

NHS dental services

What are these statistics?

The intention of this release is to provide statistics on activity and the workforce in NHS Dental services in Wales. The release supports the national programme to improve the oral health of children in Wales, [Designed to Smile](#) and the Welsh Government's vision for developing oral health and dental services in the [Healthier Wales](#) strategy.

Statistics in the release include:

- number of patients treated in a 24 month period, broken down by adults and children
- revenue generated from patient charges, broken down by treatment band
- number of courses of treatment in the year, broken down by treatment band
- units of dental activity in the year, broken down by treatment band
- volume of clinical treatments, by type of treatment for both adults and children separately
- orthodontic activity undertaken during the year
- number of practices where NHS dental activity occurred
- number of dentists with NHS activity recorded during the year
- age and gender of dentists with NHS activity
- the number of dentists joining and leaving the workforce during the year
- number of dentists who report that they can speak Welsh.

Sources of data

The majority of data included in the statistical release are provided by NHS Business Services Authority who process FP17 W forms on behalf of the Welsh Government. These forms are submitted by dentists so that they can record and be remunerated for NHS dental services they provide. Full guidance on this process is provided on the [NHS Business Services Authority](#) website.

Orthodontic activity is reported through the FP17OW form and NHS Business Services Authority also supply this data.

Welsh language data is supplied from the Dental Performers' List, through NHS Shared Services Partnership.

Population data is sourced from ONS' mid-year estimates which are published on [StatsWales](#).

Coverage

The statistics are based on information on any NHS dental work completed by an NHS dentist and submitted to NHS Dental Services for payment. All dentists who have performed services through the NHS and all treatments performed through the NHS should therefore be included.

The series began when the current dental contract was introduced in 2006.

The patient charge data excludes orthodontic work which has its own activity measure; however, the workforce and patients treated data includes those performers with orthodontic contracts.

Published statistics on NHS dental services in Wales

A full annual statistical release is published through the [Welsh Government website](#). This contains all the data specified in the '[What are these statistics?](#)' Section.

Quarterly data on NHS dental activity is published on [StatsWales](#). This includes data on the number of adults and children treated within a 24 month period, ending in March, June, September and December of each year. Data is broken down by local health board. In addition data on courses of treatment and units of dental activity broken down by treatment band and local health board providing the service, are published every quarter.

Data for the [Community Dental Service](#) is not included in these statistics and is published separately.

Data on [dental earnings and expenses](#) is published separately by NHS Digital.

Data on the findings of a [Dental Working Patterns Survey](#) is also published separately by NHS Digital.

Impact of COVID-19

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

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

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

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

What are the potential uses of these statistics?

These statistics will be used in a variety of ways. Some examples of these are:

- advice to Ministers;
- to inform debate in the Welsh Parliament and beyond;
- to make publicly available data on NHS dental services in Wales;
- monitoring service delivery; and
- policy development.

Who are the key potential users of this data?

The main users are:

- Ministers and the Members Research Service in the Welsh Parliament;
- health boards;
- dentists;
- the Department for Health and Social Services in the Welsh Government;
- other areas of the Welsh Government;
- National Health Service and Public Health Wales;
- British Dental Association and other professional organisations;
- the research community;
- students, academics and universities; and
- individual citizens and private companies.

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

Strengths and limitations of the data

Strengths:

- The outputs provide a statistical overview of the activity of dentists working for the NHS in Wales together with workforce information.
- Data has excellent coverage and should cover all NHS dental services provided in Wales.
- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. These releases aim to inform Welsh Government policy on the delivery of NHS dentistry.
- The information is processed and published regularly, in an orderly manner to enable users to see the statistics when they are current and of greatest interest.

- Efficient use has been made of administrative data sources to produce outputs.
- Statistics are published at a granular level via our StatsWales website which for example, allows for analysis of courses of treatment by treatment band and dental workforce by age and sex.

