

## Background Quality Report: Annual Medical Discharges in the UK Regular Armed Forces

Introduction	<p>This section provides the context for the quality report.</p> <p><b>Overview</b></p> <p>Defence Statistics publishes an Annual Official Statistics report on medical discharges to inform policy and decision making within the Department. The statistics are also used to inform general debate in government, parliament and the wider public. The statistics are mainly counts of medical discharges within the UK Regular Armed forces by Service, gender, officer or other Ranks, trained or untrained, principal ICD cause code and principal and contributory cause code. Counts of personnel medically discharged from different demographic portions of the UK Armed Forces are also compared to average strengths in order to calculate rates.</p> <p>This background quality report covers the UK Regular Armed Forces Medical Discharge statistics published on <a href="https://www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic">https://www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic</a>:</p> <p><b>Methodology and Production</b></p> <p>The statistics display medical discharges from the UK Regular Armed Forces for the previous five financial years. All figures are split by service, and breakdowns include: age; gender; trained and untrained; officer and other ranks; principal condition resulting in medical discharge.</p> <p>As part of the medical discharge process outlined in the PULHHEEMS Administrative Pamphlet 10 (PAP10), Defence Statistics receive copies of all FMED23 forms completed by Naval Service, Army and RAF medical boards, as long as the personnel being medically discharged have not refused consent. These forms are entered into a database and any principal or contributory medical conditions associated with the discharge are coded utilising the International Classification of Diseases and Related Health Problems Version 10 (ICD Codes).</p> <p>These records are then matched to outflow records obtained from the Department's Joint Personnel Administration (JPA) system, which is used for the administration of all Regular Forces. Any records included in the JPA extract for which Defence Statistics have not received a FMED23 form are then queried with Single Service representatives.</p> <p>The data is then tabulated, and combined with strength figures also obtained from JPA to produce rate figures for different demographic sections of the Regular Armed Forces population.</p> <p>Dr Kate Harrison, the Head of Defence Statistics (Health), is responsible for these statistics. Her contact details are: Defence Statistics (Health) Ministry of Defence Mailpoint #6028 Oak 0 West Abbey Wood NH5 South Gloucestershire BS34 8JH Tel: 03067984423 E-mail: <a href="mailto:DefStrat-Stat-Health-PQ-FOI@mod.uk">DefStrat-Stat-Health-PQ-FOI@mod.uk</a> Web site: <a href="https://www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic">https://www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic</a></p> <p>We welcome feedback on this Background Quality Report or any of the statistics mentioned.</p>
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<p>Relevance</p>	<p>This section is about the degree to which the statistical product meets user needs both in coverage and in content.</p> <p>The principal customers for the medical discharge publication include:  Single Service Medical Boards  Defence Business Services (DBS)  Deputy Chief of Defence Staff (DCDS) Personnel and Training  Surgeon Generals Department  Armed Forces Occupational Health  Department of Health  External Organisations concerned with ex-serviceman welfare (including charitable organisation e.g. Help for Heroes)  Academic Researchers  Journalists</p> <p>The report is used to inform recruitment and retention policy within the Armed Forces, as well as providing information on the Health of the UK Armed Forces, and the effect of Service on the Health of Armed Forces personnel. The data is also utilised in the Health of the Armed Forces report, as well being used to answer parliamentary questions and Freedom of Information requests.</p> <p>The report has an accompanying ministerial submission, and a press-release.</p> <p>The statistics were developed in close consultation with customers and were released in response to the high volume of FOI requests regarding medical discharges from the UK Armed Forces.</p>
<p>Accuracy and Reliability</p>	<p>This section is about the differences between the estimates and unknown true values.</p> <p>The PULHHEEMS Administrative Pamphlet 10 (PAP10) instructs Armed Forces medical boards to send a copy of all FMED 23 forms to Defence Statistics (formerly DASA), unless the individual concerned has withheld consent<sup>1</sup>.</p> <p>This data is matched to outflow to civilian life data extracted from JPA on a quarterly basis. Any records present on JPA for which Defence Statistics have not received an FMED23 are queried with single service representatives.</p> <p>FMED23 forms received by Defence Statistics are entered on to the medical discharges database and the principal and contributory medical conditions for the discharge are coded utilising the International Classification of Diseases and Related Health Problems Version 10 (ICD Codes). This data is then validated and tabulated to form the discharge figures presented in the report. All rates are calculated utilising Armed Forces personnel strength figures obtained from JPA. Rates for the latest five year period are standardised by age and gender to the current year.</p> <p>Whilst FMed23 forms received by Defence Statistics do include some Reservists, the number and coverage of Reservists captured is currently unknown and reliable denominator data is not available. Therefore, numbers and rates have been calculated using only strengths for Regular personnel and for this report all known Reservists have been removed. However, there may be a presence of a small unknown number of Reservists within the medical discharge dataset which may cause a small bias in the results.</p> <p>All JPA data utilised from April 2007 – October 2011 were originally marked as provisional due to ongoing validation. This was due to the introduction of this new administrative system causing data input errors. Defence Statistics released a</p>

