A Guide to NHS Dental Publications

Fourteenth Edition

February 2016
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td><strong>Our Dental Publications</strong></td>
<td>5</td>
</tr>
<tr>
<td>Publication Calendar</td>
<td>5</td>
</tr>
<tr>
<td>Experimental Statistics</td>
<td>6</td>
</tr>
<tr>
<td>Code of practice for official statistics</td>
<td>6</td>
</tr>
<tr>
<td><strong>Dental Activity</strong></td>
<td>7</td>
</tr>
<tr>
<td>FP17 Form</td>
<td>7</td>
</tr>
<tr>
<td>Courses of Treatment</td>
<td>7</td>
</tr>
<tr>
<td>Treatment bands</td>
<td>7</td>
</tr>
<tr>
<td>Units of Dental Activity</td>
<td>8</td>
</tr>
<tr>
<td>Full year estimates</td>
<td>9</td>
</tr>
<tr>
<td><strong>Clinical Treatments</strong></td>
<td>10</td>
</tr>
<tr>
<td>Clinical treatments</td>
<td>10</td>
</tr>
<tr>
<td>Clinical activity</td>
<td>11</td>
</tr>
<tr>
<td>Clinical treatment items</td>
<td>11</td>
</tr>
<tr>
<td>Metrics used in the clinical dental reports</td>
<td>11</td>
</tr>
<tr>
<td><strong>Patients Seen</strong></td>
<td>13</td>
</tr>
<tr>
<td>Patient age</td>
<td>14</td>
</tr>
<tr>
<td>Population data</td>
<td>14</td>
</tr>
<tr>
<td><strong>Fees and Exemptions</strong></td>
<td>15</td>
</tr>
<tr>
<td>Patient type</td>
<td>15</td>
</tr>
<tr>
<td>Exemptions</td>
<td>15</td>
</tr>
<tr>
<td>Patient Charges</td>
<td>15</td>
</tr>
<tr>
<td><strong>Orthodontics</strong></td>
<td>17</td>
</tr>
<tr>
<td>FP17O Form</td>
<td>17</td>
</tr>
<tr>
<td>Units of Orthodontic Activity (UOA)</td>
<td>17</td>
</tr>
<tr>
<td><strong>Dental Workforce</strong></td>
<td>18</td>
</tr>
<tr>
<td>Dental contracts</td>
<td>18</td>
</tr>
<tr>
<td>Contract types</td>
<td>18</td>
</tr>
<tr>
<td>Dentist type</td>
<td>19</td>
</tr>
</tbody>
</table>
Joiners and Leavers 20
Historical workforce figures 20

**Related Information** 21
- Adult Dental Health Survey (ADHS) 21
- Children’s Dental Health Survey (CDHS) 21
- Hospital Episode Statistics (HES) 21
- GP patient survey: dental statistics 21
Introduction

The Health and Social Care Information Centre (HSCIC) provides accessible, high quality and timely information to improve decision making and help frontline staff deliver better care.

We regularly publish information on NHS dentistry in England at a national and local level. Our publications include facts and figures on the number of people who see an NHS dentist, the volume and type of treatment they receive and the number of NHS dentists. Our reports are used by national policy makers to help develop future dental policy and by local NHS managers to help design local dental services.

NHS dentistry data are collected by NHS Dental Services, part of the NHS Business Services Authority (BSA). Our dental publications are based on regular extracts of these data, which we publish in an easy-to-read and accessible format.

Our publications are available from The HSCIC website at the following link: HSCIC Dental Publications

The purpose of this document is to provide a brief introduction to the terms and measures shown in our publications and, where applicable, additional contextual information. If you have an enquiry on this document, or a more general enquiry, please e-mail: enquires@hscic.gov.uk

This document is not meant to provide a full view of NHS dentistry. It does not include information on how to access dental services in the NHS, the nature of NHS dental contracts nor does it go into detail on the data collection process.

For information on dentistry and dental services please refer to the Department of Health (DH) website: https://www.gov.uk/government/organisations/department-of-health

The DH publishes A Guide to NHS Dental Services¹, which provides information on how NHS dental services in England work.

