



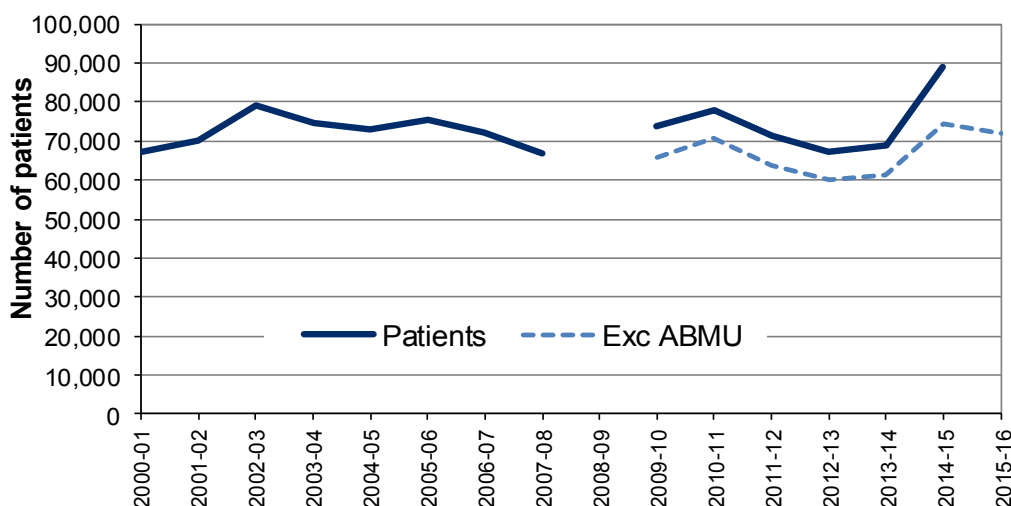
Community Dental Services in Wales, 2015-16

30 November 2016
SFR 161/2016

The role of the Community Dental Service (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 (primarily as part of the Designed to Smile programme).

Chart 1: Number of patients seen, 2000-01 to 2015-16 (a)



(a) No data is available for 2008-09; dotted line is for 6 CDSs only. Source: Welsh Government

Key points (for 6 CDSs excluding ABMU CDS)

- There were 173,665 contacts with the CDS in 2015-16.
- 71,842 patients (i.e. individuals) were seen by the CDS in 2015-16.
- 10 per cent of contacts with the CDS in 2015-16 were urgent/emergency contacts.
- 26 per cent of patients seen by the CDS were those who were unable to access the GDS. This proportion varied with age group: 19 per cent of 0-15 year olds, 41 per cent of 16-64 year olds and 19 per cent of 65 years and over.

About this release

This annual statistical release presents a summary of the activity of the Community Dental Service (CDS) in Wales during 2015-16. **Data is presented for only six CDSs** this year.

Abertawe Bro Morgannwg CDS was unable to provide data for this data collection year and therefore has been excluded from all analyses. For further details see [notes](#).

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The Community Dental Service in Wales

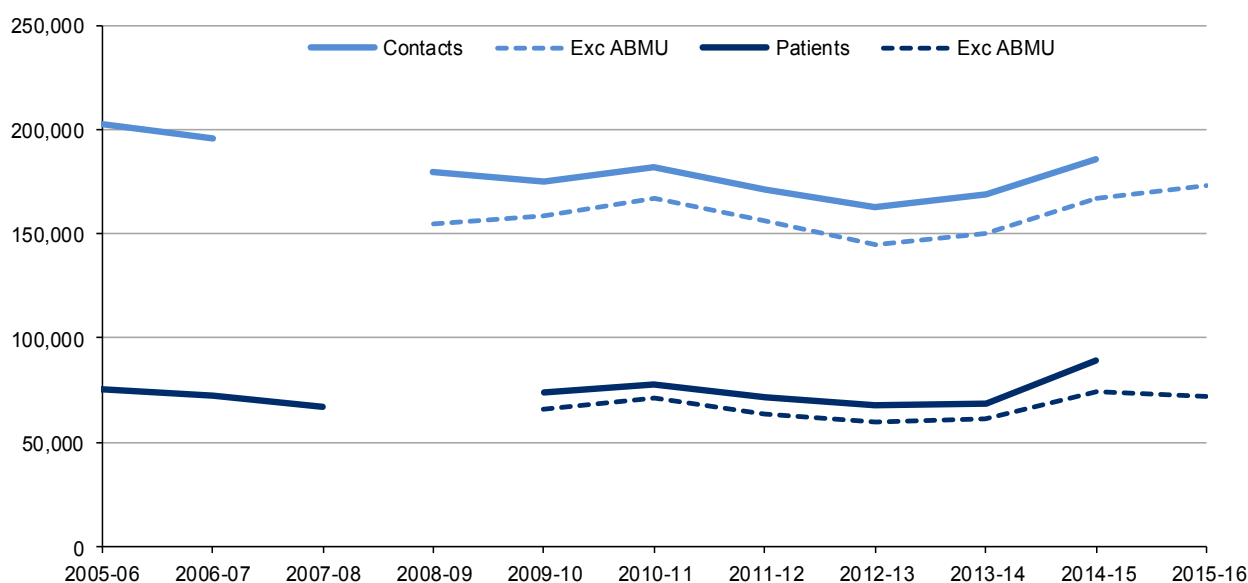
The Community Dental Service (CDS) in Wales is made up of: Betsi Cadwaladr; Powys; Hywel Dda; Abertawe Bro Morgannwg; Aneurin Bevan; Cardiff and Vale and Cwm Taf. A single CDS provides services for Cardiff and Vale and Cwm Taf but activities for these two health boards are shown separately.

Abertawe Bro Morgannwg CDS was unable to provide accurate data for this data collection year and therefore has been excluded from all analyses. Please be aware therefore that all totals now represent the total of the remaining 6 CDSs, not the all-Wales total, and as such comparisons with previous years data is not possible at all-Wales level. For further details see [notes](#).

