeding 13 centimetres | 40 |
| Amputation of one foot resulting in end-bearing stump | 30 |
| Amputation through one foot proximal to the metatarso-phalangeal joint | 30 |
| Loss of all toes of one foot proximal to the proximal interphalangeal joint, including amputations through the metatarso-phalangeal joint. | 20 |

**Other Specific Injuries**

| | per cent |
|---|---|
| Loss of a hand and a foot | 100 |
| Loss of one eye, without complications, the other being normal | 40 |
| Loss of vision of one eye, without complications or disfigurement of the eyeball, the other being normal | 30 |
| Loss of sight | 100 |

**Other Disablements**

| | per cent |
|---|---|
| Very severe facial disfigurement | 100 |
| Absolute deafness | 100 |
| Mesothelioma | 100 |

**Note:** Where the scheduled assessment for a specified injury involving multiple losses differs from the sum of the assessments for the separate injuries, the former is the appropriate assessment.

## B. Gratuities Payable for minor injuries (SPO 2006 Schedule I Part iii)

For the loss of:

**A. Fingers:**

Index finger -

| | per cent |
|---|---|
| More than 2 phalanges including the loss of whole finger | 14 |
| More than 1 phalanx but not more than 2 phalanges | 11 |
| 1 phalanx or part thereof | 9 |
| Guillotine amputation of tip without loss of bone | 5 |

Middle finger -

| | |
|---|---|
| More than 2 phalanges including loss of whole finger | 12 |
| More than 1 phalanx but not more than 2 phalanges | 9 |
| 1 phalanx or part thereof | 7 |
| Guillotine amputation of tip without loss of bone | 4 |

Ring or little finger -

| | per cent |
|---|---|
| More than 2 phalanges including loss of whole finger | 7 |
| More than 1 phalanx but not more than 2 phalanges | 6 |
| 1 phalanx or part thereof | 5 |
| Guillotine amputation of tip without loss of bone | 2 |

**B. Toes:**

Great toe -

| | per cent |
|---|---|
| Through metatarso-phalangeal joint | 14 |
| Part, with some loss of bone | 3 |

1 other toe -

| | |
|---|---|
| Through metatarso-phalangeal joint | 3 |
| Part, with some loss of bone | 1 |

2 toes, excluding great toe -

| | |
|---|---|
| Through metatarso-phalangeal joint | 5 |
| Part, with some loss of bone | 2 |

3 toes, excluding great toe -

| | |
|---|---|
| Through metatarso-phalangeal joint | 6 |
| Part, with some loss of bone | 3 |

4 toes, excluding great toe -

| | |
|---|---|
| Through metatarso-phalangeal joint | 9 |
| Part, with some loss of bone | 3 |

**Notes:**

**1.** Injuries not included in the schedule of the SPO. Loss of one hand, or of thumb and 4 fingers of one hand – the appropriate assessment is 60 per cent.

**2.** The scheduled assessment for a specified injury must be certified once the condition is stable and without complication. If there is some complication or additional feature and the scheduled assessment is less than 100 per cent then the 'scheduled assessment' is the minimum assessment to be certified.

**3.** Fixed finger, unable to be flexed or extended, should not be assessed as for loss of finger or part of finger. The assessment to be based solely on the degree of disablement present, assessed within the appropriate less than 20 per cent range.

**4.** Only knee and ankle amputations can be end-bearing but an ankle stump or stumps may not be capable of end bearing in which case the assessment may be increased.

**5.** Loss of sight. The 100 per cent assessment is appropriate when the claimant is unable to perform any work for which sight is essential.

**6.** All these assessments apply only when the condition has reached a settled state and is stable and without complication.

7. When an artificial limb or appliance (other than a hearing aid) is available the assessment of disablement must be determined while the prosthesis is in use. If for a medical or surgical reason the prosthesis cannot be used then an increase in assessment is justified.

## Section 2. Assessments for ankyloses in the optimum position. (For guidance only)

| | per cent |
|---|---|
| Shoulder | 40 |
| Elbow | 40 |
| Wrist | 30 |
| Hip | 60 |
| Knee | 30 |
| Ankle | 20 |

**Note:** In most cases the optimum positions of the various joints are:

*Shoulder* – Arm abducted to about $20^0$ with the elbow slightly in front of the body and with free movement of the shoulder girdle.

