



Llywodraeth Cymru
Welsh Government

STATISTICS

NHS dental services: April 2020 to March 2021

Number of patients receiving NHS dental treatment, the type of treatments provided and the numbers of NHS dentists for April 2020 to March 2021.

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Introduction

The statistics in this release are based on NHS dental work completed by a NHS dentist in Wales, which has been submitted for payment. It provides a summary of completed activity during 2020-21 by NHS dentists. It includes data on the number of courses of treatment completed, specific treatment undertaken, dental workforce, number of patients treated within the past 24 months, and orthodontic activity.

The main source of data in this statistical release is derived from dental activity forms submitted for payment and processed by Dental Services in NHS Business Services Authority.

Comparable data is available from when the current dental contract was introduced in 2006.

Impact of COVID-19

The coronavirus (COVID-19) pandemic has had a significant impact on the way dental services have been provided in Wales and therefore affect the data collected from the last quarter of the financial year 2019-20 and the full financial year 2020-21. Where there are slight decreases in activity levels in 2019-20 and large decreases in 2020-21, it is likely to be as a result of the pandemic.

While practices in Wales did not close at any stage during the pandemic, they entered the **Red Dental Alert Level** from 23 March 2020 and were limited in the types of treatments they could carry out during the period from April 2020 to the end of June 2020.

Urgent Dental Centres (UDC) were established during the red dental alert phase and activity data was not recorded in the usual way. As a result of this, data

reported in this statistical release will be an undercount of the true activity which occurred. Furthermore, restrictions at practices before and after national lockdowns, will mean that data reported for activity, patient numbers, finances and treatments will be lower than would have been expected during the last quarter of 2019-20 (January to March 2020) and the whole financial year 2020-21.

More detail is provided in the [quality and methodology section](#).

Main points

- In the 24 month period ending March 2021, over 1.1 million adults (or 45.2% of the adult population) and over 370,000 children (or 59.3% of the child population) were treated by NHS dentists in Wales.
- In 2020-21, just over 540,000 courses of treatment were recorded. For the first time on record, the most common treatment band was for urgent treatment, accounting for just under half of all courses of treatment.
- In 2020-21 the number of courses of treatment fell by 76.7% from the previous year, largely due to the suspension of dental activity due to the COVID-19 pandemic. Activity decreased for all treatment bands except urgent cases which increased by 0.6%.
- The effect of the pandemic in 2020-21 resulted in sharp falls for most common treatments, with 98.5% fewer examinations performed on adult patients and 99.4% fewer examinations on child patients than in 2019-20.
- In 2020-21, £9.3 million revenue was generated from patient charges, down by 73.4% from £34.9 million in 2019-20.
- In 2020-21, there were 1,389 dentists with NHS activity recorded in Wales. This is a decrease of 5.6% (or 83 fewer dentists) than in 2019-20.
- In 2020-21, almost half of the dentists with NHS activity recorded were female.

Patients treated

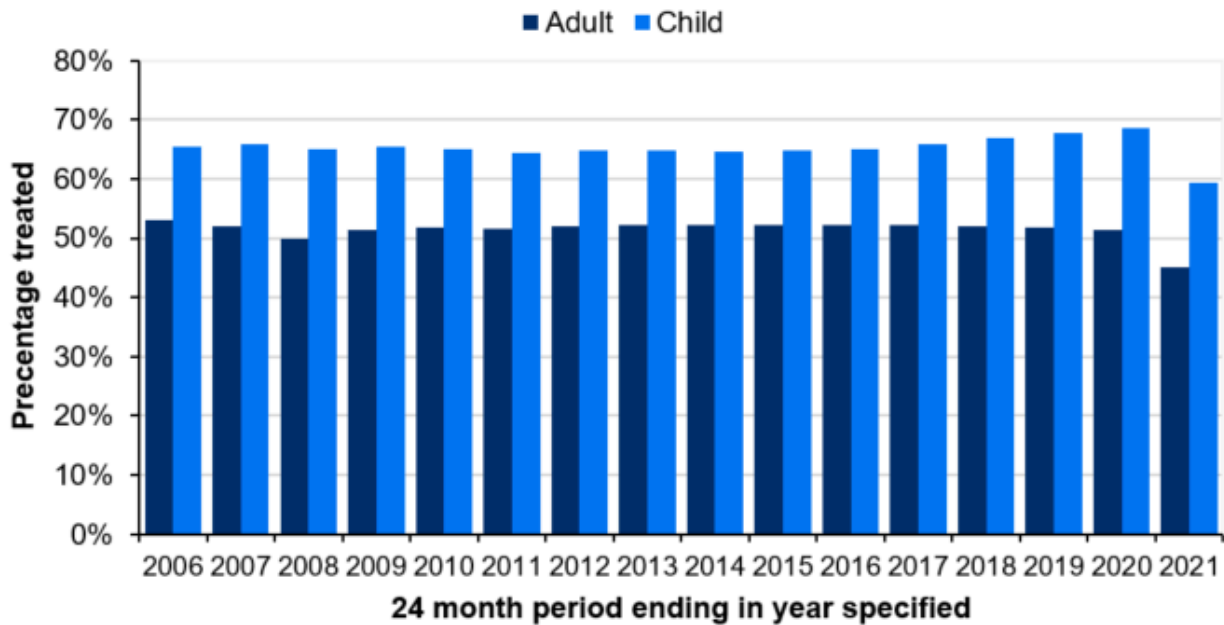
'Patients treated' counts the number of unique patients that have been treated during the last 24 months; each patient is counted only once even if they have received multiple episodes of care over the period.

A 24 month period is used for these statistics as the [National Institute for Health and Care Excellence \(NICE\) guidance](#) recommends that patients are recalled for check-ups at intervals of three months to 24 months depending on the individual's oral health status.

Note that patients may not be treated in their resident health board and orthodontic patients are included in the patients seen measure.

More information on the method for counting patients treated is in the [quality report](#).

Chart 1: The percentage of the adult and child population treated in the 24 month period ending March, 2006 to 2021 (a)



Source: NHS Business Services Authority

(a) Adults: Number of resident population aged 18 years or over. Children: Number of resident population aged 0-17 years.

Percentage of the adult and child population treated in the 24 month period ending March, 2006 to 2021 (StatsWales)

Chart 1 shows the proportion of adults and children who were treated in Wales since 2006.

The percentage of adults treated in Wales was fairly stable between 2006 and 2020, but there was a clear fall in 2021, due to the effects of the pandemic. Similarly, the percentage of children treated in Wales has also remained fairly stable over the long term, but with a slight upwards trend in more recent years; however there was also a clear fall in 2021, as the pandemic impacted dental services.

In the 24 month period ending March 2021, over 1.1 million adults (1,146,918, or 45.2% of the adult population) and over 370,000 children (373,242 or 59.3% of the child population) were treated by NHS dentists. Overall, over 1.5 million patients (1,520,160 or 48.0% of the total population) were treated.

