

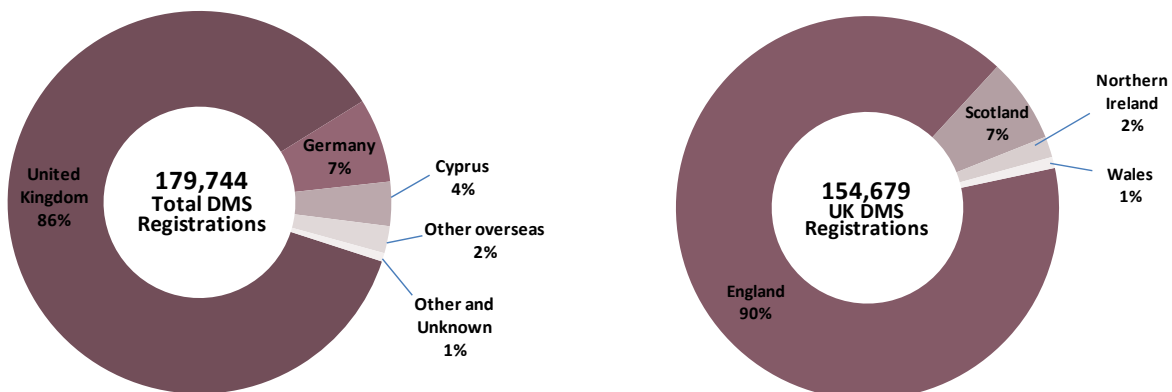


Published 25 August 2016

This quarterly Official Statistic provides summary statistics on the number of serving UK Armed Forces personnel and entitled civilian personnel with a Defence Medical Services (DMS) registration. Personnel with a DMS registration have their primary care (GP services) provided by the Ministry of Defence (MOD) rather than the NHS. This report uses a snapshot of data as at 1 July 2016. Reports are released quarterly, eight weeks after the reporting point. The next report will be published on 24 November 2016.

Key Points

Figure 1: UK Armed Forces and entitled civilian personnel DMS registrations, by registration location, numbers and percentages. 1 July 2016



▼ A decrease of 1,085 since 1 April 2016

▼ A decrease of 589 since 1 April 2016

Source: DMICP Data Warehouse

- Of the **179,744** UK Armed Forces and entitled civilian personnel with a DMS registration, **154,679 (86%)** are located in the UK.
- There has been a less than 1% reduction in the number of UK Armed Forces and entitled civilian personnel with a DMS registration over the last quarter. This is in line with the SDSR 2015 which aims to maintain the size of the Regular Armed Forces; not reducing the Army to below 82,000 and increasing the Royal Navy/Royal Marines and RAF by a total of 700 personnel.
- It is anticipated that during the next quarter there will be large populations movements as the withdrawal from Germany is due to continue over the summer months.

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<https://www.gov.uk/government/statistics/defence-personnel-nhs-commissioning-quarterly-statistics-financial-year-201516>

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Other bulletins in this series can be found at <https://www.gov.uk/government/collections/defence-personnel-nhs-commissioning-quarterly-statistics-index>

Supplementary tables containing all data presented in this publication can be found at

<https://www.gov.uk/government/statistics/defence-personnel-nhs-commissioning-quarterly-statistics-financial-year-201516>

Introduction

This report enables the MOD, the Department of Health, NHS England (and devolved administrations), Public Health England, Local Area Authorities and Clinical Commissioning Groups to make informed decisions regarding the commissioning of clinical services in different parts of the country depending on the size and composition of the Armed Forces populations requiring access to care. This report also contributes to the MODs commitment to release information where possible.

