



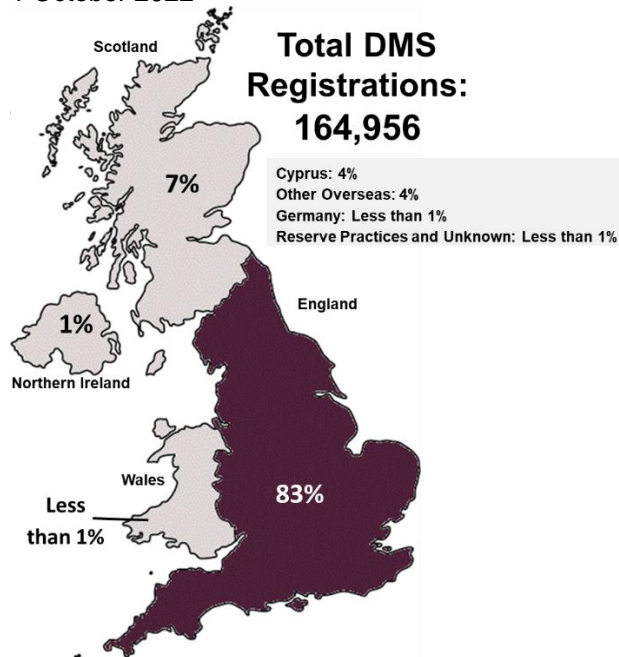
This bi-annual official statistic provides summary statistics on the number of serving UK armed forces personnel and entitled civilian personnel with a Defence Medical Services (DMS) registration as at 1 October 2022. Information in this report is used by the MOD, NHS, Public Health England (PHE) and local authorities to make informed decisions regarding the commissioning of clinical services in different parts of the country, depending on the size and composition of the UK armed forces populations requiring access to care.

### Key Points

- As at 1 October 2022 **164,956** UK armed forces personnel and entitled civilians had a Defence Medical Services (DMS) registration. This is a decrease of 2% since 1 April 2022.
- **92% (151,126)** of personnel with a DMS registration were located in the UK. This percentage has remained stable since 1 April 2022.
- The number of personnel with a DMS registration in Germany has remained stable, with 598 as at 1 October 2022 compared to 581 as at 1 April 2022 and 585 as at 1 October 2021. This follows a decrease due to the drawdown of units from Germany.

When someone has a **Defence Medical Services (DMS) registration**, it means that their primary medical care is provided by the MOD.

**Figure 1: UK armed forces and entitled civilian personnel DMS registrations, by registration location, percentages<sup>1</sup>**  
1 October 2022



Source: DMICP Data Warehouse and JPA  
<sup>1</sup> Due to rounding, percentages may not sum to 100%.

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**Background quality report:** <https://www.gov.uk/government/collections/defence-personnel-nhs-commissioning-quarterly-statistics-index>

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## Contents

Introduction	Page 2 to 3	
Main Findings	Page 4 to 5	
UK Armed Forces Personnel	Page 6	
Entitled Civilian Personnel	Page 7	
Regional Analysis	Page 8 to 9	Past publications, and supplementary tables containing all data presented in this publication, can be found at <a href="https://www.gov.uk/government/collections/defence-personnel-nhs-commissioning-quarterly-statistics-index">https://www.gov.uk/government/collections/defence-personnel-nhs-commissioning-quarterly-statistics-index</a>
Methodology	Page 10	
Glossary	Page 11 to 14	
Further Information	Page 15	
Contact Us	Page 16	

## Introduction

This report enables the MOD, the Department of Health, NHS England (and devolved administrations), Public Health England and local authorities make informed decisions regarding the commissioning of clinical services in different parts of the country depending on the size and composition of the UK armed forces populations requiring access to care.

From 2013 up until the 1 April 2022 publication of these statistics, information for England was presented by NHS region and Clinical Commissioning Group (CCG) based on the structure detailed in the Health and Social Care Act 2012. The NHS England organisational structure was updated in early 2019 to incorporate Sustainability and Transition Partnerships (STPs) that sit between NHS regions and Clinical Commissioning Groups (CCGs).

