

Community Dental Service statistics in Wales Quality Report

The following report focuses on the processes and general principles leading up to the production of our statistics for the annual release 'Community Dental Services in Wales'.

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Background

What are these statistics?

These statistics present the activity of the Community Dental Service (CDS) in Wales. Activity is summarised in terms of contacts patients make with the service, the types of treatments provided and additional services offered. A contact is defined as a patient visit, and occurs each time a patient is seen face-to-face by a member of the CDS for the purpose of examination, treatment, prevention of oral disease (including advice).

The role of the CDS is to:

- Provide treatment to patients who have experienced difficulty obtaining treatment from the general dental service, or for whom there is evidence that they would not otherwise seek treatment;
- Provide oral health promotion programmes;
- Monitor the dental health of the population through involvement in epidemiology surveys;
- Screen school children and other priority groups.

Information on dental policy in Wales is accessible from the [Chief Dental Officer's website](#).

Source of the data

The statistics are collected annually from each CDS via an annual statistical return - the Community Dental Service Welsh Return (CDSWR) questionnaire. Before 2008-09 data was collected via the KC64 Community Dental Services form but following a review undertaken with CDS colleagues a revised form, [CDSWR](#), was introduced from which current statistics are produced. The data is derived from local operational and clinical systems used by the CDS. Limited data was published in the first year of collection, 2008-09, and as the new form develops additional data is collected and published. Users will be advised as additional data items are included in publications.

Coverage

The Community Dental Service (CDS) in Wales is made up of; Betsi Cadwaladr; Powys; Hywel Dda; Abertawe Bro Morgannwg; Aneurin Bevan and Cardiff and Vale. Prior to 2013-14 figures for the Cardiff and Vale CDS included data for Cwm Taf residents. From 2013-14 figures for Cwm Taf residents are available separately.

Information on our Community Dental Service related outputs is available from:

<http://wales.gov.uk/statistics-and-research/?topic=Health+and+social+care&lang=en#/statistics-and-research/?topics=Health+and+social+care&subtopics=Community+health%7CDental&view=Search+results&lang=en>

Users and uses

The aim of these statistics is to present data which has been collected from Local Health Boards and derived from their own clinical and administrative data in an accessible format providing a statistical summary of the community dental service across Wales. These statistics will be useful both within and outside the Welsh Government. We believe the key users of Community Dental Service in Wales statistics are:

- Ministers and the Members Research Service in the National Assembly for Wales;
- Other areas of the Welsh Government;
- Other government departments;
- National Health Service and Public Health Wales;
- Students, academics and universities;
- British Dental Association and other professional organisations;
- Individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of the uses include:

- Advice to Ministers;

- To inform debate in the National Assembly for Wales and beyond;
- To monitor and evaluate performance and activity in the NHS.

If you are a user and do not feel the above list adequately covers you, or if you would like to be added to our circulation list, please let us know by e-mailing stats.healthinfo@wales.gsi.gov.uk

Strengths and Limitations of the data

Strengths

- The outputs provide a statistical overview of the activity of dentists working for the NHS in Wales together with workforce information.
- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. They aim to contribute to the statistical context for current policy in the area of dental services in Wales.
- The information is processed and published regularly and in an ordered manner to enable users to see the statistics when they are current and of greatest interest.
- Efficient use has been made of administrative data sources to produce outputs.
- Detailed statistics are provided via our StatsWales website

Limitations

- Time series data is limited since the data collection methodology was revised in 2008-09.
- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately.
- There is little availability of mapped data.
- Because of the devolved administrations and differing policy, there is less scope for direct UK comparisons (see 'Comparability' later in the document).

Definitions

Contact

A contact is a patient visit, and occurs each time a patient is seen face-to-face by a member of the CDS for the purpose of examination, treatment, or prevention of oral disease (including advice). When a patient receives care at a single attendance from more than one Clinician, each is counted as a separate contact.

Patients

In these statistics the number of patients seen during the financial year are counted, regardless of how often they are seen, how many episodes of care they undergo, and how many CDS staff they are seen by. This is an indication of the numbers of patients in care during the financial year.

Patient age

The age of a patient is taken at 01 September each year.

