NHS Expenditure for General Dental Services and Personal Dental Services

England, 1997/98 to 2005/06
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Summary

This one-off report gives local-level information on expenditure in England on NHS primary dental care provided within the General Dental Service (GDS) and Personal Dental Service pilots (PDS) for the financial years 1997/98 to 2005/06.

The source of this data is the payment processing records of the Dental Services Division (DSD) of the NHS Business Services Authority (formerly known as the Dental Practice Board). The DSD is responsible for transferring payments to dentists for the NHS dental services that they provide, on behalf of Primary Care Trusts (PCTs).

The data effectively represents cash payments in each year and is therefore not equivalent to the all England resource expenditure totals reported by the former Dental Practice Board and PCTs in their respective accounts for each financial year. However the data does represent the major elements of primary dental care expenditure between the years 1997/98 to 2005/06. It is the only GDS data that can be readily attributed to individual PCT, Strategic Health Authority (SHA) and parliamentary constituency areas. The data is not fully representative of all elements of expenditure on GDS and pilots for PDS; the scope of the data is explained in more detail in the notes on the interpretation of the data. (England resource expenditure totals as reported in the relevant financial year accounts are included in Annex 1 for information.)

This report presents information on ‘gross’ and ‘net’ expenditure. ‘Gross’ expenditure refers to all payments; ‘net’ expenditure reflects the cost of these payments to the NHS after the deduction of income from NHS dental charges paid by patients. Gross expenditure therefore relates to NHS and patient funding, and net expenditure relates to NHS funding only.

Annex 2 is a factsheet which provides information for the PCT, SHA or parliamentary constituency of interest. Annex 3 contains the full tables giving data for all SHAs, PCTs and constituencies.
Key findings

The key findings from the DSD payment processing records are:

- In England, gross expenditure increased by 53 per cent between 1997/98 and 2005/06 (£1,293m to £1,977m). The SHA showing the greatest percentage increase in expenditure over this period was South Yorkshire at 69 per cent (from £37.2m to £62.7m). The SHA showing the least percentage increase in expenditure over this period was Hampshire and Isle of Wight at 30 per cent (from £41.9m to £54.4m).

- Net, or NHS-funded, expenditure for England in 2005/06 accounted for 78 per cent of the gross cost, an increase from 1997/98 when the equivalent figure was 70 per cent. In 1997/98, the SHA with the greatest proportion of NHS-funded expenditure was North East London at 78 per cent. This is also the case in 2005/06, when the proportion was 83 per cent. The SHA with the lowest proportion of NHS funding (and therefore the highest proportion of funding from patients) in 1997/98 was Hampshire and Isle of Wight, with 64 per cent, and for 2005/06, Norfolk, Suffolk and Cambridgeshire with 71 per cent.

- Gross expenditure per head of population for England in 2005/06 was £39, an increase from 1997/98 when the equivalent figure was £27 (representing a rise of 47 per cent over the period). In 2005/06, this measure was highest in the SHA of Cheshire and Merseyside at £50, an increase of 70 per cent from 1997/98. In 2005/06, gross expenditure per head of population was lowest in the SHA of Hampshire and Isle of Wight at £30, an increase of 25 per cent from 1997/98.

Information for all SHAs, PCTs and constituencies can be found using the factsheet tool (Annex 2) and tables (Annex 3) attached to this report.

The expenditure information in this report relates entirely to dentistry undertaken under the former GDS and PDS pilot terms of service before the fundamental reform of dental services took effect on 1 April 2006. This introduced universal PCT commissioning arrangements for primary dental care and a new remuneration system and terms of service for practitioners working within the reformed GDS and PDS.

This means that the expenditure data presented in this report is not directly comparable to the data for the years 2006/07 onwards, which is not available in an equivalent format. Availability of expenditure data for 2006/07 is indicated in the ‘Other Publications’ section at the end of this report.
1. Prior to 1\textsuperscript{st} April 2006, most primary dental care services were provided under former General Dental Services (GDS) arrangements. These were demand-led services where the pattern of dental expenditure was largely determined by where dentists chose to practise and how much NHS work they chose to undertake.