Information has been presented by¹:

- Clinical Commissioning Group (CCG) and Local Area Authority (LAA) (England)
- Local Health Board (LHB) and Local Area Authority (LAA) (Wales)
- Health and Social Care Partnerships (HSCP) and Council Area (CA) (Scotland)
- Local Commissioning Group (LCG) and Local Government District (LGD) (Northern Ireland)
- Defence Primary Healthcare region (DPHC) (UK)

Data are presented for personnel with a DMS registration: UK Armed Forces Serving personnel include Regular personnel, Gurkhas, Officer Designates and Full Time Reserve Service (FTRS) Full Commitment (FC) personnel. Entitled civilian personnel data presented include Service personnel family dependents and MOD employed civilian personnel who are entitled to care at MOD primary care facilities.

Please note, Community Health Partnerships (CHPs) in Scotland ceased to exist on 1 April 2015 and were replaced by Health and Social Care Partnerships (HSCPs) as a legal entity from 1 April 2016. HSCPs share the same boundaries as Council Areas. Tables D1.1 to D2.7 in the supplementary tables of this report now contain statistics by HSCP and Council Areas.

Following the release of JSP200 figure presented in this statistic are now presented as unrounded. Comparisons with previous releases are also based on unrounded numbers. Due to additional breakdowns provided, producing the tables in the Annexes as unrounded would result in a large amount of secondary suppression. For this reason the numbers in the Annexes are rounded so that more values can be presented.

¹ As advised by the Office of National Statistics (ONS)

Main Findings

Table 1 presents the location of UK Armed Forces and entitled civilian personnel as at 1 July 2016. Please see Table A1.2 in the supplementary tables for numbers by Service.

Table 1: UK Armed Forces and entitled civilian personnel DMS registrations, by registration location, numbers ^{1,2}
1 July 2016

Location	All persons	UK Armed Forces +/-	Civilian +/-
ALL	179,744	148,980	30,764
UNITED KINGDOM	154,679	139,156	15,523
of which:			
England	139,484	125,057	14,427
Wales	1,454	1,202	252 -
Scotland	11,027	10,564	463
Northern Ireland	2,714	2,333	381
OTHER	25,065	9,824	15,241
of which:			
Germany	12,773	5,349	7,424
Cyprus	6,710	2,209	4,501
Other overseas	4,104	878	3,226
Reserve Practices	188	182	6
Unknown ³	1,290	1,206 -	84 ++

Source: DMICP Data Warehouse

¹ The presence of +/- indicates percentage changes in figures over the last quarter. + indicates there has been between a 5% and 10% increase and - indicates there has been between a 5% and 10% decrease. ++ indicates a greater than 10% increase and -- indicates a greater than 10% decrease.

² Where possible, UK Armed Forces patients registered in other overseas locations are allocated back to their last known UK, Germany or Cyprus practice in the last 12 months. No entitled civilian patients registered in other overseas locations are allocated back to previous regions.

³ Unknown includes data quality issues and data management practice registrations.

As at 1 July 2016:

- **83%** of all DMS registrations at MOD medical centres were for UK Armed Forces personnel.
- **86%** of all DMS registrations (UK Armed Forces and civilian) at MOD medical centres were in the UK; **78%** of all DMS registrations were in England.
- For UK Armed Forces personnel; **93%** were registered in the UK (**84%** in England, **7%** in Scotland, **2%** in Northern Ireland, and **1%** in Wales)²; **6%** were registered overseas; **1%** were registered at Reserve Practices or were unknown.
- For entitled civilians personnel; **50%** were registered in the UK (**47%** in England, **2%** in Scotland, **1%** Wales and **1%** Northern Ireland); **49%** were registered overseas.
- **8%** of Army personnel DMS registrations are overseas (**6%** in Germany, **2%** in Cyprus, **1%** in other overseas locations)³, **3%** of RAF personnel DMS registrations are overseas (**1%** in Germany, **2%** in Cyprus) and **1%** of Naval Service personnel DMS registrations are overseas.

² Due to rounding, subtotals will not always add up to the total.