Limitations:

- Data on dental workforce is limited by the data collection system. For example, we are unable to provide statistics on whole-time equivalents, or any characteristics other than age and gender.
- Workforce data is only provided at local health board level and not at any lower geography.
- Welsh language data collected through the Dental Performers List is not routinely kept up-to-date and it is collected via a simple 'yes/no' question rather than allowing the dentist to score their proficiency in reading, writing and speaking.
- Activity data is available by the local authority which provided the service and not by the resident health board of the patient.
- Activity data is collected on a slightly different basis to England (which includes Community Dental Service activity) so comparisons with England are limited.
- A health board boundary change in April 2019 limits the accuracy of data for the 24 month period which follows it, for Cwm Taf Morgannwg and Swansea Bay.
- A change in methodology for dentist type in 2018-19 limits the comparability of dentist type numbers over time.

Definitions

Courses of treatment (CoTs)

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

A CoT is defined as:

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

There is also a separate urgent band that covers a restricted set of treatments, including up to two extractions and one filling, provided to a patient in certain circumstances.

Each CoT is associated with a single form (the FP17W form) which is submitted by dental providers to the NHS Dental Services to perform its monitoring and payment functions. As from 1 April 2006, a CoT is banded according to the most complex treatment within the course, restricting the comparisons that can be made between contracts.

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

Band 1 - covers a check-up and simple treatment (such as examination, diagnosis (e.g. x-rays), advice on preventative measures, and a scale and polish)

Band 2 - includes mid-range treatments (such as fillings, extractions, and root canal work) in addition to Band 1 work

Band 3 - includes complex treatments (such as crowns, dentures, and bridges) in addition to Band 1 and Band 2 work

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

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

The patient charge for the urgent band is the same as that for Band 1.

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

Units of Dental Activity (UDA)

A Unit of Dental Activity (UDA) is the technical term used in the NHS dental contract system regulations to describe weighted courses of treatment.

Table 1 show the weightings which are used to convert the courses of treatment data to UDAs by band. Band 3 receives the highest weighting as it is within this band that the most complex treatments are performed.

From 2014 onwards, no UDA are allocated to the contract if dentists submit their activity data more than two months from the date of completion of a course of treatment. The courses of treatments are still recorded.

A UDA of 0.75 for prescription issue was removed from 1 November 2012.

Table 1: UDA for each Treatment Category

<u>Treatment category</u>	<u>UDA per treatment claim</u>
Band 1	1.00
Band 2	3.00
Band 3	12.00
Band 1 urgent	1.20
Arrest of bleeding	1.20
Bridge repair	1.20
Denture repair	1.00
Prescription issue	0.00
Removal of sutures	1.00

Source: Welsh Government

Orthodontics

Orthodontic treatment is measured by the numbers of patients assessed and accepted for treatment.

Orthodontics is a specialist area of dentistry concerned with the growth and development of the teeth and jaws and the prevention and treatment of abnormalities of this development, therefore most patients are children. Orthodontic data are separate from the CoT and UDA data presented earlier in the report and are collected via data submitted on an [FP17OW form](#).

All orthodontic activity is performed by a dentist with further training in orthodontics. A course of Orthodontic activity equates to between 4 and 23 Units of Orthodontic Activity (UOAs), according to the age of the patient. All of these are credited to the dentist at the commencement of the course of orthodontic treatment; however the treatment may be performed over a number of years.

The data in the annual statistical release relates only to starts, assessments and repairs, since no UOAs are credited in respect of completions. Therefore all the UOAs relate to orthodontic activity which started within the year ending 31 March.

Some orthodontic activity may also have been performed in the year which may not be included in the figures for that year as the full UOAs would have been credited when the treatment began (which may have been in a previous year). Similarly, some orthodontic activity will have been credited to this year but may not be performed until after the end of the year.

Definitions of Orthodontic variables on the FP17OW form include:

Assess and Accept - FP17s where the assess and accept box has been ticked and the date treatment began has been entered. In effect, this is the number of treatment starts.

Assess and Review – Assessment has been performed, NHS orthodontic treatment is indicated, but the patient is not ready to start.

Assess and Refuse – Assessment has been performed but NHS orthodontic treatment is deemed unnecessary or inappropriate.