*Elbow* – The angle between humerus and forearm rather more than a right angle, about $110^0$. The forearm supinated so that the palm is slightly upwards.

*Wrist* – In the neutral position, that is in line with the forearm and with slight or no loss of pronation and supination.

*Hip* – Thigh flexed $10^0$ with slight abduction and slight external rotation.

*Knee* – In $5^0$ of flexion.

*Ankle* – 5-$10^0$ plantar flexion of the foot.

When a joint is ankylosed in an unfavourable position an increase in the assessment would be justified. When a joint is not truly ankylosed but only limited in its movements the assessment would normally be reduced, provided there is no pain.

## Section 3. Assessment of psychiatric disorders using Axis 5 DSM III. (For guidance only)

| Code | | Per cent |
|---|---|---|
| 9 | Good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns, absent or minimal symptoms (eg Mild anxiety in a situation or an occasional blow up with family member). | Less than 20% |
| 8 | No more than a slight impairment in social or occupational functioning. If symptoms are present, they are a transient and expectable reaction to psychosocial stressors (eg upset by breakup with girlfriend). | |
| 7 | Some difficulty in social or occupational functioning, but generally functions pretty well, has meaningful interpersonal relationships OR some mild symptoms (eg depressed mood and mild insomnia, occasional minor anti-social behaviour), | |

| | | |
|---|---|---|
| 6 | Moderate difficulty in social or occupational functioning, OR moderate symptoms (eg few friends and conflict with peers, flat affect and circumstantial speech, occasional panic attacks). | 20% |
| 5 | Any serious impairment in social or occupational functioning OR serious symptoms (eg no friends, unable to keep a job, suicidal preoccupation, severe obsessional rituals, frequent shoplifting). | 30% - 50% |
| 4 | Major impairment in several areas, such as work, family relationships, judgement, thinking or mood (eg depressed, avoiding friends, neglecting family, unable to work) OR some impairment in communication (eg speech is sometimes illogical, obscure or irrelevant) OR single suicidal gesture. | 60% -70% |
| 3 | Inability to function in most area (eg stays in bed all day), or is considerably influenced by delusions or hallucinations OR serious impairment in communication (eg sometimes incoherent) or judgement (eg acts grossly inappropriately). | 80% - 100% |
| 2 | Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene (eg suicide attempts without clear expectation of death, frequently violent, manic excitement, smears faeces), OR gross impairment of communication (eg largely incoherent or mute). | |
| 1 | Persistent danger of severely hurting self or others (eg recurrent violence) OR persistent inability to maintain minimal personal hygiene, OR serious suicide attempts with clear expectation of death). | |

## Section 4. Assessments for defective vision. (For guidance only – suggested assessments. Scheduled assessments at section 1A.)

(1) The following table (based on a report presented by Dr Leon Hambresin during the 18th International Congress of Ophthalmology 1958) gives specimen assessments for use when both eyes are present.

**Valuation Table figures in percentages**

| | | 6/6 1-0.9 | 5/6 0.8 | 6/9 0.7 | 5/9 0.6 | 6/12 0.5 | 6/18 0.4 | 6/24 0.3 | 6/36 0.2 | 0.15 | 6/60 0.1 | 4/60 1/15 | 3/60 1/20 | -1/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6/6 | 1-0.9 | 0 | 0 | 2 | 3 | 4 | 6 | 9 | 12 | 16 | 20 | 23 | 25 | 27 |
| 5/6 | 0.8 | 0 | 0 | 3 | 4 | 5 | 7 | 10 | 14 | 18 | 22 | 24 | 26 | 28 |
| 6/9 | 0.7 | 2 | 3 | 4 | 5 | 6 | 8 | 12 | 16 | 20 | 24 | 26 | 28 | 30 |
| 5/9 | 0.6 | 3 | 4 | 5 | 6 | 7 | 10 | 14 | 19 | 22 | 26 | 29 | 32 | 35 |
| 6/12 | 0.5 | 4 | 5 | 6 | 7 | 8 | 12 | 17 | 22 | 25 | 28 | 32 | 36 | 40 |
| 6/18 | 0.4 | 6 | 7 | 8 | 10 | 12 | 16 | 20 | 25 | 28 | 31 | 35 | 40 | 45 |
| 6/24 | 0.3 | 9 | 10 | 12 | 14 | 17 | 20 | 25 | 33 | 38 | 41 | 47 | 52 | 60 |
| 6/36 | 0.2 | 12 | 14 | 16 | 19 | 22 | 25 | 22 | 47 | 55 | 60 | 67 | 75 | 80 |
| | 0.15 | 16 | 18 | 20 | 22 | 25 | 28 | 38 | 55 | 63 | 70 | 78 | 83 | 88 |
| 6/60 | 0.1 | 20 | 22 | 24 | 26 | 28 | 31 | 41 | 60 | 70 | 80 | 85 | 90 | 95 |
| 4/60 | 1/15 | 23 | 24 | 26 | 28 | 32 | 35 | 47 | 67 | 78 | 85 | 92 | 95 | 98 |
| 3/60 | 1/20 | 25 | 26 | 28 | 32 | 36 | 40 | 52 | 75 | 83 | 90 | 95 | 98 | 100 |
| | -1/20 | 27 | 28 | 30 | 35 | 40 | 45 | 60 | 80 | 88 | 95 | 98 | 100 | 100 |