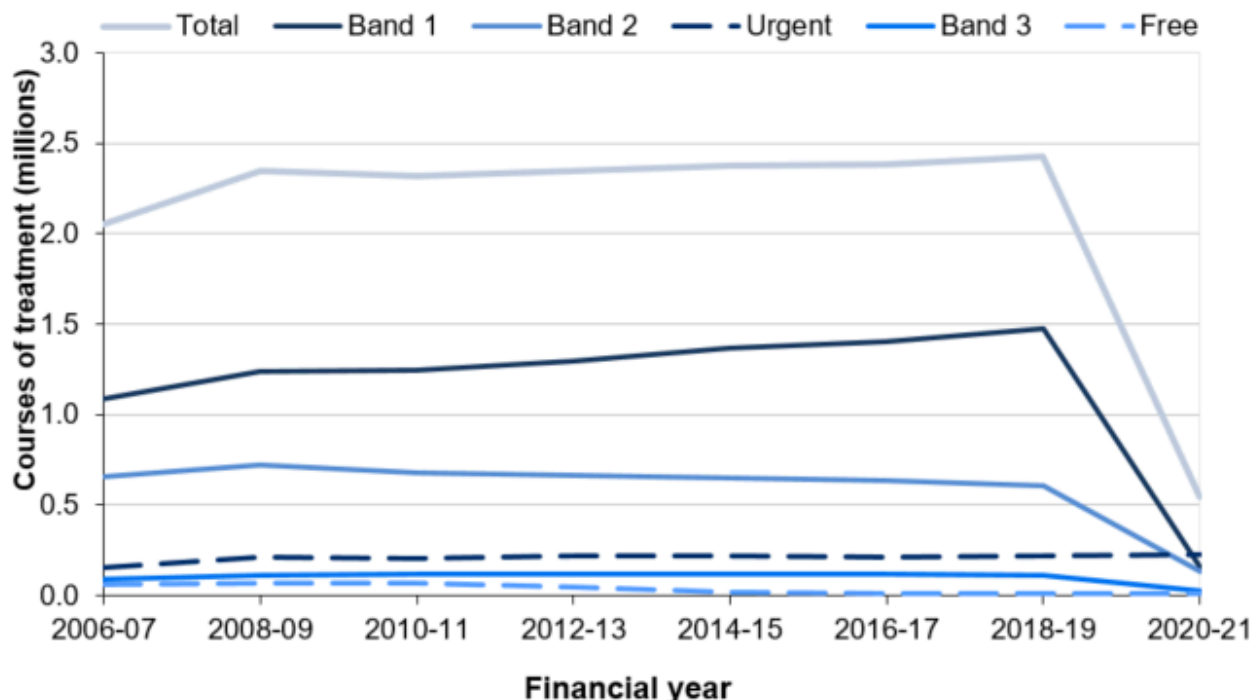
Compared to the 24 month period ending March 2020, the number of adults treated decreased by 11.6% (or 149,971 patients) and the percentage of the adult population treated decreased by 6.2 percentage points. The number of children treated decreased by 13.6% (58,787 patients) and the percentage of the child population treated decreased by 9.3 percentage points. Overall there was a decrease of 12.1% (208,758 patients) in the total number of patients treated, and the percentage of the total population treated decreased by 6.9 percentage points.

Courses of treatment

Activity data presented here is the total activity completed. Treatments are split into **treatment bands** such as Band 1, Band 2, Band 3, and Urgent treatments, which are used to determine the charge paid by patients.

See the **quality report** for more information about courses of treatment activity.

Chart 2: Annual number of courses of treatment by treatment band, 2006-07 to 2020-21



Source: NHS Business Services Authority

Courses of treatment by treatment band (StatsWales)

Note that dental activity was not recorded by Urgent Dental Centres (UDC) in the usual way during the COVID-19 pandemic, so data for 2020-21 may be an undercount of actual dental activity.

Prior to the COVID-19 pandemic, just over 2.3 million courses of treatment were generally completed per year by NHS Wales dentists. The majority of treatments were categorised as Band 1, which had been steadily increasing since 2006-07. As the pandemic hit dental services in 2020-21, far fewer courses of treatment were recorded for most treatment bands, although urgent treatments increased slightly and were the highest on record.

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In 2020-21, just over 540,000 (544,755) courses of treatment were recorded. For the first time on record, the most common treatment band was for urgent treatment, accounting for just under half (224,130) of all courses of treatment. There were also just under 155,000 (154,726) Band 1 treatments; just under 135,000 (134,681) Band 2 treatments; just over 22,000 (22,363) Band 3 treatments and nearly 9,000 (8,595) free treatments.

Compared with 2019-20, the total number of courses of treatment decreased by nearly 1.8 million (or 76.7%). The number of urgent treatments increased slightly by 0.6%; however, there were decreases in all other treatment bands ranging from a 89.2% decrease for Band 1 treatments to a 22.2% decrease in free treatments.

Data for Units of Dental Activity (UDA) are available on [StatsWales](#).

