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15 April 2024

FOI2024/04843 Ref:



Thank you for your email of 15 March 2024 in which you requested the following information:

"The number of RAF personnel who had a first read code for Hand Arm Vibration (HAVS), Carpel Tunnel Syndrome (CTS), Vibration White Finger (VWF) or Whole Body Vibration (WBV) recorded on their electronic medical record from January 2010 onwards.

Breakdowns can be provided by condition, sex, regular/reserve status (at time of first Read code), currently serving/no longer serving, year of first Read code and trade group/number.

Please note that professional trade group number is not recorded in a specific field within Armed Forces personnel data and therefore this information has to be derived from other fields related to an individual's trade. If possible, a summary by professional trade group number will be provided. however it may be necessary to provide an alternative summary of the trade information"

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.

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 interests 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.

Between 1 January 2010 and 31 January 2024 596 RAF personnel had a first read code for hand arm vibration, carpel tunnel syndrome, vibration white finger or whole body vibration entered into their medical record:

- 72 had a Read code for hand arm vibration entered into their medical record.
- **510** had a Read code for carpel tunnel syndrome entered into their medical record.
- 19 had a Read code for vibration white finger entered into their medical record.

0 had a Read code for whole body vibration entered into their medical record.

Personnel may have Read codes for more than one of the requested conditions, therefore the number for each condition cannot be summed to the overall total.

Further breakdowns by sex, regular/reservist, serving status, year of first Read code and trade group number/branch are presented in **Annex A.** Please note that RAF officers do not have a trade group number and therefore have been summarised by branch.

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 RAF regular and reservist, trained and untrained personnel. This does not include entitled or non-entitled civilians, foreign service or non-UK military. This response relates to all personnel who had a DMICP record and served between 1 January 2010 and 31 January 2024 and is not limited to the currently serving population.

Reservist personnel have been included. However, please note that most reservist personnel receive their primary medical care from the NHS. Any personnel who were only seen by the NHS regarding the requested conditions and have not informed the MOD are therefore not included in these figures.

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 Read codes can be run.

The following Read Codes were used to identify hand arm vibration:

Code Description

EMISNQHA51 Hand and arm vibration syndrome
G735 HAVS - Hand-arm vibration syndrome

UNCERTAIN-G735 Query - HAVS - Hand-arm vibration syndrome

The following Read Codes were used to identify vibration white finger:

Code Description

TRISVI4 Vibration – white finger
EMISNQVI8 Vibration white finger
G7301-1 Vibratory white finger

The following Read Codes were used to identify carpal tunnel syndrome:

Code Description

F340 Carpal Tunnel Syndrome

F340-2 CTS – Carpal Tunnel Syndrome

The following Read Codes were used to identify whole body vibration (please note that although the description doesn't specifically mention WBV, we have been advised that this code is used to record WBV):

Code Description

T40z1 Other watercraft accident – occupant small powered boat inj

Please note that generic Read codes for vibration exist in DMICP that have not been included in the numbers presented. This is because without a manual review of the medical records (which may

exceed the cost limit of an FOI) it cannot be determined what type of vibration injury has been recorded.

There are no standard operating procedures for how medical personnel should record vibration injuries or exposures to vibration. Data relating to vibration in DMICP therefore needs interpreting with caution. It is possible that clinicians will record the symptoms or diagnosis of a vibration injury, for example 'back pain', rather than entering a vibration read code.

For the above reasons, the figures provided for each of the conditions should be treated as a minimum.

Please note that figures presented on some conditions will be a minimum; this is because their diagnoses are typically 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 conditions when a Read code has been entered into the electronic patient record.

Personnel with their first Read code for hand arm vibration, carpel tunnel syndrome, vibration white finger or whole body vibration in a given period were used as an indication of the number of personnel diagnosed in this period. However please note that the first presence of a Read code in a medical record may not necessarily imply that this is the point of a formal diagnosis, as diagnoses may have been made elsewhere (e.g. secondary care).

DMICP is a live data source and is subject to change. Date of extract 25 March 2024.

