Ministry of Defence

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[redacted]

23 February 2018

Dear [redacted],

Thank you for your email of 30 January 2018 requesting the following information:

"1: How many regular armed forces personnel have been medically discharged with epilepsy as the primary condition, that has been recorded from 2010.
2:How many armed forces personnel are still serving with epilepsy since 2010.
3:How many armed forces personnel received compensation (under the armed forces compensation scheme) for a primary condition of epilepsy since 2010
4:How many armed forces personnel have got epilepsy though a trauma while serving in the armed forces since 2010"

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.

Between 1 April 2010 and 31 March 2017, **134** UK Regular Armed Forces personnel were medically discharged with a principal condition of epilepsy.

As at 1 January 2018, **292** serving UK Regular Armed Forces personnel were identified with epilepsy.

AFCS awards for a primary condition of epilepsy have been interpreted as cases of epilepsy with no apparent cause. Between 1 April 2010 and 31 March 2017 there were **no** serving/ex-serving Armed Forces personnel awarded compensation under the Armed Forces Compensation Scheme (AFCS) for a primary condition of epilepsy. However, there were **37** personnel who were awarded compensation for epilepsy which has either resulted from or is highly likely to result from a service attributable head/brain injury. Please see the AFCS background notes for further information on the process for awarding claims under the AFCS.

Since 1 January 2010, a minimum of **39** UK Regular Armed Forces personnel, both serving and veterans, were identified with epilepsy due to a trauma.

Please note, the numbers above are not mutually exclusive and some have been taken as numbers over time whereas others are taken as at single points in time. Therefore it is not accurate to add these numbers together.

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

Medical discharges due to epilepsy were identified as personnel who were medically discharged with a principal cause of discharge coded as G40 in the International Statistical Classification of Diseases and Related Health Problems Tenth Revision (ICD-10).

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.

The information on medical discharges was sourced from electronic personnel records from DMICP 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.

DMICP was rolled out in 2007 and is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers.

The number of UK Regular Armed Forces personnel with epilepsy was identified by searching for:

- Personnel with at least one Read code for epilepsy entered onto their electronic primary care record (DMICP) between 1 January 2010 and 14 February 2018.
- Personnel who were awarded compensation for epilepsy under the Armed Forces Compensation Scheme (AFCS) between 1 April 2010 and 31 March 2017.

The number of UK Regular Armed Forces personnel with epilepsy due to a trauma was identified by searching for:

- Personnel with at least one Read code for traumatic epilepsy entered onto their electronic primary care record (DMICP) between 1 January 2010 and 14 February 2018.
- Personnel who were awarded compensation under the AFCS between 1 April 2010 and 31 March 2017 for epilepsy which has either resulted from or is highly likely to result from a service attributable head/brain injury.

The electronic patient record contains information that is Read coded. Read codes are a set of clinical codes designed for Primary Care to record the everyday care of a Patient. They are part of a hierarchical structure and form the recognised standard for General Practice. Searches for Read codes can be made to identify personnel who had a particular medical condition.

Please note, any data entered as free text only in patients' medical record will not be included in the figures presented as this information is not available in the data warehouse. If data was entered as free text in the medical record and personnel were not awarded compensation under the AFCS they would not have been included in the figures. Therefore, the number of personnel with epilepsy and epilepsy due to a trauma should be considered a minimum.

The following Read codes were used to identify personnel with epilepsy in DMICP:

F25	Epilespy
F250	Generalised nonconvulsive epilepsy
F2501	Pykno-epilepsy
F2502	Epileptic seizures - atonic
F2503	Epileptic seizures - akinetic
F2504	Juvenile absence epilepsy
F2505	Lennox-Gastaut syndrome
F250y	Other specified generalised nonconvulsive epilepsy
F250z	Generalised nonconvulsive epilepsy NOS
F2500	Petit mal (minor) epilepsy
F251	Generalised convulsive epilepsy
F2510	Grand mal (major) epilepsy
F2511	Neonatal myoclonic epilepsy
F2512	Epileptic seizures - clonic
F2513	Epileptic seizures - myoclonic
F2514	Epileptic seizures - tonic
F2515	Tonic-clonic epilepsy
F2516	Grand mal seizure
F251y	Other specified generalised convulsive epilepsy
F251z	Generalised convulsive epilepsy NOS
F252	Petit mal status
F253	Grand mal status
F254	Partial epilepsy with impairment of consciousness
F2540	Temporal lobe epilepsy
F2541	Psychomotor epilepsy
F2542	Psychosensory epilepsy
F2543	Limbic system epilepsy
F2544	Epileptic automatism
F2545	Complex partial epileptic seizure
F254z	Partial epilepsy with impairment of consciousness
F255	Partial epilepsy without impairment of consciousness
F2550	Jackonian, focal or motor epilepsy
F2551	Sensory induced epilepsy
F2552	Somatosensory epilepsy
F2553	Visceral reflex epilepsy
F2554	Visual reflex epilepsy
F2555	Unilateral epilepsy
F2556	Simple partial epileptic seizure
F255y	Partial epilepsy without impairment of consciousness OS
F255z	Partial epilepsy without impairment of consciousness NOS
F256	Infantile spasms
F2560	Hypsarrhythmia
F2561	Salaam attacks
F256z	Infantile spasms
F257	Kojevnikov's epilepsy
F258	Post-ictal state
F259	Early infant epileptic encephalopathy with suppression bursts
F25A	Juvenile myoclonic epilepsy
F25B	Alcohol induced epilepsy
F25C	Drug induced epilepsy
F25D	Menstrual epilepsy
F25E	Stress-induced epilepsy
F25F	Photosensitive epilepsy
F25G	Severe myoclonic epilepsy in infancy
F25H	Generalisised seizure
F25X	Status epilepticus, unspecified
F25y	Other forms of epilepsy
F25y0	Cursive (running) epilepsy
F25y1	Gelastic epilepsy
F25y2	Locl-rlt(foc)(part)idop epilep&epilptic syn seiz locl onset
F25y3	Complex partial status epilepticus
F25y4	Benign Rolandic epilepsy
F25y5	Panayiotopoulos syndrome
F25yz	Other forms of epilepsy NOS
F25z	Epilepsy NOS
1473	H/O epilepsy
667B	Nocturnal epilepsy
SC200	Traumatic epilepsy
Fyu50	Other generalized epilepsy and epileptic syndromes
Fyu51	[X]Other epilepsy
1O30	Epilepsy confirmed

The Read code 'SC200: Traumatic epilepsy' was used to identify personnel with epilepsy through a trauma.

DMICP is a live data source and is subject to change. Date of extract 14 February 2018.

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK Armed Forces personnel and is used to identify Regular service personnel.

Armed Forces Compensation Scheme (AFCS)

The Armed Forces and Reserve 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. Defence Statistics publish an annual National Statistic on claims and awards under the WPS[1] and an annual National Statistic on claims and awards under the AFCS[2].

Claimants' injuries/illnesses considered to be Service-attributable are awarded under the AFCS in line with one of nine tariff of injury tables, which each cover the legislation surrounding the payment of compensation: Table 1 - Burns; Table 2 - Injury, Wounds and Scarring; Table 3 - Mental Disorders; Table 4 - Physical Disorders; Table 5 - Amputations; Table 6 - Neurological Disorders; Table 7 - Senses; Table 8 - Fractures and Dislocations; and Table 9 - Musculoskeletal Disorders.

The legislation surrounding the payment of compensation under each tariff of injury table also determines the tariff level at which each injury/illness should be paid compensation. There are 15 tariff levels which each attract a lump sum award. Tariff levels 1- 11 also attract an ongoing Guaranteed

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[1] https://www.gov.uk/government/collections/war-pension-recipients-index
[2] https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index

Income Payment (GIP), a tax-free index-linked income stream known as the Guaranteed Income Payment (GIP) is paid from service termination for life to recognise loss of future earnings due to the injury or illness. The full tariff of injury tables and associated tariff levels are published online by Infolaw[3], a publisher of legal resources.

The Independent Medical Expert Group (IMEG) advises the Minister for Defence Personnel and Veterans on medical and scientific aspects of Armed Forces Compensation Scheme (AFCS) and related matters. The IMEG considered the scheme's approach to epilepsy in their 2013 report. For further information please see the 2013 report at the following link which gives further background to how epilepsy is considered under the scheme: https://www.gov.uk/government/publications/imeg-report-on-medical-and-scientific-aspects-of-the-armed-forces-compensation-scheme

Under the AFCS, where epilepsy was accepted as being attributable to Service due to a head or brain injury, it was awarded as a neurological disorder. Post head/brain injury epilepsy can be awarded under the following categories and tariff levels. The tariff level indicates the severity of the condition with lower numerical values indicating the more severe injuries/illnesses;

- Brain injury with a high risk of epilepsy – awarded at tariff levels 1, 2 or 4. Brain injuries at these most severe levels have a high risk of epilepsy and therefore the award includes compensation for associated epilepsy, regardless of whether epilepsy is present at the time of the claim.
- Uncontrolled post head injury epilepsy – awarded at tariff level 4.
- Controlled post head injury epilepsy – awarded at tariff level 12.

AFCS data is sourced from the Compensation and Pension System (CAPS) which is administrated and managed by DBS Veterans UK. Data were extracted from the CAPS as at 31 March 2017.

Defence Statistics publish an annual National Statistic on claims and awards under the AFCS: https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering medical discharges in the UK Armed Forces and consult you if we are thinking of making changes? You can subscribe to updates by emailing: 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). 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, https://ico.org.uk.

I hope this is helpful.

Yours sincerely

Defence Statistics Health Head (B1)

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[3] http://www.infolaw.co.uk/mod/docs/AFCS-2014-04-07.pdf