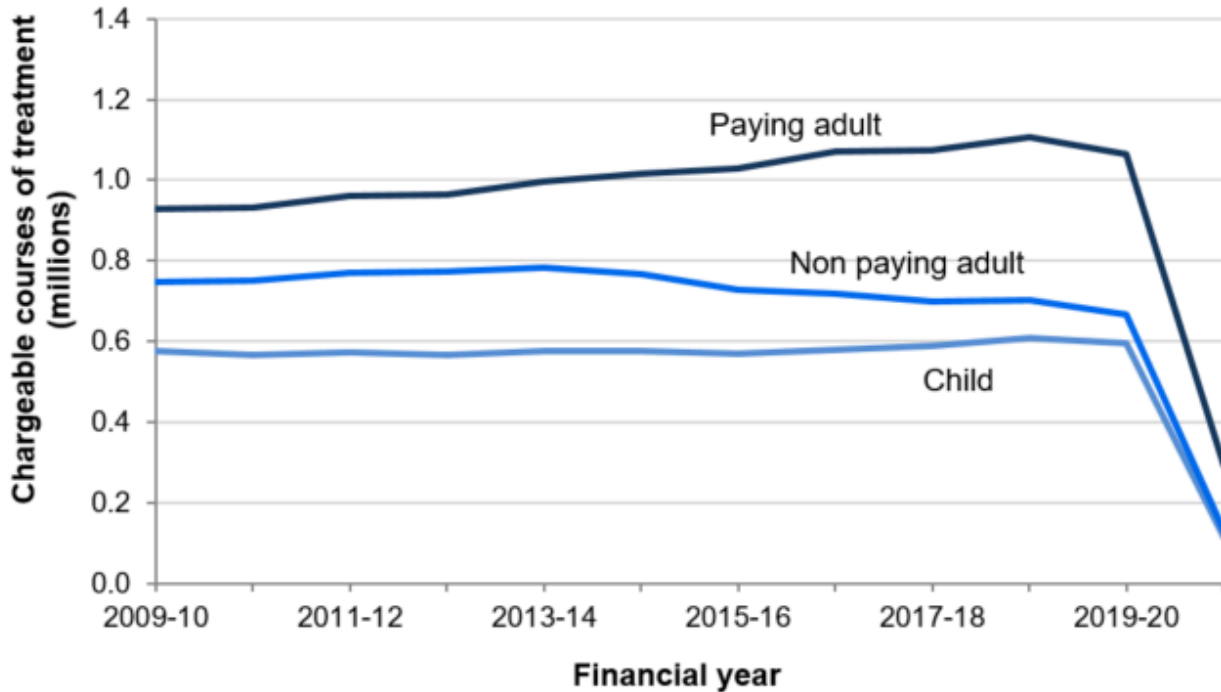
Patient charges

Patient charges are paid by adult patients who are eligible to pay for treatment. The amount charged is determined by the treatment band. Some patients do not pay for their NHS treatment. The main groups of non-charge paying patients are children (aged under 18); 18 year olds in full time education; pregnant women and nursing mothers; adults on low income or in receipt of certain benefits; and patients treated in hospital (although treatments for the latter are not included in this release).

In 2020-21, £9.3 million revenue was generated from patient charges, down by 73.4% from £34.9 million in 2019-20. See [StatsWales](#) for further data on revenue generated from patient charges.

See the [quality report](#) for more information about patient charges.

Chart 3: Number of chargeable courses of treatment by patient type, 2009-10 to 2020-21 (a)



Source: NHS Business Services Authority

(a) Chargeable courses of treatment are those in Bands 1, 2, 3, Urgent or Reg 11 Replacements. Only paying adults will be charged for chargeable treatments.

Chargeable courses of treatment by patient type (StatsWales)

Chart 3 shows the number of chargeable courses of treatment given to different patient types since 2009-10.

In the years prior to the pandemic, the number of courses of treatment given to paying adults increased each year between 2009-10 and 2018-19 with a slight fall in 2019-20, while the number given to non-paying adults has had a downward trend since 2014-15. The number of courses of treatment for children were stable, with a slight upward trend since 2016-17.

The pandemic impacted on dental services in 2020-21, where there were just over 290,000 (292,434) chargeable courses of treatment for paying adults, just over 110,000 (112,988) treatments for children and a little over 130,000 (130,738) treatments for non-paying adults.

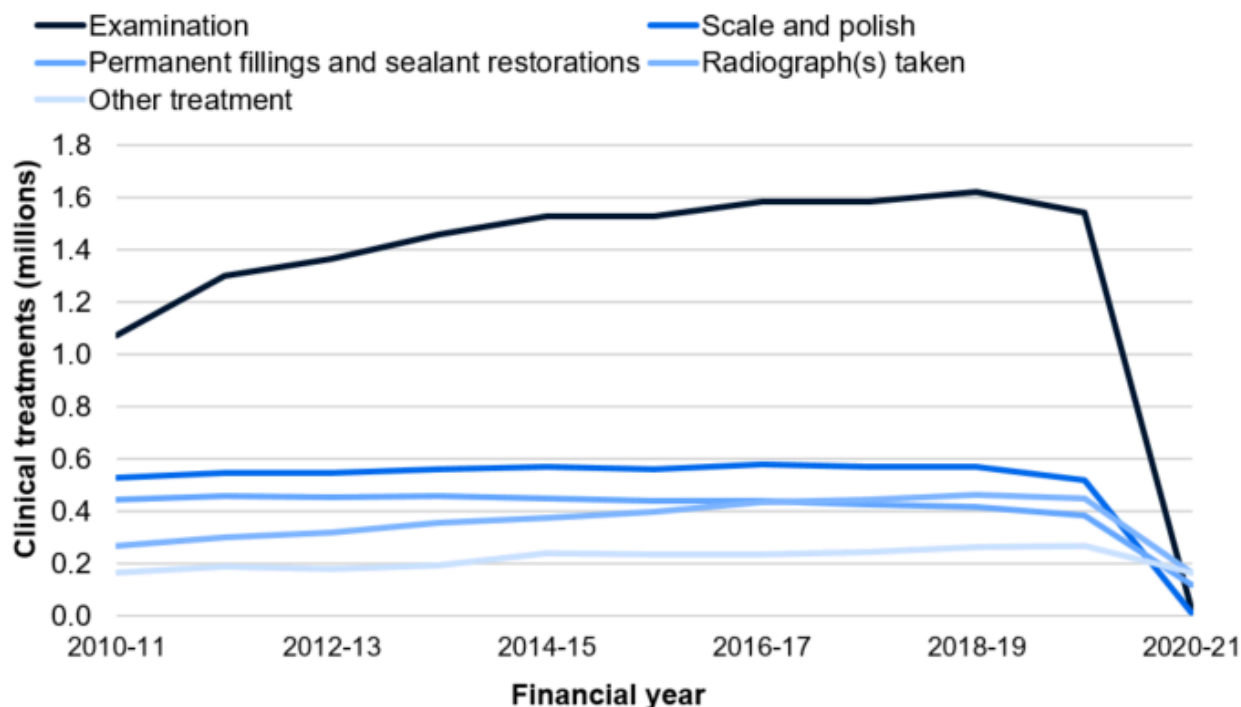
Compared with 2019-20, the number of chargeable courses of treatment has decreased for all patient types. There was a 72.5% decrease for paying adults, an 81.0% decrease for children, and an 80.4% decrease for non-paying adults.

Clinical dental activity

Numbers of clinical treatments are estimates based on a full year of clinical data. In the early years of data collection, a weighting factor was applied to clinical treatment data so that they matched activity data. More information is available in the [quality report](#).

The clinical treatments data are presented as they are recorded in the [FP17W form \(NHS Business Services Authority\)](#). There may be a small number of complex treatments recorded in a lower band, such as inlays in Band 2. Where this occurs, it is likely that the treatment has been recorded in to the incorrect band, but no adjustments are made in these circumstances.

Chart 4: Selected number of clinical treatments for adults, 2010-11 to 2020-21 (a) (b)



Source: NHS Business Services Authority

(a) Based on the following treatment bands: Bands 1-3, Urgent.

(b) A patient can receive more than one clinical treatment within a single course of treatment.

Clinical treatments for adults (MS Excel)

Chart 4 shows the number of clinical treatments for adults by treatment type and year since 2010-11, for the top five clinical treatments prior to the pandemic.