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, sex, regular/reservist status and trade group/branch.

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 <a href="https://ico.org.uk/">https://ico.org.uk/</a>.

Yours sincerely, Defence Statistics Health

Table 1: RAF personnel<sup>1</sup> with their first read code for Hand Arm Vibration by Sex, Reg/Res status, Serving Status, Year of first read code, Trade Group number/Branch, numbers<sup>2</sup>

1 January 2010 to 31 January 2024

## Number of personnel with a first Read code

All	72
Sex	,,,
Male	~
Female	~
Reg/Res status (at time of 1st read code)	
Regular	72
Reserve	0
Serving status - As at 1 Feb 2024	<u> </u>
Currently serving	37
	37
No longer serving  Year of first read code	33
2010	0
2010	0
	0
2012	0
2013	5
2014	0
2015	5
2016	18
2017	9
2018	10
2019	19
2020	~
2021	~
2022	~
2023	~
2024 4	0
Trade group number <sup>3</sup>	
TG1	27
TG5	45

Source: DMICP and JPA

<sup>&</sup>lt;sup>1</sup> Includes trained and untrained regular and reservist personnel.

<sup>&</sup>lt;sup>2</sup> 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 '~'. Secondary suppression has been applied so numbers cannot be derived.

<sup>&</sup>lt;sup>3</sup> Please note that RAF officers do not have a trade group number and therefore have been summarised by branch.

<sup>&</sup>lt;sup>4</sup> Includes data from 1 January 2024 to 31 January 2024 only.

Table 2: RAF personnel<sup>1</sup> with their first read code for Vibration White Finger by Sex, Reg/Res status, Serving Status, Year of first read code, Trade Group number/Branch, numbers<sup>2</sup>

1 January 2010 to 31 January 2024

Number of personnel with a first Read code

	Number of personnel with a first Read code
All	19
Sex	
Male	19
Female	0
Reg/Res status (at time of 1st read code)	
Regular	19
Reserve	0
Serving status - As at 1 Feb 2024	
Currently serving	6
No longer serving	13
Year of first read code	
2010	~
2011	0
2012	~
2013	~
2014	~
2015	~
2016	0
2017	~
2018	~
2019	~
2020	0
2021	~
2022	0
2023	0
2024 4	0
Trade group number <sup>3</sup>	
TG1	12
TG5	~
TG18	~
Branch	
Weapon Systems Officer	~

Source: DMICP and JPA

<sup>&</sup>lt;sup>1</sup> Includes trained and untrained regular and reservist personnel.

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Table 3: RAF personnel<sup>1</sup> with their first read code for Carpel Tunnel Syndrome by Sex, Reg/Res status, Serving Status, Year of first read code, Trade Group number/Branch, numbers<sup>2</sup>

1 January 2010 to 31 January 2024

Number of personnel with a first Read code

• 11	Number of personner with a first read code
All	510
Sex	
Male	338
Female	172
Reg/Res status (at time of 1st read code)	
Regular	497
FTRS	7
Reservist	6
Serving status - As at 1 Feb 2024	
Currently serving	271
No longer serving	239
Year of first read code	
2010	39
2011	43
2012	47
2013	~
2014	36
2015	34
2016	38
2017	41
2018	37
2019	44
2020	34
2021	27
2022	34
2023	29
2024 4	~
Trade group number <sup>3</sup>	
TG1	118
TG4	33
TG5	35
TG6	11
TG7	26
TG8	22
TG10	5
TG11	11
TG13	10
TG14	~
TG15	29
TG17	20
TG18	38
TG19	17
TG21	6
Non-Commissioned aircrew	19
Branch	

Air Operations	17
Dental Officer	~
Engineering Officer	7
Intelligence Officer	~
Legal Officer	~
Logistics Officer	12
Medical Officer	~
Medical Support Officer	~
Nursing Officer	~
Personnel Officer	11
Pilot	20
Provost Security Officer	6
RAF Chaplain	~
RAF Regiment Officer	~
Weapon Systems Officer	13

## Source: DMICP and JPA

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