- Between 1 January 2016 and 1 July 2016 there has been a decrease of **6%** in the number of UK Armed Forces and entitled civilians registered to a medical facility in Germany. The number of civilian DMS registrations is expected to decrease over the next quarter as British Forces Germany (BFG) are concentrating their relocations back to the UK from the end of June to the beginning of September to minimise the disruption to Service children's education. This will see the movement of **440** families and **820** unaccompanied personnel to Bulford (NHS Wiltshire CCG), Bicester (NHS Oxfordshire CCG), Dishforth (NHS Harrogate and Rural District CCG) and South Cerney (NHS Gloucestershire CCG)³.
- The Strategic Defence and Security Review (SDSR) 2010⁴ announced that while the presence of the British military in Germany has played an important role in demonstrating Alliance solidarity, there was no longer any operational requirement for UK forces to be based there, and the aim to withdraw forces from Germany by 2020.

³ http://www.army.mod.uk/documents/general/20160615_ABP_Newsletter_Edition_11_June_16.pdf

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62482/strategic-defence-security-review.pdf

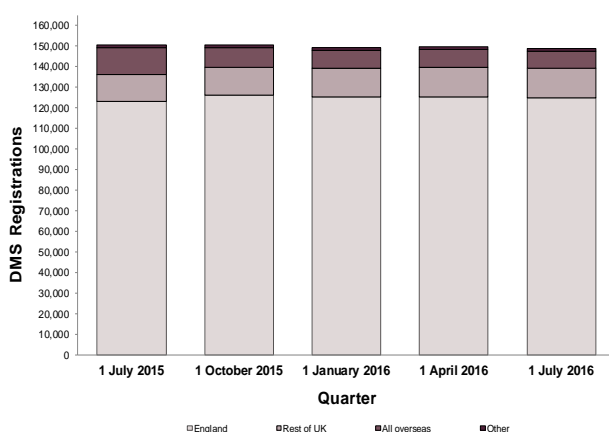
UK Armed Forces Personnel

In order to meet the manpower reduction targets set out in SDSR 2010, a redundancy programme coupled with adjusted recruiting (intake) and contract extensions were set. The redundancy programme is now complete. In November 2015, the Ministry of Defence published the National Security Strategy and Strategic Defence and Security Review 2015. SDSR 2015 outlines plans to maintain the size of the Regular Armed Forces; not reducing the Army to below 82,000 personnel, and increasing the Royal Navy/Royal Marines and Royal Air Force by a total of 700 personnel.

Figure 2 presents the number of registrations for UK Armed Forces personnel over the last five quarters. Numbers have decreased by **821** since 1 April 2016

Trends over a longer time period show that there has been an overall reduction of **15,599** personnel since 1 October 2013; numbers have reduced from **164,579** to **148,980** in line with the previous manpower reduction targets as set out in the SDSR 2010.

Figure 2: UK Armed Forces DMS registrations, by country and quarter, numbers^{1,2,3}
1 July 2015 – 1 July 2016



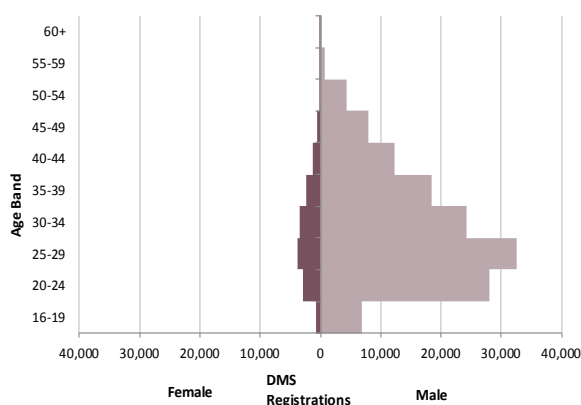
Source: DMICP Data Warehouse

¹ Rest of UK consists of Wales, Scotland and Northern Ireland.

² All Overseas consists of Germany, Cyprus and Other Overseas.

³ Other consists of Reserve Practices and Unknown.

