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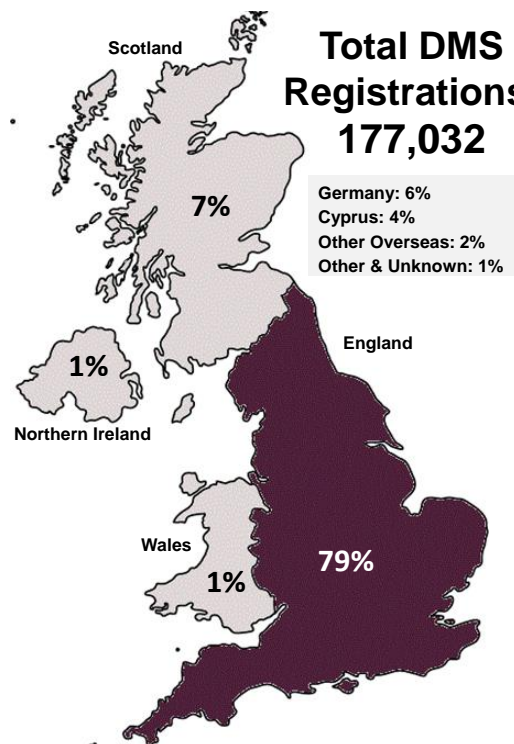
This quarterly Official Statistic provides summary statistics on the number of serving UK Armed Forces personnel and entitled civilian personnel with a Defence Medical Services (DMS) registration. Personnel with a DMS registration have their primary care (GP services) provided by the Ministry of Defence (MOD) rather than the NHS. This report uses a snapshot of data as at 1 April 2017. Reports are released eight weeks after the reporting point.

Defence Statistics (Health) are currently running a consultation on the proposed reduction in frequency of this report. Further details about this change and ways to respond can be found here: <https://www.gov.uk/government/consultations/proposed-reduced-frequency-of-the-quarterly-nhs-commissioning-population-statistics-official-statistic>

### Key Points

- Of the **177,032** UK Armed Forces and entitled civilian personnel with a DMS registration, **154,945 (88%)** were located in the UK.
- There has been a less than 1% increase in the number of UK Armed Forces 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.
- The number of UK Armed Forces and entitled civilian personnel registrations in Germany has remained relatively stable over the previous quarter, decreasing by just 1%. Final unit moves from Germany back to the UK are expected to take place over the summer months of 2019.

**Figure 1: UK Armed Forces and entitled civilian personnel DMS registrations, by registration location, numbers and percentages<sup>1</sup>**  
1 April 2017



Source: DMICP Data Warehouse and JPA

<sup>1</sup> Due to rounding, subtotals will not always add up to the total.

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## Contents

Introduction	Page 2
Main Findings	Page 3-4
UK Armed Forces Personnel	Page 5
Entitled Civilian Personnel	Page 6
Regional Analysis	Pages 7-9
Methodology	Page 10
Glossary	Pages 11-13
Further Information	Pages 14-15

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-201718>

## Introduction

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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 by<sup>1</sup>:

- 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 District Council Area (DCA) (Northern Ireland)
- Defence Primary Healthcare region (DPHC) (UK)

Data have been 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.

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<sup>1</sup> As advised by the Office of National Statistics (ONS)

## Main Findings

▲ <b>177,032</b>	<b>Total DMS Registrations</b> at 1 April 2017 <i>an increase of 111 since 1 January 2017</i>
▲ <b>154,945</b>	<b>UK DMS Registrations</b> at 1 April 2017 <i>an increase of 145 since 1 January 2017</i>
▼ <b>10,466</b>	<b>DMS Registrations in Germany</b> at 1 April 2017 <i>a decrease of 107 since 1 January 2017</i>
▲ <b>147,861</b>	<b>UK Armed Forces DMS Registrations</b> at 1 April 2017 <i>an increase of 190 since 1 January 2017</i>
▼ <b>29,171</b>	<b>Entitled Civilian DMS Registrations</b> at 1 April 2017 <i>a decrease of 79 since 1 January 2017</i>

**Table 1** presents the location of UK Armed Forces and entitled civilian personnel as at 1 April 2017. 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**<sup>1,2</sup>  
1 April 2017