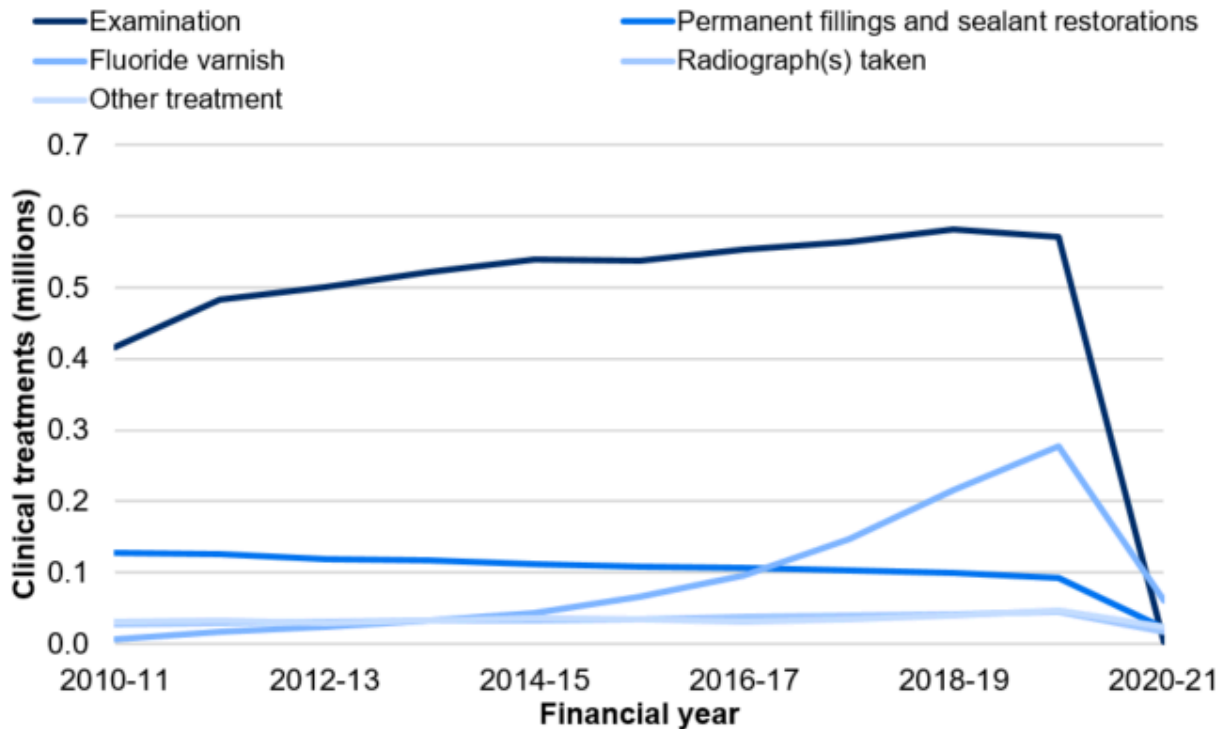
In the years prior to the pandemic, the number of dental examinations performed on adult patients had been on an upward trend, with the number of examinations performed in 2019-20, 44.2% higher than in 2010-11. Similarly, the number of radiographs had also been on an upward trend, increasing by more than two thirds (67.6%) over the time series. The number of scale and polish treatments

had remained stable, while there has been a slight downward trend in the number of permanent fillings and sealant restorations.

The effect of the pandemic in 2020-21 resulted in sharp falls for most common treatments. Just under 25,000 examinations were recorded, which was 98.5% lower than in 2019-20. There were similarly large falls for scale and polish (98.3%), permanent fillings and sealant restorations (68.8%) and radiographs (63.8%). The most common category courses of treatment consisted of 'other' treatments, with just over 165,000 treatments, but this was also 38.3% lower than in 2019-20.

A full list of clinical treatments is provided in the [quality and methodology information section](#).

Chart 5: Selected number of clinical treatments for children, 2010-11 (a) (b)



Source: NHS Business Services Authority

(a) Based on the following treatment bands: Bands 1-3, Urgent.

(b) A patient can receive more than one clinical treatment within a single course of treatment.

Clinical treatments for children (MS Excel)

Chart 5 shows the number of child courses of treatment for selected clinical treatment by treatment type and year since 2010-11, for the top five clinical treatments prior to the pandemic.

In the years prior to the pandemic, the number of examinations performed on child patients had been on an upward trend, increasing 37.2% between 2010-11 and 2020-21. There was also a large increase in the number of fluoride varnish treatments performed, increasing from just under 6,000 treatments in 2010-11 to

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over 275,000 treatments in 2019-20. This increase is consistent with guidelines from the Welsh Government's funded NHS dental programme, '**Designed to Smile (Public Health Wales)**', which advocates the routine use of fluoride to improve children's dental health.

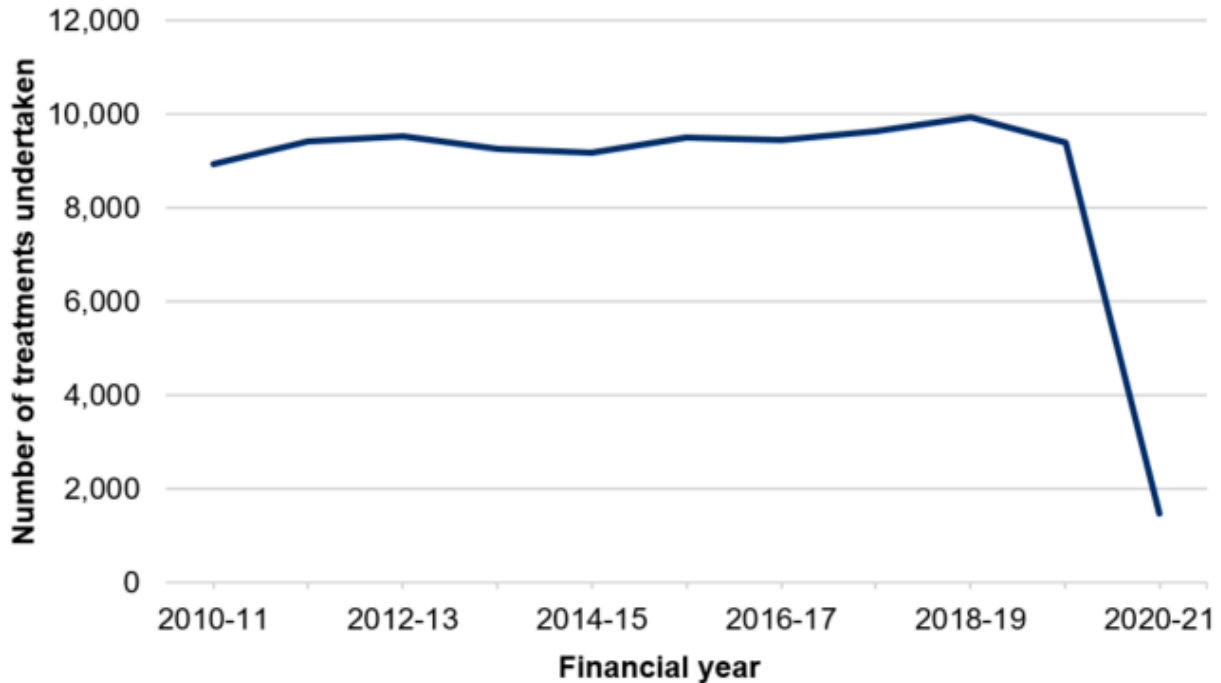
Of all courses of treatment delivered to children in 2019-20, 95.7% included examinations, 46.4% included fluoride varnish, 15.5% included permanent fillings and sealant restorations and 7.6% had radiographs taken.

