

SDR 192/2015

25 November 2015

Community Dental Services in Wales, 2014-15

This annual statistical release presents a summary of the activity of the Community Dental Service (CDS) in Wales during 2014-15. Following the introduction of a new data collection system, new data on patient category, referral source, sedation and activity has been collected in 2014-15, analyses of which will develop over time. Definitions for some data items remain unchanged and allow time series to be continued but for the new areas the current year's data only is presented. **Users should bear in mind that this is the first year of collection for much of the data presented.** 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 or prevention of oral disease (including advice). For more information about the data see the [Quality Report](#) and [Key Quality Information](#) pages.

Although there is a generic role for the CDS, as defined below, each of the six CDSs face unique local challenges and have developed distinctive features of service provision to meet those needs. Therefore any comparisons within the CDS or of the CDS to the General Dental Service must be sensitive to these distinctive features of service provision. (Note: A single CDS provides services for Cardiff and Vale and Cwm Taf but activities for these two health boards are shown separately in this release.)

The role of the CDS is defined in the [Ministerial Letter EH/ML/014/08](#) 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 (primarily as part of the Designed to Smile programme).

Key Results

- There were 186,069 contacts with the CDS in 2014-15, 17,207 (10 per cent) more than in 2013-14.
- The number of patients seen by the CDS in 2014-15 was 89,154 patients (i.e. individuals), 20,407 (30 per cent) more than in 2013-14.
- 9 per cent of contacts with the CDS in 2014-15 were urgent/emergency contacts.
- 23 per cent of patients seen by the CDS were those who were unable to access the GDS. This proportion varied with age group: 17 per cent of 0-15 year olds, 36 per cent of 16-64 year olds and 17 per cent of 65 years and over.

Additional details, including some historical data, are available on the [StatsWales](#) service.

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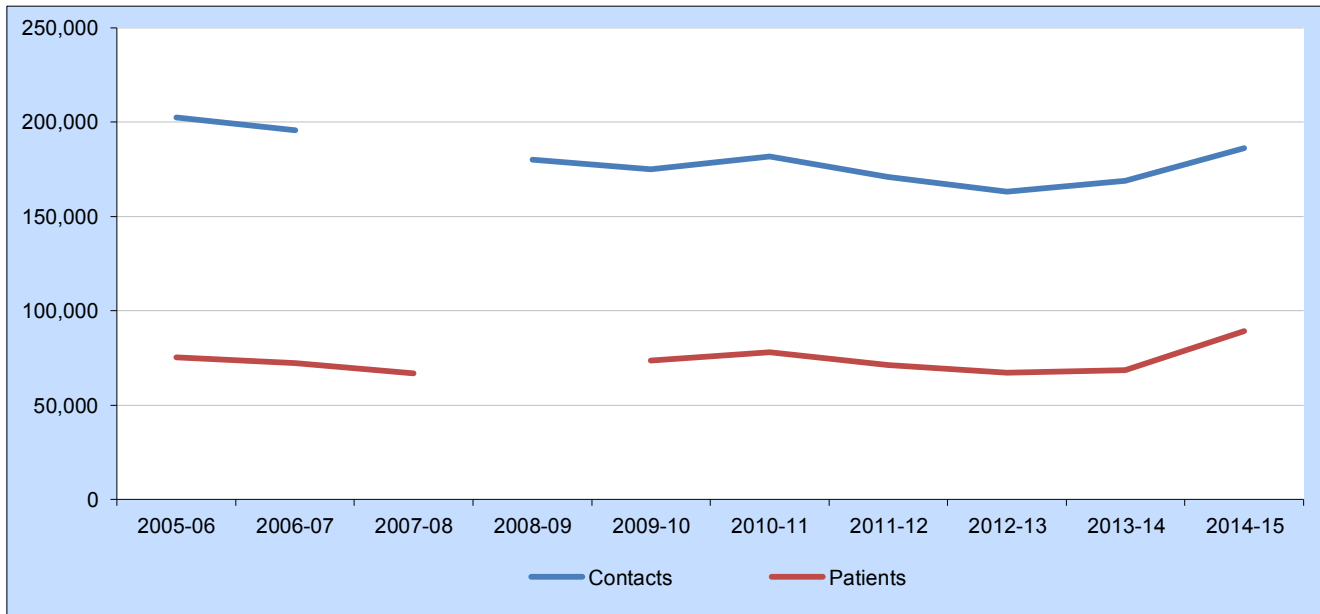
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Contacts and patients

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).

Chart 1: Total contacts and patients seen, 2005-06 to 2014-15 (a)



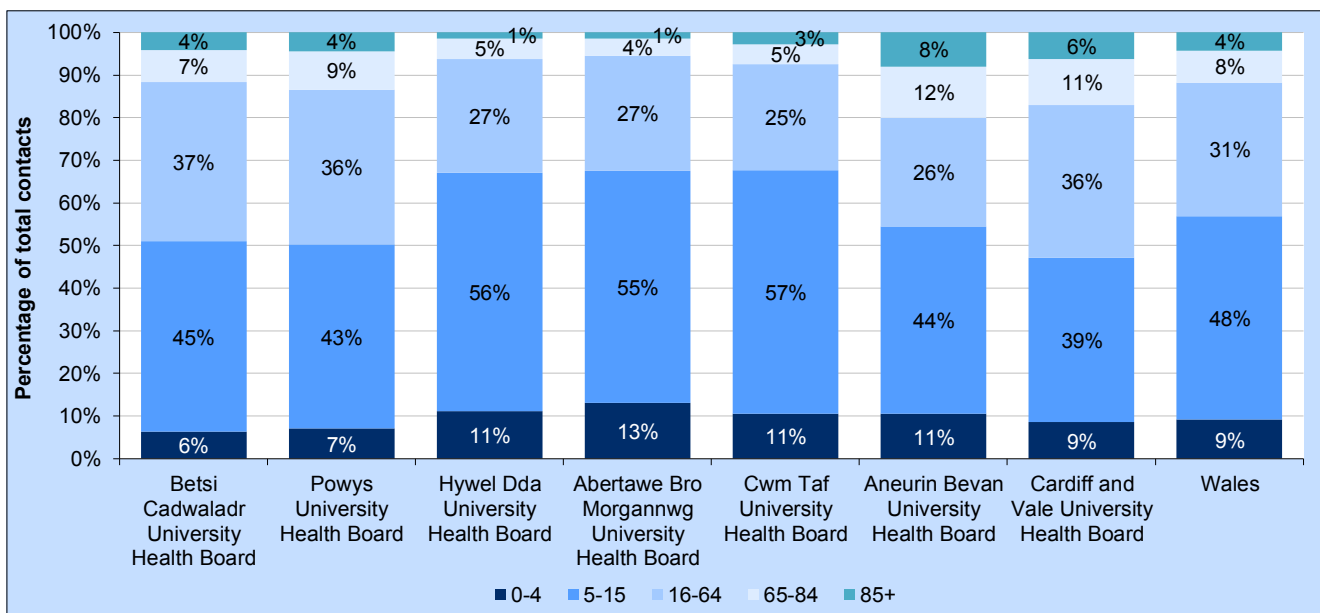
Source: Welsh Government

(a) No data is available for 2007-08 for total contacts and for 2008-09 for patients (first contacts).

Chart 1 shows how the number of total contacts and patients (i.e. individuals) seen by the CDS varies over time. Both of these measures declined over the majority of the last 10 year period, but in the last 2 years numbers have picked up again. In 2014-15 there were 186,069 total contacts, 10 per cent more than in 2013-14, and 89,154 patients, 30 per cent more than in 2013-14. During the year the CDS saw each patient twice on average although this will vary according to individual need.

All of the CDS regions except Powys showed an increase in the number of total contacts and patients, with Hywel Dda and Cardiff and Vale showing the greatest increases in the number of total contacts (53 per cent and 37 per cent respectively) and Abertawe Bro Morgannwg (ABMU) and Hywel Dda showing the greatest increases in patients (104 per cent and 72 per cent respectively) ([Table 1](#) and [Table 2](#)). It is likely that these recent increases are related to improvements in staffing levels, recall arrangements, patient access to the service and a reduction in the rate of patients who do not attend appointments.