<sup>1</sup> At the point of medical board, personnel have the opportunity to withhold or give their consent to their medical information relating to the medical board being forwarded to Defence Statistics. Should they withhold their consent they will still be counted as a medical discharge as indicated on JPA, however their reason for medical discharge will not be held by Defence Statistics, therefore their principal condition leading to medical discharge is not presented

	<p>cleansed dataset for this period prior to the release of the 2011/12 report. This revised data has been incorporated in all subsequent reports.</p> <p>In July 2012 Defence Statistics revised the 2006/07 – 2010/11 report (in line with <a href="#">Defence Statistics’ revision policy</a>). The revised report rectified 32 incorrect rates and 2 incorrect counts included in the initial publication. The errors in the 32 rate calculations were the result of:</p> <ul style="list-style-type: none"> <li>- The use of incorrect numbers of medical discharges (numerator)</li> <li>- The use of incorrect strengths data (denominator)</li> <li>- Errors within the excel formula used to calculate the rates</li> </ul> <p>The two errors in counts were the result of incorrect calculations in Microsoft Excel. Upon discovery of these errors, the excel workbook and the process used to generate these statistics were reviewed and altered to increase the quality control and assurance methods built into the statistical generation process.</p> <p>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 Defence Statistics were 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.</p>
<p>Timeliness and Punctuality</p>	<p>This section reports on the time gap between publication and the reference period (timeliness) and the gap between planned and actual publication dates (punctuality).</p> <p>The report for the previous financial year is released in early to mid July. It takes approximately two months to receive and code all FMED23s sent to Defence Statistics for the report period. It takes a further four weeks to match the data to JPA strengths and acquire any remaining forms that have not been submitted to Defence Statistics. The report itself takes approximately two weeks to compile and validate.</p> <p>Planned publication dates can be found on the <a href="#">Publication Release Dates section</a> of the <a href="#">Gov.uk</a> website. There have not been any delays to release dates since Defence Statistics began to produce the report.</p>
<p>Accessibility and Clarity</p>	<p>This section reports on the: ease with which users are able to access the data, the format in which the data are available and the availability of supporting information (accessibility); and the quality and sufficiency of the metadata, illustrations and accompanying advice (clarity).</p> <p>The reports are published on <a href="#">Gov.uk</a> website and are available as pdfs. They can found by searching for “medical discharges”. They can also be accessed through an internet search engine such as Google.</p> <p>24 hour pre-release access to the report is available to a limited distribution list within the MoD. The full list can be found in the <a href="#">Pre-Release access list</a> available on the <a href="#">Gov.uk</a> website:</p> <p>The commentary in each report identifies and analyses the key changes in the data and summary statistics. It discusses the quality of the underlying data and identifies specific issues and estimates their impact. Each table has a number of footnotes clarifying what is included/excluded, and provides appropriate caveats. Graphs and confidence intervals are used to compare the rates of medical discharges between different demographic groups within each service.</p>
<p>Coherence and Comparability</p>	<p>This section examines: the degree to which data that are derived from different sources or methods but refer to the same topic, are similar (coherence); and the</p>

