



Ministry  
of Defence

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Dear [REDACTED],

Thank you for your email of 4 March 2015 requesting the following information:

*“Statistics detailing or giving an indication of the number of veterans in the United Kingdom, or failing that, in England and Wales.*

*Statistics detailing or giving an indication of the number of working age veterans (16-65 years old) in the United Kingdom, or failing that the number of working age veterans in England and Wales.*

*Statistics detailing or giving an indication of the number of working age veterans (16-65 years old) with physical disabilities in the United Kingdom, or failing that the number of working age veterans with physical disabilities in England and Wales.*

*Statistics detailing or giving an indication of the number of veterans living in residential or nursing care in the United Kingdom, or failing that, England and Wales.*

*Statistics detailing or giving an indication of the number of veterans of working age (16-65 years old) living in residential or nursing care in the United Kingdom, or failing that, England and Wales.*

*The number of service-people discharged from the Armed Forces as a result of physical injury or disability since 2003.*

*Could you also please tell me what ways you have of knowing how many veterans there are in the United Kingdom, and what ways you have of knowing the number of working age veterans in the United Kingdom?*

*Finally, do you have any policies relating either to veterans in residential care or working age veterans with physical disabilities?*

*I would like the above information to be provided to me as electronic copies.”*

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 some of the information in scope of your request is held. The information you have requested can be found below.

Currently the MOD holds information, and publishes statistics, on the following Veteran cohorts residing in the UK:

- Veterans currently in receipt of a War Disablement Pension under the War Pension Scheme (WPS)
- Veterans that have been awarded compensation under the Armed Forces Compensation Scheme (AFCS)
- Veterans that are currently in receipt of a pension under the Armed Forces Pension Scheme (AFPS)

MOD has published location statistics for all three cohorts identified above which are published on the Gov.UK website: <https://www.gov.uk/government/statistics/location-of-armed-forces-pension-and-compensation-recipients>. The next release of these statistics (as at March 2014) will be published on 14 May 2015.

In addition, the MOD publishes statistics on the WPS which includes a breakdown of current Disablement Pensioners by location and age group:

(<https://www.gov.uk/government/collections/war-pension-recipients-index>), as well as statistics on the AFCS which presents a breakdown by location and age group (at time of lump sum award): <https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index>.

The next releases of the WPS and AFCS statistics will be published on 4 June 2015.

However, the veterans accounted for within these statistics make up only a small proportion of veterans living in the UK.

The MOD does not recognise the term 'disabled' however, we can identify personnel who have been discharged from Service with a medical condition that pre-empts their continued service in the Armed Forces. **Tables 1 - 3** present the numbers of Naval Service, Army and RAF personnel medically discharged from Service each year since 2003, by principal medical condition.

**Table 1: UK Regular Naval Service<sup>1</sup> Personnel medically discharged by principal condition and Year, 1 January 2003 to 31 March 2014, Numbers<sup>2</sup>**

Cause Code Group	All	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 <sup>3</sup>
All	3,784	320	379	396	357	309	233	221	257	451	446	346	69
All cause coded medical discharges	3,636	315	310	359	335	306	225	219	257	450	445	346	69
Infectious and parasitic diseases (A00 - B99)	14	0	0	0	~	0	~	~	0	6	~	~	0
Neoplasms (C00 - D48)	45	~	~	7	6	~	~	~	~	8	5	5	0
Blood disorders (D50 - D89)	16	~	~	0	~	0	0	~	~	~	~	~	0
Endocrine, nutritional and metabolic diseases (E00 - E90)	84	10	7	7	8	~	~	7	8	7	8	9	~
Mental and behavioural disorders (F00 - F99)	421	42	29	46	42	39	29	28	35	45	38	35	13
Nervous system disorders (G00 - G99)	167	13	20	23	24	13	12	13	12	13	14	~	~
Eye and adnexa diseases (H00 - H59)	52	7	6	~	6	7	0	~	~	6	9	~	~
Ear and mastoid process diseases (H60 - H95)	109	~	~	5	~	~	7	6	5	21	33	24	0
Circulatory system disorders (I00 - I99)	80	8	5	5	~	6	8	7	7	14	6	9	~
Respiratory system disorders (J00 - J99)	69	5	~	10	6	~	~	9	5	11	6	5	~
Digestive system disorders (K00 - K93)	85	6	6	7	8	9	~	~	6	13	15	7	~
Skin and subcutaneous tissue diseases (L00 - L99)	91	10	~	9	7	12	~	6	~	15	11	8	0
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	2,214	202	211	224	206	186	145	124	148	254	267	203	44
Genitourinary system diseases (N00 - N99)	26	~	~	~	~	~	~	0	~	7	~	~	0
Pregnancy, Childbirth and the puerperium (O00 - O99)	~	0	0	0	0	~	0	0	0	0	0	0	0
Congenital malformations (Q00 - Q99)	26	~	~	~	5	~	~	~	~	~	~	~	0
Clinical and laboratory findings (R00 - R99)	107	~	7	10	8	11	6	8	8	17	15	13	~
Factors influencing health status (Z00 - Z99)	29	~	0	0	~	0	~	0	~	8	5	7	0
Withheld consent	~	0	0	0	~	0	0	0	0	0	~	0	0
Other Medical Discharges for which data are not available	146	5	69	37	21	~	8	~	0	~	0	0	0