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 2: Total contacts and patients seen, 2005-06 to 2015-16 (a)(b)



Source: Welsh Government

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

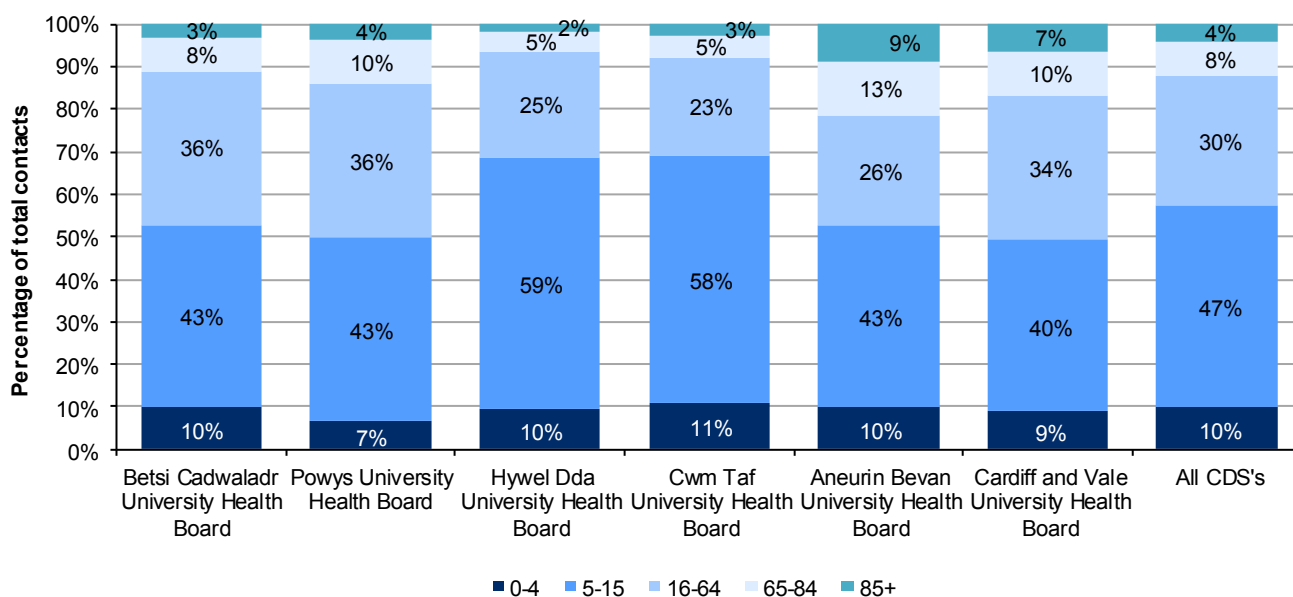
(b) Abertawe Bro Morgannwg CDS has been excluded for 2015-16; dotted line is for 6 CDSs only; see [notes](#).

Chart 2 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 numbers started to increase in 2013-14. In 2015-16 there were 173,665 total contacts with the 6 CDSs, and 71,842 patients were treated (but note that in 2014-15 ABMU treated nearly 15,000 patients in 18,500 contacts.). Comparisons to the previous year cannot be made since the data is not representative of all CDSs in Wales. During the year the CDS saw each patient twice on average although this will vary according to individual need.

Half of the CDS regions (Betsi Cadwaladr, Powys and Cwm Taf) showed an increase in the number of total contacts and patients, with Cwm Taf showing the greatest increase in both the number of total contacts (17 per cent) and the number of patients (15 per cent) ([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.

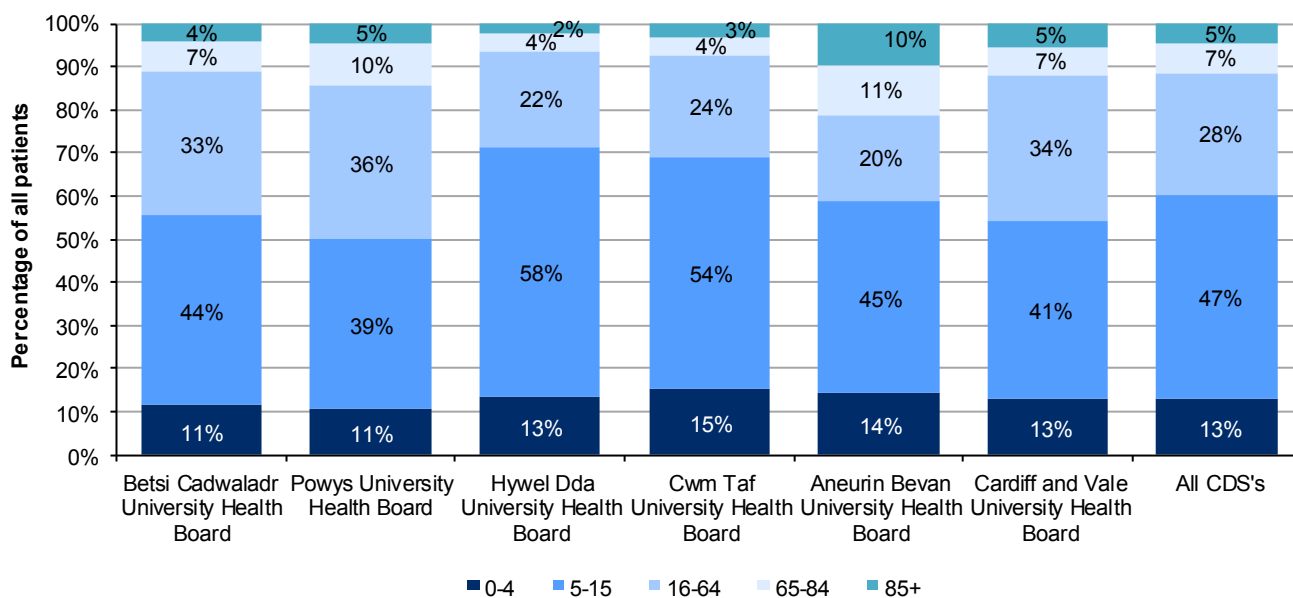
Chart 3: Contacts by age group as a percentage of total contacts by CDS, 2015-16



Source: Welsh Government

Chart 3 shows the percentage of total contacts for each CDS and each age group. Cwm Taf had proportionally more contacts in the 0-4 year age group than any other CDS and was one of two CDSs that had most contacts with children (aged 0-15) in general (along with Hywel Dda). Aneurin Bevan and Cardiff and Vale had more contacts with older patients (65 and over) than other CDSs and Aneurin Bevan had proportionally the most contacts with patients aged 85 and over.