The impact of the pandemic on dental services for children has been similar to the impact on adults. In 2020-21, less than 3,500 examinations were recorded, a decrease of 99.4% compared with 2019-20. All other treatment categories decreased markedly, with fluoride varnishes decreasing 78.2%, permanent fillings and sealant restorations decreasing 74.9%, radiographs decreasing 63.2% and other treatments decreased 47.6%.

Orthodontic activity

Orthodontics is a specialist area of dentistry concerned with the growth and development of the teeth and jaws and the prevention and treatment of abnormalities of this development, therefore most patients are children. Further details on orthodontics are available in the **quality report**.

Chart 6: Number of treatments undertaken (Assessed and Accepted FP17OWs), 2010-11 to 2020-21



Source: NHS Business Services Authority

Number of treatments undertaken (Assessed and Accepted FP17OWs) (MS Excel)

The number of orthodontic treatments undertaken was stable in the years prior to the pandemic, with around 9,500 treatments undertaken in each year between 2015-16 and 2019-20. In 2020-21 the number of treatments decreased by 84.4% to just under 1,500 treatments.

Workforce

Dental workforce data presented here shows the total number of dentists with

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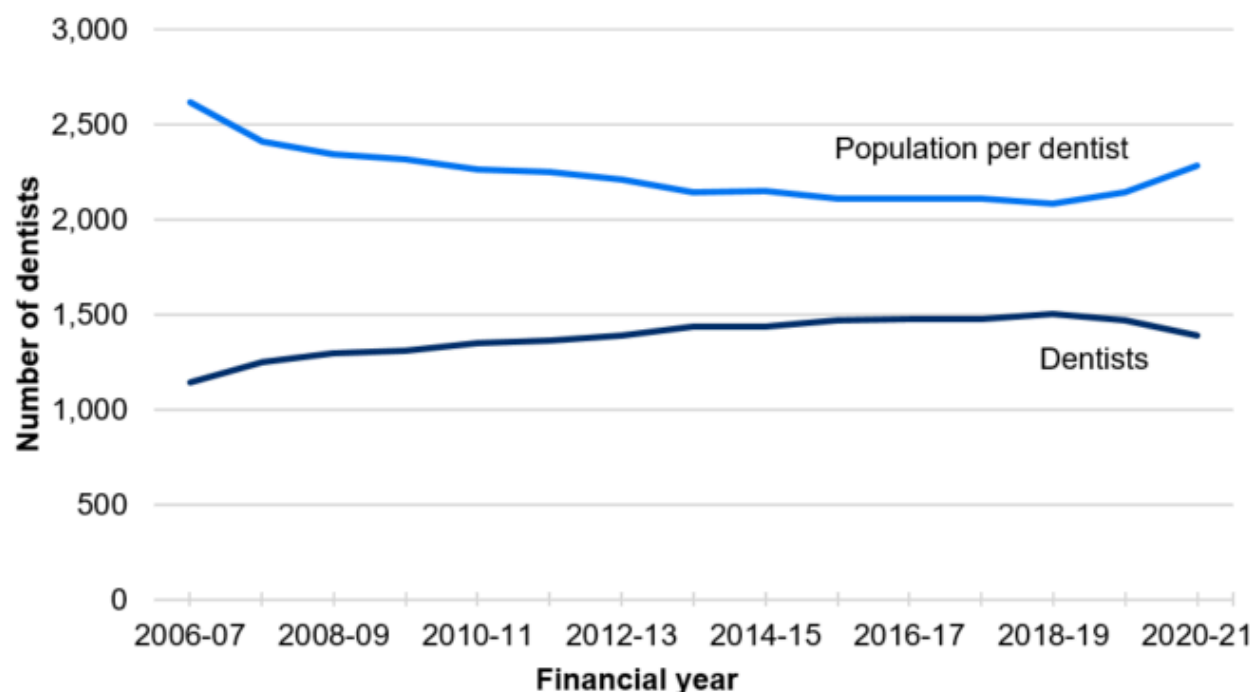
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any NHS activity recorded between 1 April and 31 March. Note that this is a headcount; whole time equivalent data is not available.

Note that due to changes in the collection system at NHS Business Services Authority, a new methodology was implemented for determining the working arrangements (i.e. dentist type) of dentists for 2018-19 onwards. The overall headcount of dentists has not been affected but any comparison with dentist type in data published previously for 2017-18 and earlier (available on [StatsWales](#)) should be made with caution.

See the [quality report](#) and the [quality and methodology information section](#) for more information.

Chart 7: Total number of dentists with NHS activity and population per dentist, 2006-07 to 2020-21 (a)



Source: NHS Digital, ONS mid-year population estimates
 (a) Performers with NHS activity recorded via FP17W forms.

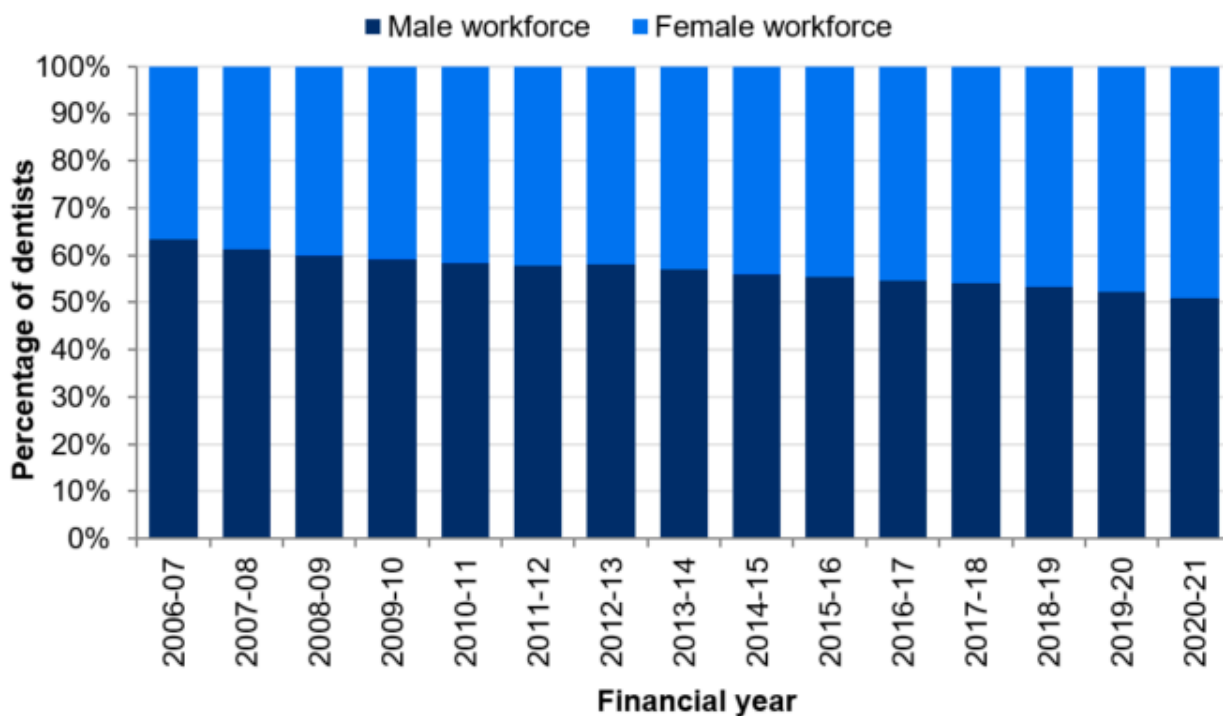
Dentists with NHS activity (StatsWales)