Figure 3: UK Armed Forces DMS registrations, by gender and age band, numbers
1 July 2016



Source: DMICP Data Warehouse

Figure 3 presents the number of DMS registrations for UK Armed Forces personnel by gender and age band as at 1 July 2016:

- **56%** of these registrations were for male personnel aged 20-34
- **10%** of these registrations were for female personnel

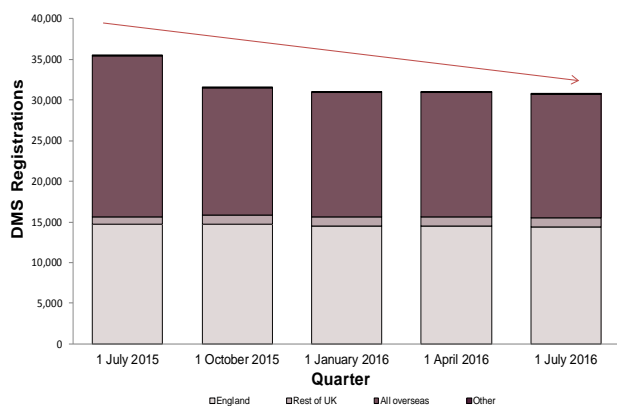
The distribution of age group by gender reflects the demographic structure of the Armed Forces population.

Entitled Civilian Personnel

Figure 4 presents the number of registrations for entitled civilians over the last five quarters. The number of entitled civilian registrations has decreased by **264** since 1 April 2016. Since 1 October 2013 there has been an overall reduction of **17,262** entitled civilian personnel.

As the Army Basing Programme continues to move UK Armed Forces personnel back to the UK, it is expected that over the next quarter the number of entitled civilians will fall as units are due to relocate during the summer months. This is because the majority of family dependents that return to the UK will no longer be entitled civilians and will revert back to being under the primary care of the NHS.

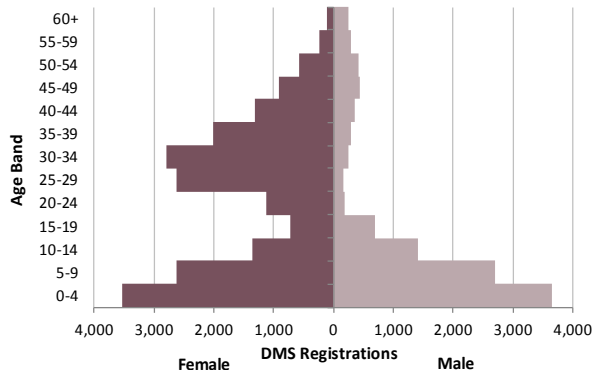
Figure 4: Entitled civilian DMS registrations, by country and quarter, numbers
1 July 2015 – 1 July 2016



Source: DMICP Data Warehouse

- ¹ Rest of UK consists of Wales, Scotland and Northern Ireland.
² All Overseas consists of Germany, Cyprus and Other Overseas.
³ Other consists of Reserve Practices and Unknown.

Figure 5: Entitled civilian DMS registrations, by gender¹ and age band, numbers
1 July 2016



Source: DMICP Data Warehouse

- ¹ Please note there was 1 civilian whose gender was recorded as "unspecified" and therefore has been excluded from Figure 5.

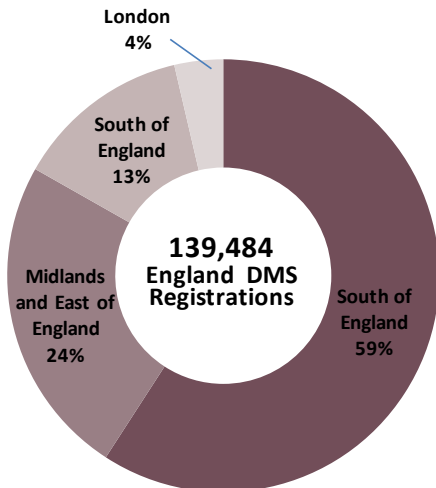
Figure 5 presents the number of registrations for entitled civilians at 1 July 2016 by gender and age band. **50%** of these registrations were for those aged 0-14 and **34%** were for females aged 25-39. These represent the main categories of dependents for the Armed Forces personnel: children and partners.