Treatment completed – The active treatment has been completed.

Treatment Abandoned – The active treatment was abandoned because patient failed to return.

Treatment Discontinued – Performer decides active treatment is to be discontinued.

Repairs – A repair is made to an appliance fitted by another dentist.

Regulation 11 replacement Appliances - An orthodontic replacement appliance under regulation 11 has been provided. A patient charge will be 30 per cent of the band 3 charge per appliance. In all instances a patient's charge should be collected from the patient or patient's parent or legal guardian irrespective of the exemption/remission status. A patient may be able to claim a refund directly from the NHS Dental Services.

Clinical Dental Activity

On 1 April 2008, the clinical dataset was introduced into the dental data collection process, where additional information can be recorded by dental practitioners about a range of clinical dental treatments. This clinical data in summary can be used to monitor patterns of treatment and assist in national and local planning. Clinical activity is recorded by dentists and submitted with other activity data on the FP17W form to NHS Dental Services. A further three treatment items were added to the FP17W form in April 2010; examination, antibiotic items prescribed and 'other'. One of these was 'examination', which is the most frequent clinical activity being performed.

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

- Scale & polish – this refers to simple periodontal treatment including scaling, polishing, marginal correction of fillings and charting of periodontal pockets.
- Fluoride varnish – a fluoride preparation which is applied to the surfaces of teeth as a primary preventive measure.
- Fissure sealants – where a sealant material is applied to the pit and fissure systems as a primary preventive measure.
- Radiograph(s) taken – often known as an x-ray, dental radiographs provide an image of the teeth, mouth and/or gums that can help the dentist to identify underlying problems, such as decay and gum disease.
- Endodontic treatment – where a tooth is severely decayed or damaged (for example by trauma) a root-filling may be required to restore the tooth. This procedure involves removal of the diseased or damaged pulp of the tooth. The root canal is then cleaned, shaped and filled with a suitable material.
- Permanent fillings & sealant restorations – the restoration of a tooth by filling a cavity to replace lost tooth tissue. Various substances may be used, including composite resin, amalgam or glass ionomer.
- Extractions – where a tooth is extracted, this also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth.
- Crown(s) provided – full coverage of a tooth, provided when the remaining tooth tissue is not sufficient to restore the tooth by other means. (Stainless steel crowns have been excluded from this analysis).

- Dentures – a denture is a removable appliance that replaces some or all teeth. A CoT can include the following:
 - Upper denture – Acrylic
 - Lower denture – Acrylic
 - Upper denture – Metal
 - Lower denture – Metal
- Veneer(s) applied - a layer of material (often porcelain) covering the surface of a damaged or discoloured tooth.
- Inlay(s) – a type of indirect restoration (i.e. created in the laboratory).
- Bridge units provided – a fixed restoration that replaces one or more missing teeth. Note that for most treatments the minimum number of possible items is one, however, for bridge units the minimum is two.
- Referral for advanced mandatory services – where a patient is referred to another contractor for advanced mandatory services.
- Examination – when an examination for treatment is carried out. This would normally include charting of the teeth, recording of the periodontal condition and soft tissue examination all of which would be detailed with other necessary clinical details on the clinical record.
- Antibiotic Items Prescribed – when the patient is issued with a prescription containing antibiotic items. The number of antibiotic items should be entered (i.e. the number of antibiotic treatments rather than the number of pills).
- Other Treatment – when any treatment has been provided for which there is no appropriate clinical dataset item in part 5a. This item can be entered in addition to other clinical data.

As dental examination was not explicitly identified in the FP17W form during 2008-09 and 2009-10, those CoTs that included only a dental examination did not have any associated clinical dental data. During the early period of collection, as providers got used to recording the new information, it was evident that there was some non-completion of the clinical dataset in the FP17W form, even where clinical activity had taken place. This was particularly apparent in 2008-09 data and was one reason why previous releases of clinical dental data, which were published separately from other dental activity data, were labelled as experimental statistics.