Location	All persons	UK Armed Forces	+/-	Civilian	+/-
<b>ALL</b>	<b>177,032</b>	<b>147,861</b>		<b>29,171</b>	
UNITED KINGDOM	<b>154,945</b>	<b>139,269</b>		<b>15,676</b>	
of which:					
England	139,177	124,645		14,532	
Wales	1,381	1,154		227	
Scotland	11,797	11,291	+	506	
Northern Ireland	2,590	2,179		411	
<b>OTHER</b>	<b>22,087</b>	<b>8,592</b>		<b>13,495</b>	
of which:					
Germany	10,466	4,457		6,009	
Cyprus	6,556	2,244		4,312	
Other overseas	3,828	772		3,056	
Reserve Practices	195	190	+	5	
Unknown <sup>3</sup>	1,042	929		113	++

Source: DMICP Data Warehouse and JPA

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Unknown includes data quality issues and data management practice registrations.

## Main Findings (Cont.)

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As at 1 April 2017:

- **84%** of all DMS registrations at MOD medical centres were for UK Armed Forces personnel.
- **88%** of all DMS registrations (UK Armed Forces and civilian) at MOD medical centres were in the UK; **79%** of all DMS registrations were in England.
- For UK Armed Forces personnel; **94%** were registered in the UK (**84%** in England, **8%** in Scotland, **1%** in Northern Ireland, and **1%** in Wales)<sup>2</sup>; **5%** were registered overseas; **1%** were registered at Reserve Practices or were unknown.
- For entitled civilian personnel; **54%** were registered in the UK (**50%** in England, **2%** in Scotland, **1%** Wales and **1%** Northern Ireland); **46%** were registered overseas.
- **7%** of Army personnel DMS registrations are overseas (**5%** in Germany, **2%** in Cyprus, **1%** in other overseas locations), **4%** of RAF personnel DMS registrations are overseas (**1%** in Germany, **3%** in Cyprus) and **1%** of Naval Service personnel DMS registrations are overseas.
- Movements from Germany back to the UK have slowed over the previous quarter with a 1% decrease in the number of UK Armed Forces and entitled civilian registrations between 1 January 2017 and 1 April 2017.
- It is expected that final unit moves from Germany back to the UK will take place over the summer months of 2019 with the return of nearly 4,000 service personnel and their families to the Salisbury Plain Training Area.
- The Strategic Defence and Security Review (SDSR) 2010<sup>3</sup> 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.

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<sup>2</sup> Due to rounding, subtotals will not always add up to the total.

<sup>3</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/62482/strategic-defence-security-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62482/strategic-defence-security-review.pdf)

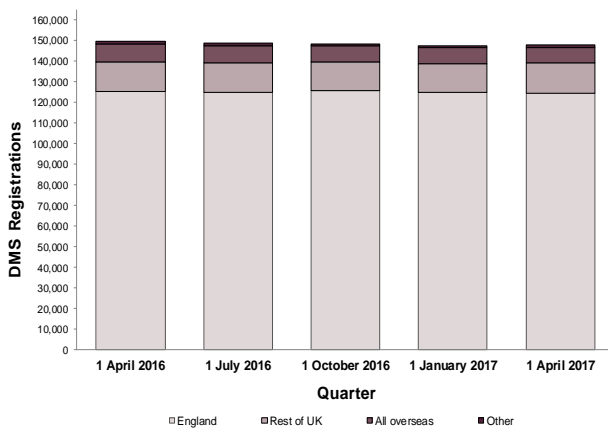
# UK Armed Forces Personnel

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 increased by **190** since 1 January 2017.

Trends over a longer time period show that there has been an overall reduction of **16,718** personnel since 1 October 2013; numbers have reduced from **164,579** to **147,861** in line with the previous manpower reduction targets as set out in the SDSR 2010.

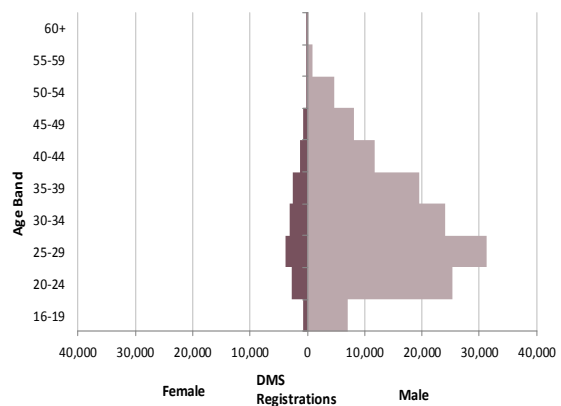
**Figure 2: UK Armed Forces DMS registrations, by country and quarter, numbers**<sup>1,2,3</sup>  
1 April 2016 – 1 April 2017



Source: DMICP Data Warehouse and JPA

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

**Figure 3: UK Armed Forces DMS registrations, by gender and age band, numbers**  
1 April 2017



Source: DMICP Data Warehouse and JPA

**Figure 3** presents the number of DMS registrations for UK Armed Forces personnel by gender and age band as at 1 April 2017:

- **55%** 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.