From 1 July 2022, following the 2022 Health and Care Act, Integrated Care Boards (ICBs) replaced Strategic Information Partnerships (STPs) in NHS England. Clinical Commissioning Groups (CCGs) are now Sub-ICB Locations.

This publication therefore presents information for England at ICB and sub ICB level instead of STP and CCG. For further details and background to these changes please see the Background Quality Report.

A consultation for public feedback in June 2022 resulted in the removal of supplementary tables relating to local area, please see the Background Quality Report for further information. With effect from the December 2022 publication, information in the supplementary tables is presented by the following<sup>1</sup>:

- England: NHS Region, Integrated Care Boards (ICBs) and Sub Integrated Care Board Locations (SICBLs).
- Wales: Local Health Boards (LHB).
- Scotland: Council Area (CA).
- Northern Ireland: Local Commissioning Groups (LCG).

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<sup>1</sup> As advised by the Office for National Statistics (ONS) and NHS England. Further information on the structure of the NHS can be found at this link: <https://digital.nhs.uk/services/organisation-data-service/data-downloads/other-nhs-organisations>.

Following user feedback, and due to the very small changes seen between six-monthly publications, the frequency of this publication will be reduced to an annual publication, presenting data as at 1 October each year.

Figures include UK armed forces and entitled civilians with a DMS registration. UK armed forces includes Regulars, Gurkhas, Officer Designates and Full Time Reserve Service (FTRS) Full Commitment (FC) personnel. Entitled civilians includes service personnel family dependents and MOD employed civilian personnel who are entitled to care at MOD primary care facilities.

The number of UK armed forces and entitled civilian personnel with a DMS registration is directly impacted by the size of the armed forces required by the MOD to achieve success in its military tasks. More information about the sizes of the armed forces can be found in the UK armed forces personnel statistic:

<https://www.gov.uk/government/collections/uk-armed-forces-quarterly-service-personnel-statistics-index>

## Main Findings

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As at 1 October 2022:

▼ 164,956	<b>Total DMS registrations</b> a decrease of 3,439 since 1 April 2022
▼ 151,126	<b>UK DMS registrations</b> a decrease of 3,147 since 1 April 2022
▲ 6,641	<b>Cyprus DMS registrations</b> an increase of 111 since 1 April 2022
▲ 598	<b>Germany DMS registrations</b> an increase of 17 since 1 April 2022
▼ 144,559	<b>UK armed forces DMS registrations</b> a decrease of 2,595 since 1 April 2022
▼ 20,397	<b>Entitled civilian DMS registrations</b> a decrease of 844 since 1 April 2022

**UK armed forces** includes Regulars, Gurkhas, Officer Designates and Full Time Reserve Service (FTRS) Full Commitment (FC) personnel.

**Entitled civilians** include contractors, MOD employed entitled civilians and military family dependents.

**88%** of all DMS registrations at MOD medical centres were for UK armed forces personnel.

Of the **164,956** UK armed forces and entitled civilians with a DMS registration:

- **92%** were registered in the UK<sup>2</sup>:
  - **83%** England.
  - **7%** Scotland.
  - **1%** Northern Ireland.
  - **less than 1%** Wales.
- **4%** Cyprus.
- **4%** other overseas locations.
- **less than 1%** Germany.
- **less than 1%** reserve practices or unknown.

For **UK armed forces** personnel with a DMS Registration:

- **96%** were in the UK.
- **4%** were overseas.
- **Less than 1%** were at reserve practices or unknown.

For **entitled civilian** personnel with a DMS registration:

- **61%** were in the UK.
- **39%** were overseas.
- **Less than 1%** were at reserve practices or unknown.

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<sup>2</sup> Sub totals may not match totals due to rounding of percentages.

## Main Findings (Continued)

4% (6,641) of all DMS registrations were in Cyprus. This remains consistent over time. British Forces Cyprus and their dependants are located in the Sovereign Base Areas of Akrotiri and Dhekelia. For further information, see the glossary for “British Forces Cyprus”.

4% (6,034) of all DMS registrations were in other overseas locations (overseas, not including Cyprus or Germany). This is a decrease of 591 since 1 April 2022.