For information on dentistry and dental services in Wales: https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/General-Dental-Services/Current-Contract

For information on dentistry and dental services in Scotland: http://www.isdscotland.org/Health-Topics/Dental-Care/

For dental services publications in Northern Ireland: http://www.hscbusiness.hscni.net/services/1805.htm

NHS dental data in England are collected and managed by NHS Dental Services part of the NHS BSA: http://www.nhsbsa.nhs.uk/dental.aspx

Our Dental Publications

The HSCIC publishes information on the following area of NHS dentistry. Note that hospital dental services or services provided privately are not included in our publications.

- The number of patients seen by NHS dentists is published quarterly, around 2 months after the end of period to which the data relate. For example, patients seen data for quarter 2 (July to September) are published in November. Patient seen figures are final – we do not update them in later publications. Figures are available at monthly intervals (rather than quarterly as previously provided) for each month from April 2010.

- NHS dental activity provisional data are published on a quarterly basis, around 5 months after the end of period to which the data relate. For example, provisional activity data for quarter 2 (July to September) are published the following February. Activity data published in our quarterly reports are subject to revision in subsequent quarters. Final data are published in our annual report each August. These figures do not change following publication. Recent and forthcoming publication dates of provisional quarterly and final annual reports can be found in our calendar on the following page http://www.hscic.gov.uk/pubs/calendar

- The data for clinical dental treatments carried out by NHS dentists are published in our annual report, around 5 months after the end of the period to which the data relate. Initially, these data were released separately as experimental statistics, reflecting some of the data quality issues associated with a new dataset. Data from 2010/11 onwards do not carry the experimental label and are now embedded within our annual report.

- Charges made to NHS dental patients are published in our annual report around 5 months after the end of the period to which the data relate.

- Orthodontics activity statistics are published in our annual report, around 5 months after the end of the period to which the data relate.

- NHS dental workforce data are published in our annual report, around 5 months after the end of the period to which the data relate.

Publication Calendar

We publish data to the following timetable:

- Our quarterly publication includes:
  - patients seen data
  - provisional activity data

Patient seen figures are more up to date than activity figures in these quarterly reports.

- Our annual dental report includes:
  - patients seen data
  - final activity data (including orthodontics)
  - clinical dental data
  - patient charges
- orthodontics
- dental workforce

From 2014, practice level patients seen data are published in a separate report in the annual NHS dental publication.

- The following data are published annually in separate reports:
  - Dental Prescribing
  - Dental Earnings and Expenses
  - Dental Working Hours (published biennially)

Patients seen data are published one quarter earlier than activity data. In each subsequent quarterly report we update provisional activity figures from previous quarters until final figures are published in our annual report.

Table A below sets out our key publication dates, the period to which data relate and the status of the figures.

<table>
<thead>
<tr>
<th>Table A: NHS Dental Activity Statistics for England Publications, 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication Date</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Quarter 1 Dental Activity Statistics Report</td>
</tr>
<tr>
<td>Quarter 2 Dental Activity Statistics Report</td>
</tr>
<tr>
<td>Quarter 3 Dental Activity Statistics Report</td>
</tr>
</tbody>
</table>

**Experimental Statistics**

Experimental statistics are new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage, in line with the UK Statistics Code of Practice.

**Code of practice for official statistics**

Our publications are produced according the Code of Practice for official statistics. The Code establishes common standards across government statistics and helps to ensure a coherent and trustworthy service to users of statistics.

Dental Activity

Dental activity is measured through:

- Courses of Treatment (CoT)
- Units of Dental Activity (UDA)

When a patient first goes to the dentist, the dentist determines the amount of preventative/restorative work required. The patient then starts a CoT. Depending on the complexity of the treatment, each CoT represents a given number of UDA. These are monitored through the year to ensure delivery of the contracted activity.

Since the 2006/07 year end publication, dental activity is measured as the number of CoT which end within any given quarter. In previous reports it was measured as the number of forms processed within that quarter, of which some forms may have related to activity delivered in earlier quarters. Therefore, activity figures from the year end 2006/07 cannot be compared to previous periods and quarterly figures for 2006/07 are not comparable to subsequent data.

FP17 Form

Information on completed CoT is submitted to NHS Dental Services on an FP17 form\(^2\), the majority of which are submitted electronically. These forms are the source of our published data. For information on the FP17 form, see the NHS Dental Services\(^3\) website.

Each FP17 form is associated with one CoT.

Courses of Treatment

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 that the time of the initial examination) to that patient.