Chart 4: Patients as a percentage of all patients by age group and CDS, 2015-16

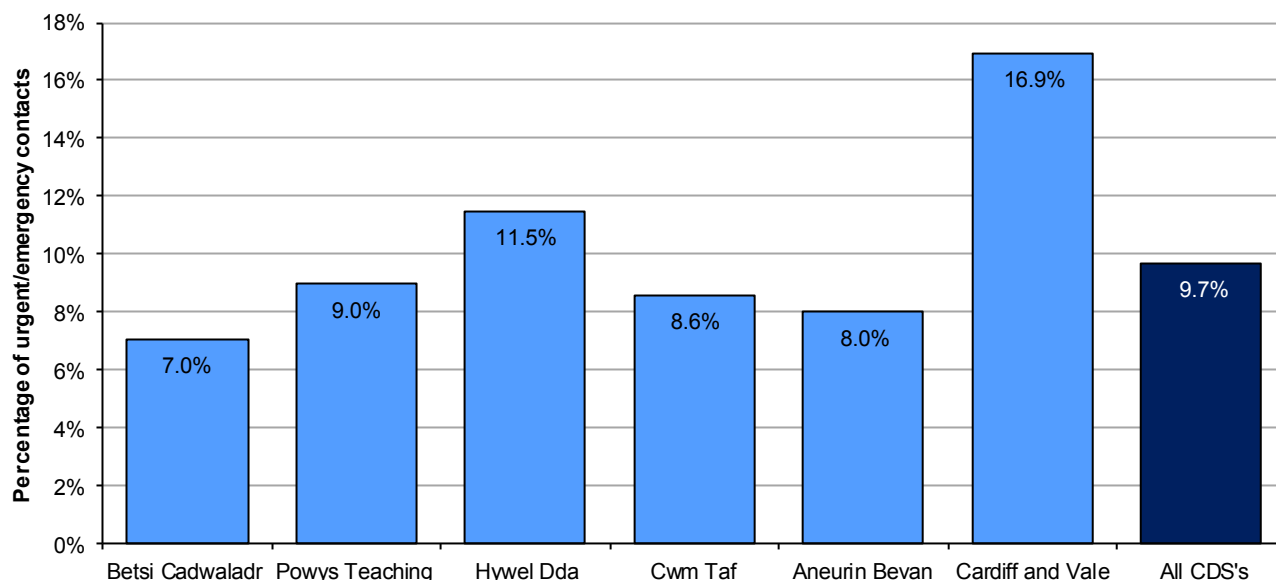


Source: Welsh Government

Chart 4 shows similar patterns to that seen in Chart 3, for every CDS the largest proportion of patients seen was in the 5-15 year age group, accounting for 48 per cent of the total.

Betsi Cadwaladr CDS had the highest number of contacts per patient (2.5) while Hywel Dda had the lowest number (1.9).

Chart 5: Percentage of urgent or emergency contacts by CDS, 2015-16



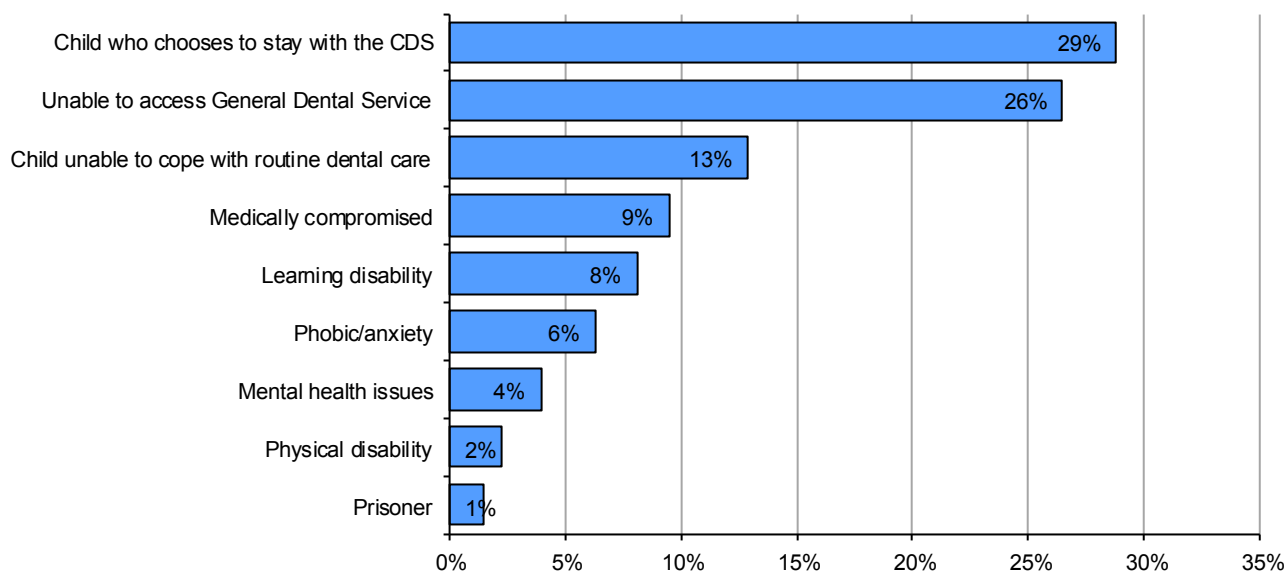
Source: Welsh Government

For Wales in 2015-16 the total number of urgent /emergency contacts was 16,767, 10 per cent of total contacts. Urgent contacts varied across each CDS, and accounted for the smallest proportion of all contacts in Betsi Cadwaladr (7 per cent) and the most in Cardiff and Vale (17 per cent). See also [Table 3](#).

Patient category

The CDS's main function is to provide care for vulnerable people. Since 2014-15, the data collection system has 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.

Chart 6: Contacts by patient category ^(a), 2015-16 ^(b)

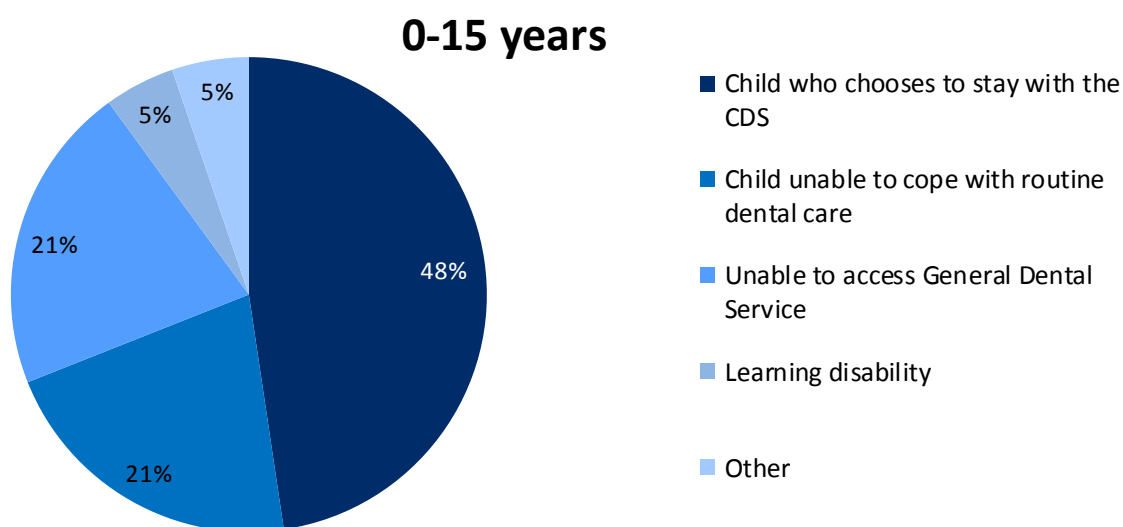


Source: Welsh Government

- (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.
- (b) Abertawe Bro Morgannwg CDS has been excluded, see [notes](#).

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 one-fifth (20 per cent) were aged 0-4 years (the remaining 80 per cent were aged 5-15 years).