Regional Analysis

DMS registrations by location, age and gender can be found in the supplementary tables of this report.

England Regional Analysis

Figure 6: UK Armed Forces and entitled civilian England DMS registrations, by location 1 July 2016



For England statistics by CCG and LAA please see Tables B1.1 to B2.7 in the supplementary tables of this report. There are a number of locations where there have been changes in the number of DMS registrations since last quarter.

There has been a reduction of **485** UK Armed Forces and entitled civilian personnel registered in England.

▼ A decrease of 485 since 1 July 2016

Source: DMICP Data Warehouse

The decrease in UK Armed Forces registrations at NHS North, East, West Devon CCG is due to **470** personnel registered to Dartmouth medical practice which is now being allocated NHS Torbay and South Devon as updated information was received on CCG allocation.

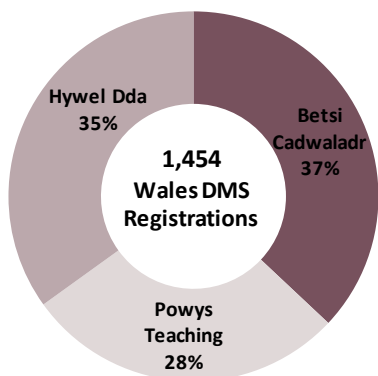
NHS North West Surrey CCG has seen a decrease of **200** UK Armed Forces registrations since last quarter. This is mainly due to troops at Pirbright completing their Phase 1 training and moving to other locations for Phase 2 training. The main movements are due to personnel relocating to Lyneham (NHS Wiltshire CCG) and Minley (NHS North East Hampshire and Farnham CCG).

There has been a decrease of **260** UK Armed Forces registrations in NHS Hambleton, Richmondshire and Whitby CCG. This is a result of trainees at ITC Catterick and Catterick leaving the UK Armed Forces, which may be due to them either failing the initial medical assessments or initial training.

Regional Analysis (Cont.)

Wales Regional Analysis

Figure 7: UK Armed Forces and entitled civilian Wales DMS registrations, by location
1 July 2016



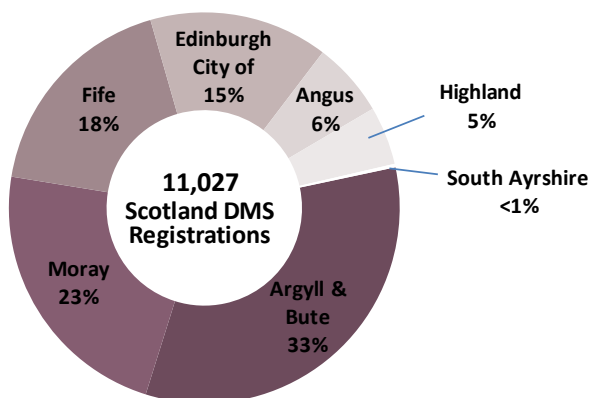
There have been no major changes in Wales this quarter. For Wales statistics by LHB and LAA please see Tables C1.1 to C2.7 in the supplementary tables of this report.

▼ A decrease of 33 since 1 July 2016

Source: DMICP Data Warehouse

Scotland Regional Analysis

Figure 8: UK Armed Forces and entitled civilian Scotland DMS registrations, by location
1 July 2016



For Scotland statistics by HSCP and CA please see Tables D1.1 to D2.7 in the supplementary tables of this report.

▼ A decrease of 69 since 1 July 2016

Source: DMICP Data Warehouse

There has been an increase of **220** UK Armed Forces registrations at Fife HSCP. This is mainly due to personnel moving from MOD medical centres within NHS Portsmouth CCG to HMS Caledonia to work on the HMS Queen Elizabeth and HMS Prince of Wales ship builds.

