



Ministry  
of Defence

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Ref: FOI2022/10887

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28th October 2022

Dear [REDACTED],

Thank you for your email of 20 September 2022 requesting the following information:

- “(1) Number of service personnel currently serving with a diagnosis of Multiple Sclerosis (MS)?
- (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 received a Tier award for MS and what is the breakdown of the Tier awards 1, 2 and 3?
- (5) How many claims for MS have been rejected by AFCS?
- (6) How many people are currently in receipt of a War Pension for MS?”

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 and some figures have also been rounded to the nearest five. 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.

As at 1 August 2022, there were **79** currently serving UK armed forces personnel with a diagnosis for Multiple Sclerosis (MS) (**part 1**).

In line with the response provided to you (FOI2019/12287), we have interpreted **part 2** of your request to refer to Armed Forces Compensation Scheme (AFCS) claims registered by personnel medically discharged with MS as a principal or contributory cause. 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 **98** UK Regular Armed Forces personnel medically discharged between 1 April 2005 and 31 March 2022 with a principal or contributory cause of MS:

- **12** 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 **10** personnel with an AFCS claim registered while in-service.
- None of these claims were successful for Multiple Sclerosis under Table 4 – Physical Disorders. (**part 2**).

Please note, only conditions occurring on or after 6 April 2005 can be awarded compensation under the AFCS. Conditions with an onset prior to this date are not eligible for an AFCS claim and will instead be eligible for compensation under the War Pension Scheme.

Between 1 January 2010 and 31 July 2022, **46** UK Armed Forces personnel have had a Read code entered in their electronic primary medical record for MS and these personnel have registered **60** in-service AFCS injury/illness claims (**part 3**). Please note, this includes claims for all conditions not specifically for MS.

Of these **60** registered injury/illness claims, the initial outcomes were:

- Less than five were awarded a Guaranteed Income Payment (GIP)
- 17 were awarded a Lump Sum only
- Less than five were Accepted with no award
- 39 were rejected.

This information only includes personnel who were in service following the completed roll out of the electronic primary medical record in 2010, however the diagnosis may have occurred prior to 2010. As MS is a complete bar to entry it is assumed that the occurrence of a MS Read code in a patient's medical record denotes a diagnosis whilst in service. This also includes personnel who may have since left service.

Of the **98** UK Regular Armed Forces personnel medically discharged due to MS between 1 April 2005 and 31 March 2022, **34** had been awarded a Tier 1, 2 or 3 payment under the Armed Forces Pension Scheme (AFPS) 05 and AFPS 15 (**part 4**). Awards are presented by tier received below, however totals have been rounded to the nearest five for statistical disclosure control:

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

Between 6 April 2005 and 31 March 2022, there were **40** AFCS claims registered with Multiple Sclerosis as a claimed condition. Of these, none were awarded for Multiple Sclerosis under Table 4 – Physical Disorders. Less than three claims were successful for other conditions registered under the same claim (**part 5**).

As at 31 March 2022, there were **265** personnel in receipt of a War Pension for MS (**part 6**). Multiple Sclerosis can be awarded as either a one-off lump sum (gratuity payment), or as an ongoing pension under the War Pension Scheme (WPS). This figure does not capture individuals awarded a lump sum only for MS. From the data held on the WPCS, it is not possible to identify which conditions an on-going pension is for, therefore this figure may include individuals that have been awarded a lump sum for Multiple Sclerosis but are in receipt of an on-going pension for another condition.

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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.

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 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.

Medical discharges due to MS were identified as personnel who were discharged with a principal or contributory cause coded as G35 (Multiple sclerosis) in the International Classification of Diseases and Related Health Problems Tenth Revision (ICD-10).

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.

Defence Statistics release annual updates on medical discharges in the UK armed forces as an Official Statistic publication. The last statistical release was on 14 July 2022 which presented data up to 31 March 2022. The latest report can be found at: <https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>

## Electronic Primary Medical Record

The figures provided in this response for the number of currently serving personnel with MS are for all UK armed forces, trained and untrained, regular and reservist personnel in service as at 1 August 2022. This does not include entitled or non-entitled civilians.