From 1\(^{st}\) April 2006, a CoT is banded according to the most complex treatment within the course.

Treatment bands

Treatments are banded according to complexity:

- **Band 1** - check up and simple treatment (such as examination, x-rays and prevention advice).

- **Band 2** - mid range treatments such as fillings, extractions, and root canal work in addition to Band 1 work.


\(^3\)[http://www.nhsbsa.nhs.uk/DentalServices.aspx]
• **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 treatments including up to two extractions and one filling provided to a patient where:
  - prompt care and treatment is provided where oral health is likely to deteriorate significantly, or the person is in severe pain by reason of their oral condition.
  - care and treatment is provided to prevent significant deterioration or address severe pain.

• **Other** – CoT which include the following procedures do not attract a patient charge:
  - arrest of bleeding
  - bridge repair
  - denture repair
  - removal of sutures
  - prescription issues

There can be significant differences between CoT within the same band. For example, a CoT with several large fillings would have the same treatment band as one with a single small filling.

### Units of Dental Activity

UDA are weighted CoT and are used in the NHS dental contract system. Table B shows the weightings which are used to convert CoT to UDA. Band 3 includes the most complex treatments and therefore has the greatest weighting.

#### Table B: UDA for each treatment band

<table>
<thead>
<tr>
<th>Treatment band</th>
<th>UDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 1</td>
<td>1.00</td>
</tr>
<tr>
<td>Band 2</td>
<td>3.00</td>
</tr>
<tr>
<td>Band 3</td>
<td>12.00</td>
</tr>
<tr>
<td>Urgent</td>
<td>1.20</td>
</tr>
<tr>
<td>Arrest of bleeding</td>
<td>1.20</td>
</tr>
<tr>
<td>Bridge repair</td>
<td>1.20</td>
</tr>
<tr>
<td>Denture repair</td>
<td>1.00</td>
</tr>
<tr>
<td>Prescription issue</td>
<td>0.00</td>
</tr>
<tr>
<td>Removal of sutures</td>
<td>1.00</td>
</tr>
</tbody>
</table>

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Full year estimates

Activity data supplied quarterly are provisional until final figures are published in the end of year report. Provisional data are weighted to provide an estimated final year position for each quarter, enabling more sensible comparison across quarters. In the main, provisional figures are lower than final figures, due to late submission of FP17 forms.

In recent years, rules have been put in place to make sure that a FP17 form is submitted with 2 months of the CoT being completed. This increases the accuracy of the data published each quarter.

Figures are weighted at the band level. Weighting factors are calculated from previous years’ data. They are an average of the change between provisional and final data for the relevant quarter in the previous two years.

Example: Formulas to calculate the weighting factor and estimated 2015/16 quarter 1 (Q1) final values to be reported in the 2015/16 quarter 2 (Q2) publication

\[
15/16 \text{ Q1 Weighting Factor} = \left( \frac{13/14 \text{ Q1 Final}}{13/14 \text{ Q1 Provisional @ Q2}} \right) + \left( \frac{14/15 \text{ Q1 Final}}{14/15 \text{ Q1 Provisional @ Q2}} \right)
\]

\[
15/16 \text{ Q1 Estimated Final} = (15/16 \text{ Q1 Weighting Factor}) \times (15/16 \text{ Q1 Provisional @ Q2})
\]
Clinical Treatments

From 1 April 2008, information on clinical treatments was recorded in the FP17 form. Note that a patient can receive more than one clinical treatment within a single CoT. For example, within a single CoT a patient can receive a scale and polish and have a tooth extracted.

Clinical treatments

The clinical treatments listed in the FP17 form are:

- Scale & Polish – simple periodontal treatment including scaling, polishing, marginal correction of fillings and charting of periodontal pockets.
- Fluoride varnish – a fluoride preparation applied to the teeth surface as a primary preventative measure.
- Fissure sealants – a sealant material is applied to the pit and fissure systems as a primary preventative measure.
- Radiograph(s) – an x-ray, providing an image of the teeth, mouth and/or gums that can help identify underlying problems such as decay.
- Endodontic treatment - a root-filling including removal of 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.
- Extractions – a tooth extraction. Also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth.
- Crown(s) - full coverage of a tooth where tooth tissue is not sufficient to restore the tooth by other means (excludes stainless steel crowns).
- Dentures - a removable appliance that replaces some or all teeth.
- 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(s) - a fixed restoration that replaces one or more missing teeth.
- Referral for advanced mandatory services – patient is referred to another contractor.
- Examination – an examination for treatment planning purposes, normally including charting of the teeth, recording of the periodontal condition and soft tissue examination.
- Antibiotic items prescribed – patient is issued with a prescription containing antibiotic items. This shows the number of antibiotic treatments rather than the number of pills.
- Other treatment – treatment not included in the above list.
Clinical activity
In our clinical reports we count both:

- CoT
- Clinical treatment items.