When the 2009-10 data was published an exclusion criterion was applied to the raw clinical data to exclude poor quality data from the dataset, where clinical activity had not been recorded by practitioners. A performer's data were excluded from the month's dataset if no clinical data was recorded on any of the performer's FP17W forms for that month.

Since 2009-10, figures have been estimates based on a full year of clinical data and have been grossed up to match activity data for each year. From 2010-11 onwards the introduction of 'Examination' and 'Other' significantly improved the completion rates. This also provided enough

confidence in the data to publish 2010-11 figures without the need for the 'experimental statistics' label. From 2013-14 no grossing has been required as the clinical data has matched the activity data.

The clinical treatments are presented as they are recorded in the FP17W form. Where complex treatments are displayed in the lower bands, such as inlays in Band 2, it is likely that the treatment has been recorded in error.

While the quality of data from 2010-11 onwards is of sufficient standard to allow full publication, caution is advised when making comparisons before this time due to the data quality issues and exclusion criteria applied in 2008-09 and 2009-10.

For the 2010-11 data it is likely that the new treatment items (examination, antibiotic items prescribed and 'other') are under-reported as practitioners used up old FP17Ws during the first part of the year and became accustomed to completing these data items.

The Welsh Government Knowledge and Analytical Services advise against comparing clinical data provided from 2008-09 onwards with clinical dental data published under previous contractual arrangements. NHS Digital undertook extensive analysis and research of the potential comparability of historical clinical dental data in March and December 2010 and concluded that the current clinical datasets are not directly comparable with historical data. Primarily this is due to the differences in contractual and data collection arrangements.

Patients treated

In these statistics we count the number of individual patients who received care or treatment from an NHS dentist at least once in the most recent 24-month period. The [National Institute for Health and Care Excellence](#) (NICE) recommends that patients are recalled for check-ups at intervals of three months to 24 months depending on the individual's oral health status.

This information is taken from the FP17W and the 24 month period is based on the date of validation processing at NHS Dental Services. It is defined in terms of all CoTs. Each identified patient is counted only once even if he or she has received several episodes of care or treatment over the measured period. The measure is broken down separately for adults and children.

Each unique patient ID is counted against the dentist contract against which the most recent claim was recorded in the 24 month period, with the following exceptions: if the most recent claim is for urgent treatment, orthodontic treatment, free treatment or treatment on referral, the ID remains with the previous contract, if there is one within the 24 month period. If a claim for the previous contract occurred before the 24 month period the ID is allocated to the most recent contract. There are circumstances where this statistical indicator of the overall level of patient involvement with NHS primary dental care will not strictly correspond to the number of different individual patients. In particular, if two patients share the same surname, initial, sex and date of birth, then they may give rise to only one count in a two-year period, and that one count may alternate between the LHBs with whose dental contractors the patients attend. This is more likely to occur for common surnames. Conversely, if one patient appears twice, under two different IDs, then the count will be inflated. The

obvious example of this is when a person changes name on marriage. The risk of duplication increases if the episodes of care are at different practices.

The records relate to the date on which a claim was processed, not the date of attendance at the dental surgery. The patients treated measure is produced using a filter which requires that the patient must have started their last course of treatment within the past 24 months. This results in a slight downward bias in the patients treated measure, although it is thought the effect on comparisons over time is negligible as it is an effect present in each quarter of the time series.

Children are defined as patients under 18 on the date of acceptance.

Patients treated as a percentage of the population in the 24 months leading up to selected dates were carried out using Office for National Statistics (ONS) mid-year population estimates which are the most closely aligned with the mid-point of the 24 month period leading up to the selected date. For example, the patients seen measure for the 24 month period ending 31 March 2020, covers 1 April 2018 to 31 March 2020, and uses the ONS mid-2019 population estimates to calculate the proportion of the population seen.

Patients treated by health board (in reference to the data published on StatsWales)

Data for patients treated within a 24 month period is affected by the change to health board boundaries, following Bridgend moving into the Cwm Taf Morgannwg health board on 1 April 2019.