Source: FMED 23 and the Joint Personnel Administration System

<sup>1</sup> Includes Royal Navy and Royal Marines

<sup>2</sup> Data presented as “~” has been suppressed in accordance with Defence Statistics’ rounding policy

<sup>3</sup> Data only available up until 31 March 2014

**Table 2: UK Regular Army Personnel medically discharged by principal condition and Year, 1 January 2003 to 31 March 2014, Numbers<sup>1</sup>**

Cause Code Group	All	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 <sup>2</sup>
All	12,546 <sup>P</sup>	998	1,083	1,047	1,009	978	840	680	829	954	1,446	2,086 <sup>P</sup>	596 <sup>P</sup>
All cause coded medical discharges	12,127 <sup>P</sup>	994	1,050	998	1,001	921	801	671	827	954	1,429	2,005 <sup>P</sup>	476 <sup>P</sup>
Infectious and parasitic diseases (A00 - B99)	85 <sup>P</sup>	6	6	7	6	~	7	~	~	8	12	19 <sup>P</sup>	~ <sup>P</sup>
Neoplasms (C00 - D48)	92 <sup>P</sup>	7	12	~	12	~	9	~	~	10	12	10 <sup>P</sup>	6 <sup>P</sup>
Blood disorders (D50 - D89)	34 <sup>P</sup>	~	~	~	0	~	~	~	~	~	8	~ <sup>P</sup>	0 <sup>P</sup>
Endocrine, nutritional and metabolic diseases (E00 - E90)	113 <sup>P</sup>	9	9	~	7	8	~	~	~	14	27	23 <sup>P</sup>	~ <sup>P</sup>
Mental and behavioural disorders (F00 - F99)	1,545 <sup>P</sup>	90	121	119	111	111	137	103	136	124	166	267 <sup>P</sup>	60 <sup>P</sup>
Nervous system disorders (G00 - G99)	455 <sup>P</sup>	45	33	41	37	53	26	23	30	36	53	65 <sup>P</sup>	13 <sup>P</sup>
Eye and adnexa diseases (H00 - H59)	119 <sup>P</sup>	5	12	8	12	14	6	6	10	12	12	16 <sup>P</sup>	6 <sup>P</sup>
Ear and mastoid process diseases (H60 - H95)	496 <sup>P</sup>	10	15	17	37	23	13	21	31	67	87	140 <sup>P</sup>	35 <sup>P</sup>
Circulatory system disorders (I00 - I99)	215 <sup>P</sup>	14	9	12	8	19	13	16	19	27	32	40 <sup>P</sup>	6 <sup>P</sup>
Respiratory system disorders (J00 - J99)	214 <sup>P</sup>	34	29	20	25	17	~	15	~	21	12	16 <sup>P</sup>	~ <sup>P</sup>
Digestive system disorders (K00 - K93)	194 <sup>P</sup>	13	14	12	11	12	14	6	13	14	29	48 <sup>P</sup>	8 <sup>P</sup>
Skin and subcutaneous tissue diseases (L00 - L99)	193 <sup>P</sup>	11	19	21	26	10	12	9	15	19	14	31 <sup>P</sup>	6 <sup>P</sup>
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	7,596 <sup>P</sup>	696	720	676	629	584	485	378	492	540	875	1,219 <sup>P</sup>	302 <sup>P</sup>
Genitourinary system diseases (N00 - N99)	80 <sup>P</sup>	12	8	6	12	~	5	~	~	8	6	11 <sup>P</sup>	~ <sup>P</sup>
Pregnancy, Childbirth and the puerperium (O00 - O99)	0 <sup>P</sup>	0	0	0	0	0	0	0	0	0	0	0 <sup>P</sup>	0 <sup>P</sup>
Congenital malformations (Q00 - Q99)	59 <sup>P</sup>	~	9	14	5	0	~	6	~	~	7	~ <sup>P</sup>	0 <sup>P</sup>
Clinical and laboratory findings (R00 - R99)	445 <sup>P</sup>	33	25	37	56	47	37	37	32	39	41	45 <sup>P</sup>	16 <sup>P</sup>
Factors influencing health status (Z00 - Z99)	192 <sup>P</sup>	~	~	0	7	13	17	37	16	9	36	45 <sup>P</sup>	7 <sup>P</sup>
Withheld consent	9 <sup>P</sup>	0	0	0	0	1	0	6	1	0	0	1 <sup>P</sup>	0 <sup>P</sup>
Other Medical Discharges for which data are not available	410 <sup>P</sup>	4	33	49	8	56	39	3	1	0	17	80 <sup>P</sup>	120 <sup>P</sup>