Clinical treatment items
Through the FP17 form, information is collected on the number of each clinical treatment carried out. This may be the number of teeth extracted or filled within a CoT. These are known as clinical treatment items.

Metrics used in the clinical dental reports
Our report sets out clinical dental activity through a series of measures:

- Number of CoT containing each treatment.
- Number of clinical treatment items.
- Percentage of CoT that contain each clinical treatment.
- Number of treatment items per 100 CoT.
- Average number of clinical treatment items per CoT (where that treatment occurs).
Example

Five patients have the following treatments:

<table>
<thead>
<tr>
<th></th>
<th>Number of teeth filled</th>
<th>Number of teeth extracted</th>
<th>Number of radiographs taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient B</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Patient C</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Patient D</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Patient E</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

For this group, the following summary statistics are:

Total number of CoT with:
- Fillings: 2
- Extractions: 2
- Radiographs: 4
- TOTAL CoT: 5

Total number of clinical treatment items:
- Fillings: 4
- Extractions: 2
- Radiographs: 7
- TOTAL treatment items: 13

Percentage of CoT with:
- Fillings: 2 out of 5 CoT: 40%
- Extractions: 2 out of 5 CoT: 40%
- Radiographs: 4 out of 5 CoT: 80%

Number of treatment items per 100 CoT:
- Fillings: 4 fillings in 5 CoT. So in 100 CoT: 80
- Extractions: 2 extractions in 5 CoT. So in 100 CoT: 40
- Radiographs: 7 radiographs in 5 CoT. So in 100 CoT: 140

Average number of clinical treatment items per CoT (where that treatment occurs):
- Fillings: 4 fillings in 2 CoT. Fillings per CoT (where filling occurs): 2.00
- Extractions: 2 extractions in 2 CoT. Extractions per CoT (where extraction occurs): 1.00
- Radiographs: 7 radiographs in 4 CoT. Radiographs per CoT (where radiograph occurs): 1.75
Patients Seen

The patients seen measure shows the number of patients who received NHS dental care in the previous 24 months, where their last CoT started within the past 24 months.

This information is taken from the FP17 form and the 24 month period is based on the date of validation processing at NHS Dental Services. Any CoT started but not processed within the period will not appear in the 24 month count.

Note that this differs from the methodology used to measure activity, which measures the number of CoT which end within a given period. The activity methodology requires further time for FP17 forms to be submitted to and processed by NHS Dental Services. As a result of this, patients seen figures are available earlier in the reporting cycle than activity data.

The patients seen measure is not directly comparable with the patient registrations data collected under the old contract. The old measure was taken over a 15 month period using a different system and rule set.

The patients seen data for the new contractual arrangements include patients who were only seen by a Trust-led Dental Services (TDS) dentist who was not previously on a General Dental Services (GDS) or a Personal Dental Services (PDS) contract in 2005/06. Patients who fall into this category would not be included in the patients seen data for 2005/06, as TDS only dentists were not included in the 2005/06 workforce figures (unless they were working elsewhere on a GDS or PDS contract).

NHS Dental Services estimated that, in the 24 months leading up to 31 March 2007, around 86,000 patients (0.17 per cent of the population) were seen by a dentist who falls into this category; this figure is minimal in relation to the 28.1 million patients seen in the previous 24 months up to 31 March 2007 (55.4 per cent). However, some of these patients may have also seen a different GDS or PDS dentist and are therefore not uniquely identified via their treatment from the TDS dentist (who was not included in the 2005/06 figures).