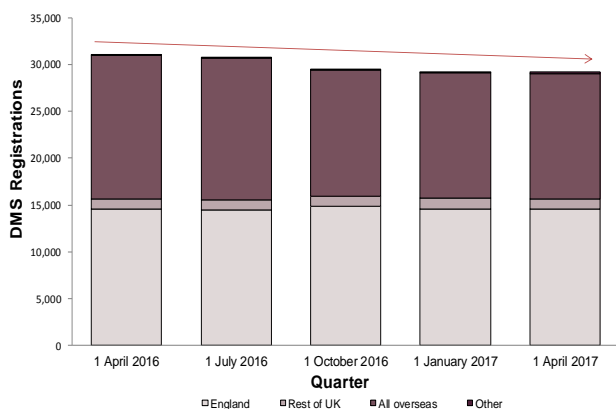
# Entitled Civilian Personnel

**Figure 4** presents the number of registrations for entitled civilians over the last five quarters. The number of entitled civilian registrations has decreased by **79** since 1 January 2017. Since 1 October 2013 there has been an overall reduction of **19,119** entitled civilian personnel.

The number of entitled civilians has decreased over the previous quarter due to the Army Basing Programme moving UK Armed Forces personnel back to the UK from Germany and other overseas locations. This is because the majority of family dependents that returned to the UK are no longer entitled civilians and have reverted back to being under the primary care of the NHS.

**Figure 4: Entitled civilian DMS registrations, by country and quarter, numbers**

1 April 2016 – 1 April 2017

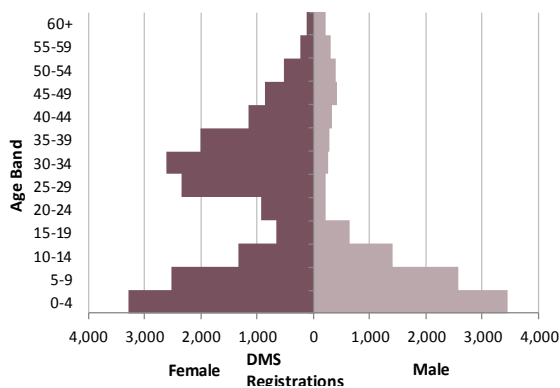


Source: DMICP Data Warehouse

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

**Figure 5: Entitled civilian DMS registrations, by gender<sup>1</sup> and age band, numbers**

1 April 2017



Source: DMICP Data Warehouse

- <sup>1</sup> 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 April 2017 by gender and age band. **50%** of these registrations were for those aged 0-14 and **24%** were for females aged 25-39. These represent the main categories of dependents for the Armed Forces personnel: children and partners.

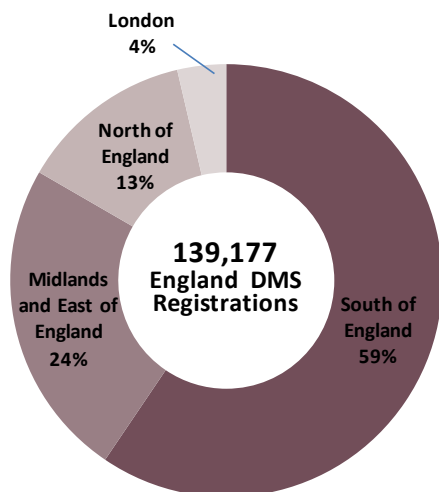
## Regional Analysis

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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 April 2017



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 decrease of **362** UK Armed Forces and entitled civilian personnel registered in England.

▼ A decrease of 362 since 1 January 2017

Source: DMICP Data Warehouse and JPA

There has been an increase of **244** UK Armed Forces registrations at NHS North West Surrey CCG. This is due to new entrants registering at Pirbright for Phase 1 training.