Treatments

A selection of data items (counted as counts of interventions, contacts, patients, items, teeth and sessions as appropriate) are collected on the data collection form and published each year as follows:

- **Chairside Oral Health Promotion (OHP)/scale & polish:** counts of contacts where a chairside OHP/scale and or polish was undertaken including all procedures by which deposits are removed from the teeth by registered dental staff.
- **Fluoride application (varnish & gel):** counts of patients where a topical fluoride preparation (including gel and varnish) has been applied to the surface of any teeth as a primary preventative measure.
- **Completed root canal treatment:** counts of patients who have been provided with this type of treatment in permanent teeth.
- **Fissure sealants:** counts of patients to whom sealant material has been applied to the pit and fissure system as a primary preventative measure.

- **Fillings & sealant restorations:** counts of patients who have been therapeutically treated by the placement of directly applied permanent restorations e.g.: permanent fillings in amalgam, composite resin, synthetic resin, glass ionomer, compomers, (includes any acid etch or pin retention, sealant restorations involving the placement of composite resin, glass ionomer or compomer materials). This does not include restorations where any of these materials are used as a temporary filling.
- **New dentures:** counts of patients who were given new dentures.
- **Relines and additions:** counts of patients who completed this type of treatment.
- **Radiographs:** counts of radiographs irrespective of type or size.

Data completeness: although the new CDSWR form was constructed in consultation with the CDS and reflecting the data items they felt were important, a number of clinical data items are collected which have not yet been published for reasons of data quality. Further work will be done with CDS colleagues. These are:

- **Surgical interventions:** counts of interventions such as biopsies, apicectomy and frenectomy, but excludes the removal of teeth or roots.
- **Bridges:** counts of permanent bridges provided.
- **Extractions under local anaesthetic (simple):** counts of teeth removed i.e. the simple removal of a tooth or part of a tooth that does not involve raising a muco-periosteal flap and/or removal of alveolar bone. Only those which took place in a CDS clinic or other CDS location are recorded.
- **Extractions under local anaesthetic (surgical):** counts of teeth i.e. the removal of a tooth or part of a tooth that does involve raising a muco-periosteal flap and/or removal of alveolar bone. Only those which took place in a CDS clinic or other CDS location are recorded. This includes extractions carried out by community dentists and specialists in oral surgery working in the CDS.
- **Crowns:** counts of the number of permanent porcelain, gold, precious metal, or bonded crowns that have been fitted to permanent teeth.
- **Stainless Steel Crowns:** counts of the number of stainless steel (preformed) crowns are prefabricated crown forms which can be adapted to individual primary molars and cemented in place to provide a definitive restoration.
- **Veneers and inlays:** counts of the number of natural teeth to which a veneer or inlay has been applied, including composite veneers.

Other Services

Emergencies and urgent treatments: counts of patients attending because of toothache, other pain, facial or intra-oral swelling, trauma and bleeding.

Sedation: counts of sedations administered by a clinician in a CDS surgery excluding any pre-medications.

Treatment on referral: counts of total contacts where a patient is treated after being referred to the CDS, including all referrals from outside the CDS including the GDS, GMS and other organisation such as social workers and the voluntary sector. *(This is not currently included in published statistics.)*

General anaesthetic: counts of the number of dental officer sessions committed to the provision of treatment under general anaesthetics, including assessment sessions.

Oral surgery in support of hospital dental services consultant or secondary services: counts of the number of dental officer sessions committed to oral surgery in support of hospital dental services, sessions committed to supporting consultant or other secondary services e.g. oral surgery, orthodontics, restorative dentistry.

Epidemiology: counts of the number of dental officer sessions committed to epidemiology (usually dental surveys).

Location of Treatment

Counts of the total contacts which have taken place in the following:

Health centre/clinic: a dental surgery used for CDS purposes in fixed premises e.g. health centre, clinic, hospital or school.

Mobile surgery: any towable or self-drive vehicle containing a dental surgery.

Domiciliary: contacts made as part of a treatment visit or consultation outside the clinic location e.g. to a patient's home or to a patient in residential accommodation.

Screening

A screening programme is the process of covering a large population, using the simplest possible tests to identify those individuals in need of a full clinical examination in a Dental Surgery. These programmes are carried out to identify individuals who require dental care, including counselling and advice.

Children's screening: counts of children who are aged under 16 on 01 September and are screened as part of routine CDS work (as defined under Health Circular WHC (89) 28). This count includes all children: pre-school, primary, secondary and in special schools. It excludes children screened under the Designed to Smile programme (as this information is collected and reported elsewhere – see below).