The dataset counts unique individuals receiving dental services in the 24 month period. When an individual has received dental services more than once in the 24 month period in the same health board, only details of the last treatment would be counted in the dataset to avoid double counting. However, because data is collected over a 24 month period where the health board boundary changed, the same individual may be counted in Bridgend's the old health board (Abertawe Bro Morgannwg (ABMU)) and its new health board (Cwm Taf Morgannwg or Swansea Bay) depending on the date of the last treatment.

For example, if a patient was treated in Bridgend in February 2019 and again in May 2019, they will be counted in the ABMU data for the March 2019 list but the Cwm Taf Morgannwg data from the June 2019 list.

And if a patient was treated at Bridgend in March 2019 and has not visited a dentist since, they will be counted in the ABMU data for the March 2019 list, and the Swansea Bay data from the June 2019 list.

To give a more reflective figure for the percentage of patients treated (total, adults and children), population estimates of the new health boards have been created using additional data of patients treated in Bridgend after 1st April 2019 (sourced from NHS Business Services Authority). For example, data for July-September 2019 shows of the patients treated in Bridgend, 56% received a treatment after 1st April 2019 at Cwm Taf Morgannwg. Therefore, for the 24 months ending September 2019, the denominator for the new health boards is estimated as:

Swansea Bay's eligible population = Swansea + Neath Port Talbot + ((0.44) * Bridgend)

Cwm Taf Morgannwg's eligible population = Rhondda Cynon Taf + Merthyr Tydfil + ((0.56) * Bridgend)

Data for the 24 month period ending April 2021 will be the first time period where the boundary issue will not affect the data. Caution is advised when using the data for the time periods which overlap the health board boundary change.

Patient charges

Patient charge revenue is calculated using the information processed from the FP17W forms. In general, a non-exempt (paying) patient will pay the charge appropriate to the treatment, however there will be certain cases where an FP17W for a non-exempt adult would not attract the full patient charge or would attract no charge, where the FP17W was:

- a continuation of treatment (no charge or charge reflects difference in band charges);
- for treatment on referral (patient charge is collected by referring dentist);
- for a treatment that qualifies for free/repair replacement (no charge to replace or fix an item within 12 months of original treatment); or
- for a patient that did not complete treatment (patient charge deducted for band of treatment actually provided, but reported as band of treatment planned).

Patient charges cannot be collected from closed contracts (or contracts on which payments are not being made). The counts of FP17Ws processed for closed contracts are included however, causing some patient charges to appear lower than anticipated. No account is taken in this data of refunds for patients who pay for their treatment and prove at a later date that they should not have paid charges, or penalties imposed on those who should have paid but did not.

The tables below show the NHS dental charges applicable to paying adults.

Table 2: Patient Charge Rates per year (April to March)

Treatment Band	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Band 1	£12.70	£13.00	£13.50	£13.50	£14.00	£14.00	£14.30	£14.70
Band 2	£41.10	£42.00	£43.00	£43.00	£44.00	£45.00	£46.00	£47.00
Band 3	£177.00	£180.90	£185.00	£185.00	£190.00	£195.00	£199.10	£203.00
Urgent	£12.70	£13.00	£13.50	£13.50	£14.00	£14.00	£14.30	£14.70

Exemptions

Patients are exempt from NHS dental charges if at the time the treatment starts, they fall into one of the following categories:

- aged under 18; Aged 18 in full-time education;
- aged under 25 or 60+ (examination and report only);
- pregnant, or have had a baby in the 12 months before treatment starts;
- an NHS in-patient where the treatment is carried out by the hospital dentist; or
- an NHS Hospital Dental Service out-patient.

(Hospital treatments are not included in this report so the last two categories above do not apply to these statistics.)

Or if they qualify for remission of charges on the following benefit eligibility grounds:

- getting, or have a partner who gets Income Support, income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit Guarantee Credit;
- entitled to, or named on, a valid NHS tax credit exemption certificate;
- named on a valid NHS Low Income Scheme HC2 certificate; or
- Universal Credit (during the period from 1 April 2015 to 31 March 2016).