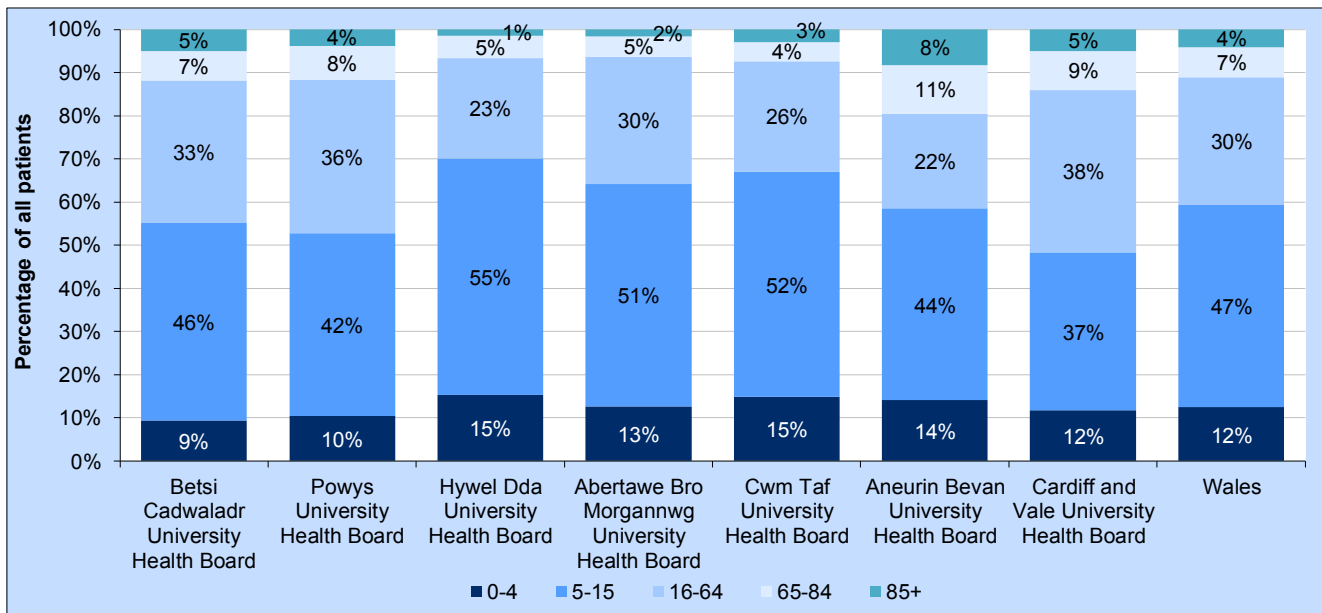
Chart 2: Contacts by age group as a percentage of total contacts by CDS, 2014-15



Source: Welsh Government

In 2014-15, data for an additional age group (85 years or over) was collected for the first time. Chart 2 shows the percentage of total contacts for each CDS and each age group. ABMU had proportionally more contacts in the 0-4 year age group than any other CDS and was one of three CDS's that had most contacts with children (aged 0-15) in general (along with Hywel Dda and Cwm Taf). Aneurin Bevan and Cardiff and Vale had more contacts with older patients (65 and over) than other CDS's and Aneurin Bevan had the proportionally more contacts with patients aged 85 and over.

Chart 3: Patients as a percentage of all patients by age group and CDS, 2014-15

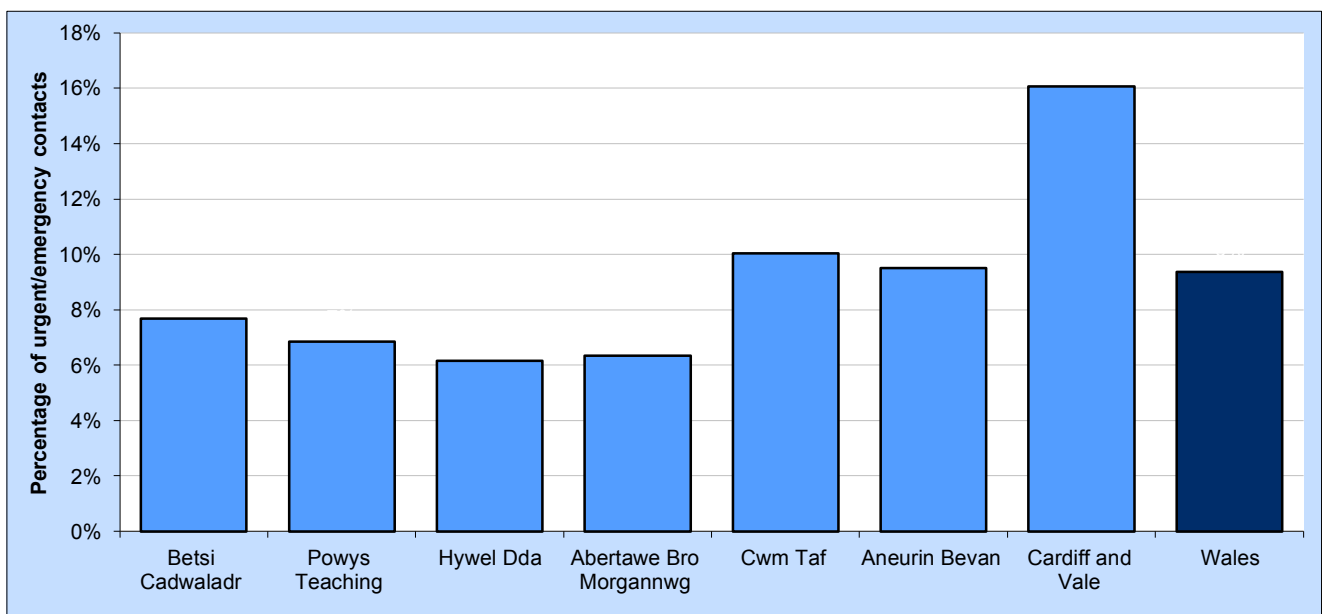


Source: Welsh Government

Chart 3 shows similar patterns to that seen in Chart 2, for every CDS the largest proportion of patients seen was in the 5-15 year age group, accounting for 47 per cent of the Wales total.

Betsi Cadwaladr CDS had the highest number of contacts per patient (2.6) while ABMU had the lowest number (1.2).

Chart 4: Percentage of urgent or emergency contacts by CDS, 2014-15



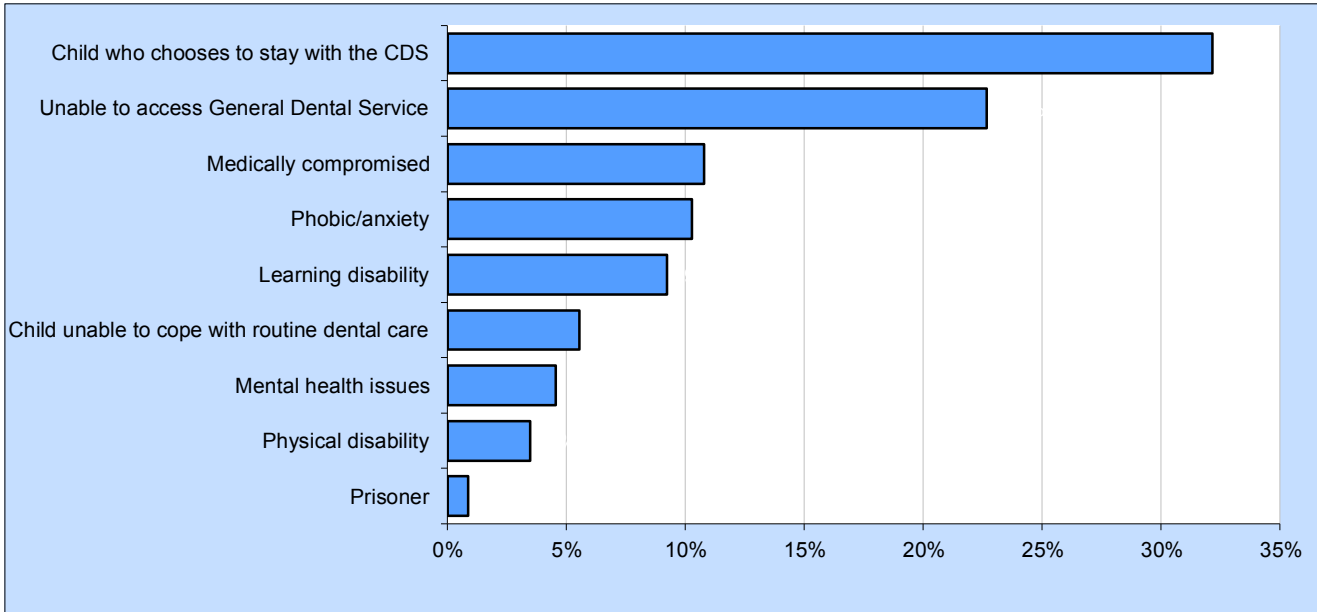
Source: Welsh Government

For Wales in 2014-15 the total number of urgent /emergency contacts was 17,423, 9 per cent of total contacts. Urgent contacts varied across each CDS, and accounted for the smallest proportion of all contacts in Hywel Dda and ABMU (6 per cent respectively) and the most in Cardiff and Vale (16 per cent). See also [Table 3](#).