Unique patients are identified by using surname, first initial, gender and date of birth. Each patient is counted only once even if he or she has received several episodes of care over the period although inevitably there will be some duplications and omissions. For example, patients will be omitted if two or more share the same surname, initial, sex and date of birth. Patients may be counted twice if they have two or more episodes of care and their name is misspelled or changed (for example on marriage) between those episodes of care. The risk of duplication increases if the episodes of care are at different practices.

Although duplications and omissions are unlikely to affect the overall count by more than one or two per cent, at a clinical commissioning group (CCG) or local authority (LA) level there may be local demographic factors which make the local total more susceptible. For example, a high proportion of women changing names after marriage, a local concentration of surnames prone to be misspelled or a transient patient base.

Each unique patient ID is normally assigned to the dental contract against which the most recent CoT for routine treatment was recorded in the 24 month period.

Note that orthodontic patients are included in the patients seen counts.

For Children, the NICE guidance states they should be seen around every 12 months – rather than the adult guideline for every 24 months. We currently receive one figure for children patients seen for the most recent 12 month period and publish this quarterly. We are
in the process of obtaining more detailed data and will publish this as soon as it becomes available.

**Patient age**
Patient age is calculated as at the last day of the 24 month period. A child is defined as aged under 18.

**Population data**
We also publish information on the number of patients seen as a proportion of the population, using Office for National Statistics (ONS) mid-year population estimates. These are most closely aligned with the mid-point of the 24 month period covered by the patients seen measure.

For example, the patients seen measure for the 24 month period up to 31 March 2014, covers 1 April 2012 to 31 March 2014. The ONS mid-2014 population estimates are used to calculate the proportion of the population seen; these are the latest figures available.

Population figures supplied by the ONS relate to the estimated residential population of an area. This may have an impact on sub-national population based measures in that patients being treated within a CCG may not necessarily be a resident of that CCG; the numerator (number of patients seen) may include patients who are not captured in the denominator (ONS residential population) as, for example, they may live close to the boundary and their dentist falls into a different CCG, or they could be receiving treatment while away from home and not actually be resident in the CCG area where the care package was delivered.

ONS has published revised population estimates; this is reflected in the patients seen section of this report. Therefore, the historic ‘percentage of the population’ figures from 2013/14 will differ to those previously published.
Fees and Exemptions

Patient type
Patients are split into three types according to age and exemption status:

- paying adults – pay a charge to the full cost of the treatment
- non-paying adults – exempt or remitted from paying a charge to the full cost of the treatment.
- children

Exemptions
Patients are exempt from NHS dental charges where they are:

- a child – aged under 18.
- aged 18 or over and in full-time education.
- pregnant or have had a baby in the year before treatment starts.
- an NHS inpatient where treatment is delivered by the hospital dentist.
- an NHS Hospital Dental Service outpatient
- in receipt of:
  - Income Support (or partner in receipt of Income Support).
  - Income-based Jobseeker’s Allowance.
  - Pension Credit, Guarantee Credit.
- named on a valid NHS tax credit exemption certificate.
- named on a valid NHS Low Income Scheme HC2 certificate.
- an adult in receipt of income-related Employment and Support Allowance (ESA).
- Prisoner on Leave (PoL) (from October 2008)

Patients named on an NHS Low Income Scheme HC3 certificate may be eligible for partial help with dental costs.

Patient Charges
Paying adults are charged according to the treatment band. ‘Other’ treatment incurs no charge. Table C below shows the NHS dental charges applicable to paying adults from 1 April 2009.

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6 There may be a charge for dentures and bridges.
Table C: NHS Dental Charges

<table>
<thead>
<tr>
<th>Treatment Band</th>
<th>Charges for the period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2006/7</td>
</tr>
<tr>
<td>Band 1</td>
<td>£15.50</td>
</tr>
<tr>
<td>Band 2</td>
<td>£42.40</td>
</tr>
<tr>
<td>Band 3</td>
<td>£189.00</td>
</tr>
<tr>
<td>Urgent</td>
<td>£15.50</td>
</tr>
</tbody>
</table>

The charge actually collected can vary from the notional charge for the band. There are also very few cases where patient charges are collected from patients with partial remission and from fully exempt patients, including children, under regulation 11 of the NHS Dental Charges Regulations.

In some cases the fee for a paying adult is fully or partially waived. These are:

- a continuation of treatment where a CoT is completed but the patient needs further treatment within two months.
- treatment on referral – the patient charge is collected by the referring dentist.
- treatment that qualifies for free repair or replacement.
- where treatment was not completed.