2. From 1\textsuperscript{st} October 1998, Personal Dental Services (PDS) pilots were established in a number of areas. Some former GDS practices and some dental services directly managed by a PCT or NHS trust converted to these locally commissioned arrangements to test new ways of working and new forms of contract remuneration. The number of GDS practices converting to PDS pilots increased significantly over the years 2004/05 and 2005/06.

3. Dentists working within the GDS and PDS pilots provided the bulk of NHS primary dental care services. In the main the dentists concerned worked as independent contractors providing NHS services from 'high street' dental practices, with only a small number providing equivalent services as salaried staff working from clinics or dental centres directly managed by a PCT or NHS Trust.

Interpretation of the data

4. It is important that the following notes are considered when interpreting the figures available from the attached factsheet and tables.

5. The data is not fully representative of all elements of expenditure on GDS and PDS pilots and effectively represents cash payments in each year. It is therefore not equivalent to the all England resource expenditure totals reported by the former Dental Practice Board and PCTs in their respective accounts for each financial year.

6. The attached annexes provide information on the expenditure on dental services provided by dental practices within each area. Patients may choose where to access primary dental care, so services in any particular locality may be providing care for a variable mix of residents and non-residents of that area.

7. ‘Gross’ expenditure refers to all payments; ‘net’ expenditure reflects the cost of these payments to the NHS after the deduction of income from NHS dental charges paid by patients.
8. Gross GDS payments reflect the nature of the former item of service remuneration system and include:
   - adult fees (including item of service and continuing care payments)
   - child fees (including item of service and capitation payments)
   - commitment payments
   - seniority payments
   - maternity/paternity/adoptive leave payments
   - long term sick leave payments
   - training grants to supervisors of dental vocational trainees
   - continuing professional development allowances, including travel hours
   - reimbursement of business rates
   - clinical audit payments
   - point of treatment check training payments (in 2001 only)

9. The following costs are excluded from this data:
   - employer’s superannuation costs
   - dental vocational trainee salaries and NI contribution costs
   - clinical audit convenors
   - clinical audit secretarial support costs and travel expenses
   - costs associated with any salaried general dental practitioners and Emergency Dental Services.

10. PDS payment data are included for 2004/05 and 2005/06 only and relate to baseline payments or the agreed regular monthly payments made to PDS practices. Reliable PDS data at contract level are not available prior to 2004/05. The data excludes spend on PDS services that were directly managed by local NHS Trusts, such as certain dental access centres.

11. For dental practices converting from GDS to PDS pilots, there could be a period of overlapping expenditure as delays in submitting GDS treatment claims could mean that clearance of GDS payments coincided with the start of regular PDS payments. This means that a practice may receive GDS and PDS payments simultaneously during the transitional period.

12. While payments under PDS were made monthly, patient charges were deducted in arrears, often several months after the course of treatment. In 2004/05, when many of the PDS schemes started, net expenditure as a proportion of gross expenditure is therefore likely to be higher than in 2005/06, when more PDS schemes had been operational for a longer period.

13. Payments to dental practices are assigned to areas on the basis of practice postcode data. Practices in one area usually have patients from other areas. In a small number of cases, PCT and SHA boundaries do not fully correspond. To better reflect the SHA’s organisational responsibilities, this report apportions PCT level expenditure fully to the SHAs to which they are responsible, rather than apportioning part costs to correspond with geographical boundaries.
14. PCT boundaries are as at 31 March 2006. Figures prior to 2001 are therefore approximate - they rely on the allocation of historical data to PCT areas which were not then in existence. Similarly, constituency boundaries are as at 31 March 2006.

15. A small amount of expenditure could not be allocated to any region due to a postcode matching problem. The figures for England are therefore slightly higher than the sum of the regional figures.