Patient category

The CDS's main function is to provide care for vulnerable people. For the first time in 2014-15, the data collection system recorded information about the categories of patients treated by the CDS. These include people who cannot access the GDS, and vulnerable patients, including children unable to cope with routine dental care, or who choose to stay with the CDS, adults who are homeless or have mental health issues, phobias, physical or learning disabilities, hospital inpatients or those that are medically compromised, as well as substance misusers and prisoners. Charts 5 to 8 below present data for all CDS's except ABMU which was unable to provide a full set of data for this first data collection year in this section and has been excluded from this analysis.

Chart 5: Contacts by patient category ^(a), 2014-15

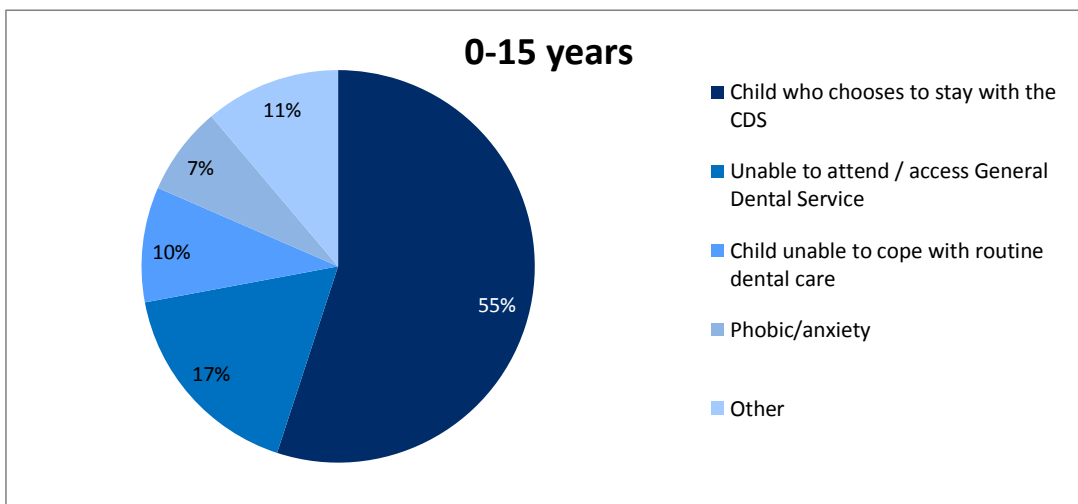


Source: Welsh Government

(a) It is recognised that many patients could have been recorded under more than one category but CDSs were asked to record the one most significant problem.

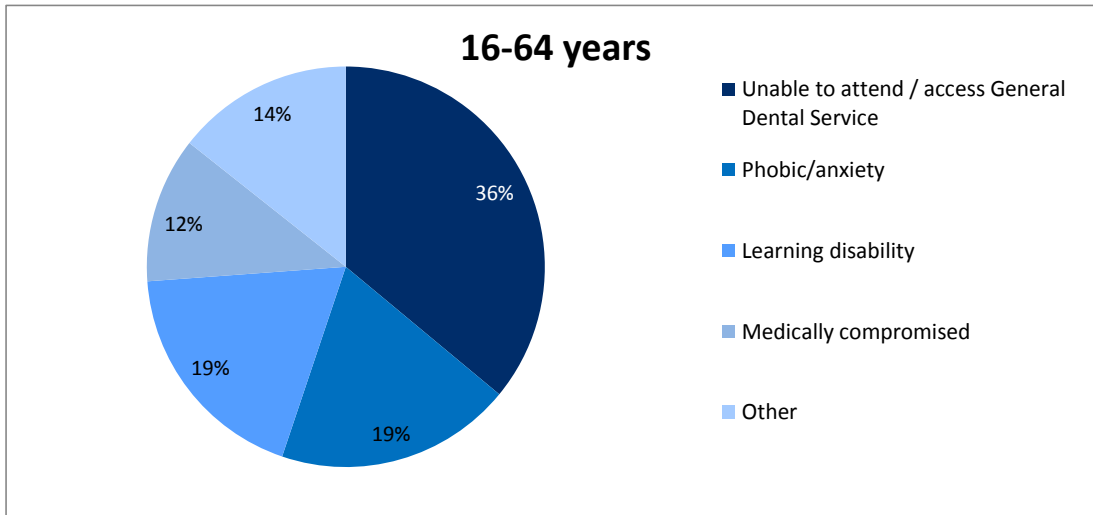
The majority of contacts (55 per cent) were either children who chose to stay with the CDS rather than be treated by the General Dentist Service, or those who were unable to access the GDS. These two categories may overlap to some extent, with a child choosing to stay with the CDS *because* they cannot access the GDS. Of the children who chose to stay with the CDS, just over one fifth (22 per cent) were aged 0-4 years (the remaining 78 per cent were aged 5-15 years). Of the children who were unable to cope with routine dental care about two-fifths (39 per cent) were aged 0-4 years (the remaining 61 per cent were aged 5-15 years).

Chart 6: Percentage of total contacts by patient category, patients aged 0-15 years, 2014-15



Proportionally, amongst children aged 0-15, over half of contacts (55 per cent) were with children who chose to stay with the CDS. Children who were unable to access the GDS accounted for 17 per cent and those who couldn't cope with routine dental care or who had phobias accounted for a further 17 per cent.

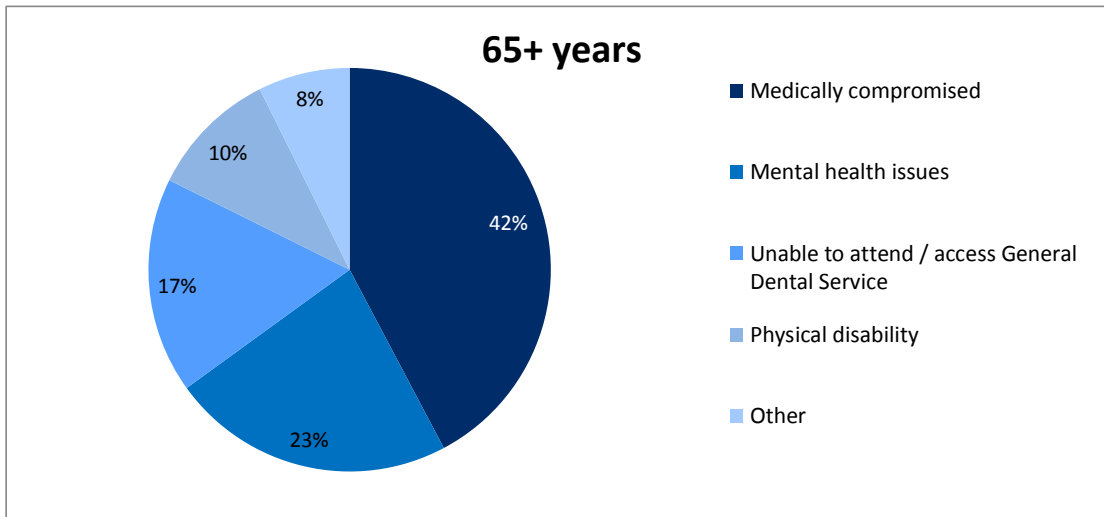
Chart 7: Percentage of total contacts by patient category, patients aged 16-64 years, 2014-15



Source: Welsh Government

The proportion of contacts with adult patients aged 16-64 who were unable to access the GDS was 36 per cent, more than double that of children aged 0-15 and older patients aged 65 and over (17 per cent respectively).