Reservist personnel have been included. However, the requestor should please note that most 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.

Information was derived from the Defence Medical Information Capability Programme (DMICP) which was rolled out in 2007. Prior to this data warehouse, medical records were kept locally, at each individual medical centre. By 2010, DMICP was in place for the UK and the majority of Germany.

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 for Read codes can be run.

The following Read codes were used to identify personnel with multiple sclerosis:

<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
F20-1	Disseminated 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.

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 extract: 11 October 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 when individuals were serving in the UK armed forces.

#### 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 2022 with a principal or contributory cause of Multiple Sclerosis. 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 Compensation Scheme (AFCS)

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 for the same condition.

An initial decision is made by the MOD on whether to award each injury/illness claim. There are three outcomes to an initial injury/illness claim:

- Awarded: Injury/illness accepted as due to service AND falls under one of the 15 tariff levels.
- Allowed: Injury/illness accepted as due to service but not severe enough to be awarded a tariff level
- Rejected: Injury/illness not accepted as due to service.

In cases where claimants are unhappy with the initial outcome of their claim, they can request subsequent actions including reconsideration and appeal processes that can affect the decision made on the injury/illness claim. Internal processes, including reviews, can also affect an award following the initial outcome. Therefore, the information in this response may not reflect the latest outcome of the claims.

Note that to date there have been no awards made under the AFCS specifically 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>3</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.

All ex-service personnel are entitled to register first claims under the WPS for injuries/illnesses as a result of Service prior to 6 April 2005. Compensation is paid for injuries/illnesses which arise as a result of service or are made worse by service, regardless of how they are sustained.

Multiple Sclerosis has been awarded under the WPS as the WPS operates a policy of "reasonable doubt", meaning unless the Ministry of Defence can prove beyond "reasonable doubt" that an injury or illness was not service attributable, a claimant can receive a War Pension. The AFCS operates a policy of "balance of probabilities" meaning that compensation may be denied if officials can infer that on the "balance of probabilities" an injury or illness is not service attributable.

Figures provided are sourced from data stored on the War Pensions Computer System (WPCS).

Claims for Multiple Sclerosis are recorded on the WPCS as a free-text medical diagnosis description. This information is based on the medical evidence and diagnosis obtained from the GP once a claim has been registered with DBS Veterans UK. Multiple Sclerosis could be awarded as either a one-off lump sum (gratuity payment), or as an ongoing pension. The figures provided in this response were based on a free-text text search on the following term: 'Multiple Sclorosis'.

A search was also conducted to capture potential incorrectly spelled diagnoses. However, every spelling iteration cannot be accounted for, so it is possible some claims for Multiple Sclerosis have not been identified. Therefore, the figures supplied should be treated as a minimum.

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<sup>3</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)



Under the WPS, individuals can be awarded for multiple conditions under one claim. Claims can also be made for conditions unrelated to a medical discharge. In cases where disablement is due to more than one injury, a composite assessment of the degree (percentage) of disablement is made by reference to the combined effect of all injuries. On the medical certificate of entitlement, the overall assessment is given and individual assessments are assigned to each accepted condition. However, where it is not possible to separate the effects of two or more conditions, a combined assessment is given for these particular conditions.

WPS disablement claims determined to be service-attributable are awarded a disablement percentage between 0% and 100%:

- Those awarded at a disablement percentage of **20% - 100%** (recorded in 10% increments) are paid an ongoing weekly war pension.
- Those awarded at a disablement percentage of **1% - 19%** are paid a one off gratuity (lump sum) payment. These cases appear in the WPS data with a grouped disablement percentage of one of the following: 1-5%, 6-14%, 15-19%.
- Cases where the claimed injury/illness is determined to be Service-attributable but not severe enough to impact on daily life are awarded a nil (**0%**) award.

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](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