16. PCT level figures for expenditure per head of population are given for 2001/02 to 2005/06, and are calculated with the Office for National Statistics' (ONS) mid-year population estimates. The PCT population figures are as published at December 2005; the ONS did not revise the figures after this time due to the reconfiguration of PCTs during 2006. PCT population estimates are not available prior to 2001.

17. SHA and national level figures for expenditure per head of population are given for 1997/98 to 2005/06, and are calculated with the ONS mid-year population estimates based on the ONS revised 2007 methodology. The figures are as those published at August 2007.

18. The information provided in this report supersedes all previous compilations of this data.
Other Publications

Other published information on dental statistics includes:

- **Expenditure on NHS dental services 2006/07**

  The 2008 Department of Health (DH) Departmental Report will include the final gross expenditure figure for primary care dentistry in England for 2006/07. This figure will be based on final audited accounts and will reflect expenditure during the first year of the new dental contractual arrangements. This report is due to be published in Spring 2008 and will be available from the DH website, [http://www.dh.gov.uk](http://www.dh.gov.uk).

- **Dental Earnings and Expenses Report 2005/06**

  This report provides a detailed study of the earnings and expenses of General Dental Service (GDS) and Personal Dental Services (PDS) dentists in Great Britain and is based on tax data for dentists with an accounting year ending in 2005/06. All averages in the report relate to both full-time and part-time dentists with varying levels of earnings from the NHS. The earnings and expenses relate to NHS and private work, but the report includes an analysis by degree of NHS commitment.


- **NHS Dental Activity and Workforce Report England: 31 March 2006**

  This report covers treatment provided under the General Dental Service (GDS) and the Personal Dental Service (PDS), often referred to as “high street dentists”, in England up to 31 March 2006, the day before the new NHS dental contract was introduced. Most of the data are presented over a ten-year period. Detailed data at Primary Care Trust, Strategic Health Authority and parliamentary constituency level are included as annexes to this report. The boundaries used are as at 31 March 2006.

  Available on the NHS Information Centre website via this link: [http://www.ic.nhs.uk/pubs/dwfactivity](http://www.ic.nhs.uk/pubs/dwfactivity)

- **NHS Dental Statistics 2006/07**

  This report considers NHS dental activity, workforce and patient charge revenue in the first year of the new dental contract. Detailed data at Primary Care Trust and Strategic Health Authority level are included as annexes to this report. The boundaries used are as at 1 October 2006.

• **NHS Dental Statistics, Quarter 2 2007/08**

This report considers NHS dental activity in Quarter 2 of the second year of the new dental contract. Detailed data at Primary Care Trust and Strategic Health Authority level are included as annexes to this report. The boundaries used are as at 1 October 2006.

Available on the NHS Information Centre website via this link: [http://www.ic.nhs.uk/pubs/dentalstatsq20708](http://www.ic.nhs.uk/pubs/dentalstatsq20708)

• **Dental Treatment Band Analysis, England 2007 : Preliminary results**

This report provides information on NHS dental activity within a sample of adult Courses of Treatment (CoTs). Information was taken from a sample of 3,244 CoTs processed between April and July 2007, covering dental contracts across England. This information was compared to equivalent information for 2003/04. This information is sourced from the Dental Services Division (DSD) of the NHS Business Services Authority (BSA).


• **Dental Contracts Statistics**

The Department of Health (DH) publishes regular information on dental commissioning and progress in resolving contracts signed in dispute.


Note that this data collection is not directly comparable with the activity statistics presented earlier in this report as the DH collection asks for UDAs commissioned for a forward looking 12 months so cannot be compared to actual activity in the previous 12 months.