	<p>degree to which data can be compared over time and domain (comparability).</p> <p>The Defence Statistics figures on medical discharges from the UK Regular Armed Forces are the definitive statistics in the MOD. There are no other publically available regular publications on the numbers of medical discharges with which to ensure coherence. Within the MOD direct queries of Defence Medical Information and Capability Programme (DMICP) for medical board data will produce differing results due to quality issues.</p> <p>Each annual edition of UK Defence Statistics since 1992 and historic Tri-Service publications back to 2002 are available on the <a href="http://Gov.uk">Gov.uk</a> website. Medical discharges have been included as a discrete outflow type in UKDS since 1994. The Official Statistics reports covering the period 2005/06 onward are also available on <a href="http://Gov.uk">Gov.uk</a> website.</p> <p>The numbers of personnel medically discharged from each service are comparable across time. However, medical discharges in the UK Armed Forces involve a series of processes, at times complex, which differ in each Service to meet their specific employment requirements. Due to these differences between the three Services, comparisons between the single Service statistics are judged to be invalid.</p>
Trade-offs between Output Quality Components	<p>This section reports the extent to which different aspects of quality are balanced against each other.</p> <p>The main trade-offs are between timeliness and the quality of the data/depth of analysis included within the report. If additional time was allowed acquisition of missing FMED23s, the proportion of personnel without a known principal condition of discharge may fall – however this would reduce the timeliness of the report. The time allowed to process the raw data and compile the completed report is around two weeks. Counts, rates and standardised rates are included within the report, as well as some confidence intervals - as is some commentary on trends and patterns. However, further statistical analysis is not included within the report.</p> <p>This trade-off has ensured that the information is made available as soon as possible after the end of the financial year.</p>
Assessment of User Needs and Perceptions	<p>This section reports the processes for finding out about users and uses, and their views on the statistical products.</p> <p>Defence Statistics (Health) invite feedback from customers within the publication and seek feedback from a wider range of internal and external customers.</p> <p>The report was initially created in response to a number of FOI requests for Medical Discharge figures for the UK Armed Forces and key internal and external stakeholders were consulted in its creation.</p> <p>Defence Statistics is currently undergoing a review of the user engagement in Official Statistics publications and intends to include the medical discharges report as part of this review.</p>
Performance, Cost and Respondent Burden	<p>This section is about the effectiveness, efficiency and economy of statistical output.</p> <p>Defence Statistics has one coder devoted to entering medical discharge, downgrading and deaths data into databases. This is overseen by an analyst that collates the data and produces the report.</p> <p>There is some respondent burden as all FMED23 forms completed by medical boards must be copied and sent to Defence Statistics unless consent is withheld. JPA data is automatically obtained from administrative systems, however it is validated and supplemented with small amounts of data and input from other areas by the Defence Statistics manpower branches prior to its use by Defence Statistics (Health).</p>

<p>Confidentiality, Transparency and Security</p>	<p>This section is about the procedures and policy used to ensure sound confidentiality, security and transparent practices.</p> <p><b>Security</b>  All staff involved in the production process have signed a confidentiality agreement; all MoD, Civil Service and data protection regulations are adhered to. The data is stored, accessed and analysed using the MOD's restricted network and IT systems, and the access to raw data is password protected. Once the data has been entered on the Defence Statistics database it is converted into a pseudo-anonymised format prior to analysis, to help ensure the confidentiality of the data held.</p> <p><b>Confidentiality</b>  Outputs include counts personnel within specific demographic groups within the UK Regular Armed Forces, and the rate of discharge per 1000 per year for each grouping. Additionally, the number of personnel medically discharged from each Service is also produced by principal ICD 10 cause group.  The tables in the report are scrutinised to ensure individual identities are not revealed inadvertently. In line with <a href="#">Defence Statistic' rounding policy</a> for health statistics (May 2009), and in keeping with the Office for National Statistics Guidelines, all numbers less than five are 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) is also suppressed so that numbers cannot simply be derived from totals.</p> <p><b>Transparency</b>  The Medical Discharges in the UK Regular Armed Forces report provides commentary on the key features of the outputs and identify any issues or caveats to the data. This quality report provides further information on the method, production process and quality of the output.</p>
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