Less than 1% (598) of all DMS registrations were in Germany. This proportion is small due to movement of units from Germany to other locations as set out in the Strategic Defence and Security Review (SDSR) 2010<sup>3</sup>.

Table 1 presents the number of UK armed forces and entitled civilian personnel by location as at 1 October 2022.

**Table 1: UK armed forces and entitled civilian DMS registrations, by registration location, numbers<sup>1</sup>**

1 October 2022

Location	All persons	UK armed forces	Civilian
<b>ALL</b>	<b>164,956</b>	<b>144,559</b>	<b>20,397</b>
<b>UNITED KINGDOM</b>	<b>151,126</b>	<b>138,656</b>	<b>12,470</b>
England	136,829	125,297	11,532
Wales	1,464	1,258	206
Scotland	10,858	10,382	476
Northern Ireland	1,975	1,719	256
<b>OTHER</b>	<b>13,830</b>	<b>5,903</b>	<b>7,927</b>
Germany	598	215	383
Cyprus	6,641	2,790	3,851
Other overseas	6,034	2,385	3,649
Reserve practices	67	64	3
Unknown <sup>2</sup>	490	449	41

Source: DMICP Data Warehouse and JPA.

<sup>1</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>2</sup> Unknown includes data quality issues and data management practice registrations.

<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 workforce reduction targets set out in SDSR 2010, a redundancy programme, coupled with adjusted recruiting (intake) and contract extensions were set. The redundancy programme was completed and in November 2015, the Ministry of Defence published the National Security Strategy and Strategic Defence and Security Review 2015. SDSR 2015 outlined 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 to 30,450 and 31,750 respectively. For further information on the number of military personnel in the UK armed forces, please refer to the quarterly service personnel national statistics at

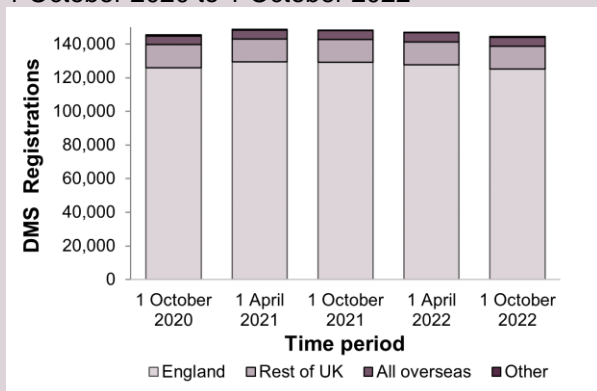
<https://www.gov.uk/government/collections/quarterly-service-personnel-statistics-index>.

Trends over a longer time period show an overall reduction of **20,012** UK armed forces personnel with a DMS registration since 1 October 2013 (first published NHS Commissioning Population Statistics); numbers reduced from **164,571** at 1 October 2013 to **144,559** at 1 October 2022.

**Figure 2** presents the number of DMS registrations for UK armed forces personnel over the last five reported time periods. The total number of UK armed forces DMS registrations **decreased** by **2,595** (2%) since 1 April 2022.

The proportion of UK armed forces with a DMS registration at overseas locations (not including Cyprus or Germany) has remained at 2% since 1 October 2020. However, the *number* of personnel with a DMS registration in such locations has decreased by 12% (330) since 1 April 2022.

**Figure 2: UK armed forces DMS registrations, by country, numbers<sup>1,2,3</sup>**  
1 October 2020 to 1 October 2022



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.

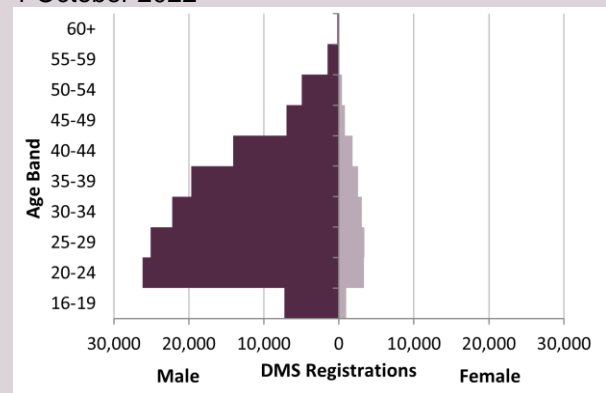
**Figure 3** presents the number of DMS registrations for UK armed forces personnel by gender and age band as at 1 October 2022:

- **89%** of registrations were for male personnel.
- **58%** of registrations were for personnel aged 20 to 34 years.