Source: FMED 23 and the Joint Personnel Administration System

<sup>1</sup> Data presented as “~” has been suppressed in accordance with Defence Statistics’ rounding policy

<sup>2</sup> Data only available up until 31 March 2014

<sup>P</sup> Indicates a provisional data point

**Table 3: UK Regular RAF Personnel medically discharged by principal condition and Year, 1 January 2003 and 31 March 2014, Numbers<sup>1</sup>**

Cause Code Group	All	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014 <sup>2</sup>
All	2,243	251	202	207	241	226	187	191	162	171	212	161	32
All cause coded medical discharges	1,989	217	196	124	222	214	170	152	145	163	200	154	32
Infectious and parasitic diseases (A00 - B99)	8	~	0	0	0	~	~	~	0	~	~	0	0
Neoplasms (C00 - D48)	41	~	6	0	~	~	6	5	~	5	~	6	0
Blood disorders (D50 - D89)	~	~	0	~	0	0	0	0	0	0	0	~	0
Endocrine, nutritional and metabolic diseases (E00 - E90)	26	~	~	~	~	~	~	~	~	~	~	~	~
Mental and behavioural disorders (F00 - F99)	450	28	65	38	78	49	40	32	29	26	33	27	5
Nervous system disorders (G00 - G99)	150	18	19	~	18	20	9	10	10	~	15	12	~
Eye and adnexa diseases (H00 - H59)	29	~	7	~	~	5	0	~	~	~	~	~	0
Ear and mastoid process diseases (H60 - H95)	51	7	~	~	6	~	~	~	~	~	13	7	~
Circulatory system disorders (I00 - I99)	75	16	8	6	9	10	~	~	~	8	~	~	~
Respiratory system disorders (J00 - J99)	27	6	~	~	~	~	~	~	~	~	0	~	0
Digestive system disorders (K00 - K93)	46	10	~	~	~	~	~	~	~	~	8	~	0
Skin and subcutaneous tissue diseases (L00 - L99)	28	~	~	~	~	~	~	~	~	~	5	~	0
Musculoskeletal disorders (M00 - M99) and Injuries (S00 - T98)	983	108	71	51	87	108	92	84	83	95	109	78	17
Genitourinary system diseases (N00 - N99)	13	~	~	0	~	~	~	~	0	~	~	~	0
Pregnancy, Childbirth and the puerperium (O00 - O99)	0	0	0	0	0	0	0	0	0	0	0	0	0
Congenital malformations (Q00 - Q99)	9	~	~	~	0	0	0	~	~	0	0	0	0
Clinical and laboratory findings (R00 - R99)	43	~	5	~	~	~	~	~	6	7	5	5	0
Factors influencing health status (Z00 - Z99)	~	0	0	0	~	~	~	0	~	0	0	~	0
Withheld consent	52	0	0	0	0	0	0	8	17	8	12	7	0
Other Medical Discharges for which data are not available	202	34	6	83	19	12	17	31	0	0	0	0	0

