



Ministry  
of Defence

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Ref: FOI2023/05780



6 July 2023

Dear ,

Thank you for your email from 9 May 2023. Regarding the Freedom of Information request (2021/06714) found at:

<https://www.gov.uk/government/publications/foi-responses-released-by-mod-week-commencing-17-january>,

you requested the following information

**'Could you please send the information for years 2021 and 2022, as per data sent in above response'.**

As per the previous response, Defence Statistics has interpreted the third part of the request to mean those overweight using a Body Composition Measurement (BCM) of either increased risk, high risk, very high risk or extreme risk of ill health. BCM is calculated using a combination of Body Mass Index (BMI) (height/weight) and waist circumference.

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 all 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.

## Medical Discharges

Table 1 presents the number of UK regular trained and untrained armed forces personnel medically discharged with a principal or contributory condition of obesity for the period 1 January 2021 to 31 December 2022.

**Table 1: UK regular armed forces personnel<sup>1</sup> medically discharged with a principal or contributory condition of obesity, by service and calendar year, numbers**

1 January 2021 to 31 December 2022

	2021	2022
<b>Royal Navy<sup>2</sup></b>	~	10
<b>Army</b>	0	~
<b>RAF</b>	0	0

Source: FMed 23, DMICP & JPA.

1 - UK regular armed forces includes trained and untrained personnel.

2 - Includes Royal Navy and Royal Marines personnel.

~ In line with JSP 200 on statistical disclosure, figures less than five have been suppressed and totals have not been included.

## Type 2 Diabetes, High Blood Pressure and Heart Disease

Tables 2, 3 and 4 present the number of UK regular armed forces personnel with an initial Read code for type 2 diabetes, high blood pressure and heart disease input to their electronic medical record between 1 January 2021 and 31 December 2022.

**Table 2: UK regular armed forces personnel<sup>1</sup> with an initial record for type 2 diabetes, by service and calendar year, numbers**

1 January 2021 to 31 December 2022

	All	2021	2022
<b>All</b>	<b>204</b>	<b>112</b>	<b>92</b>
Royal Navy <sup>2</sup>	35	26	9
Army	115	56	59
RAF	54	30	24

Source: DMICP & JPA.

1 - UK regular armed forces includes trained and untrained personnel.

2 - Includes Royal Navy and Royal Marines personnel.

**Table 3: UK regular armed forces personnel<sup>1</sup> with an initial record for high blood pressure, by service and calendar year, numbers**

1 January 2021 to 31 December 2022

	All	2021	2022
<b>All</b>	<b>1,270</b>	<b>578</b>	<b>692</b>
Royal Navy <sup>2</sup>	309	149	160
Army	631	275	356
RAF	330	154	176

Source: DMICP & JPA.

1 - UK regular armed forces includes trained and untrained personnel.

2 - Includes Royal Navy and Royal Marines personnel.

**Table 4: UK regular armed forces personnel<sup>1</sup> with an initial record for heart disease, by service and calendar year, numbers**

1 January 2021 to 31 December 2022

	All	2021	2022
<b>All</b>	<b>116</b>	<b>61</b>	<b>55</b>
Royal Navy <sup>2</sup>	20	10	10
Army	64	34	30
RAF	32	17	15

Source: DMICP & JPA.

1 - UK regular armed forces includes trained and untrained personnel.

2 - Includes Royal Navy and Royal Marines personnel.

#### Body Composition Measurement (BCM)

Table 5 presents the number of UK regular armed forces personnel with a Body Composition Measurement (BCM) of either increased, high, very high or extreme risk of ill-health (overweight) entered into the electronic patient medical record between 1 January 2021 and 31 December 2022.

Please note, Defence Statistics Health have refined the method for identifying personnel with an overweight recording entered into the electronic patient medical record since providing the response to FOI2021/06714. **As such the figures provided in this response are not comparable to those provided previously and should not be used to draw conclusions over time.** If you require figures for previous years using this amended methodology, please submit a further Freedom of Information request and the MOD can consider this.