If patients are named on a valid NHS Low Income Scheme HC3 certificate then they may be eligible for partial help with dental costs.

The revenue generated from patient charges takes account of patients who are eligible for remission of charges. This means that the patient charge data in this release will be lower than if the charge was calculated by multiplying courses of treatment data with the charge rate.

Dental workforce

Data is published on the number of dentists who have carried out NHS activity during the year.

Specifically this is measured by the number of dental performers who have any NHS activity recorded against them via FP17W claim forms at any time in the year that met the criteria for inclusion within the annual reconciliation process. Data relating to the pre-2006 contract are not comparable to the current contract and so are not included in the statistical release.

Note that due to changes in the collection system at NHS Business Services Authority a new methodology for identifying the dentist type was implemented for 2019-20 onwards. The new methodology is based on the NHS BSA Compass system and figures have also been recalculated for 2018-19 on this basis.

NHS Digital who provide the workforce data are unable to validate this data so it may not be fully accurate; however, when compared to self-declaration by dentists in the Dental Working Patterns Survey run by NHS Digital there is closer alignment in dental type compared to the previous methodology.

The change in methodology has resulted in a number of dentists being reclassified as Providing-Performer and a consequential decrease in Performer-only dentist numbers for 2018-19 and 2019-20 data. This is a major break in the time-series, and data on dentist type should not be compared before and after the change in methodology.

Table 3 indicates the scale of the change:

Table 3: Comparison of dentist type by old and new methodology

Old Methodology	National Total	Providing-Performer	Performer-only	Unknown
2017/18	1,479	155	1,324	N/A
New Methodology				
2018/19	1,506	318	1,184	4
2019/20	1,472	316	1,155	1

The overall headcount of dentists has not been affected by this change.

Dental contracts

Dentists can work under a number of contracts:

- **General Dental Services (GDS)** providers must provide a full range of mandatory services.
- **Personal Dental Services (PDS)** providers are not obliged to provide the full range of mandatory services. If a provider-only provides specialist services, such as orthodontic work, this has to be under a PDS agreement.

Contract types

A performer is assigned a **contract type** by looking at all the contracts they have activity recorded against and assigning a contract type based on all their contracts. This must be calculated at each level (Wales/local health board) for which the data is to be presented. This will mean that the sum of local level information exceeds the national total, as performers are counted across more than one area. For example, a performer could have contracts with more than one health board. If one contract was GDS, and the other PDS, they would be GDS on the first health board, PDS on the other, but mixed for Wales.

A performer is assigned a **dentist type** categorisation based on the contracts they have activity recorded against. This examines every individual contract to see if the performer is also the provider for a contract. For every record where the performer is also the provider on a contractor, it is categorised as a performing provider. Contacts where the performer is not the provider are categorised as performer only. (This takes no account of whether the performer is listed on other contracts that they are not a performer on, as the figures in this report are a count of dentists with activity recorded against them via FP17W forms, and not of providers). These are then grouped by performer and by the reporting level (Wales//local health board) and are assigned a category based on all contracts at each level. Dentist type can vary by performer depending on the regional level the data is being presented.

There are also dentists working in the Emergency Dental Service and Community Dental Service on a PDS contract and some trainee (foundation) dentists.

Dentist types

Local health boards (LHBs) hold contracts with dentists to deliver an agreed level of dental service. There are distinctions between the dentist who enters into the contract and the dentist who performs the dental activity. These are defined as:

- **Provider** - A person or body authorised to enter into a contract to provide dental services for a health board.
- **Performer** - A dentist named on a contract that will or might be carrying out the work agreed in the contract.

Dentists are then assigned to a dentist type depending on how they contract and perform their work:

- **Provider-only:** A provider-only is a provider who sub-contracts all dental activity to other performers and does not perform NHS dentistry on the contract themselves.
- **Providing Performer** – A provider that holds a contract with a health board and also performs NHS dentistry on the contract.
- **Performer Only** - A dentist that performs NHS activity on a contract, but does not hold the contract with a health board themselves.