Source: FMED 23 and the Joint Personnel Administration System

<sup>1</sup> Data presented as “~” has been suppressed in accordance with Defence Statistics’ rounding policy

<sup>2</sup> Data only available up until 31 March 2014

Under Section 16 of the Act (Advice and assistance) you may find it useful to note the following:

The number of Veterans in the United Kingdom is currently estimated from the UK Household Survey of the Ex-Service Community 2014 ran by the Royal British Legion:

<http://www.britishlegion.org.uk/about-us/campaigns/household-survey-2014>

The only residential or nursing home that the Ministry of Defence has sight of is the Ilford Park Polish Home that provides nursing and residential care for up to 90 people who qualify for admission under the 1947 Polish Resettlement Act. The home is managed and administered by Veterans UK. Further information on Ilford Park can be found on the Gov.UK website: <https://www.gov.uk/government/publications/ilford-park-polish-home>

With the exception of Ilford Park, MOD does not provide residential care for veterans and therefore MOD has no policies relating to veterans in residential care. Residential care is provided either by Local Authorities; charities; companies or private owners with the residents funded by the local authority; charity or their own money.

The MOD has a Tri-Service Welfare Referral protocol which defines how single service welfare providers and the Veterans Welfare Service can work together effectively to optimise the welfare support provided to the in service and veteran community. The protocol aims to ensure the early identification and ongoing support for those Service leavers identified as being likely to be discharged / about to transition from military service, who may have severe physical or psychological disablement or are considered as having an enduring welfare need with which they will require support post Service. Details on the protocol can be found on the Gov.UK website: (<https://www.gov.uk/government/collections/veterans-welfare-service-protocols>)

The Armed Forces Covenant sets out the relationship between the nation, the government and the armed forces. It recognises that the whole nation, has a moral obligation to members of the armed forces and their families, and it establishes how they should expect to be treated. The Ministry of Defence (MOD), together with other government departments, the devolved administrations, partner charities and voluntary organisations, has been working to fulfil the series of commitments we made to the armed forces community. One of these commitments is: Veterans should receive priority treatment (subject to the clinical needs of others) in respect of treatment relation to a condition resulting from their service in the Armed Forces.

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.

Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. The latest report can be found at: <https://www.gov.uk/government/organisations/ministry-of-defence/about/statistics>.

The information on cases was sourced from electronic personnel records and manually entered paper documents from medical boards. The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting is a secondary function.

Although Medical Boards recommend medical discharges they do not attribute the principal disability leading to the board to Service. A Medical Board could take place many months or even years after an event or injury and it is not clinically possible in some cases to link an earlier injury to a later problem which may lead to a discharge. Decisions on attributability to Service are made by the Defence Business Services (DBS) (formerly Service Personnel and Veterans' Agency).

The tables in this FOI response have been scrutinised to ensure individual identities have not been revealed inadvertently. In line with Defence Statistics' rounding policy for health statistics (May 2009), and in keeping with the Office for National Statistics Guidelines, all numbers less than five have been suppressed and presented as '~'. Where there is only one cell in a row or column that is less than five, the next smallest number (or numbers where there are tied values) has also been suppressed so that numbers cannot simply be derived from totals.

In 2013/14, Defence Statistics did not receive the FMED 23 forms for 195 trained Regular Army personnel listed as medical discharges on JPA. In previous reports, the Army Personnel Centre (APC) have confirmed whether these cases are medical discharges and retrieved any FMED23 forms not received by Defence Statistics. This service is no longer provided by APC and we are therefore unable to determine whether these personnel have medically discharged or the principal

and contributory causes for their discharge. Defence Statistics intend to update these figures by pursuing alternative lines of obtaining this information and therefore all Army figures provided for 2013/14 are provisional and have been annotated in the tables with a "p".

Principal cause is the first principal coded cause on the medical discharge paperwork (F Med 23).

Figures have been compiled using the International Classification of Diseases & Related Health Problems version 10 (ICD 10) cause codes.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering these veteran statistics and medical discharges statistics and consult you if we are thinking of making changes? You can subscribe to updates by emailing: [DefStrat-Stat-Health-PQ-FOI@mod.uk](mailto:DefStrat-Stat-Health-PQ-FOI@mod.uk)

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1st Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail [CIO-FOI-IR@mod.uk](mailto:CIO-FOI-IR@mod.uk)). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act.

Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://ico.org.uk>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health) Head (B1)