The distribution of age group by gender reflects the demographic structure of the UK armed forces population and is consistent over time.

**Figure 3: UK armed forces DMS registrations, by gender and age band, numbers**

1 October 2022



Source: DMICP Data Warehouse and JPA

## Entitled Civilian Personnel

As at 1 October 2022 there were **20,397** entitled civilians with a DMS registration. Trends over a longer time period show that the number of entitled civilians with a DMS registration has more than halved since 1 October 2013 when there were 47,898 entitled civilians with a DMS registration (first published NHS Commissioning Population Statistics).

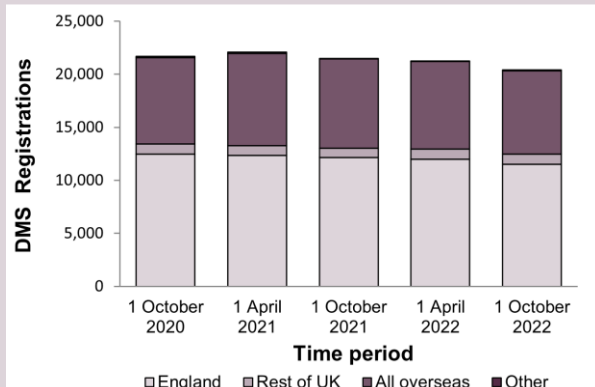
This decrease over time is partly due to movement of units from Germany to other locations as set out in the Strategic Defence and Security Review (SDSR) 2010. With this move, the majority of service personnel’s family dependents that returned to the UK are no longer classed as entitled civilians and have reverted back to being under the primary care of the NHS.

**Figure 4** presents the number of registrations for entitled civilians with a DMS registration over the last five time periods. The total number of entitled civilians with a DMS registration **decreased** by **844** (4%) since 1 April 2022.

The number of entitled civilians with a DMS registration in Germany has remained stable, decreasing by 5 since 1 April 2022.

The number of entitled civilians with a DMS registration in Cyprus has **decreased** by **112** (3%) since 1 April 2022.

**Figure 4: Entitled civilian DMS registrations, by country, numbers<sup>1,2,3</sup>**  
1 October 2020 to 1 October 2022



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.

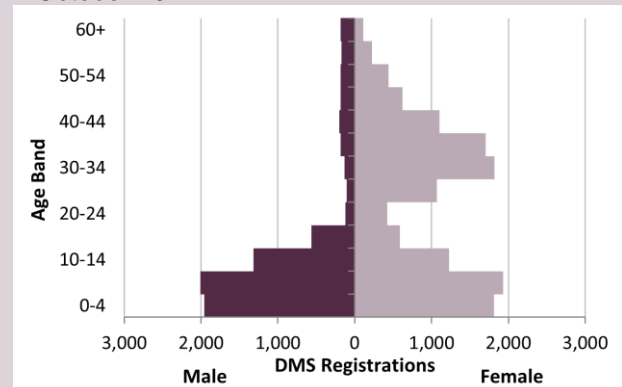
<sup>3</sup> Other consists of Reserve Practices and Unknown.

**Figure 5** presents the number of registrations for entitled civilians at 1 October 2022 by gender and age band.

- **64%** of registrations were for female personnel.
- **50%** of registrations were for those aged 0-14 years.

These represent the main categories of UK armed forces personnel’s dependents: children and female partners.

**Figure 5: Entitled civilian DMS registrations, by gender<sup>1</sup> and age band, numbers**  
1 October 2022



Source: DMICP Data Warehouse

<sup>1</sup> Please note there were 5 civilians whose genders were recorded as “unspecified” and therefore have been excluded from Figure 5.

