



Ministry
of Defence

Ministry of Defence
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Ref: FOI 2024/02464

E-mail: Analysis-Health-PQ-FOI@mod.gov.uk

29 February 2024

Dear [REDACTED],

Thank you for your clarification email of 7 February 2024 in which you provided clarification of your original FOI request. Your original request was for the following information:

“Please may I request the statistics on then following questions regarding specific medication use in the military:

1. The number of serving personnel who have had prednisolone prescribed during service?
2. How many times these serving personnel had been prescribed this in service?
3. The number of serving personnel who have had budesonide prescribed during service?
4. How many times these serving personnel had been prescribed this in service?
5. The number of serving personnel who have had dexamethasone prescribed during service?
6. How many times these serving personnel had been prescribed this in service?
7. The number of serving personnel who have had oral steroids (corticosteroid tablets) prescribed during service more than, 5 or more times, and remain Medically Fully Deployable?
8. The number of Royal Marines who have had dexamethasone, budesonide, or prednisolone prescribed during service and remain Medically Fully Deployable?
9. The number of Royal Marines who have had oral steroids (corticosteroids) prescribed more than, 5 or more times, during service and remain Medically Fully Deployable?”

In your email of 7 February 2024 you confirmed the following information in response to our clarification:

- Only personnel who have been prescribed oral forms for asthma and COPD, and tablet forms for corticosteroids, should be included.
- Only currently serving personnel should be included.
- With reference to parts 7 and 9, personnel who have had five or more prescriptions ever should be counted.
- With reference to parts 7, 8 and 9, only personnel who are currently graded as MFD should be counted.

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 all the information in scope of your request is held. Some of the information falls within the scope of the absolute exemption provided for at Section 40 (Personal Data) of the FOI Act and has been withheld.

I can advise that some of the information in scope of your request falls entirely within the scope of the exemption provided for at Sections 40 (Personal Data) of the FOIA and has been redacted. Section 40(2) has been applied to some of the information in order to protect personal information as governed by the Data Protection Act 2018. Section 40(2) requires the Department to conduct a balancing exercise, this exercise involves balancing the rights and interests of individuals against the legitimate interests in disclosure, this is not the same as carrying out the public interest test associated with certain exemptions in FOIA. The balancing exercise is carried out in order to decide whether the absolute exemption in section 40(2) is engaged. In particular, there is no assumption of disclosure in the legitimate interest test, as there is with qualified exemptions. The outcome of the balancing exercise has resulted in numbers fewer than five being suppressed to prevent inadvertent disclosure of individual identities; secondary suppression has been applied so numbers cannot be derived.

As at 1 January 2024:

- **7,216** currently serving personnel had at least one prescription for prednisolone entered into their electronic medical record, with these personnel receiving **14,074** prescriptions for prednisolone in total. A breakdown by number of prescriptions is presented in **Table 1**.
- **493** currently serving personnel had at least one prescription for budesonide entered into their electronic medical record, with these personnel receiving **2,006** prescriptions for budesonide in total. A breakdown by number of prescriptions is presented in **Table 2**.
- **361** currently serving personnel had at least one prescription for dexamethasone entered into their electronic medical record, with these personnel receiving **408** prescriptions for dexamethasone in total. A breakdown by number of prescriptions is presented in **Table 3**.
- **109** currently serving personnel who had five or more prescriptions for oral corticosteroids entered into their electronic medical record were graded as MFD.
- **146** currently serving Royal Marines personnel who had at least one prescription for prednisolone, budesonide or dexamethasone entered into their electronic medical record were graded as MFD.
- **Fewer than five** currently serving Royal Marines personnel who had five or more prescriptions for oral corticosteroids entered into their electronic medical record were graded as MFD.

Table 1: Currently serving UK armed forces personnel¹ prescribed prednisolone by number of prescriptions, numbers

As at 1 January 2024

Number of prescriptions	Count of personnel
All	7,216
1	5,032
2	1,148
3	400
4	193
5	107
6 - 10	206
11 - 15	65
16 - 20	24
21 - 25	15
26+	26

Source: DMICP and JPA

¹ Includes trained and untrained regular and reservist personnel.