Chart 8: Percentage of total contacts by patient category, patients aged 65 years or over, 2014-15



Source: Welsh Government

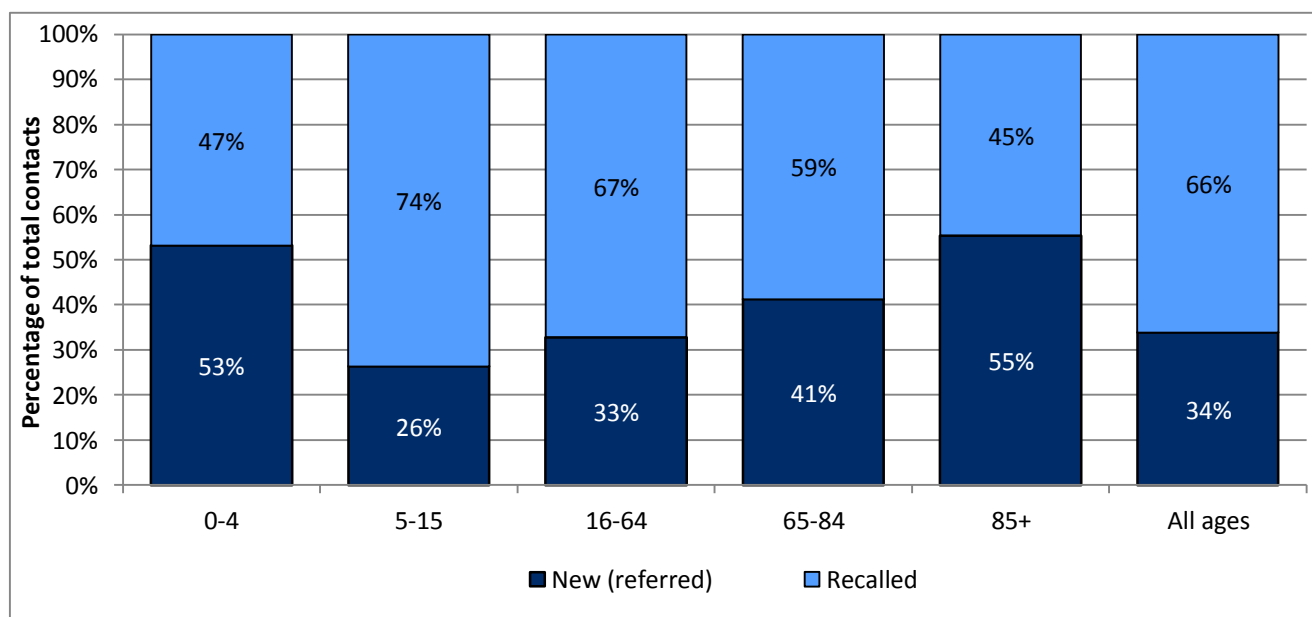
In older patients, aged 65 and over, there were proportionally more contacts with patients who were medically compromised or had mental health issues.

[Table 4](#) shows patient category data for individual CDS's. A wide variation is noticeable between the different types of patients seen by each CDS. For example, in Cwm Taf 60 per cent of patients seen were children who had chosen to stay with the CDS or who were unable to cope with routine dental care, whereas these categories of children only accounted for 24 per cent of Powys Teaching and Aneurin Bevan's patients. Over a quarter (26 per cent) of Betsi Cadwaladr's patients seen had phobias, whereas other CDS's saw less than half this amount.

Referral source

Another new area of data collection in 2014-15, CDS's recorded the referral source for all patients seen. A third (34 per cent) of patients seen by the CDS in 2014-15 were patients who were new to the CDS ([Table 5](#)), and over half of these (54 per cent) were self-referred ([Table 6](#)).

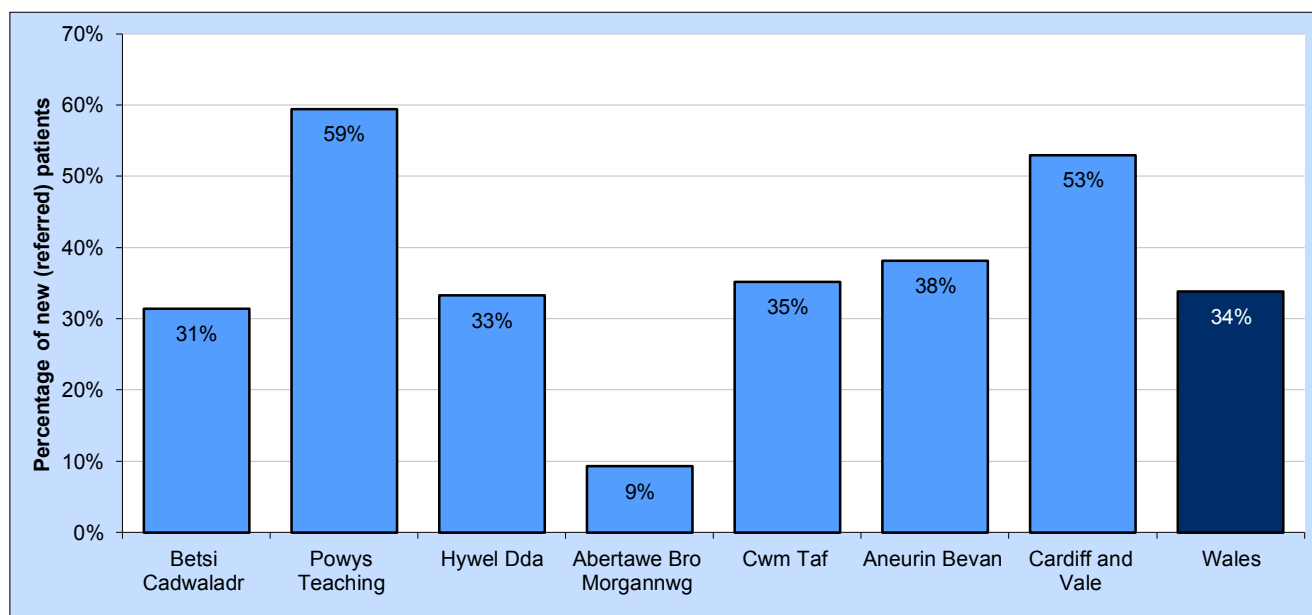
Chart 9: Referrals by age, 2014-15



Source: Welsh Government

Chart 9 shows how the proportion of new and recalled patients varied within each age group. The very young and very old age categories both had higher proportions of new patients whereas the adults were mostly recalled patients.

Chart 10: Percentage of new patients by CDS, 2014-15



Source: Welsh Government

The proportion of new patients varied greatly across each CDS, from 9 per cent in ABMU to 59 per cent in Powys Teaching ([Table 5](#)). The source of the referral for new patients showed interesting variation between CDS's. In 3 of the 7 health board areas a high proportion of new patients came from self referrals whereas the others had few or no self referrals ([Table 6](#)). This reflects the fact that CDSs have differing policies with regards to self-referral.

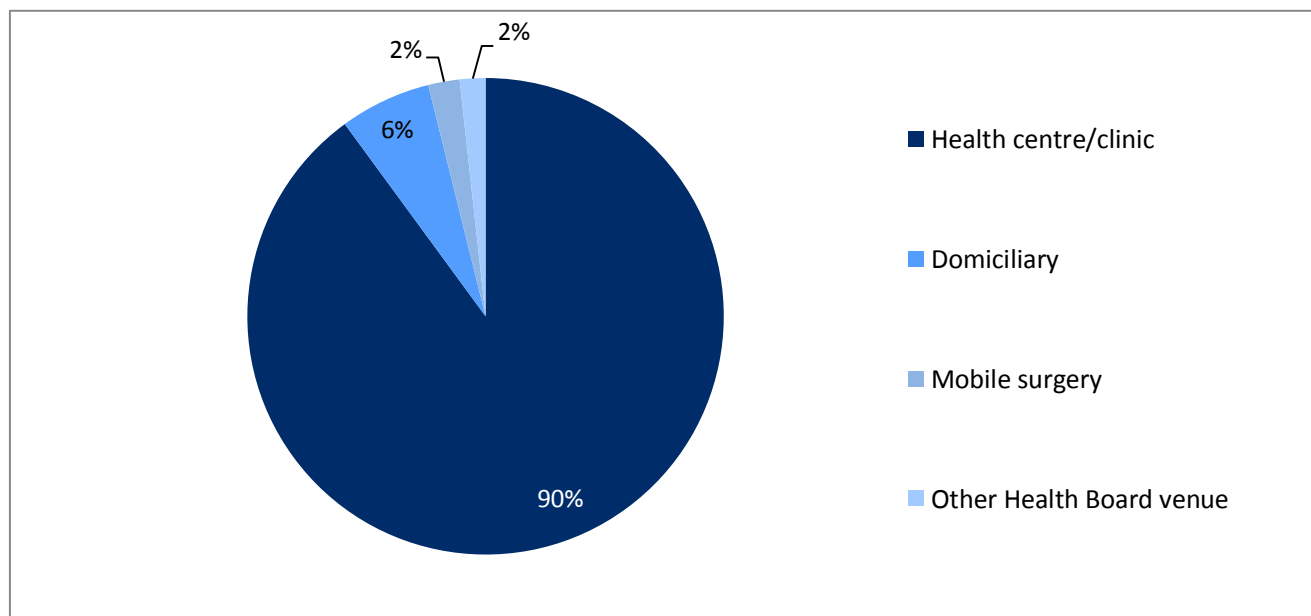
Patients treated under general anaesthetic or sedation

[Table 7](#) shows that there were 6,427 contacts (3 per cent of total contacts) in the CDS in 2014-15 involving general anaesthetic or sedation. The proportion of total contacts involving general anaesthetic or sedation ranged from less than 1 per cent at Cardiff and Vale to 7 per cent at Betsi Cadwaladr.