## Regional Analysis

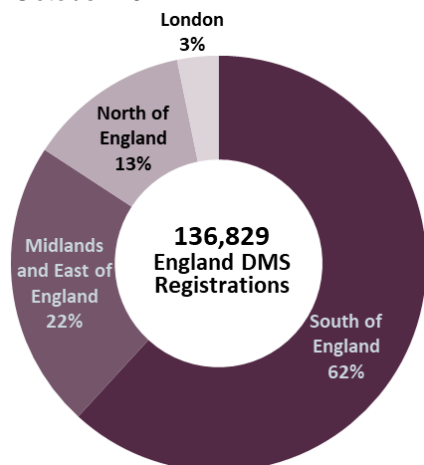
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DMS registrations by location, age and gender can be found in the supplementary tables.

### England Regional Analysis

**Figure 6: UK armed forces and entitled civilian DMS registrations in England by region, percentages**

1 October 2022



▼ There was a **decrease** of **2,874** UK armed forces and entitled civilian personnel registered in England since 1 April 2022.

The demographics and geographic distribution of UK armed forces and entitled civilian personnel with DMS registrations in England remained similar to those as at 1 April 2022.

Source: DMICP Data Warehouse and JPA

<sup>1</sup> NHS regions are combined in this chart. South of England represents South East and South West. North of England represents North West and North East and Yorkshire. Midlands and East of England represents Midlands and East of England. London is not combined.

<sup>2</sup> Due to rounding, percentages may not sum to 100%.

Most large changes in the number of UK armed forces registrations in a given Sub Integrated Care Board Location are due to routine movements of personnel.

**Routine movements** are any movements of personnel which are expected as part of normal duty. E.g. rotation of units to new garrison locations or movement of untrained personnel to new locations following completion of training. Other routine changes include the planned closure and merging of medical practices, and planned movements of ships between baseports.

For England statistics by NHS region, ICB and SICBL location please see tables B1 to B5 in the supplementary tables of this report.

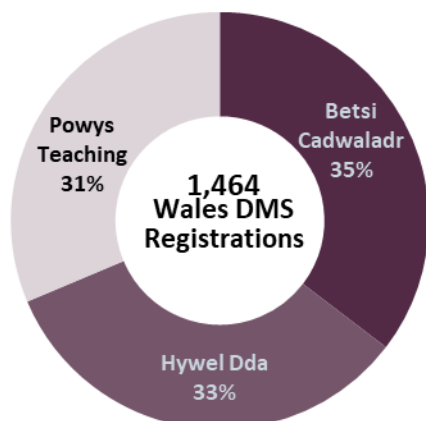


## Regional Analysis (Continued)

### Wales Regional Analysis

**Figure 7: UK armed forces and entitled civilian DMS registrations in Wales, by Local Health Board, percentages**

1 October 2022



▼ There was a **decrease** of **37** UK armed forces and entitled civilian personnel with DMS registrations in Wales since 1 April 2022.

The demographics and geographic distribution of UK armed forces and entitled civilian personnel with DMS registrations in Wales remained similar to those as at 1 April 2022.

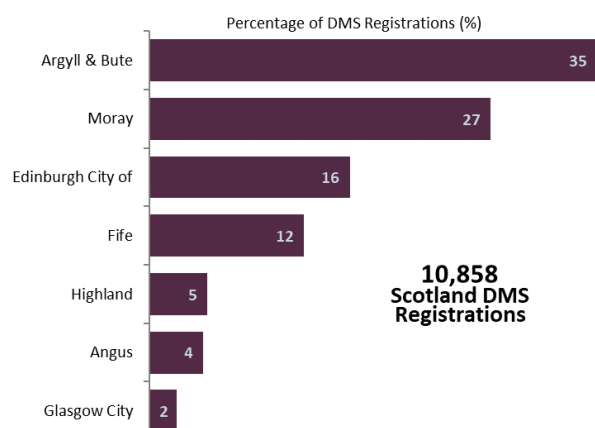
Source: DMICP Data Warehouse and JPA.

For Wales statistics by LHB please see Tables C1 to C5 in the supplementary tables of this report.

### Scotland Regional Analysis

**Figure 8: UK armed forces and entitled civilian DMS registrations in Scotland, by Council Area, percentages**

1 October 2022



▼ There was a **decrease** of **166** UK armed forces and entitled civilian personnel registered in Scotland since 1 April 2022.