The number of dentists with NHS activity has increased slightly every year between 2006-07 and 2018-19 with a subsequent slight decrease in 2019-20. The number fell in 2020-21; this will also be affected by the pandemic as fewer NHS dental treatments were performed. The population per dentist with NHS activity in the year, had been falling in-line with the increasing number of dentists, but has increased in the two most recent years as dentist numbers have fallen.

In 2020-21, there were 1,389 dentists with NHS activity recorded in Wales. This

is a decrease of 5.6% from 2019-20 (or 83 fewer dentists). Using the ONS' mid-year population estimates for 2020, there were an estimated 2,282 people per dentist with NHS activity in Wales. This is 6.5% higher (or 140 more people per dentist) than in 2019-20.

Chart 8: The percentage of dentists with NHS activity by gender, 2006-07 to 2020-21 (a)



Source: NHS Digital

(a) Performers with NHS activity recorded via FP17W forms.

Dentists with NHS activity (StatsWales)

Historically there have been more male dentists with NHS activity than female dentists, but the difference has narrowed over time going from nearly two thirds male in 2006-07 to close to an even split in 2020-21.

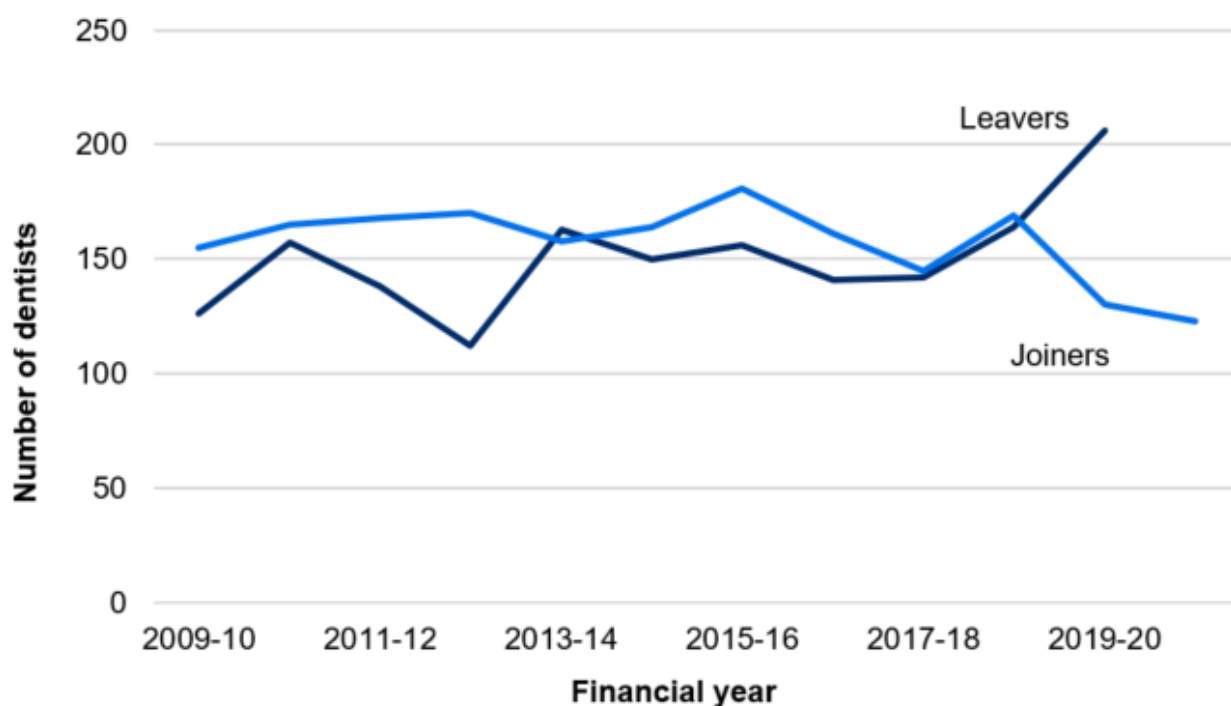
In 2020-21, 49.2% of dentists with NHS activity were female, the highest

percentage since data was first collected in 2006-07. Consequently, 50.8% of dentists were male, the lowest percentage to date.

When compared with 2019-20, there was a 1.5 percentage point increase in the proportion of female dentists with NHS activity, and when compared with 2006-07 there was a 12.4 percentage point increase in the proportion of female dentists with NHS activity.

Joiners and leavers

Chart 9: NHS dental leavers and joiners, 2009-10 to 2020-21



Source: NHS Digital

NHS dental leavers and joiners (MS Excel)

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Chart 9 summarises the number of joiners and leavers over time.

A joiner is defined as a dentist who recorded NHS activity in the latest year but not in the previous year. A leaver is defined as having NHS activity recorded in the previous year but not in the latest year. Therefore data for leavers has a one year lag. See the [quality report](#) for more information about joiners and leavers.

Over the course of the time series there were more joiners than leavers in most years; however in the latest year where there are data for both measures, there were noticeably more leavers than joiners.

In 2019-20, 206 dentists (14.0% of all dentists in 2019-20) stopped performing NHS work, compared to 130 dentists (8.8% of all dentists in 2019-20) newly performing NHS work in 2019-20. This is the largest gap on record.