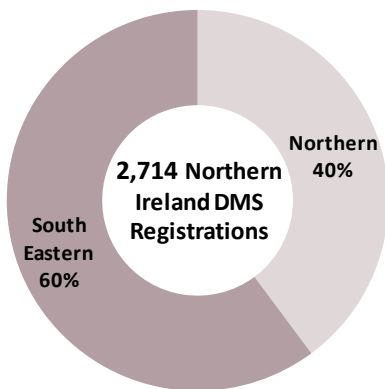
When built in March 2017, HMS Queen Elizabeth will be based at Portsmouth and MOD medical centres within NHS Portsmouth CCG will then be responsible for the care of 600 (increasing to 1,100) personnel assigned to HMS Queen Elizabeth. The number of personnel assigned to HMS Prince of Wales will increase during 2017, peaking at approximately 600 before she is due to depart Rosyth in September 2018 for Portsmouth.

Regional Analysis (Cont.)

Please note, Community Health Partnerships (CHPs) in Scotland ceased to exist on 1 April 2015 and were replaced by Health and Social Care Partnerships (HSCPs) as a legal entity from 1 April 2016. HSCPs share the same boundaries as Council Areas. Tables D1.1 to D2.7 in the supplementary tables of this report now contain statistics by HSCP and Council Areas.

Northern Ireland Analysis

Figure 9: UK Armed Forces and entitled civilian Northern Ireland DMS registrations, by location
1 July 2016



There have been no major changes in Northern Ireland this quarter. For Northern Ireland statistics by LCG and LDG please see Tables E1.1 to E2.7 in the supplementary tables of this report.

▼ A decrease of 2 since 1 July 2016

Source: DMICP Data Warehouse

Defence Primary Healthcare Regional Analysis

For statistics by DPHC region please see Tables F1.1 to F1.7 in the supplementary tables of this report.

Changes seen in DPHC regions reflect those seen in the England and Scotland regional analysis.

The unknown location category for UK Armed Forces has decreased by **120** since last quarter.

There has been an overall reduction of **530** in the number of DMS registrations in Germany. This is indicative of the beginning of movements from Germany back to the UK which are taking place from the end of June to the start of September. It is expected that over the next quarter the numbers of DMS registrations in Germany will further decrease with approximately **440** families and **820** unaccompanied personnel relocating to the UK⁵.

⁵ http://www.army.mod.uk/documents/general/20160615_ABPNewsletter_Edition_11_June_16.pdf

Methodology

This section provides a brief summary of the methodology and data sources; more detailed information is available in the background quality report for this bulletin.

The analysis provided in this publication is based on patient registration information from the Defence Medical Information Capability Programme (DMICP) and cross-referenced with the Joint Personnel Administration system (JPA) for Service personnel.

The following UK Armed Forces personnel have been included: Regulars, FTRS and Gurkhas with a DMS registration. This includes both trained and untrained personnel. Service personnel have been excluded when they have a non-DMS registration type. The data presented on entitled civilian personnel were based on the number of DMS registrations in DMICP identified as 'civilian'. 'Civilians' include contractors, MOD employed entitled civilians and military family dependents.

For UK Armed Forces personnel only, Defence Statistics have devised a process to allocate personnel to a medical centre where they are registered at overseas practices (excluding Germany and Cyprus), data management practices, reserve practices and at incorrect facilities. For civilian patients, no data processing is carried out.

Where a previous UK, Germany or Cyprus medical centre could not be identified in the last 12 months, personnel have been presented in Table 1 as follows:

- Overseas, Operations and Exercises - 'Other Overseas'
- Data management practices – 'Unknown'
- Non primary care locations – 'Unknown'
- Reserve Practices – 'Reserve Practices'

As at 1 July 2016, **2,889** UK Armed Forces personnel held a non-DMS registration. As such, these personnel were excluded from the data.

As at 1 July 2016, **2,346** UK Armed Forces personnel had a DMS registration that was not currently active. These personnel have been included in this report at their last known registration location. Please note, currently these personnel are not part of the assigning back process outlined above. The methodology for future releases will be updated to include these personnel in the assigning back process.