Day centre/hospital: counts of the number of patients in any of a variety of day centre/hospital settings; in purpose built centres or mobile facilities.

Secure unit/prison: counts of the number of patients in secure units or prisons.

Adults in residential accommodation: counts of the number of individuals who are at least 18 years of age on 01 September and are living in supervised residential accommodation in the CDS at the time of screening/treatment, including adults in residential and nursing accommodation.

Other: counts the number of patients for screening purposes that do not fit any of the above categories.

Designed to Smile: [Designed to Smile](#) is a national child oral health improvement programme which includes a supervised tooth brushing scheme for 3-5 year olds and a promotional programme for 6-11 year olds. The degree to which each CDS integrates this programme with their routine child screening varies across Wales. Separating screening activity under this programme from routine screening activity can be difficult, therefore. Currently the CDSWR form collects information about the routine screening programme excluding Designed to Smile and where local arrangements make this difficult to assess the figures are footnoted in outputs.

Data processing cycle

Data collection – In April each year the Health Statistics and Analysis Unit (HSA) of the Welsh Government requests the [CDSWR form](#) to be completed by the six Community Dental Services by end July.

Validation and verification – Data is submitted on EXCEL spreadsheets via Afon, the Welsh Government secure web data transfer system. The spreadsheets include in-built validations and the data is further checked on receipt and inconsistencies queried with data providers. Routine meetings between Welsh Government dental managers and CDS managers provide an opportunity for further discussion of information issues and are utilised as required.

Publication - The statistics published by the Health Statistics and Analysis Unit are produced from the data source described above. The release is produced by updating the information from the previous edition. The information on the releases is checked against the data supplied independently. Summary data associated with the Community Dental Service Statistics release is also updated on StatsWales, our interactive web based tool.

Disclosure and confidentiality - These data are aggregated at the level of each Community Dental Service and therefore there is little risk of disclosing information about any individual. We adhere to our [statement on confidentiality and data access](#), issued in conformance with the requirements set out in Principle 5: Confidentiality of the Code of Practice for Official Statistics.

Key Quality Information

National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

Quality

Health Statistics and Analysis Unit adhere to a [quality strategy](#) and this is in line with Principle 4 of the [Code of Practice for Official Statistics](#). Specifically, the list below provides information according to the European Statistical System's six dimensions of quality.

Relevance

The degree to which the statistical product meets user needs for both coverage and content.

On our [Health and Social Care pages](#) we provide background to our statistics and information for users. We encourage users of the statistics to contact us to let us know how they use the data.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant.

Accuracy

The closeness between an estimated result and an (unknown) true value.

CDS colleagues were closely involved with the development of the CDSWR return and data items considered in the context of data available from their operational systems and definitions used operationally.

All our outputs include key quality information on coverage, timing and geography.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

In certain cases, when a CDS was unable to provide important information, estimates would be made. These estimates would be clearly marked in the release, and explanations of calculations would be detailed in the notes section.

Timeliness and punctuality

Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the time lag between the actual and planned dates of publication.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Upcoming calendar](#). Furthermore, should the need arise to postpone an output this would follow the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

We publish releases as soon as practical after the relevant time period. The Community Dental Service Statistics release is published in the autumn each year.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [Twitter](#). All releases are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English.

Comparability

The degree to which data can be agreed over both time and domain.

Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Arrangements for delivering services similar to those delivered by the Community Dental Service vary across the UK. Activity data for "Trust-led Dental Service" dentists (that is, salaried employees of NHS Trusts in England) in England are published with the General Dental Service statistics available from the [NHS Information Centre for health and social care](#). Background and data for Scotland data is available from [Information Services Division Scotland](#). Northern Ireland do not publish data on Community Dental Services.

Further work is required to fully understand the differences in these statistics.

Statistics published about the Community Dental Service relating to pre-2008-09 when the CDSWR form was introduced are not comparable; all outputs and tables from these different sources are kept separate.

Coherence

The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon, are similar.

Every year the data are all collected from the same sources and adhere to the national standard; they will also be coherent within and across health organisations.

Dissemination

All the data is of sufficient quality following the processes outlined above to justify publication. The high level messages are published on the first page of the relevant release and high level charts are included in the release. All the actual data provided is published on our interactive website [StatsWales](#).

Evaluation and contact details

We always welcome feedback on any of our statistics. If you would like to make any comments on any of our outputs or require information please e-mail us at stats.healthinfo@wales.gsi.gov.uk



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