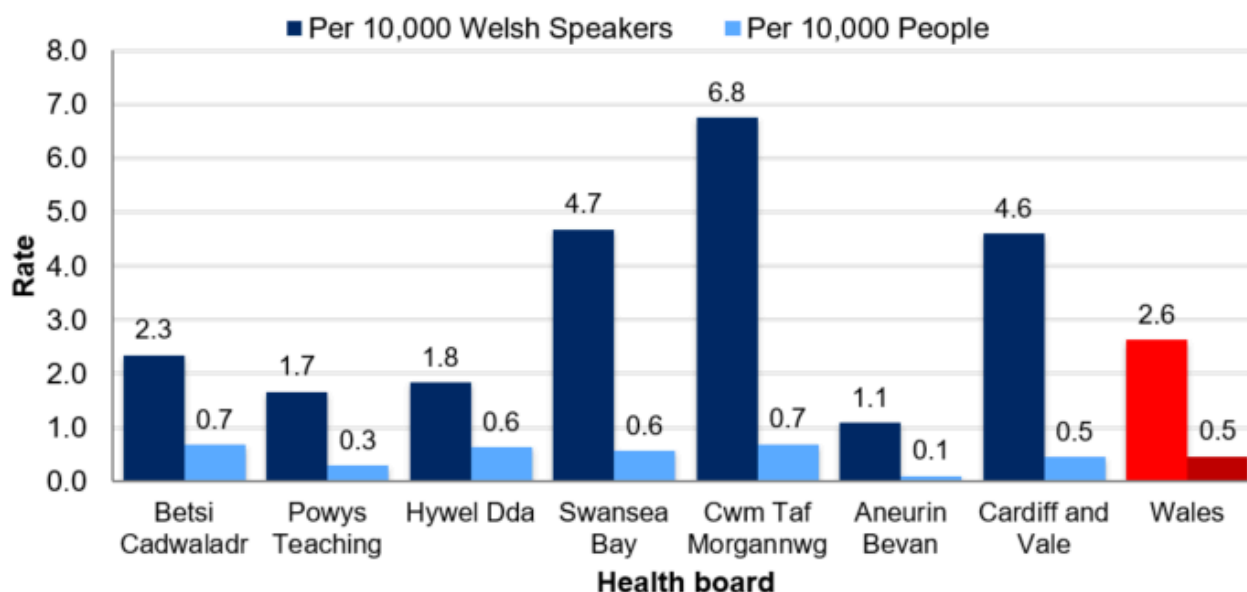
The latest data for 2020-21 shows that there were 123 joiners, 7 fewer than in 2019-20.

Welsh language

All dentists undertaking NHS dentistry in Wales are required to be registered on the Dental Performers' List which is maintained by NHS Shared Services Partnership. When registering, a dentist self-reports if they are able to speak Welsh. This information is currently collected by a simple 'Yes/No' question, rather than grading their level of fluency and is not typically updated throughout the dentist's tenure on the list.

This data may not necessarily represent the number of dentists who currently consult in Welsh or who are able to consult in Welsh.

Chart 10: Welsh speaking dentists per 10,000 Welsh speaking people and per 10,000 general population by local health board, as at 14 July 2021



Source: NHS Shared Services Partnership, ONS mid-year population estimates, 2011 census

Welsh speaking dentists (MS Excel)

Chart 10 shows the number of Welsh speaking dentists per 10,000 Welsh speaking people (from the 2011 Census) and the number of Welsh speaking dentists per 10,000 general population based on the 2020 ONS mid-year estimates.

As of 14 July 2021, there were 148 Welsh speaking dentists in Wales, according to the Dental Performers List.

This is equivalent to 2.6 Welsh speaking dentists per 10,000 Welsh speakers in Wales and 0.5 per 10,000 people in Wales.

This varies between health board areas. Cwm Taf Morgannwg has the highest

number of Welsh speaking dentists per 10,000 Welsh speakers at 6.8, while Aneurin Bevan has the lowest at 1.1. Cwm Taf Morgannwg also have the highest number of Welsh speaking dentists per 10,000 people at 0.7, with the same number in Betsi Cadwaladr; while Aneurin Bevan has the lowest at 0.1.

Dental practices

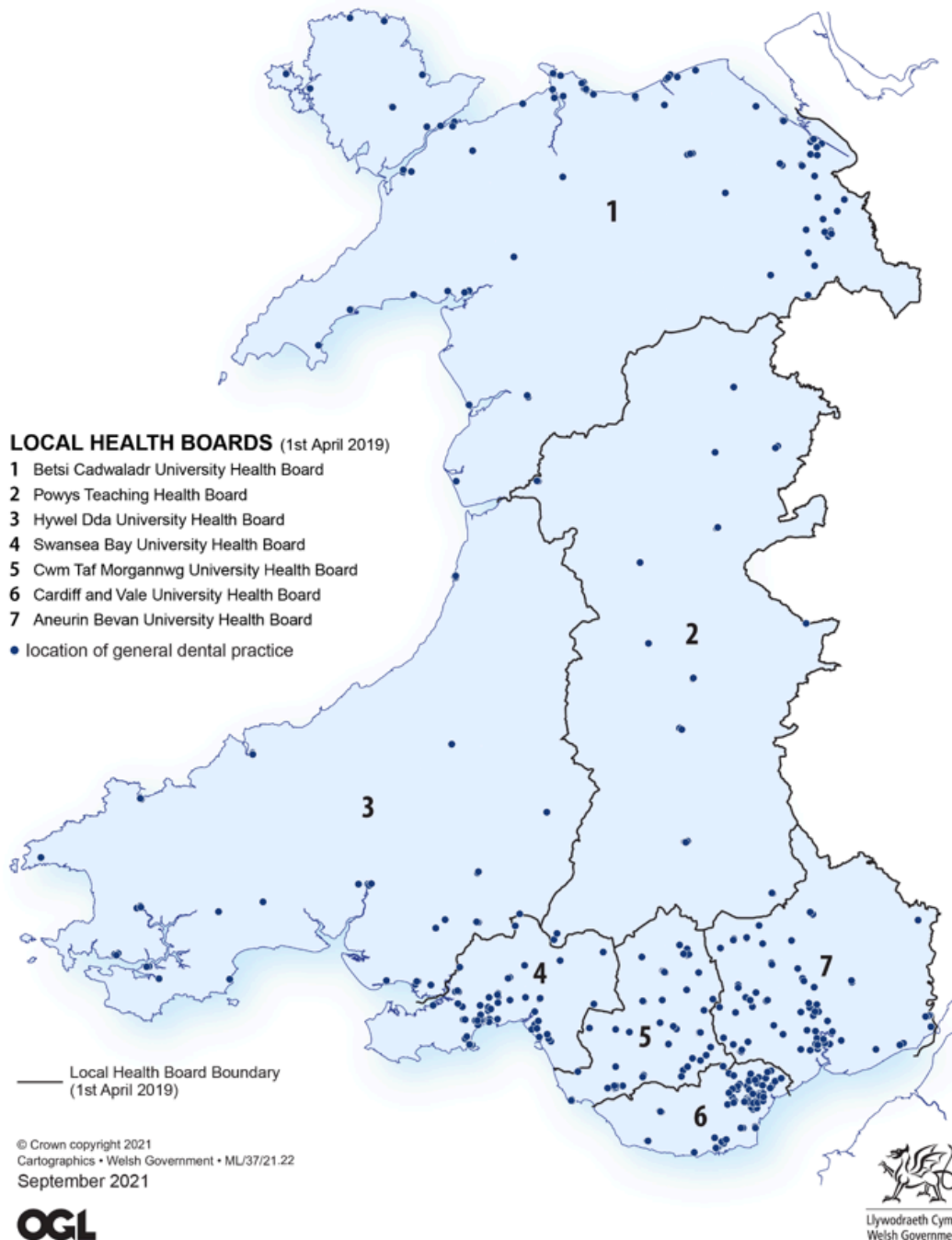
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GENERAL DENTAL PRACTICES

(as at 28th May 2021)



Quality and methodology information

Detailed information about the statistics in this release are published in the [quality report](#).