By age group, it was mainly patients aged between 5 and 64 years that had some form of sedation, the most common form being inhalation sedation in this age range. General anaesthetic was used for nearly all (96 per cent) of the very young children (aged 0-4 years) who had some form of sedation. ([Table 8](#)).

Location

Chart 11: Location of treatment, 2014-15



Source: Welsh Government

In 2014-15 the majority (90 per cent) of contacts took place within a health centre/clinic, no change since 2013-14. Note however that data is not strictly comparable to previous years as in 2014-15 an additional category of 'Other health board venue' was added (see notes).

[Table 9](#) shows how the total contacts are distributed by treatment location for each age group and CDS. In most age groups the majority were treated in the health centre/clinic; however in the 85 or over age group 68 per cent were seen by means of a domiciliary visit. The 0-4 and 5-15 year age groups both accounted for the highest percentage of total health centre/clinic contacts, 96 per cent.

Screening

The CDS has a role in screening school children and other priority groups. Most children's screening in Wales is now carried out under 'Designed to Smile', a national oral health improvement programme, which aims to reduce the gap between the oral health of children from the most deprived and the least deprived families. The programme is delivered by the Community Dental Service in schools and nurseries in some of the most disadvantaged communities where chronic tooth decay is worst. Some CDSs carry out additional screening and it is only this screening which is presented here. Monitoring reports for 'Designed to Smile' are published at:

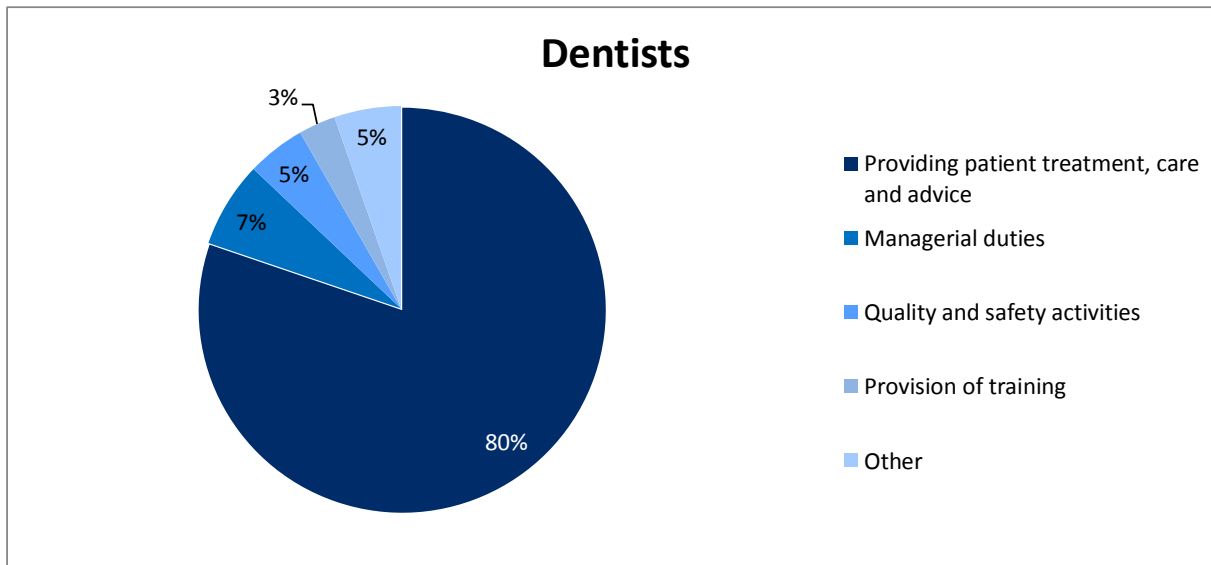
<http://gov.wales/topics/health/cmo/professionals/dental/publication/information/smile-reports/?lang=en>

[Table 10](#) shows that there were 7,572 patients screened in 2014-15. Routine children's screening accounted for 79 per cent of all screenings.

Activity

Charts 12 and 13 and [Table 11](#) show activities undertaken by Dentists and Dental Care Professionals (Under this data collection system a Dental Care Professional (DCP) includes therapists/hygienists/orthodontic therapists, clinical dental technicians and dental nurses who provide oral health education / promotion outside the Designed to Smile scheme. It does not include the majority of dental nurses who provide chair side support in the dental surgery). The information is presented as the proportion of a full week which is assumed to be 10 sessions or 37.5 hours.

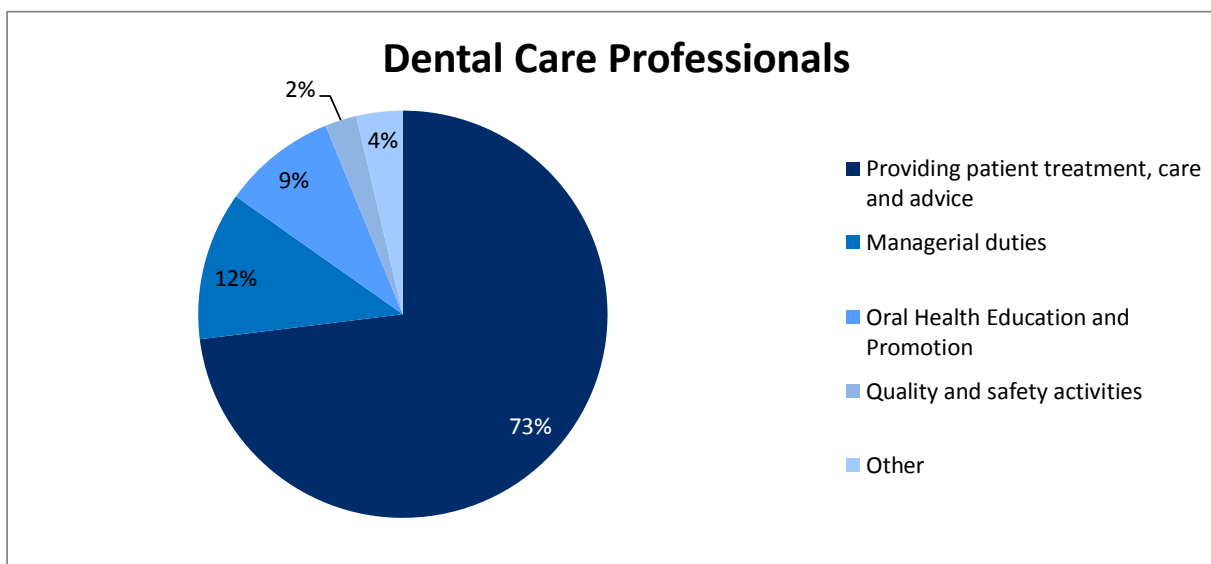
Chart 12: Percentage of hours /sessions worked by Dentists by type of activity



Source: Welsh Government

The majority of Dentists time in 2014-15 was spent treating patients or providing care or advice (80 per cent). This proportion varied between 74 per cent at Aneurin Bevan and 85 per cent at Hywel Dda. Managerial duties accounted for 7 per cent of Dentists time at the Wales level. In general there was much less variation across CDSs in this category for Dentists than for DCPs.

Chart 13: Percentage of hours /sessions worked by Dental Care Professionals by type of activity



Source: Welsh Government

In comparison to the above, DCPs spent a lesser proportion of time in 2014-15 treating patients or providing care or advice (73 per cent). This varied between 34 per cent at Cardiff and Vale and 92 per cent at Hywel Dda. Managerial duties accounted for 12 per cent of DCPs time, with wide variation amongst CDS's; Hywel Dda DCPs spent no time on managerial duties whilst Cardiff and Vale spent almost half (46 per cent) of their time on this category. These figures must reflect differences in local practice and recording.