Chart 7: Percentage of total contacts by patient category, patients aged 0-15 years, 2015-16 ^(a)

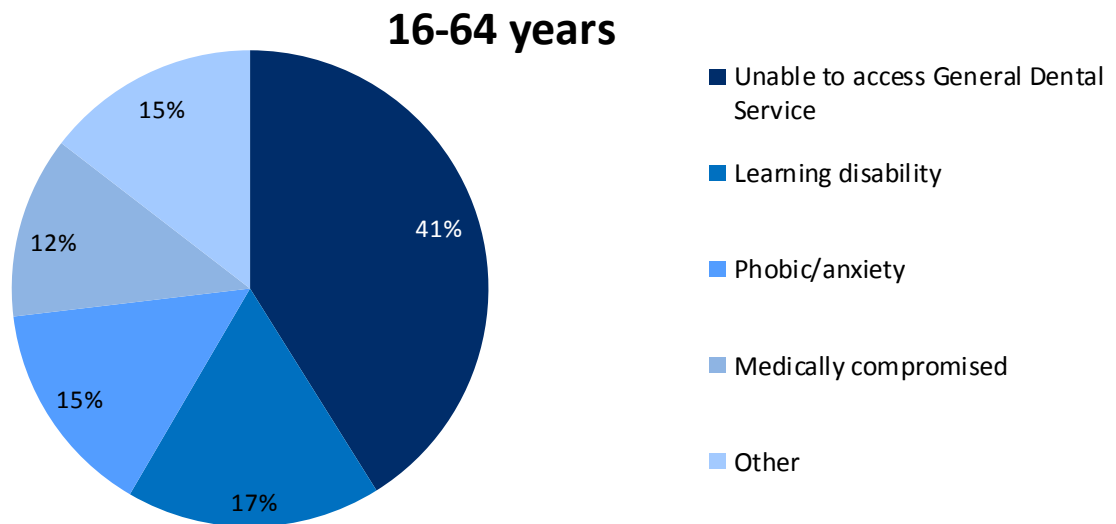


Source: Welsh Government

- (a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

Proportionally, amongst children aged 0-15, just under half of contacts (48 per cent) were with children who chose to stay with the CDS. Children who couldn't cope with routine dental care accounted for 21 per cent and those who were unable to access the GDS accounted for a further 21 per cent.

Chart 8: Percentage of total contacts by patient category, patients aged 16-64 years, 2015-16 ^(a)

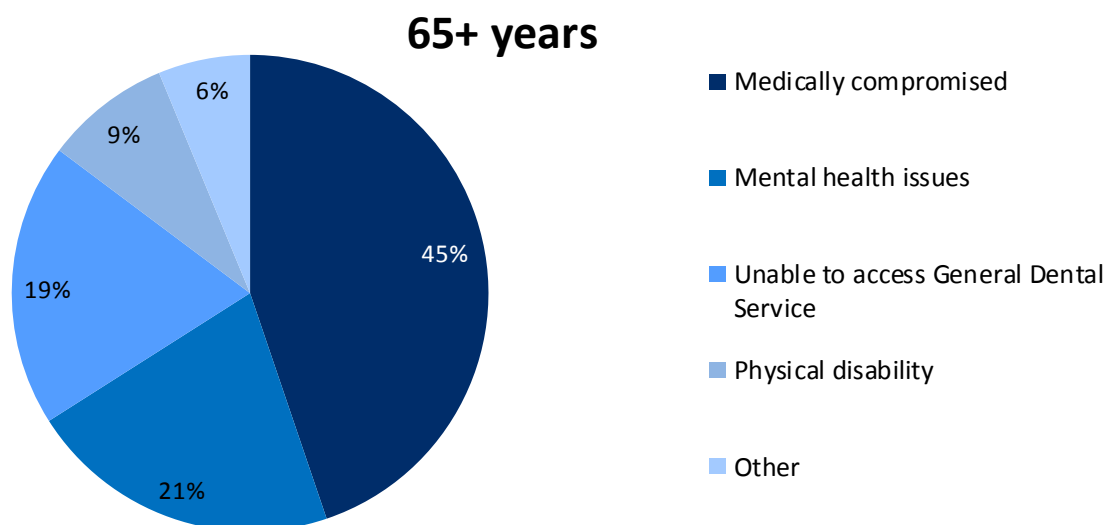


Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

The proportion of contacts with adult patients aged 16-64 who were unable to access the GDS was 41 per cent, more than double that of children aged 0-15 (21 per cent) and older patients aged 65 and over (19 per cent).

Chart 9: Percentage of total contacts by patient category, patients aged 65 years or over, 2015-16 ^(a)



Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

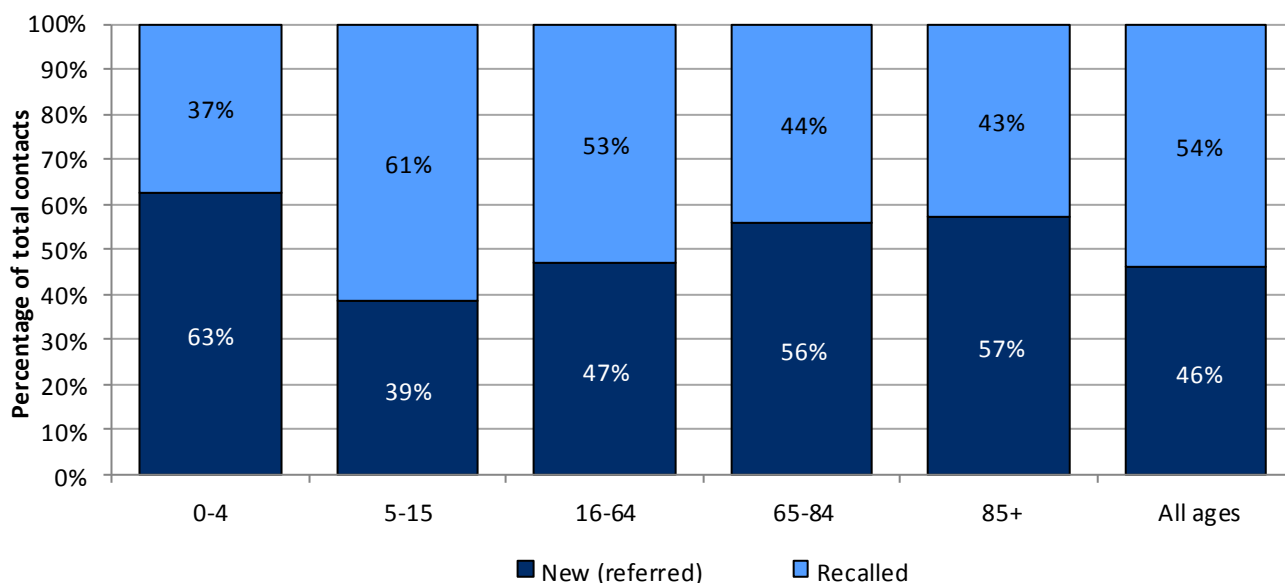
In older patients, aged 65 and over, there were proportionally more contacts with patients who were medically compromised or had mental health issues.