As the statistics are focussed on dental activity, data on only performer types are included in the release.

In some cases, a dentist may operate across LHBs under different arrangements. They may hold a contract with one LHB but may operate as a performer-only with another LHB. At the lowest level, this dentist would be counted as a providing-performer in the first LHB, and as a performer-only in the second LHB.

Note that it is possible for the dentist type of a performer to change from year-to-year. Some provider performer dentists form companies which hold contracts with LHBs. The provider performer dentist then no longer holds the contract and becomes a performer only.

Joiners and leavers

A leaver is defined as a performer that had activity recorded against them via FP17W forms in the previous year, but none the following year. They would be recorded as a leaver in the previous year. This definition results in information on the number of leavers for a particular year not being available until the end of the following year's reconciliation period.

A joiner is defined as a performer with activity recorded against them via FP17W forms in a year, but none in the previous year. They would be recorded as a joiner in the latest year.

Movements between LHBs are classed as transfers, not leavers or joiners, and would therefore not be included in this report.

Information on the numbers of leavers prior to 2006-07 is not available.

Performer age

Age is calculated as the age of the performer at the mid-point in the financial year (30 September). Performers are assigned to an age band based on the age that is calculated from the Payment Online (POL) data. No ages are queried. Note that a move to a new dental contract management system, 'Compass', in early 2016 involved a cleaning of records which may have improved the data quality of recorded characteristics such as age and contract type. This may affect comparisons between 2014-15 and 2015-16 data.

Data processing cycle

Data collection – Data is collected by [NHS Business Services Authority](#) via FP17W forms. Full processing details are available through their website.

Data for the Welsh Government's annual statistical release on NHS dental services is supplied via Afon (a secure data transfer portal). Data is secured in Excel spreadsheets and Access databases on a secure drive of the Welsh Government network.

Validation checks are performed by Welsh Government statisticians and queries referred to data suppliers where necessary. These validations will include steps such as:

- checking all local health boards have data supplied;
- aggregated data are in-line with what might be expected based on previous years data and any contextual information;
- Ensuring data are consistent between related data extracts;
- Correcting the health board data in the Welsh speaking dentists' dataset, as health board data is not routinely updated in the Dental Performers' List. Where the recorded health board does not correspond with the postcode of the practice that the dentist is registered against, the health board is mapped using the postcode.

Once validated, data is published in line with [statement on confidentiality and data access](#) which is informed by the [trustworthiness pillar contained in the Code of Practice for Statistics](#), in September each year.

Statistics are currently published in a pdf document with wide-ranging analysis and commentary, in addition to open data format tables which are published on StatsWales.

Disclosure and confidentiality - Data is published at aggregated local health board and national, with minimal risk of disclosing information about any individual. Checks are performed and suppression of small numbers in specific circumstances will take place if required.

The raw data Welsh Government receives for dental workforce is at individual level, but is anonymised. No personal information pertaining to details such as first name, surname or date of birth are received by Welsh Government.

Symbols and rounding conventions

Where figures have been rounded there may be an apparent discrepancy between the sum of the constituent items and the total. The following symbols are used in the tables:

- .. The data item is not available
- . The data item is not applicable
- The data item is not exactly zero, but estimated as zero or less than half the final digit shown
- * The data item is disclosive or not sufficiently robust for publication

Quality

Statistics published by Welsh Government adhere to the [Statistical Quality Management Strategy](#) which supplements the Quality pillar of the [Code of Practice for Statistics](#) and the [European Statistical System](#) principles of quality for statistical outputs. This statistical release aims to meet these quality principles in the following ways:

Principle 11: Relevance

The statistics produced support the national programme to improve the oral health of children in Wales, [Designed to Smile](#) and the Welsh Government's vision for developing oral health and dental services in the [Healthier Wales](#) strategy.

Statistics also support analysis of key topics dental workforce and patient activity.

The statistics presented can inform public debate and scrutiny.

Background information about statistics and sources is published for users and 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.