Table 1: Total contacts by age group and CDS*Number of Contacts*

CDS	2013-14						2014-15					
	<u>0-4</u>	<u>5-15</u>	<u>16-64</u>	<u>65 or over</u>	<u>85+</u>	<u>Total</u>	<u>0-4</u>	<u>5-15</u>	<u>16-64</u>	<u>65-84</u>	<u>85+</u>	<u>Total</u>
Betsi Cadwaladr	3,541	24,091	19,186	6,596	.	53,414	3,581	25,174	21,069	4,232	2,372	56,428
Powys Teaching	811	4,391	2,792	945	.	8,939	599	3,653	3,082	764	372	8,470
Hywel Dda	1,081	6,847	2,509	635	.	11,072	1,878	9,515	4,514	838	234	16,979
Abertawe Bro Morgannwg	2,297	10,498	4,663	923	.	18,381	2,407	10,107	4,974	775	254	18,517
Cwm Taf	1,968	21,315	6,510	3,076	.	32,869	3,503	18,907	8,240	1,553	906	33,109
Aneurin Bevan	2,231	9,997	5,601	4,446	.	22,275	2,386	9,936	5,772	2,708	1,824	22,626
Cardiff and Vale	1,312	14,211	4,340	2,049	.	21,912	2,580	11,529	10,714	3,229	1,888	29,940
Wales	13,241	91,350	45,601	18,670	.	168,862	16,934	88,821	58,365	14,099	7,850	186,069

. Data not applicable, not collected prior to 2014-15

Source: Welsh Government

Table 2: Patients by age group and CDS*Number of Contacts*

CDS	2013-14						2014-15					
	<u>0-4</u>	<u>5-15</u>	<u>16-64</u>	<u>65 or over</u>	<u>85+</u>	<u>Total</u>	<u>0-4</u>	<u>5-15</u>	<u>16-64</u>	<u>65-84</u>	<u>85+</u>	<u>Total</u>
Betsi Cadwaladr	2,095	9,600	6,531	1,877	.	20,103	2,044	9,910	7,150	1,478	1,089	21,671
Powys Teaching	650	2,759	1,768	549	.	5,726	376	1,540	1,290	287	138	3,631
Hywel Dda	778	3,265	1,250	353	.	5,646	1,492	5,325	2,271	499	139	9,726
Abertawe Bro Morgannwg	1,512	3,781	1,680	338	.	7,311	1,898	7,679	4,402	699	241	14,919
Cwm Taf	926	8,719	1,670	1,474	.	12,789	1,989	7,009	3,441	602	385	13,426
Aneurin Bevan	1,382	3,744	1,727	1,793	.	8,646	1,734	5,443	2,699	1,373	1,019	12,268
Cardiff and Vale	618	5,812	1,112	984	.	8,526	1,589	4,937	5,095	1,221	671	13,513
Wales	7,961	37,680	15,738	7,368	.	68,747	11,122	41,843	26,348	6,159	3,682	89,154

. Data not applicable, not collected prior to 2014-15

Source: Welsh Government

Table 3: Attendance by CDS, 2014-15

CDS	<i>Number of contacts</i>			<i>Per cent</i>	
	First contact	Subsequent contact	Total contacts	Of which urgent/emergency	Percentage of urgent/emergency
Betsi Cadwaladr	21,671	34,757	56,428	4,334	8%
Powys Teaching	3,631	4,839	8,470	581	7%
Hywel Dda	9,726	7,253	16,979	1,046	6%
Abertawe Bro Morgannwg	14,919	3,598	18,517	1,176	6%
Cwm Taf	13,426	19,683	33,109	3,322	10%
Aneurin Bevan	12,268	10,358	22,626	2,153	10%
Cardiff and Vale	13,513	16,427	29,940	4,811	16%
Wales	89,154	96,915	186,069	17,423	9%

Source: Welsh Government

Table 4: Number of patients by patient category by CDS (a), 2014-15

<i>Number of contacts</i>							
Patient category	Betsi Cadwaladr	Powys Teaching	Hywel Dda	Cwm Taf	Aneurin Bevan	Cardiff and Vale	All CDSs (a)
Unable to attend / access General Dental Service	281	1,662	3,367	3,990	1,207	6,318	16,825
Vulnerable patients, of which:							
Child unable to cope with routine dental care	0	297	683	621	2,223	292	4,116
Child who chooses to stay with the CDS	8,539	565	2,563	7,442	675	4,091	23,875
Homeless	4	0	5	11	2	27	49
Hospital in-patient	38	16	12	30	99	4	199
Learning disability	2,171	221	962	389	2,413	701	6,857
Medically compromised	4,111	293	467	605	1,650	889	8,015
Mental health issues	236	79	459	122	2,254	221	3,371
Phobic/anxiety	5,607	426	434	68	953	143	7,631
Physical disability	658	61	759	146	786	173	2,583
Prisoner	4	1	0	0	2	629	636
Substance misuse	22	10	15	2	4	25	78
Total	21,671	3,631	9,726	13,426	12,268	13,513	74,235
<i>Per cent</i>							
Patient category	Betsi Cadwaladr	Powys Teaching	Hywel Dda	Cwm Taf	Aneurin Bevan	Cardiff and Vale	All CDSs (a)
Unable to attend / access General Dental Service	1%	46%	35%	30%	10%	47%	23%
Vulnerable patients, of which:							
Child unable to cope with routine dental care	0%	8%	7%	5%	18%	2%	6%
Child who chooses to stay with the CDS	39%	16%	26%	55%	6%	30%	32%
Homeless	0%	0%	0%	0%	0%	0%	0%
Hospital in-patient	0%	0%	0%	0%	1%	0%	0%
Learning disability	10%	6%	10%	3%	20%	5%	9%
Medically compromised	19%	8%	5%	5%	13%	7%	11%
Mental health issues	1%	2%	5%	1%	18%	2%	5%
Phobic/anxiety	26%	12%	4%	1%	8%	1%	10%
Physical disability	3%	2%	8%	1%	6%	1%	3%
Prisoner	0%	0%	0%	0%	0%	5%	1%
Substance misuse	0%	0%	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%

Source: Welsh Government

(a) ABMU health board was unable to provide a full set of data in this section therefore it has been excluded from this analysis.

Table 5: Reason for CDS treatment by CDS, 2014-15

CDS	<i>Number</i>			<i>Per cent</i>		
	Recalled patients	New (referral) patients	Total contacts	Recalled patients	New (referral) patients	Total contacts
Betsi Cadwaladr	14,870	6,801	21,671	69%	31%	100%
Powys Teaching	1,472	2,159	3,631	41%	59%	100%
Hywel Dda	6,485	3,241	9,726	67%	33%	100%
Abertawe Bro Morgannwg	13,535	1,384	14,919	91%	9%	100%
Cwm Taf	8,701	4,725	13,426	65%	35%	100%
Aneurin Bevan	7,584	4,684	12,268	62%	38%	100%
Cardiff and Vale	6,350	7,163	13,513	47%	53%	100%
Wales	58,997	30,157	89,154	66%	34%	100%

Source: Welsh Government

Table 6: New referrals source by CDS, 2014-15

CDS							<i>Number</i>
	General Dental Service	Hospital Dental Service	Other health professional (a)	Social Services, LA or LEA	Referred following screening (b)	Self referral (c)	Total
Betsi Cadwaladr	517	0	3,977	0	18	2,289	6,801
Powys Teaching	923	39	632	17	16	532	2,159
Hywel Dda	129	75	471	103	33	2,430	3,241
Abertawe Bro Morgannwg	220	108	917	86	11	42	1,384
Cwm Taf	335	20	623	95	38	3,614	4,725
Aneurin Bevan	1,045	55	1,987	222	9	1,366	4,684
Cardiff and Vale	113	64	908	133	46	5,899	7,163
Wales	3,282	361	9,515	656	171	16,172	30,157

CDS							<i>Per cent</i>
	General Dental Service	Hospital Dental Service	Other health professional (a)	Social Services, LA or LEA	Referred following screening (b)	Self referral (c)	Total
Betsi Cadwaladr	8%	0%	58%	0%	0%	34%	100%
Powys Teaching	43%	2%	29%	1%	1%	25%	100%
Hywel Dda	4%	2%	15%	3%	1%	75%	100%
Abertawe Bro Morgannwg	16%	8%	66%	6%	1%	3%	100%
Cwm Taf	7%	0%	13%	2%	1%	76%	100%
Aneurin Bevan	22%	1%	42%	5%	0%	29%	100%
Cardiff and Vale	2%	1%	13%	2%	1%	82%	100%
Wales	11%	1%	32%	2%	1%	54%	100%

(a) For example health visitor, GP or dietician.

Source: Welsh Government

(b) Includes those screened as part of the Designed to Smile programme

(c) Each CDS has different policies with regards to self referral rules.

Table 7: Type of sedation by CDS, 2014-15

CDS	Number					Per cent			
	General anaesthetic	Inhalation sedation	IV sedation	Other sedation, therapy or technique (a).	Total	General anaesthetic	Inhalation sedation	IV sedation	Other sedation, therapy or technique (a).
Betsi Cadwaladr	1,625	1,801	431	0	3,857	42%	47%	11%	0%
Powys Teaching	106	402	0	0	508	21%	79%	0%	0%
Hywel Dda	21	130	11	3	165	13%	79%	7%	2%
Abertawe Bro Morgannwg	48	299	115	12	474	10%	63%	24%	3%
Cwm Taf	565	350	0	0	915	62%	38%	0%	0%
Aneurin Bevan	48	361	21	0	430	11%	84%	5%	0%
Cardiff and Vale	0	77	1	0	78	0%	99%	1%	0%
Wales	2,413	3,420	579	15	6,427	38%	53%	9%	0%

Source: Welsh Government

(a) For example oral medication, hypnotherapy or acupuncture.