All UK medical centres identified from DMICP were mapped to an NHS CCG using a list published by the Health and Social Care Information Centre (HSCIC) and the Office of National Statistics (ONS).

For tables where age bands have been presented, the Service age bands start at 16 (the youngest age at which it is possible to join the Armed Forces). The entitled civilian age bands start from 0-4. Note that the age bands in the tables span five years with the exception of a 16-19 category for Service personnel and the 60+ category for both Service and entitled civilian personnel. The age presented is the age at the time of the data extract.

Naval Service personnel registered to surface or submarine flotilla have been allocated to either HMS Nelson (Portsmouth), HMS Drake (Plymouth) or HMS Neptune (Faslane, Scotland). The base ports are responsible for the care of individuals requiring medical treatment or onward referral to the NHS.

Glossary

Army Basing Programme

The Basing Plan sets out the location changes for the Army and also confirms the drawdown of all units from Germany by 2020. The plan has transitioned into a delivery Programme and this will affect most areas of the Army as more than 100 units will either relocate, re-role, convert or disband over the next six years.

British Forces in Cyprus

In 1960, a treaty of establishment allowed Cyprus to become an independent Republic, free from British control. Within the agreement, two Sovereign Base Areas (SBAs) at Akrotiri and Dhekelia were identified as real estate that would remain as British sovereign territory and therefore remain under British jurisdiction. The British Army in Cyprus works to a tri-service headquarters and is tasked with protecting the two Sovereign base Areas (SBAs) and associated retained sites.

British Forces in Germany

British Forces are stationed in Germany for reasons of national and NATO security with the agreement and support of the German government. The Strategic Defence and Security Review (SDSR) 2010 announced that while the presence of the British military in Germany has played an important role in demonstrating Alliance solidarity, there was no longer any operational requirement for UK forces to be based there, and the aim to withdraw forces from Germany by 2020.

Clinical Commissioning Group (CCG)

Responsible for the commissioning of clinical services and provision of public health initiatives in England.

Community Health Partnership (CHPs)

CHPs existed from 2004 until 1 April 2015. They were responsible for the commissioning of clinical services and provision of public health initiatives in Scotland.

Defence Medical Information Capability Programme (DMICP)

The MOD electronic primary healthcare patient record. The DMICP programme commenced during 2007 and comprises an integrated primary Health Record (iHR) for clinical use and a pseudo-anonymised central data warehouse. Prior to this data warehouse, medical records were kept locally, at each individual medical centre. By 2010, DMICP was in place for the UK and the majority of Germany. Rollout to other overseas locations commenced in November 2011.

Defence Medical Service (DMS)

Provides primary healthcare, dental care, hospital care, rehabilitation, occupational medicine, community mental healthcare and specialist medical care to Service personnel and entitled civilian personnel.

Defence Medical Service Registration

A DMS registration at a MOD medical centre means that the MOD are responsible for providing long term, permanent and full primary healthcare; however these individuals will be referred to the NHS for secondary healthcare provision. UK Armed Forces Serving personnel entitled to DMS includes Regular personnel, Gurkhas, Officer Designates and Full Time Reserve Service (FTRS) personnel who are Full Commitment (FC). Some service personnel family dependents and MOD employed civilian personnel are entitled to care.

Entitled Civilians

Civilians whose primary healthcare is provided by Defence Medical Services. Includes contractors, MOD employed entitled civilians and military family dependents. Numbers

Glossary (Cont.)

presented in this report are not representative of the number of MOD employed civilians or military dependents associated with the MOD as the majority of MOD civilian employees are not entitled to military healthcare, and the majority of military dependents will be registered with an NHS GP practice.

Full Time Reserve Service (FTRS)

FTRS are personnel who fill Service posts for a set period on a full-time basis while being a member of one of the Reserve Services, either as an ex-regular or as a volunteer. An FTRS reservist on:

Full Commitment (FC) fulfils the same range of duties and deployment liability as a regular Service person;

Limited Commitment (LC) serves at one location but can be detached for up to 35 days a year;

Home Commitment (HC) is employed at one location and cannot be detached elsewhere.