[Table 4](#) shows patient category data for individual CDSs. A wide variation is noticeable between the different types of patients seen by each CDS. For example, in Cwm Taf almost three-fifths (57 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 a quarter of Powys Teaching and Aneurin Bevan’s patients (25 per cent and 28 per cent respectively). 14 per cent of Betsi Cadwaladr’s patients seen had phobias, and 17 per cent of Aneurin Bevan’s patients seen had learning disabilities, whereas most other CDSs saw less than half of these amounts in these categories.

Referral source

CDSs record the referral source for all patients seen. Slightly under half (46 per cent) of patients seen by the CDS in 2015-16 were patients who were new to the CDS ([Table 5](#)), and over half of these (58 per cent) were self-referred ([Table 6](#)).

Chart 10: Referrals by age, 2015-16 ^(a)

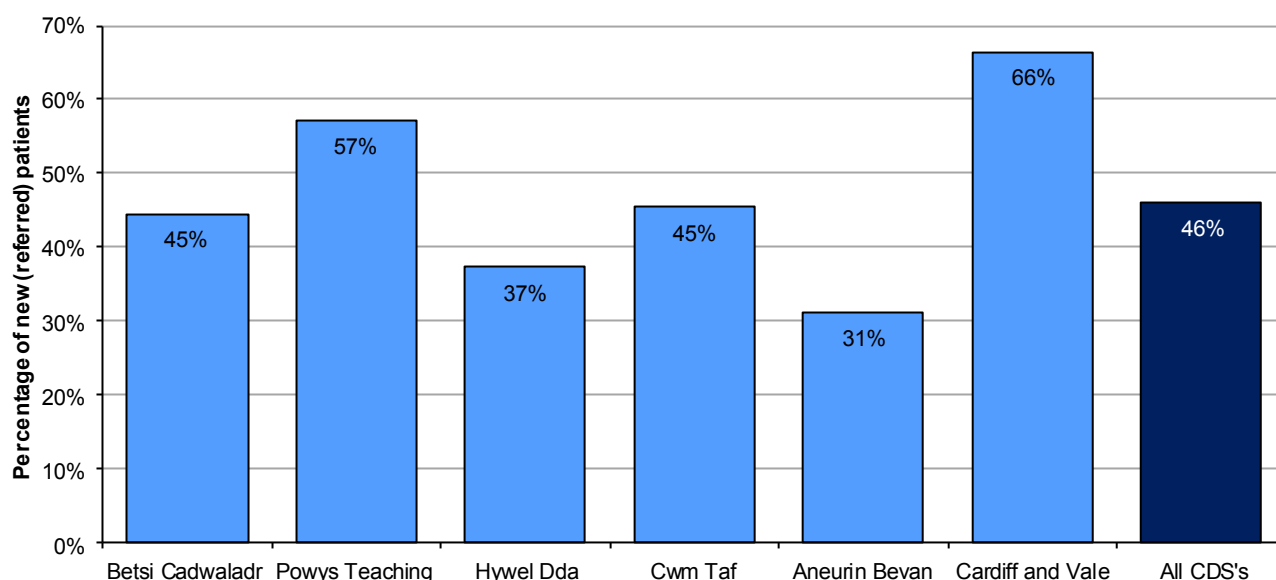


Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

Chart 10 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 11: Percentage of new patients by CDS, 2015-16 ^(a)



Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

The proportion of new patients varied greatly across each CDS, from 31 per cent in Aneurin Bevan to 66 per cent in Cardiff and Vale ([Table 5](#)). The source of the referral for new patients showed interesting variation between CDSs. In 3 of the 6 CDSs a high proportion (70 per cent or more) of new patients came from self referrals whereas the others had few self referrals ([Table 6](#)). This reflects the fact that CDSs have differing policies with regards to self-referral.

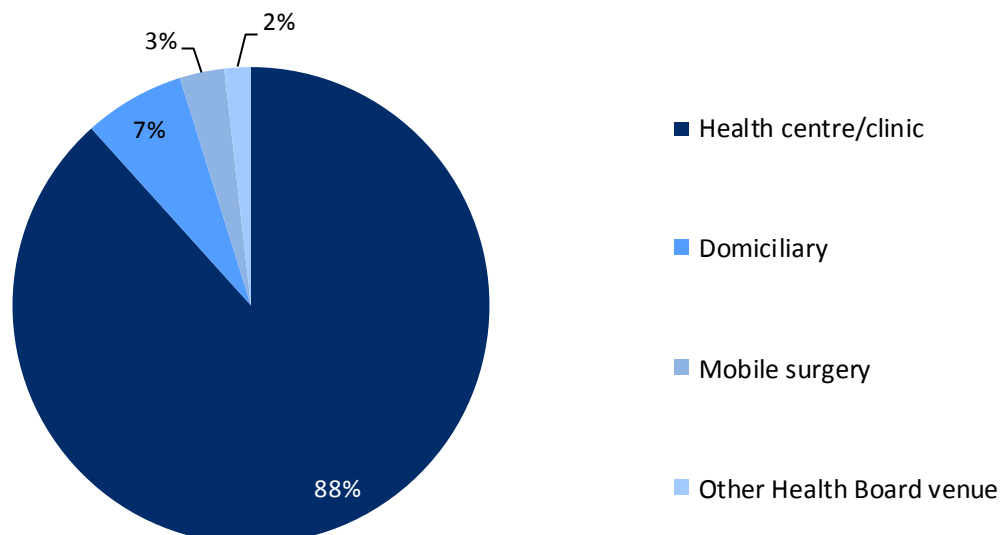
Patients treated under general anaesthetic or sedation

[Table 7](#) shows that there were 6,271 contacts (4 per cent of total contacts) in the CDS in 2015-16 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 6 per cent at Betsi Cadwaladr and Powys Teaching.

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 (98 per cent) of the very young children (aged 0-4 years) who had some form of sedation. ([Table 8](#)).

Location

Chart 12: Location of treatment, 2015-16 ^(a)



Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

In 2015-16 the majority (88 per cent) of contacts took place within a health centre/clinic, a slight decrease since 2014-15. Note however that data is not strictly comparable to years prior to 2014-15 as in this year 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 76 per cent were seen by means of a domiciliary visit. The 0-4 and 16-64 year age groups both accounted for the highest percentage of total health centre/clinic contacts, 94 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 available.