**For general enquiries**

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Visit the NHS Information Centre for health and social care website: [http://www.ic.nhs.uk](http://www.ic.nhs.uk)
The England level data in the main body of this report is based on the aggregated regional level figures. This represents the major elements of primary dental care expenditure between the years 1997/98 to 2005/06 and is equivalent to the cash payments made in each of these years. It is the only General Dental Service (GDS) data that can be readily attributed to individual Primary Care Trust (PCT), Strategic Health Authority (SHA) and constituency areas. However, it is not fully representative of all elements of expenditure on GDS and Personal Dental Service pilots (PDS) and is therefore not equivalent to the all England resource expenditure totals reported by the former Dental Practice Board and PCTs in their accounts for each financial year. Notes on the interpretation and scope of the Dental Services Division (DSD) payment processing records are set out in paragraphs 4 to 15 in the ‘Background Information’ section.

Table 1 of the following page provides these final accounts figures. They relate to all elements of expenditure and provide the most comprehensive and authoritative indications of spend at national level. Note that this data cannot be broken down to a regional or PCT level.
Table 1 - Total expenditure on General Dental Services (GDS) and Personal Dental Services pilots (PDS), England, 1997-98 to 2005-06

<table>
<thead>
<tr>
<th>Year</th>
<th>GDS Gross</th>
<th>GDS Patient Charges</th>
<th>GDS Net</th>
<th>PDS Gross</th>
<th>PDS Patient Charges</th>
<th>Combined GDS/PDS Gross</th>
<th>Combined GDS/PDS Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997-98</td>
<td>1,348</td>
<td>-388</td>
<td>959</td>
<td>0</td>
<td>0</td>
<td>1,348</td>
<td>959</td>
</tr>
<tr>
<td>1998-99</td>
<td>1,438</td>
<td>-420</td>
<td>1,018</td>
<td>4</td>
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<td>1,442</td>
<td>1,022</td>
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<td>1999-00</td>
<td>1,477</td>
<td>-431</td>
<td>1,046</td>
<td>13</td>
<td>n/a</td>
<td>1,490</td>
<td>1,059</td>
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<tr>
<td>2000-01</td>
<td>1,555</td>
<td>-453</td>
<td>1,102</td>
<td>22</td>
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<tr>
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<td>1,561</td>
<td>-452</td>
<td>1,098</td>
<td>36</td>
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<td>2001-02</td>
<td>1,709</td>
<td>-472</td>
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<td>41</td>
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<td>1,767</td>
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<tr>
<td>2002-03</td>
<td>1,767</td>
<td>-484</td>
<td>1,222</td>
<td>48</td>
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<td>40</td>
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<tr>
<td>2004-05</td>
<td>1,147</td>
<td></td>
<td>1,147</td>
<td>648</td>
<td></td>
<td>1,951</td>
<td>1,795</td>
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<tr>
<td>2005-06</td>
<td>1,448</td>
<td></td>
<td>1,757</td>
<td>648</td>
<td></td>
<td>2,205</td>
<td></td>
</tr>
</tbody>
</table>

Source: The Department of Health

Notes
1. Data on a ‘resource’ basis relates to expenditure on an accruals basis and is only available from 2000-01.
2. Data on ‘cash’ basis relate to actual cash payments made.
3. PDS charges were not separately identified in Primary Care Trust (PCT) accounts until 2005-06.
4. PDS net is assumed to be equivalent to gross apart from 2004-05 and 2005-06.
5. PDS data for 2004-05 estimated because of concerns that a number of PCTs had reported expenditure net of charge income, and this misrepresented the scale of provision as the number of PDS pilots expanded.
6. GDS expenditure in 2005-06 was enhanced by an accounting adjustment to increase the estimate of GDS creditor payments outstanding at the year end. Closure of the former GDS on 31 March 2006 revealed that the value of payments due for work undertaken within the financial year but not claimed and paid until after the year end had been underestimated in previous years.
7. The combination of new working methods, alongside the continued use on grounds of equity of patient charge rates designed for GDS terms of service, resulted in proportionately less patient charge income being generated in PDS compared with GDS.
8. Gross and net costs in 2005-06 were particularly affected by the combined effect of growth in services, the year end GDS creditor adjustment, and the impact of proportionately lower charge income resulting from the shift of services from the GDS to the PDS.