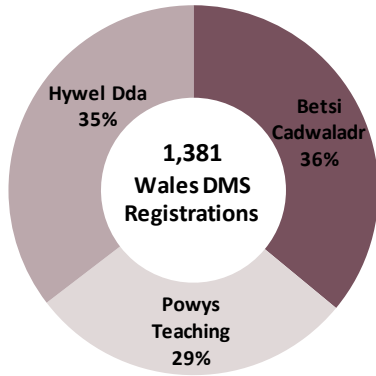
The medical centre at Wellington Barracks has closed temporarily while new sites within the Barracks are refurbished. This has resulted in a decrease of **670** UK Armed Forces registrations at NHS Central London (Westminster) CCG. These personnel have moved to The Baird resulting in an increase of registrations at NHS Lambeth CCG. It is expected that all personnel currently registered at The Baird will move to the new facilities at Wellington Barracks when the refurbishment is complete in early 2018. The naming of the new combined facilities is yet to be determined.

The decrease of **605** UK Armed Forces registrations at NHS North, East, West Devon CCG is mainly due to Royal Navy personnel registered at HMS Drake now being registered at HMS Neptune (Argyll and Bute HSCP, Scotland).

## Regional Analysis (Cont.)

### Wales Regional Analysis

**Figure 7: UK Armed Forces and entitled civilian Wales DMS registrations, by location 1 April 2017**



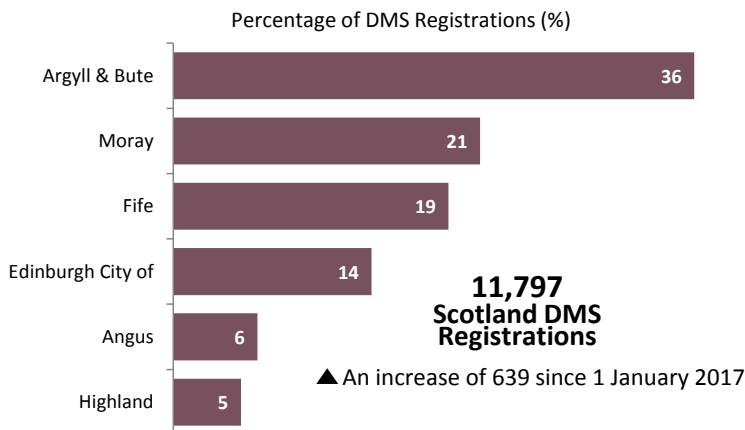
There have been no major changes in Wales this quarter. For Wales statistics by LHB and LAA please see Tables C1.1 to C2.7 in the supplementary tables of this report.

▼ A decrease of 29 since 1 January 2017

Source: DMICP Data Warehouse and JPA

### Scotland Regional Analysis

**Figure 8: UK Armed Forces and entitled civilian Scotland DMS registrations, by location 1 April 2017**



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

There has been an increase of **639** UK Armed Forces Registrations and entitled civilian personnel registered in Scotland.

Source: DMICP Data Warehouse and JPA

<sup>1</sup> Please note that South Ayrshire HSCP is no longer presented as there are no longer any personnel registered at this location

There has been an increase of **624** UK Armed Forces Registrations at Argyll and Bute HSCP. This is due to Royal Navy personnel now registered at HMS Neptune rather than at HMS Drake (NHS North, East, West Devon CCG).



## Regional Analysis (Cont.)

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The HMS Queen Elizabeth and HMS Prince of Wales Queen Elizabeth Class aircraft carriers are being built at Rosyth (Fife HSCP). When built later in 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. MOD medical centres within NHS Portsmouth CCG will then be responsible for the care of 600 personnel assigned to HMS Prince of Wales.

### Northern Ireland Analysis

There are **2,590** DMS registrations in Northern Ireland, a decrease of 103 since 1 January 2017.

For Northern Ireland statistics by LCG and DCA please see Tables E1.1 to E2.7 in the supplementary tables of this report.

### 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.

Wales & West Midlands took over responsibility of Fulwood and Weeton Barracks from Northern England region, resulting in an increase of **980** personnel in Wales & West Midlands region. This change affects internal MOD region figures only, there has been no change to the CCG.

## Methodology

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**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 April 2017, **3,565** UK Armed Forces personnel held a non-DMS registration. As such, these personnel were excluded from the data.

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

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### **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.)

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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

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### 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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