Gurkhas

Gurkhas are recruited and employed in the British and Indian Armies under the terms of the 1947 Tri-Partite Agreement (TPA) on a broadly comparable basis. They remain Nepalese citizens but in all other respects are full members of UK Armed Forces. Since 2008, Gurkhas are entitled to join the UK Regular Forces after 5 years of service and apply for British citizenship.

Health & Social Care Partnerships (HSCPs)

Responsible for the commissioning of clinical services and provision of public health initiatives in Scotland.

Joint Personnel Administration (JPA)

The personnel administration system used by the UK Armed Forces. It is the single authoritative source for personnel demographic information.

Local Commissioning Group (LCG)

Responsible for the commissioning of clinical services and provision of public health initiatives in Northern Ireland.

Local Health Board (LHB)

Responsible for the commissioning of clinical services and provision of public health initiatives in Wales.

Non - Defence Medical Service Registration (Non - DMS)

A 'non-DMS' registration denotes that a person's primary healthcare is delivered by the NHS, with a record also being held on DMICP. This record is used for when they access healthcare facilities in DMS medical centres for emergency or ad hoc treatment, and for treatment whilst on operations. Service personnel have been excluded when they have a non-DMS registration type.

Regulars

Full time Service personnel, including Nursing Services, but excluding FTRS, Gurkhas, Naval activated Reservists, mobilised Reservists, Military Provost Guarding Service (MPGS) and Non Regular Permanent Service (NRPS).

Strategic Defence and Security Review 2010 (SDSR)

The SDSR was a review of the United Kingdom's Defence and security capability published in 2010. It envisaged that by 2020 each Service will number: Royal Navy 29,000, RAF 31,500 and Army 94,000. The target for the Army was revised to 82,000 following the internal 3 Month Exercise in July 2011 and announcements in the Army 2020 paper published July 2012.

Strategic Defence and Security Review 2015 (SDSR)

On 23rd November 2015, the Ministry of Defence published the National Security Strategy and Strategic Defence and Security Review 2015. SDSR 2015 outlines plans to uplift the size of the Regular Armed Forces, setting targets for a strength of 82,000 for the Army, and increasing the Royal Navy/Royal Marines and Royal Air Force by a total of 700 personnel.

UK Armed Forces Personnel

Comprise of Regulars, Gurkha and Full Time Reserve Service personnel.

Further Information

Symbols

Table 1 containing UK Armed Forces and civilian breakdowns shows the changes in population figures over the latest quarter. The following symbols indicate percentage changes:

- + There has been between 5% and 10% increase since the previous quarter;
- ++ There has been a greater than 10% increase since the previous quarter;
- - There has been between 5% and 10% decrease since the previous quarter;
- -- There has been a greater than 10% decrease since the previous quarter.

Percentage changes have not been shown where population figures were below 20 in both the current and previous quarters. This is because a difference of a small number of people can show a large percentage change, creating a false sense of change over the three month period.

Statistical Disclosure Control

Following the release of Joint Service Publication 200 (March 2016) the tables in this report have been presented as unrounded. However due to the additional breakdowns provided in the Annex tables, presenting these as unrounded would result in a large amount of secondary suppression. For this reason the numbers in the annexes are rounded so that more values can be presented. Numbers have been rounded to the nearest 10 in keeping with the ONS Dissemination of Health Statistics: Confidentiality Guidance. All numbers five or fewer have been suppressed and presented as '~'. Rounding is desirable both as a means of disclosure control and to improve the clarity of outputs and convey appropriate levels of precision to users. Totals and sub-totals have been rounded separately and so may not equal the sums of their rounded parts. Numbers ending in "5" have been rounded to the nearest multiple of 20 to prevent systematic bias.

Further Information (Cont.)

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<https://www.gov.uk/make-a-freedom-of-information-request/the-freedom-of-information-act>

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