Principle 12: Accuracy and reliability

The release covers NHS dental treatment undertaken by 'high street dentists'. It does not cover private work carried out by dentists nor dentists working in the hospital or community dental service.

The majority of data are drawn from reports compiled by the NHS Dental Services (DS) using completed FP17W forms and information supplied to health boards for local management purposes. The data covers General Dental Service (GDS) and Personal Dental Service (PDS). Dentists can work under several different GDS/PDS contracts. This makes it very difficult to separate out, therefore the activity and patient charge data has not been split between contract types. The patient charge data exclude orthodontic work which has its own activity measure. The workforce and patients treated data includes those performers with orthodontic contracts.

The clinical treatments are presented as they are recorded in the FP17W form.

The Welsh Dental pilot programme, testing alternative systems of payment to dentists and new approaches to the delivery of NHS dental services, operated in a small number of dental practices in Wales between 2012-13 and 2014-15. These pilot arrangements will have had a small effect on recorded activity and the level of patient charge revenue.

Note that a move to a new dental contract management system, '[Compass](#)', in early 2016 involved a cleaning of records which may have improved the data quality of recorded characteristics such as age and contract type. This may affect comparisons between pre and post 2015-16 data.

The health board [boundary change](#) will result in small reliability issues for data relating to Swansea Bay and Cwm Taf Morgannwg for the 24 month period after 1 April 2019.

The [change in methodology for allocating dentist type](#) resulted in a number of dentists being reclassified as Providing-Performer and a consequential decrease in Performer-only dentist numbers for 2018-19 and 2019-20 data. This is a major break in the time-series, and data on dentist type should not be compared before and after the change in methodology.

Principle 13: Timeless and punctuality

Statistics are published as soon as possible after the relevant time period. Data is supplied in August and the annual release is published in September.

Quarterly data are published on StatsWales in November, February and May. However, the publication of data scheduled for May 2020 (for the third quarter of 2019-20) was postponed due to the impact of COVID-19.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the upcoming calendar. Furthermore, publication dates are announced well in advance and any delays are communicated via notices on our website. Any revisions or postponements to outputs follow the [Revisions, Errors and Postponements policies published online](#).

Principle 14: Coherence and comparability

The data in this release covers the period of the current dental contract introduced on 1 April 2006, and are not comparable with the previous contract.

Similar data for other UK countries is available here:

[England, general dental services information](#)

[Scotland, general dental services information](#)

[Northern Ireland, dental services publications](#)

The patients treated statistics in the English output include patients treated by the Community Dental Service whereas the patients treated statistics in this output do not include patients treated by the Community Dental Service. Therefore the patients treated statistics in the English output are not comparable to the patients treated statistics in this output.

Health service provision for residents of [Bridgend local authority moved](#) from Abertawe Bro Morgannwg to Cwm Taf on 1st April 2019, and this will affect comparisons over time for the affected

health board areas. Data for the boundary changes will be reflected in full, in the patients treated data from April 2021.

Principle 15: Accessibility

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.

Statistical releases are publicised on [Twitter](#) and all releases are available to download for free.

Alt text is provided for all charts and tables so that they can be read with a screen-reader.

Data is published [StatsWales](#) (a free-to-use open data platform that allows visitors to view, create and download tables) and also in annex tables in an Excel spreadsheet.

Plain English is used in our outputs as much as possible and all outputs adhere to the Welsh Government's [accessibility policy](#).

All our webpage headlines are published in Welsh and English.

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 Statistics](#).

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

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

The continued designation of these statistics as National Statistics was confirmed in June 2012 following a compliance check by the Office for Statistics. These statistics last underwent a full Regulation [Statistics on Health and Personal Social Services in Wales](#) against the Code of Practice in 2012.

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

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

Dissemination

Given the strengths and limitations listed above, NHS dental data are of sufficient quality to justify publication. [An extensive statistical release](#) is published with high level summaries and charts, with interactive data tables published on [StatsWales](#).

Evaluation

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

Produced by the Knowledge and Analytical Services, Welsh Government

Last reviewed: September 2021