Table 8: Type of sedation by age, 2014-15

Type of sedation	Number						Per cent				
	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+
General anaesthetic	377	1,542	473	21	0	2,413	96%	45%	19%	23%	0%
Inhalation sedation	15	1,900	1,463	40	2	3,420	4%	55%	59%	43%	100%
IV sedation	0	0	547	32	0	579	0%	0%	22%	34%	0%
Other sedation, therapy or technique.	0	0	15	0	0	15	0%	0%	1%	0%	0%
Total	392	3,442	2,498	93	2	6,427	100%	100%	100%	100%	100%

Source: Welsh Government

Table 9: Location of treatment by age group and CDS, 2014-15(a)

CDS	<i>Number of Contacts</i>					
	0-4	5-15	16-64	65-84	85+	Total
Health centre/clinic						
Betsi Cadwaladr	3,558	24,985	20,842	3,205	943	53,533
Powys Teaching	599	3,646	3,059	668	203	8,175
Hywel Dda	1,877	9,498	4,421	539	147	16,482
Abertawe Bro Morgannwg	2,275	8,801	4,440	574	139	16,229
Cwm Taf	3,008	17,909	8,216	847	200	30,180
Aneurin Bevan	2,332	9,190	4,227	1,185	148	17,082
Cardiff and Vale	2,561	11,264	9,183	2,172	615	25,795
Wales	16,210	85,293	54,388	9,190	2,395	167,476
Mobile surgery						
Betsi Cadwaladr	23	189	2	0	0	214
Powys Teaching	0	1	0	0	0	1
Hywel Dda	0	0	0	0	0	0
Abertawe Bro Morgannwg	128	972	163	69	15	1,347
Cwm Taf	85	236	20	0	0	341
Aneurin Bevan	35	675	861	105	15	1,691
Cardiff and Vale	16	260	100	0	0	376
Wales	287	2,333	1,146	174	30	3,970
Domiciliary						
Betsi Cadwaladr	0	0	225	1,027	1,429	2,681
Powys Teaching	0	6	23	95	167	291
Hywel Dda	0	2	88	297	87	474
Abertawe Bro Morgannwg	0	0	102	224	129	455
Cwm Taf	0	0	0	706	706	1,412
Aneurin Bevan	19	71	645	1,333	1,589	3,657
Cardiff and Vale	3	5	229	1,046	1,272	2,555
Wales	22	84	1,312	4,728	5,379	11,525
Other Health Board venue						
Betsi Cadwaladr	0	0	0	0	0	0
Powys Teaching	0	0	0	1	2	3
Hywel Dda	1	15	5	2	0	23
Abertawe Bro Morgannwg	0	332	297	2	0	631
Cwm Taf	410	762	4	0	0	1,176
Aneurin Bevan	0	0	39	85	72	196
Cardiff and Vale	0	0	1,202	11	1	1,214
Wales	411	1,109	1,547	101	75	3,243

Source: Welsh Government

(a) For ABMU / Wales this table includes 145 telephone contacts which cannot be removed from the data.

Table 10: Patients screened by category and CDS, 2014-15 (a)

Category	<i>Number of Patients</i>						Total
	Routine children's screening	Day centre/hospital	Secure unit/prison	Adults in residential accommodation	Special needs schools	Other	
Betsi Cadwaladr	3,181	5	0	259	0	0	3,445
Powys Teaching	208	0	0	98	0	0	306
Hywel Dda	161	0	0	142	0	0	303
(b)	2459	65	0	0	0	0	2,524
Cwm Taf	0	0	0	0	0	0	0
Aneurin Bevan (c)	..	15	41	938	0	0	994
Cardiff and Vale	0	0	0	0	0	0	0
Wales	6,009	85	41	1,437	0	0	7,572

Source: Welsh Government

(a) The table excludes screening carried out under the "Designed to smile" programme.

(b) ABMU data for day centre/hospital was only recorded from September 2014.

(c) Aneurin Bevan has linked their child screening with the Designed to Smile Programme and therefore their data is not recorded here

.. Data Item not available

Table 11: Percentage of hours/sessions worked (a) by type of activity, staff group and CDS, 2014-15

Per cent

Dentists												
CDS	Epidemiology	Joint working with other organisations/ agencies	Managerial duties	Oral Health Education and Promotion	Professional support	Providing patient treatment, care and advice: all except GA/sedation	Providing patient treatment, care and advice: GA	Providing patient treatment, care and advice: sedation	Provision of training	Quality and safety activities	Screening	Total
Betsi Cadwaladr	1.0%	0.3%	9.0%	0.0%	0.5%	68.1%	6.7%	5.5%	5.0%	1.7%	2.2%	100.0%
Powys Teaching	3.1%	0.2%	9.5%	0.1%	1.0%	63.3%	4.0%	11.3%	1.9%	4.8%	0.8%	100.0%
Hywel Dda	0.7%	0.9%	6.8%	0.0%	1.2%	81.2%	0.1%	3.6%	0.7%	4.6%	0.1%	100.0%
Abertawe Bro Morgannwg	3.3%	1.2%	6.3%	6.7%	2.4%	68.0%	0.5%	6.8%	1.4%	2.4%	1.2%	100.0%
Cwm Taf	0.5%	0.9%	5.2%	0.1%	0.2%	80.8%	2.2%	1.3%	2.1%	6.8%	0.0%	100.0%
Aneurin Bevan	2.6%	2.1%	4.3%	0.0%	2.1%	70.9%	0.8%	2.4%	3.1%	9.1%	2.5%	100.0%
Cardiff and Vale	0.5%	0.9%	5.3%	0.1%	0.2%	82.6%	0.0%	1.3%	2.1%	7.0%	0.0%	100.0%
Wales	1.4%	0.9%	6.9%	0.8%	0.9%	73.1%	2.9%	4.3%	2.9%	4.7%	1.2%	100.0%

Dental Care Professionals												
CDS	Epidemiology	Joint working with other organisations/ agencies	Managerial duties	Oral Health Education and Promotion	Professional support	Providing patient treatment, care and advice: all except GA/sedation	Providing patient treatment, care and advice: GA	Providing patient treatment, care and advice: sedation	Provision of training	Quality and safety activities	Screening	Total
Betsi Cadwaladr	0.0%	0.3%	6.9%	0.0%	2.8%	80.6%	0.3%	1.2%	7.7%	0.2%	0.0%	100.0%
Powys Teaching	3.2%	0.0%	2.9%	9.1%	0.0%	74.3%	0.9%	6.0%	1.4%	2.0%	0.2%	100.0%
Hywel Dda	0.0%	0.0%	0.0%	4.2%	0.0%	92.2%	0.0%	0.0%	0.0%	3.5%	0.0%	100.0%
Abertawe Bro Morgannwg	0.0%	7.2%	29.3%	11.7%	3.5%	45.1%	0.0%	1.8%	1.3%	0.2%	0.0%	100.0%
Cwm Taf	0.2%	0.1%	12.0%	2.5%	0.0%	81.2%	0.8%	0.8%	0.3%	1.9%	0.0%	100.0%
Aneurin Bevan	0.0%	1.6%	2.1%	39.4%	0.1%	49.6%	0.0%	1.9%	1.0%	4.2%	0.0%	100.0%
Cardiff and Vale	1.1%	0.5%	46.2%	9.6%	0.0%	31.2%	0.0%	2.9%	1.0%	7.5%	0.0%	100.0%
Wales	0.9%	0.6%	11.8%	9.0%	0.5%	70.2%	0.6%	2.3%	1.6%	2.5%	0.1%	100.0%

Source: Welsh Government

(a) In the data collection form CDS could provide this information in hours or sessions but percentages are shown to provide consistency.

Key Quality Information

This section displays quality information and definitions. Please see the "[Community Dental Services Statistics Quality Report](#)" for further background on the data.

The Community Dental Service in Wales

The Community Dental Service (CDS) in Wales is made up of; Betsi Cadwaladr; Powys; Hywel Dda; Abertawe Bro Morgannwg; Aneurin Bevan; Cardiff and Vale and Cwm Taf. A single CDS provides services for Cardiff and Vale and Cwm Taf but activities for these two health boards are shown separately from 2013-14.

Source

This Statistical Release draws together data collected annually from each CDS via the annual Community Dental Service Welsh Return (CDSWR). This form was revised for 2014-15 in conjunction with CDS Managers. New data on patient category, referral source, sedation and activity has been collected in 2014-15, analyses of which will develop over time. Definitions for some data items remain unchanged and allow time series to be continued but for the new areas the current year's data only is presented. Users should bear in mind that this is the first year of collection for much of the data presented.