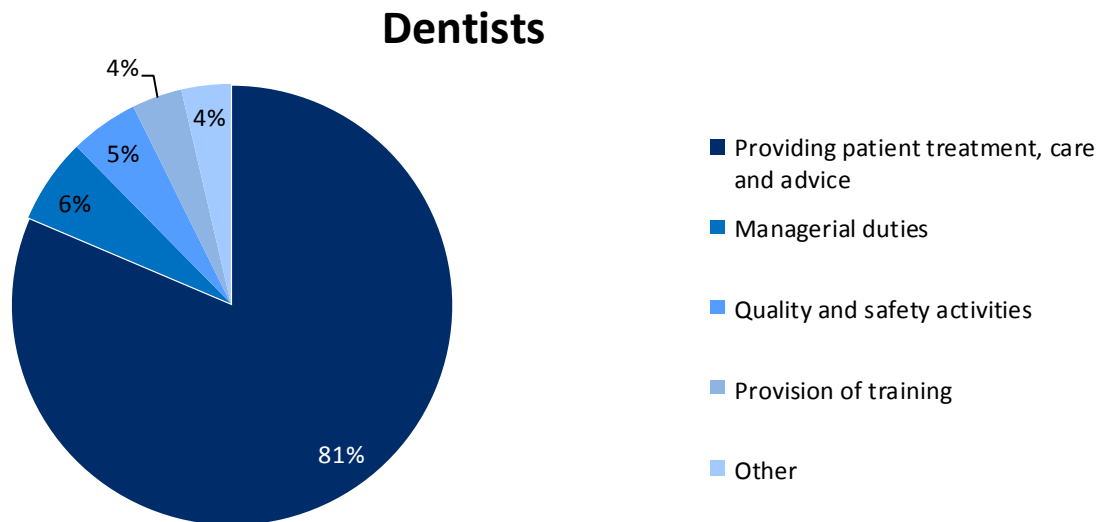
[Table 10](#) shows that there were 3,671 patients screened in 2015-16. Routine children's screening accounted for 60 per cent of all screenings.

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 13: Percentage of hours /sessions worked by Dentists by type of activity, 2015-16^(a)

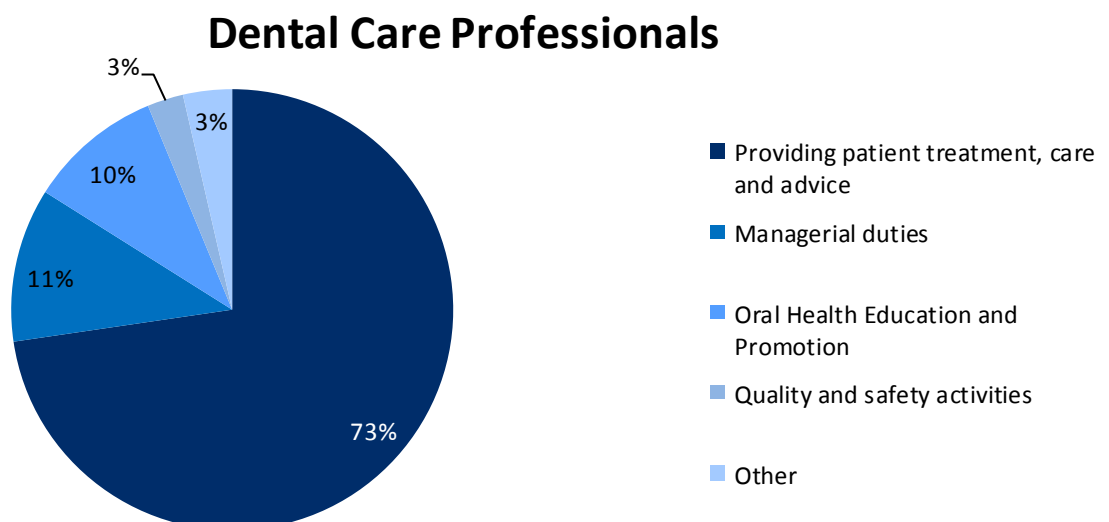


Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

The majority of Dentists' time in 2015-16 was spent treating patients or providing care or advice (81 per cent). This proportion varied between 79 per cent at Aneurin Bevan and 84 per cent at Cwm Taf, Hywel Dda and Cardiff and Vale. Managerial duties accounted for 6 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 14: Percentage of hours /sessions worked by Dental Care Professionals by type of activity, 2015-16^(a)



Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

In comparison to the above, DCPs spent a lesser proportion of time in 2015-16 treating patients or providing care or advice (73 per cent). This varied between 30 per cent at Cardiff and Vale and 84 per cent at Powys Teaching. Managerial duties accounted for 11 per cent of DCPs' time, with wide variation amongst CDSs; Aneurin Bevan and Hywel Dda DCPs spent little or 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

CDS	<i>Number of Contacts</i>											
	2014-15						2015-16					
	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+	Total
Betsi Cadwaladr	3,581	25,174	21,069	4,232	2,372	56,428	5,815	24,711	20,817	4,470	1,926	57,739
Powys Teaching	599	3,653	3,082	764	372	8,470	608	3,851	3,243	909	357	8,968
Hywel Dda	1,878	9,515	4,514	838	234	16,979	1,660	10,303	4,329	799	358	17,449
Abertawe Bro Morgannwg (a)	2,407	10,107	4,974	775	254	18,517	..	..	..	..	..	..
Cwm Taf	3,503	18,907	8,240	1,553	906	33,109	4,304	22,452	9,010	1,963	1,122	38,851
Aneurin Bevan	2,386	9,936	5,772	2,708	1,824	22,626	2,247	9,587	5,755	2,890	2,006	22,485
Cardiff and Vale	2,580	11,529	10,714	3,229	1,888	29,940	2,525	11,334	9,567	2,912	1,835	28,173
Wales / All CDSs (a)	16,934	88,821	58,365	14,099	7,850	186,069	17,159	82,238	52,721	13,943	7,604	173,665

Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

.. Data not available

Table 2: Patients by age group and CDS

CDS	<i>Number of Contacts</i>											
	2014-15						2015-16					
	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+	Total
Betsi Cadwaladr	2,044	9,910	7,150	1,478	1,089	21,671	2,589	10,033	7,584	1,593	971	22,770
Powys Teaching	376	1,540	1,290	287	138	3,631	397	1,460	1,326	369	172	3,724
Hywel Dda	1,492	5,325	2,271	499	139	9,726	1,208	5,267	2,016	344	224	9,059
Abertawe Bro Morgannwg (a)	1,898	7,679	4,402	699	241	14,919	..	..	..	..	..	..
Cwm Taf	1,989	7,009	3,441	602	385	13,426	2,368	8,300	3,633	684	468	15,453
Aneurin Bevan	1,734	5,443	2,699	1,373	1,019	12,268	1,365	4,266	1,915	1,079	936	9,561
Cardiff and Vale	1,589	4,937	5,095	1,221	671	13,513	1,470	4,663	3,791	735	616	11,275
Wales / All CDSs (a)	11,122	41,843	26,348	6,159	3,682	89,154	9,397	33,989	20,265	4,804	3,387	71,842

Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

.. Data not available

Table 3: Attendance by CDS, 2015-16

CDS	2014-15					2015-16				
	<i>Number of contacts</i>			<i>Per cent</i>		<i>Number of contacts</i>			<i>Per cent</i>	
	First contact	Subsequent contact	Total contacts	Of which urgent /emergency	Percentage of urgent /emergency	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%	22,770	34,969	57,739	4,069	7%
Powys Teaching	3,631	4,839	8,470	581	7%	3,724	5,244	8,968	803	9%
Hywel Dda	9,726	7,253	16,979	1,046	6%	9,059	8,390	17,449	1,999	11%
Abertawe Bro Morgannwg (a)	14,919	3,598	18,517	1,176	6%	..	..	..	..	..
Cwm Taf	13,426	19,683	33,109	3,322	10%	15,453	23,398	38,851	3,335	9%
Aneurin Bevan	12,268	10,358	22,626	2,153	10%	9,561	12,924	22,485	1,799	8%
Cardiff and Vale	13,513	16,427	29,940	4,811	16%	11,275	16,898	28,173	4,762	17%
Wales / All CDSs (a)	89,154	96,915	186,069	17,423	9%	71,842	101,823	173,665	16,767	10%

Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

.. Data not available

Table 4: Number of patients by patient category by CDS ^(a), 2015-16

Patient category	Number of contacts							All CDSs (a)
	Betsi Cadwaladr (b)	Powys Teaching	Hywel Dda	Cwm Taf	Aneurin Bevan	Cardiff and Vale		
Unable to access General Dental Service	3,968	1,639	2,480	4,589	1,874	4,468	19,018	
Vulnerable patients, of which:								
Child unable to cope with routine dental care	4,381	205	918	1,375	2,140	235	9,254	
Child who chooses to stay with the CDS	5,322	721	3,076	7,394	519	3,641	20,673	
Homeless	9	0	0	1	0	37	47	
Hospital in-patient	37	26	16	21	12	4	116	
Learning disability	1,536	227	931	773	1,670	679	5,816	
Medically compromised	3,583	320	427	930	823	719	6,802	
Mental health issues	396	75	302	125	1,764	170	2,832	
Phobic/anxiety	3,110	424	422	88	336	145	4,525	
Physical disability	403	78	459	156	419	126	1,641	
Prisoner	0	0	0	0	0	1,038	1,038	
Substance misuse	25	9	28	1	4	13	80	
Total	22,770	3,724	9,059	15,453	9,561	11,275	71,842	

Per cent

Patient category	Per cent							All CDSs (a)
	Betsi Cadwaladr (b)	Powys Teaching	Hywel Dda	Cwm Taf	Aneurin Bevan	Cardiff and Vale		
Unable to access General Dental Service	17%	44%	27%	30%	20%	40%	26%	
Vulnerable patients, of which:								
Child unable to cope with routine dental care	19%	6%	10%	9%	22%	2%	13%	
Child who chooses to stay with the CDS	23%	19%	34%	48%	5%	32%	29%	
Homeless	0%	0%	0%	0%	0%	0%	0%	
Hospital in-patient	0%	1%	0%	0%	0%	0%	0%	
Learning disability	7%	6%	10%	5%	17%	6%	8%	
Medically compromised	16%	9%	5%	6%	9%	6%	9%	
Mental health issues	2%	2%	3%	1%	18%	2%	4%	
Phobic/anxiety	14%	11%	5%	1%	4%	1%	6%	
Physical disability	2%	2%	5%	1%	4%	1%	2%	
Prisoner	0%	0%	0%	0%	0%	9%	1%	
Substance misuse	0%	0%	0%	0%	0%	0%	0%	
Total	100%	100%	100%	100%	100%	100%	100%	

Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

(b) Data for this CDS in the "Unable to access GDS" category include patients who have been referred from the GDS for Intermediate Tier oral surgery procedures via agreed care pathways.

Table 5: Reason for CDS treatment by CDS ^(a), 2015-16

CDS	Number			Per cent		
	Recalled patients	New (referral) patients	Total contacts	Recalled patients	New (referral) patients	Total contacts
Betsi Cadwaladr	12,632	10,138	22,770	55%	45%	100%
Powys Teaching	1,599	2,125	3,724	43%	57%	100%
Hywel Dda	5,683	3,376	9,059	63%	37%	100%
Cwm Taf	8,437	7,016	15,453	55%	45%	100%
Aneurin Bevan	6,569	2,992	9,561	69%	31%	100%
Cardiff and Vale	3,790	7,485	11,275	34%	66%	100%
All CDSs (a)	38,710	33,132	71,842	54%	46%	100%

Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

Table 6: New referrals source by CDS, 2015-16

								<i>Number</i>
CDS	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	4,709	276	492	86	272	4,303	10,138	
Powys Teaching	805	24	809	14	12	461	2,125	
Hywel Dda	172	62	583	193	12	2,354	3,376	
Cwm Taf	688	21	865	88	160	5,194	7,016	
Aneurin Bevan	962	15	972	103	0	940	2,992	
Cardiff and Vale	93	91	1,050	142	46	6,063	7,485	
All CDSs (d)	7,429	489	4,771	626	502	19,315	33,132	
								<i>Per cent</i>
CDS	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	46%	3%	5%	1%	3%	42%	100%	
Powys Teaching	38%	1%	38%	1%	1%	22%	100%	
Hywel Dda	5%	2%	17%	6%	0%	70%	100%	
Cwm Taf	10%	0%	12%	1%	2%	74%	100%	
Aneurin Bevan	32%	1%	32%	3%	0%	31%	100%	
Cardiff and Vale	1%	1%	14%	2%	1%	81%	100%	
All CDSs (d)	22%	1%	14%	2%	2%	58%	100%	

Source: Welsh Government

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

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

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

(d) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

Table 7: Type of sedation by CDS, 2015-16

CDS	<i>Number</i>					<i>Per cent</i>			
	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	1,518	1,679	480	8	3,685	41%	46%	13%	0%
Powys Teaching	99	440	0	1	540	18%	81%	0%	0%
Hywel Dda	17	183	26	5	231	7%	79%	11%	2%
Cwm Taf	1,233	104	0	0	1,337	92%	8%	0%	0%
Aneurin Bevan	65	317	36	0	418	16%	76%	9%	0%
Cardiff and Vale	0	54	6	0	60	0%	90%	10%	0%
All CDSs (b)	2,932	2,777	548	14	6,271	47%	44%	9%	0%

Source: Welsh Government

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

(b) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).**Table 8: Type of sedation by age, 2015-16**

Type of sedation	<i>Number</i>						<i>Per cent</i>				
	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+
General anaesthetic	640	1,782	501	9	0	2,932	98%	54%	23%	8%	.
Inhalation sedation	13	1,531	1,159	74	0	2,777	2%	46%	53%	69%	.
IV sedation	0	4	519	25	0	548	0%	0%	24%	23%	.
Other sedation, therapy or technique.	0	5	9	0	0	14	0%	0%	0%	0%	.
Total (a)	653	3,322	2,188	108	0	6,271	100%	100%	100%	100%	.

Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

. Data not applicable

Table 9: Location of treatment by age group and CDS, 2015-16

CDS	Number of Contacts					
	0-4	5-15	16-64	65-84	85+	Total
Health centre/clinic						
Betsi Cadwaladr	5,568	23,606	20,157	3,498	601	53,430
Powys Teaching	607	3,842	3,189	763	181	8,582
Hywel Dda	1,660	10,303	4,236	574	195	16,968
Cwm Taf	3,554	19,266	8,759	861	30	32,470
Aneurin Bevan	2,205	8,871	4,219	1,320	209	16,824
Cardiff and Vale	2,506	10,957	9,143	1,986	523	25,115
All CDSs (a)	16,100	76,845	49,703	9,002	1,739	153,389
Mobile surgery						
Betsi Cadwaladr	21	157	0	0	0	178
Powys Teaching	0	6	19	7	0	32
Hywel Dda	0	0	0	0	0	0
Cwm Taf	335	2,373	186	0	0	2,894
Aneurin Bevan	29	648	851	105	15	1,648
Cardiff and Vale	13	367	128	0	0	508
All CDSs (a)	398	3,551	1,184	112	15	5,260
Domiciliary						
Betsi Cadwaladr	0	0	273	963	1,325	2,561
Powys Teaching	1	3	22	133	169	328
Hywel Dda	0	0	70	222	162	454
Cwm Taf	0	0	60	1,102	1,092	2,254
Aneurin Bevan	13	68	646	1,360	1,700	3,787
Cardiff and Vale	6	10	274	918	1,310	2,518
All CDSs (a)	20	81	1,345	4,698	5,758	11,902
Other Health Board venue						
Betsi Cadwaladr	226	948	387	9	0	1,570
Powys Teaching	0	0	13	6	7	26
Hywel Dda	0	0	23	3	1	27
Cwm Taf	415	813	5	0	0	1,233
Aneurin Bevan	0	0	39	105	82	226
Cardiff and Vale	0	0	22	8	2	32
All CDSs (a)	641	1,761	489	131	92	3,114

Source: Welsh Government

 (a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16 see [notes](#).

Table 10: Patients screened by category and CDS, 2015-16 (a)

<i>Number of Patients</i>							
Category	Routine children's screening	Day centre/hospital	Secure unit/prison	Adults in residential accomodation	Special needs schools	Other	Total
Betsi Cadwaladr	2,193	0	0	86	300	0	2,579
Powys Teaching	0	0	0	32	0	0	32
Hywel Dda	0	0	0	0	0	0	0
Cwm Taf	0	0	0	0	0	0	0
Aneurin Bevan	0	8	0	1,052	0	0	1,060
Cardiff and Vale	0	0	0	0	0	0	0
All CDSs (b)	2,193	8	0	1,170	300	0	3,671

Source: Welsh Government

- (a) The table includes routine children's screening and does not include figures for the "Designed to smile" scheme.
- (b) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

Table 11: Percentage of hours/sessions worked (a) by type of activity, staff group and CDS, 2015-16 (a)

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%	0.6%	7.9%	0.0%	0.5%	66.4%	7.3%	6.0%	6.6%	1.6%	2.0%	100.0%
Powys Teaching	1.2%	0.6%	10.0%	0.3%	0.9%	65.3%	3.1%	11.5%	1.9%	4.6%	0.5%	100.0%
Hywel Dda	1.7%	0.5%	5.7%	0.0%	0.8%	80.2%	0.3%	3.7%	0.9%	6.3%	0.0%	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	2.9%	0.4%	3.2%	0.1%	1.7%	75.8%	0.6%	2.7%	2.9%	8.3%	1.4%	100.0%
Cardiff and Vale	0.6%	0.9%	5.4%	0.1%	0.2%	82.3%	0.0%	1.3%	2.1%	7.1%	0.0%	100.0%
All CDSs (b)	1.2%	0.7%	6.2%	0.1%	0.7%	74.0%	3.3%	4.1%	3.7%	5.0%	1.0%	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%	0.2%	6.5%	5.1%	3.0%	77.3%	0.0%	1.0%	6.6%	0.3%	0.0%	100.0%
Powys Teaching	1.1%	0.0%	4.5%	6.8%	0.0%	77.4%	1.4%	5.3%	1.7%	1.8%	0.1%	100.0%
Hywel Dda	0.0%	0.0%	0.0%	15.3%	0.0%	80.8%	0.0%	0.6%	0.0%	3.3%	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%	3.4%	1.7%	40.8%	0.3%	45.9%	0.0%	2.0%	1.0%	5.0%	0.0%	100.0%
Cardiff and Vale	1.0%	5.4%	45.5%	9.5%	0.0%	27.3%	0.0%	2.9%	1.0%	7.4%	0.0%	100.0%
All CDSs (b)	0.4%	1.1%	11.3%	9.8%	0.5%	70.1%	0.6%	2.0%	1.6%	2.6%	0.0%	100.0%

Source: Welsh Government

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#).

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.

Abertawe Bro Morgannwg CDS was unable to provide accurate data for 2015-16 and therefore has been excluded from all analyses. Data was submitted but later analysis showed that it was not sufficiently accurate to be included. The CDS has looked in detail at the reasons for this. It is apparent that CDS staff were submitting data accurately and on-time, but it was not collated centrally. The CDS has provided assurance that future data requirements will be fully met.

Please be aware therefore that all totals now represent the total of the remaining 6 CDSs, not the all-Wales total, and as such comparisons with previous years data is not possible at all-Wales level. Data for 2014-15 for the CDS is included in Tables 1, 2 and 3.

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 – [NHS Digital website: Information about Trust-led dental service in England is published with statistics on the General Dental Service.](#)

Scotland – [Information Services Division website: Information on Scottish Community Dental Service activity up to March 2007.](#)

From 1 January 2014 the salaried dental service merged with the CDS to become the [Public Dental Service \(PDS\)](#).

Northern Ireland do not publish data on Community Dental Services.

Relevance

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

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

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

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 and coherence

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 [NHS Digital](#). 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.

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.

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 Official 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 Official 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.

It is Welsh Government’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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 the National Assembly. The 46 national indicators were laid in March 2016.

Information on indicators and associated technical information - [How do you measure a nation's progress? - National Indicators](#)

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.

Further details

The document is available at:

<http://gov.wales/statistics-and-research/community-dental-services/?lang=en>

Next update

November 2017 (provisional)

We want your feedback

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

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