**Table 5: UK armed forces personnel<sup>1</sup> with a recorded Body Composition Measurement (BCM) of increased risk of ill-health (overweight)<sup>2</sup>, by service and calendar year, numbers**

1 January 2021 to 31 December 2022

	All <sup>3</sup>	2021	2022
<b>All</b>	<b>29,844</b>	<b>17,265</b>	<b>19,497</b>
Royal Navy <sup>4</sup>	4,757	2,551	2,846
Army	23,392	13,836	15,692
RAF	1,697	878	959

Source: DMICP, FISS, JPA

1 - Full time trained (Royal Navy and RAF)/trade trained (Army) and serving against requirement.

2 - Increased risk of ill-health (overweight) includes personnel with a BCM recorded as either increased/high risk, very high/extreme risk.

3 - Totals may not equal the sum of the annual or service breakdowns due to personnel with overweight BCM recordings in multiple years being counted in each year/ service and only once in the overall total.

4 - Includes Royal Navy and Royal Marines personnel.

Please note that:

- the MOD uses Body Composition Measurement (BCM) in their health risk assessments which comprises of BMI and waist circumference, rather than BMI in isolation. BMI is a simple index of height-weight and does not differentiate between weight that is associated with muscle mass and weight associated with body fat. Therefore, the relationship between BMI and body fat varies according to body build and composition.
- this information does not reflect the number of currently serving personnel with a current BCM recording of increased risk of ill-health. The numbers shown in table 5 represent the number of individuals with a BCM of increased risk of ill-health



(overweight) recorded in their medical record during the time period presented. Individuals may have subsequently had a recorded BCM of no increased risk of ill-health or may have left service.

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

### Medical Discharges

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 obesity were identified as personnel who were discharged with a principal or contributory cause coded as E66 (Obesity) 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.

Principal condition is the first principal ICD 10 code on the medical discharge documents (FMED 23). Contributory cause contains all other principal conditions and any contributory conditions on the medical discharge paper (FMED 23).

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>

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

### Type 2 Diabetes, High Blood Pressure and Heart Disease

Personnel with type 2 diabetes, high blood pressure or heart disease were identified by searching for Read codes in their electronic medical records. This search was based on all electronic medical records held on DMICP. The numbers in Tables 2, 3 and 4 indicate the number of UK armed forces personnel who had their **first** Read code entered into their medical record within the period presented. Please note numbers may not match previously published information due to changes in methodology.

Please see Annex A for the lists of Read codes used to identify type 2 diabetes, high blood pressure and heart disease.

Please note, individuals who have more than one Read code for each condition are counted only once in each table, in the year of the earliest entry. Similarly, individuals who change service are counted only once in each table, in their service at the time of the earliest entry.

The figures provided in Tables 2, 3 and 4 are likely a minimum because diagnoses may be made in secondary care (NHS or private hospitals). A hospital may then advise a military GP of a diagnosis in the form of a letter. A military GP can record this information in a number of ways: a paper letter may be filed in a paper medical record, a letter may be scanned into the electronic patient record (in a pdf format) or the GP may enter Read codes into the electronic patient record which can be searched for electronically. Defence Statistics Health are only able to identify cases when a Read code has been entered into the electronic patient record.

Information was derived from the Defence Medical Information Capability Programme (DMICP). 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 is 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 25 May 2023.

Joint Personnel Administration (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.

#### Body Composition Measurement (BCM)

Information on BCM was sourced from the Fitness Information Software System (FISS), Joint Personnel Administration (JPA) and the Defence Medical Information Capability Programme (DMICP). BCM is calculated using BMI scores and waist circumference measurements. The compiled BMI data was matched with waist circumference data entered on DMICP, FISS or JPA on the same day to calculate BCM.

The MOD uses BCM in their health risk assessments which comprises of BMI and waist circumference, rather than BMI in isolation. BMI is a simple index of height-weight and does not differentiate between weight that is associated with muscle mass and weight associated with body fat. Therefore, the relationship between BMI and body fat varies according to body build and composition.

Personnel are counted once in each calendar year and service in which they have had at least one recorded BCM of overweight. Please note personnel can have multiple BCM recordings and as such may be included in multiple years and may have had a subsequent recording of 'no increased risk'.

Please note, Defence Statistics Health conduct regular data validation and methodology reviews to improve accuracy of reported figures. Therefore, information presented in this response may differ from previously released figures.

Joint Personnel Administration is the most accurate source for demographic information for UK Armed Forces personnel and was used to gather information on a person's service.

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,

Defence Statistics Health