Definitions

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 of, 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.

A **patient** is the number of individuals seen during the financial year regardless of how often they are seen, how many episodes of care they undergo and how many CDS staff they are seen by.

The **age of patients** is taken as of 01 April of the financial year in question.

Urgent or emergency treatments is a count of contacts where the patient has an urgent or emergency dental problem and is not already in the appointment book and has to be fitted in. They may have contacted the clinic on the same day or the day before or arrived at the clinic without contacting it.

Patient category relates to the provision of dental services for vulnerable people, as defined in paragraph 6 of the [Ministerial Letter EH/ML/014/08](#), and to patients who are unable to access General Dental Services.

The Ministerial Letter makes it clear that the CDS's main function is to provide care for vulnerable people. The service is not primarily there to provide care for children or adults who would normally be able to attend the GDS. Vulnerable people may be defined as those for whom inequality of healthcare has been demonstrated **and includes people of all ages - children and adults**. Many groups can be defined as vulnerable, including those with special needs. Some people can be vulnerable for only a period of time - e.g. a patient in Critical Care Unit who then recovers fully and is no longer vulnerable.

Many vulnerable people have more than one health problem, however the **one** most significant problem is recorded. This is the issue that makes it most difficult for care to be provided.

The following definitions are applied:

Learning disability: People with a learning disability are those with a significantly reduced ability to understand new or complex information and learn new skills, starting before adulthood and having a lasting effect on development and their ability to cope independently. LD may be the primary disability for those people with a variety of syndromes and conditions such as Downs syndrome, Cri-du Chat, Rett syndrome, Autistic spectrum disorders etc.

Physical disability: Patients for whom dental management and care may require modification according to their complex physical condition which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities for example spinal cord & brain

disability, upper and lower limb mobility problems, severe rheumatoid arthritis, myalgic encephalitis/chronic fatigue syndrome, progressive disorders, such as motor neurone disease, muscular dystrophy, Parkinson's, multiple sclerosis, Huntington's etc.

Mental health issues: Patients for whom dental management and care may require modification due to the severity of their mental health problem this would include people with schizophrenia, bipolar affective, personality disorders, dementia, agoraphobia, severe depression and generalised anxiety disorders, ADHD, conductive disorders, OCD etc.

Medically compromised: Patients for whom dental management and care may require modification according to their complex medical condition, and for those whose general health condition affects their normal daily activities for example cardiovascular, respiratory, renal, liver, gastrointestinal, endocrine & metabolic diseases; bleeding disorders, immunological disorders, oncology involving chemotherapy, radiotherapy, organ transplant, severe allergies etc.

Phobic / anxiety: Patients with a disproportionate level of fear or phobia towards dental treatment requiring the use of structured psychological therapies and/or dental sedation such as hypnotherapy, acupuncture, CBT, oral, inhalation, nasal or IV dental sedation.

Homeless

Substance misuse

Hospital in-patient

Prisoner

Child (aged under 16) unable to cope with routine dental care: This means a child who is fit and well and would normally be expected to attend a GDP, but who is very reluctant to accept treatment, and finds it difficult to co-operate with routine dental care.

Child (aged under 16) who chooses to stay with the CDS: Could be seen in the GDS, and they have been advised to seek care in the GDS.

Unable to access GDS: Includes patients who do not fall under any of the vulnerable patient categories but cannot obtain GDS treatment.

They may include:

- adults with an urgent / emergency dental problem who can't find a GDP to see them or whose GDP is unable to see them for urgent treatment. These patients will be treated by the CDS for the urgent problem and will not normally be accepted for routine care.
- adults or children on holiday in the area, or temporarily resident (Examples include looked after children, gypsy and traveller children, children of asylum seekers / refugees, children in emergency accommodation)
- children who are not otherwise vulnerable, but whose parents have been unable to find a GDP to accept them for treatment
- pregnant and nursing mothers.

Referral Source relates to *first contacts* in the year only and counts:

Recalled patients - include patients who attend as part of a recall system following previous care in the CDS.

Patients who are new to the CDS: the first visit following a new referral. CDS patients may not attend for many years and then return to the CDS. A new patient is therefore one who has NEVER attended or NOT ATTENDED in the previous 2 years (prior to the date of appointment).

Self referral: patients whose contact was initiated at their own request or at the request of their parent, guardian or carer.

Referred following screening: including those screened as part of the Designed to Smile programme.

Referred from General Dental Service: patients whose contact was initiated by a General Dental Service dentist.

Referred by the Hospital Dental Service: patients whose contact was initiated by a hospital dentist.

Referred by another health professional: patients whose contact was initiated by referral from another health professional eg Health Visitor, GP, dietician.

Referred by Social Services, LA or LEA: patients referred for treatment by a Local Authority, Local Education Authority, Social Services. Includes referrals from Flying Start staff.

General Anaesthetic / Sedation is that administered by a clinician in a CDS surgery excluding any pre-meds.

Location of Treatment relates to *total contacts* and includes:

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. Mobile units are sometimes used to provide dental treatment which may otherwise be provided as domiciliary care, for example, at care homes for older people.

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.

Other Health Board venue - contacts that are not CDS fixed or mobile clinics e.g. hospital premises including wards, operating theatres, clinics for people with a special need e.g. dysphagia clinics

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. As the Designed to Smile programme is monitored by the Welsh Oral Health Information Unit data from Designed to Smile screening is not included in this release.

A **session** is a period of time generally between three to three and three-quarter hours. A full week is assumed to be 10 sessions or 37.5 hours (a session is then generally a full morning or full afternoon).

A **Dental Care professional** (DCP) includes therapists/hygienists/orthodontic therapists, clinical dental technicians and dental nurses who provide oral health education / promotion outside the Designed to Smile programme.

The following **activities** are carried out by Dentists (as a group) and DCPs (as a group):

Providing patient treatment, care and advice, and pre-assessment for general anaesthetics and sedation **excluding** any hours/sessions where general anaesthetics or sedation were carried out in the CDS.

Providing patient treatment, care and advice under GA: includes ONLY hours/sessions where general anaesthetics were carried out in the CDS.

Providing patient treatment, care and advice under sedation: includes ONLY hours/sessions where sedation was carried out in the CDS.

Oral Health Education and Promotion: includes all activity where oral health promotion is provided to groups rather than patients in the surgery e.g. school based teaching, scouts and brownies, education and teaching provision to nurses and care workers, training other health and teaching professionals. (This may include activity as part of 1000 Live Plus mouthcare programme).

Epidemiology: includes survey work such as for BASCD or UK dental surveys including preparation work.

Screening: includes all hours/sessions for all age groups where screening was carried out as part of CDS work (as defined under [Ministerial Letter EH/ML/014/08](#)). Does NOT include any Designed to Smile screening.

Quality and safety activities: includes all Continuing Professional Development, Peer Review, Audit, training undertaken in-house such as Mandatory/Statutory training and Induction.

Provision of training: includes training provided to trainee dental team members including student dentists.

Professional support: includes, for example, preparation to run study days, attendance at SIG, Trade Union activities and attendance at other professional bodies.

Joint working with other organisations/agencies: joint working means working with another organisation, e.g. Third Sector, Local Authority, Social Services, neighbouring CDS, 1000 Lives Plus mini-collaborative etc. It may be a face to face meeting, or may include activities to directly support joint working such as developing/writing documents. It does not include working in schools doing screening or OHI, or managerial duties. Meetings may be less than one session.

Managerial/ administrative duties not related to direct patient care: e.g. reviewing or writing a policy, dealing with HR issues, attendance at staff/team meetings.

Note that the Community Dental Service may also undertake activity not covered by this statistical release e.g. the Designed to Smile programme and tooth brushing campaigns for specialist groups.

Users and uses of these statistics

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.

Comparisons with other UK countries

Across the United Kingdom there are different models for the Community Dental Service.

England – Information about Trust-led dental service in England is published with statistics on the General Dental Service at:

[http://www.hscic.gov.uk/searchcatalogue?topics=1/Primary care services/Dental services&sort=Most recent&size=10&page=1#top](http://www.hscic.gov.uk/searchcatalogue?topics=1/Primary%20care%20services/Dental%20services&sort=Most%20recent&size=10&page=1#top)

Scotland - Information on Scottish Community Dental Service activity up to March 2007 can be accessed from: <http://www.isdscotland.org/Health-Topics/Dental-Care/Community-Dental-Service/>
From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS): <http://www.isdscotland.org/Health-Topics/Dental-Care/General-Dental-Service/>

National Statistics

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 Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

We welcome comments from users of our publications on content and presentation. If you have any comments or require further information, please contact:

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Further copies of this statistical release are available from the address above.



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