The demographics and geographic distribution of UK armed forces and entitled civilian DMS registrations in Scotland remained similar to those as at 1 April 2022.

Source: DMICP Data Warehouse and JPA

<sup>1</sup> Please note that South Ayrshire council area is not presented as there were no personnel registered at this location.

For Scotland statistics by council area please see Tables D1 to D5 in the supplementary tables of this report.

### Northern Ireland Regional Analysis

As at 1 October 2022, there were **1,975** UK armed forces and entitled civilian personnel with DMS registrations in Northern Ireland, a **decrease** of 70 (3%) since 1 April 2022.

For Northern Ireland statistics by service, gender and age please see Tables E1 to E5 in the supplementary tables of this report.

## 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 (**4,772** personnel as at 1 October 2022). 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 developed 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 currently 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'

In late 2019, as part of continuous improvements to the management of patient records, some personnel who had previously been registered to a data management practice had their registration transferred to a practice under the "Other Overseas" administration, which better reflected the location of personnel.

All UK medical centres identified from DMICP were mapped to an NHS ICB (England) 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 as at 1 October 2022.

Royal Navy 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**

The British Army consists of the General Staff and the deployable field army and the regional forces that support them, as well as joint elements that work with the Royal Navy and Royal Air Force. Its primary task is to help defend the interests of the UK.

### **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 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 have been 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)**

CCGs existed from 2012 until 1 July 2022, when they were replaced with ICBs. They were responsible for the commissioning of clinical services and provision of public health initiatives in England.

### **Council area**

Scottish Local Government consists of 32 elected councils which provide a range of services to the people of Scotland, including healthcare. Council areas are only presented in this report where there are UK armed forces personnel or civilians with a DMS registration.

### **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.

## Glossary (Continued)

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### 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 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.

### Integrated Care Boards (and Sub ICB locations)

ICBs are responsible for developing a plan in collaboration with NHS trusts/foundation trusts and other system partners for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the defined area<sup>4</sup>. When ICBs were legally established, Sustainability and Transformation Partnerships (STPs) and clinical commissioning groups (CCGs) were abolished. The former STP and CCG geographical areas have been replaced with ICBs and sub ICB locations.

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<sup>4</sup> <https://www.england.nhs.uk/integratedcare/>

## Glossary (Continued)

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### **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.

### **RAF**

The aerial defence force of the UK.

### **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).

### **Royal Navy**

Royal Navy, the sea-going defence forces of the UK, and Royal Marines, sea-going soldiers. Excludes the Royal Fleet Auxiliary Service (RFA).

### **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.

## **Glossary (Continued)**

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### **Sustainability and Transformation Partnerships (STPs)**

STPs existed until July 2022 when they were replaced by ICBs. STPs were created to bring local health and care leaders together to plan around the long-term needs of local communities. They were drawn up by senior figures from different parts of the local health and care system, following discussion with staff, patients and others in the communities they serve (NHS England).

### **UK armed forces personnel**

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

## Further Information

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### Symbols

#### Statistical Disclosure Control

Following the release of Joint Service Publication 200 (March 2016) the tables in this report have been presented as unrounded. Following a risk assessment, it was concluded that there was a low risk for disclosure of medical information from registration totals presented in unrounded tables. Therefore, to avoid unnecessary secondary suppression values have been presented.

However, due to the additional breakdowns provided in the Supplementary Tables there is an increased risk of disclosure and presenting these as unrounded would result in a large amount of secondary suppression. For this reason, some of the numbers in the Supplementary Tables are rounded so that more values can be presented.

Where applicable, numbers have been rounded to the nearest 10 in keeping with the ONS Dissemination of Health Statistics: Confidentiality Guidance. 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. All numbers five or fewer have been suppressed and presented as ‘[c]’.

## Contact Us

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Defence Statistics welcome feedback on our statistical products. If you have any comments or questions about this publication or about our statistics in general, you can contact us as follows:

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Email: Analysis-Health-PQ-FOI@mod.gov.uk

If you require information which is not available within this or other available publications, you may wish to submit a Request for Information under the Freedom of Information Act 2000 to the Ministry of Defence. For more information, see:

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

### Other contact points within Defence Statistics are:

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