These assessments are for defective vision without special features and are based on the visual defect as measured, after correction with glasses, by the ordinary test only.

(2) When one eye is removed and there are no special features the following assessments take account of the Hambresin Scale. The best obtainable acuity in remaining eye is :

| | per cent |
|---|---|
| 6/6 | 40 |
| 6/9 | 40 |
| 6/12 | 40 |
| 6/18 | 50 |
| 6/24 | 60 |

| | per cent |
|---|---|
| 6/36 | 80 |
| 6/60 | 100 |
| 3/60 | 100 |
| NIL | 100 |

## Section 5. Assessments for deafness. (For guidance only)

A. By conversational voice

| **Degree of hearing attained** | **Grade** | **Assessment per cent** |
|---|---|---|
| Shout not beyond 1 metre (3 feet) | 1 | 80 |
| Conversational voice not over 30 cm (1 foot) | 2 | 60 |
| Conversational voice not over 1 metre (3 feet) | 3 | 40 |
| Conversational voice and over 2 metres (6 feet) | 4 | 20 |
| Conversational voice not over 3 metres (9 feet) | 5 | |
| (a) one ear totally deaf | | 20 |
| (b) otherwise | | Less than 20 |

B. By audiometric evaluation

**Scales of hearing loss as recorded on pure tone audiogram**

| | Pure tone level | WORSE EAR | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pure tone level | dB | 0-40 | 41-49 | 50-53 | 54-60 | 61-66 | 67-72 | 73-79 | 80-86 | 87-95 | 96-105 | 106+ |
| BETTER EAR | 0-40 | 0 | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 |
| | 41-49 | 2 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 | 26 | 28 |
| | 50-53 | 4 | 12 | 20 | 22 | 24 | 26 | 28 | 30 | 32 | 34 | 36 |
| | 54-60 | 6 | 14 | 22 | 30 | 32 | 34 | 36 | 38 | 40 | 42 | 44 |
| | 61-66 | 8 | 16 | 24 | 32 | 40 | 42 | 44 | 46 | 48 | 50 | 52 |
| | 67-72 | 10 | 18 | 26 | 34 | 42 | 50 | 52 | 54 | 56 | 58 | 60 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| R | 73-79 | 12 | 20 | 28 | 36 | 44 | 52 | 60 | 62 | 64 | 66 | 68 |
| | 80-86 | 14 | 22 | 30 | 38 | 46 | 54 | 62 | 70 | 72 | 74 | 76 |
| | 87-95 | 16 | 24 | 32 | 40 | 48 | 56 | 64 | 72 | 80 | 82 | 84 |
| | 96-105 | 18 | 26 | 34 | 42 | 50 | 58 | 66 | 74 | 82 | 90 | 92 |
| | 106+ | 20 | 28 | 36 | 44 | 52 | 60 | 68 | 76 | 84 | 92 | 100 |

**Notes**

1. These scales are derived from Appendix 1 of the report of the Brit Assoc of Otolaryngologists on Occupational Deafness submitted on 7 March 1973 and later amended.

2. The pure-tone levels are calculated as the arithmetical mean of the levels at frequencies of 1, 2 and 3 kiloHertz.