Table 2: Currently serving UK armed forces personnel¹ prescribed budesonide by number of prescriptions, numbers

As at 1 January 2024

Number of prescriptions	Count of personnel
All	493
1	261
2	79
3	37
4	21
5	15
6 - 10	34
11 - 15	16
16 - 20	6
21 - 25	11
26+	13

Source: DMICP and JPA

¹ Includes trained and untrained regular and reservist personnel.

Table 3: Currently serving UK armed forces personnel¹ prescribed dexamethasone by number of prescriptions, numbers²

As at 1 January 2024

Number of prescriptions	Count of personnel
All	361
1	327
2	24
3	~
4	~
5	~

Source: DMICP and JPA

¹ Includes trained and untrained regular and reservist personnel.

² In line with JSP 200, the suppression methodology has been applied to ensure individuals are not inadvertently identified dependent on the risk of disclosure. Numbers fewer than five have been suppressed and presented as '~'. Where there was only one cell in a row or column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals.

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

The figures provided in this response are for all UK armed forces trained and untrained, regular and reservist personnel in service as at 1 January 2024. This does not include entitled or non-entitled civilians, foreign service or non-UK military.

Please note that the majority of reservist personnel receive their primary medical care from the NHS. Any personnel who were only prescribed these medications by the NHS and have not informed the MOD were not included in the figures presented for the number of personnel with a prescription entered into their military medical record. Similarly, 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 the MDS of reserve personnel may be outdated and not accurately reflect their current health. Reserve personnel who are entitled to care from the MOD (such as FTRS (FC)) are not affected by this data limitation.

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 for prescriptions can be run.

As advised in our clarification response, DMICP was introduced in 2007 and therefore only centrally held data since this point has been used to compile the figures provided. Prior to DMICP, medical records were held in paper format. Any request for information prior to DMICP would therefore require a manual review of individual medical records, which may exceed cost under the FOIA.

The following terms were used to search within the DMICP data warehouse for prednisolone prescriptions, including all tablet or liquid forms to be taken by mouth:

- Dilacort
- Prednisolone
- Methylprednisolone.

The following terms were used to search within the DMICP data warehouse for budesonide prescriptions, including inhaled forms and all tablet or liquid forms to be taken by mouth:

- Budelin Novolizer
- Budesonide
- Budenofalk
- Cortiment
- Entocort
- Jorveza
- Pulmicort.

The following terms were used to search within the DMICP data warehouse for dexamethasone prescriptions, including all tablet or liquid forms to be taken by mouth:

- Dexamethasone
- Glensoludex.

The following terms were used to search within the DMICP data warehouse for oral corticosteroid prescriptions, including only tablet forms to be taken by mouth:

- All terms listed above for prednisolone
- All terms listed above for dexamethasone
- Betamethasone
- Efmody
- Fludrocortisone
- Hydrocortisone
- Hydventia
- Plenadren.

It is not possible to identify from centrally held coded information the condition for which the drugs were prescribed. Therefore, the numbers provided will contain prescriptions for medical conditions other than asthma and COPD. To determine the reason for the prescriptions would require a clinician to manually review the medical records of personnel prescribed these drugs which would exceed the cost limit associated with FOI requests.

Please note, it is not possible to determine from the centrally held database whether the medicine was taken by the patient.

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 grading. The patient may be downgraded, to allow for treatment, recovery and rehabilitation. The MDS awarded can be on a temporary or permanent basis. 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.

Please note, MDS is the medical capacity for deployment. As untrained personnel cannot deploy we expect that the MDS of untrained personnel may not accurately reflect their medical capacity for deployment.

The Defence Medical Information Capability programme (DMICP) was used to obtain information on MDS.

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 prescriptions. DMICP is a live data source and is subject to change. Date of extract: 15 February 2024.

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

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,
Defence Statistics Health (Analysis Directorate)