Impact of COVID-19

COVID-19 had a significant impact on the way dental services have been provided in Wales and therefore affect the data collected.

While practices in Wales did not close during the pandemic, they were limited in the types of treatments they could carry out during the period from April 2020 to the end of June 2020. This led to the establishment of Urgent Dental Centres (UDC) during the red dental alert phase, which did not record their activity on FP17Ws to NHS Business Services Authority in the normal way. Any treatment which required an aerosol generating procedure was referred to a UDC. New ways of working such as using remote consultations were also not captured. Therefore data presented for 2020-21 will be an undercount of the true activity which took place.

As part of the recovery plan, Units of Dental Activity (UDA) targets were suspended for 2020-21. Activity has also been impacted by fallow time between treatments, social distancing, the enhanced wearing of PPE, and staff absences.

As of August 2021, dental services are in the Amber phase of de-escalation and dentists are seeing and treating more of their patients, including the provision of fillings although the throughput of patients is reduced. They must adhere to the Standard Operating Procedure (SOP) and can implement measures to re-introduce aerosol generating procedures safely.

Courses of treatment (CoTs)

Data on CoTs completed by an NHS dentist are submitted to the NHS Dental Services for payment on an electronic FP17W form, through the Compass system.

A CoT is defined as:

- an examination of a patient, an assessment of their oral health, and the planning of any treatment to be provided to that patient as a result of that examination and assessment
- the provision of any planned treatment (including any treatment planned at a time other than the time of the initial examination) to that patient

Treatments are split into treatment bands, according to level of complexity as follow, which are used to determine the charge paid by patients.

Band 1

Covers a check-up and simple treatment (such as examination, diagnosis (e.g. x-rays), advice on preventative measures, and a scale and polish).

Band 2

Includes mid-range treatments (such as fillings, extractions, and root canal work) in addition to Band 1 work.

Band 3

Includes complex treatments (such as crowns, dentures, and bridges) in addition

to Band 1 and Band 2 work.

Urgent

A specified set of possible treatments provided to a patient in circumstances where: prompt care and treatment is provided because, in the opinion of the dental practitioner, that person's oral health is likely to deteriorate significantly, or the person is in severe pain by reason of their oral condition; and care and treatment is provided only to the extent that is necessary to prevent that significant deterioration or address that severe pain.

Free

These do not attract a patient charge and include: arrest of bleeding, bridge repairs, denture repair, removal of sutures, and prescription issues.

Full details of the treatments within each of the chargeable bandings can be found via the [NHS website](#).

Clinical dental activity

Sixteen possible clinical treatments are recorded. Note that a patient can receive more than one clinical treatment within a single CoT.

Scale and polish

This refers to simple periodontal treatment including scaling, polishing, marginal correction of fillings and charting of periodontal pockets.

Fluoride varnish

A fluoride preparation which is applied to the surfaces of teeth as a primary preventive measure.

Fissure sealants

Where a sealant material is applied to the pit and fissure systems as a primary preventive measure.

Radiograph(s) taken

Often known as an x-ray, dental radiographs provide an image of the teeth, mouth and/or gums that can help the dentist to identify underlying problems, such as decay and gum disease.

Endodontic treatment

Where a tooth is severely decayed or damaged (for example by trauma) a root-filling may be required to restore the tooth. This procedure involves removal of the diseased or damaged pulp of the tooth. The root canal is then cleaned, shaped and filled with a suitable material.

Permanent fillings and sealant restorations

The restoration of a tooth by filling a cavity to replace lost tooth tissue. Various substances may be used, including composite resin, amalgam or glass ionomer.

Extractions

Where a tooth is extracted, this also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth.

Crown(s) provided

Full coverage of a tooth, provided when the remaining tooth tissue is not sufficient to restore the tooth by other means. (Stainless steel crowns have been excluded from this analysis).

Dentures

A denture is a removable appliance that replaces some or all teeth. A CoT can include the following:

- upper denture (acrylic)
- lower denture (acrylic)
- upper denture (metal)
- lower denture (metal)

Veneer(s) applied

A layer of material (often porcelain) covering the surface of a damaged or discoloured tooth.

Inlay(s)

A type of indirect restoration (i.e. created in the laboratory).

Bridge units provided

A fixed restoration that replaces one or more missing teeth. Note that for most treatments the minimum number of possible items is one, however, for bridge units the minimum is two.

Referral for advanced mandatory services

Where a patient is referred to another contractor for advanced mandatory services.

Examination

When an examination for treatment is carried out. This would normally include charting of the teeth, recording of the periodontal condition and soft tissue examination all of which would be detailed with other necessary clinical details on the clinical record.

Antibiotic items prescribed

When the patient is issued with a prescription containing antibiotic items. The number of antibiotic items should be entered (i.e. the number of antibiotic treatments rather than the number of pills).

Other treatment

When any treatment has been provided for which there is no appropriate clinical dataset item in part 5a. This item can be entered in addition to other clinical data.

NHS Workforce

Note that due to changes in the collection system at NHS Business Services Authority, a new methodology has been implemented for determining the working arrangements (i.e. dentist type) of dentists for 2018-19 onwards. The change in methodology has resulted in large numbers of dentists being reclassified as providing-performer and a consequential decrease in associate dentist numbers for 2018-19 and 2019-20 data, marking a major break in the time-series. The overall headcount of dentists has not been affected but any comparison with dentist type in data published previously for 2017-18 and earlier should be made with caution. Regardless of this change, this publication does not include data for Provider-only dentists as they do not have NHS activity recorded against them.

National Statistics status

The **United Kingdom Statistics Authority** has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the **Code of Practice for Statistics**.

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

The continued designation of these statistics as National Statistics was confirmed in June 2012 following a compliance check by the Office for Statistics.

These statistics last underwent a full Regulation [Statistics on Health and Personal Social Services in Wales](#) against the Code of Practice in 2012.

Since the latest review by the Office for Statistics Regulation, we have continued to comply with the Code of Practice for Statistics, and have made the following improvements:

- Included additional open data, with more detailed breakdowns, on our [StatsWales](#) website.
- Updated key quality information and refreshed commentary throughout the release, including longer time comparisons of data.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before Senedd Cymru. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Wellbeing of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to

the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Next update

September 2022 (provisional)

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to: stats.healthinfo@gov.wales

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