Reported patient charge revenue may be lower than expected as patient charge information is not collected from closed contracts.

Patient charge revenue does not include charges due for CoT which began before 1st April 2006, but were completed in 2006/07.

No account is taken in this report 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.
Orthodontics

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. Most orthodontic activity is performed by a dentist with further training. However, some minor orthodontic procedures may be performed by a non-specialist dentist.

Information on orthodontic activity was included in our reports for the first time in 2008/09, reported separately to standard dental activity. Note that the patients seen count includes orthodontic patients.

FP17O Form

Orthodontic information is collected separately from dental activity data via the FP17O form. See the NHS Dental Services website for more detail.

Units of Orthodontic Activity (UOA)

A Unit of Orthodontic Activity (UOA) is an indication of the weight of an orthodontic course of treatment. Data relate to starts, assessments and repairs. UOA are not credited for completions. Hence all UOA relate to orthodontic activity which started within the year.

A course of orthodontic activity equates to between 4 and 23 UOA, according to the age of the patient. All of these are credited to the dentist at the start of the course of treatment. However the treatment may be performed over a number of years and therefore changes in contractual arrangements may need to be considered when interpreting historical orthodontic data.

Under the old contractual arrangements dentists were paid for providing orthodontic treatment on an item of service basis, with fees determined by the type, volume and complexity of treatment provided. They were paid at the end of the course of treatment, although interim payments could be claimed part-way through the course and additional fees were payable to allow for the effects of inflation. A typical course of orthodontic treatment can last more than two years.

Under the present contractual arrangements dentists are paid a monthly sum. In return for this contract payment they have a contractual obligation to deliver a specified number of UOA in the course of a year, and are credited with UOA at the start of each course of orthodontic treatment. Additionally, they are credited with a smaller amount of UOA (1 or 0.8 of a unit) for carrying out orthodontic assessments and repairs.

Due to the relatively small number of practitioners, at sub-national level, the movement of any orthodontic practitioner from one sub-region to another can have a significant impact on the aggregate UOA figures for the organisations concerned. Orthodontic activity is only provided at national and regional level.

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7 http://www.nhsbsa.nhs.uk/Documents/FP17O.pdf
Dental Workforce

We publish information on the number of dentists who have carried out NHS activity during the year on an annual basis. Workforce data are included in the full year dental activity statistics publication in August each year and show the previous financial year’s data.

Following the consultation review in 2008, the workforce figures presented count the number of dental performers who have any NHS activity recorded against them via FP17 forms at any time in the year that met the criteria for inclusion within the annual reconciliation process.

We have included figures from 2006/07 onwards. Information prior to 2006/07 based on the old dental contract counted all performers listed on NHS contracts that were open on 30 September, and is not comparable to the new methodology. Therefore information prior to 2006/07 has not been presented.

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 provide-only provides specialist services, such as orthodontic work, this has to be under a PDS agreement.
- Trust-led Dental Services (TDS) can provide services under PDS agreements and then pay dentists directly rather than through the standard system operated by NHS Dental Services.

Contract types

A performer can have multiple contracts within a sub-region or across a series of sub-regions, sometimes operating across different Regions. Performers are counted against each sub-region in which they have a contract. This will mean that the sum of local level information exceeds the national total, as performers are counted across more than one area.

A performer is assigned a contract type by looking at all of their contracts with activity recorded against them. At the lowest level, a performer is counted against their contracts within a sub-region. Where a performer operates across GDS and PDS contract types within this sub-region they are counted under the mixed contract type. Note that where a performer operates under a TDS contract and a GDS (or PDS) contract, the performer is recorded under the GDS (or PDS) contract type, as shown in Table D.
Table D: Combinations of contract types

<table>
<thead>
<tr>
<th>Performer operates under</th>
<th>Categorised as</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDS only</td>
<td>GDS</td>
</tr>
<tr>
<td>GDS &amp; TDS</td>
<td>GDS</td>
</tr>
<tr>
<td>GDS &amp; PDS</td>
<td>Mixed</td>
</tr>
<tr>
<td>GDS &amp; PDS &amp; TDS</td>
<td>Mixed</td>
</tr>
<tr>
<td>PDS only</td>
<td>PDS</td>
</tr>
<tr>
<td>PDS &amp; TDS</td>
<td>PDS</td>
</tr>
<tr>
<td>TDS only</td>
<td>TDS</td>
</tr>
</tbody>
</table>

Some performers may operate under a GDS contract in one sub-region and a PDS contract in another. In this case, the performer is counted under the GDS contract type in the first sub-region and under PDS in the second. If these sub-regions are within the same Region, that performer would count under the mixed contract type in any Region level (and national) aggregation.

Dentist type

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

- **Performer-only**
- **Providing-performer**
- **Provider-only**

Our reports are not a full count of all providers. Provider-only dentists are excluded as they have no NHS activity recorded against them.

Provider

A provider is a person or authorised body (including certain companies and NHS trusts) which has entered into a contract with a local health body to provide primary dental services.

Performer

A performer is a dentist who carries out activity

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.

Performer-only

A performer-only delivers dental services but does not hold a contract with the sub-region. They will be employed by a provider-only or a providing-performer.

Providing-performer

A providing-performer is a provider who holds a contract and who also acts as a performer, delivering dental services themselves.
In some cases, a dentist may operate across sub-regions under different arrangements. They may hold a contract with one sub-region but may operate as a performer-only with another sub-region. At the lowest level, this dentist would be counted as a providing-performer in the first sub-region, and as a performer-only in the second. If these sub-regions are within the same Region, the dentist would be categorised in any Region level (or national) report as a providing-performer dentist.

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 sub-regions. The provider performer dentist then no longer holds the contract and becomes a performer only.

**Joiners and Leavers**

**Joiners**

A joiner is a performer with activity recorded against them in a year, but none in the previous year, across all contracts and all sub-regions. Therefore a dentist is counted only once as a joiner or leaver, against the relevant sub-region of their initial contract.

**Leavers**

A leaver is a performer with activity recorded against them in a year, but none in the following year. Information on the number of leavers for a particular year is therefore not available until the end of the following year.

**Transfers**

Movements between sub-regions are classed as transfers and not as leavers or joiners. Our reports do not include information on transfers.

**Performer age**

Performer age is the age as at 30 September in the relevant year.

**Historical workforce figures**

Workforce figures show the number of dental performers who have NHS activity recorded against them at any time in the year. Our reports include figures from 2006/07 onwards.

These figures are not comparable with historical workforce figures, where all performers listed on NHS contracts that were open on 30 September were counted.
Related Information

Beyond the information set out in earlier chapters, related dental information is available both through other Health and Social Care Information Centre (HSCIC) publications and from other organisations, providing a wider view of the dental sector. Note that this is not an exhaustive list.

**Adult Dental Health Survey (ADHS)**
http://www.hscic.gov.uk/pubs/dentalsurveyfullreport09

The 2009 Adult Dental Health Survey (ADHS) is the fifth in a series of national dental surveys that have been carried out every decade since 1968. The main purpose of these surveys has been to get a picture of the dental health of the adult population and how this has changed over time.

**Children’s Dental Health Survey (CDHS)**
http://www.hscic.gov.uk/catalogue/PUB17137

Child Dental Health Survey 2013, England, Wales and Northern Ireland

The 2013 Children’s Dental Health (CDH) Survey, commissioned by the Health and Social Care Information Centre, is the fifth in a series of national children’s dental health surveys that have been carried out every ten years since 1973.

The 2013 survey provides statistical estimates on the dental health of 5, 8, 12 and 15 year old children in England, Wales and Northern Ireland, using data collected during dental examinations conducted in schools on a random sample of children by NHS dentists and nurses. The survey measures changes in oral health since the last survey in 2003, and provides information on the distribution and severity of oral diseases and conditions in 2013.


**Hospital Episode Statistics (HES)**
http://www.hscic.gov.uk/hes

HES are the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS patients treated elsewhere. HES are the data source for a wide range of healthcare analysis for the NHS, government and many other organisations and individuals.

Information on A&E, outpatient and inpatient activity are freely available from the website.

**GP patient survey: dental statistics**

In January to March 2015, 1.3 million adults were asked about access to NHS dentistry in the previous two years. Participants were asked if they had tried to obtain an appointment with an NHS dentist, and if so, whether it was with a practice they had been to before and
had they been successful. They were also asked what their overall experience was of NHS dentistry. Patients who hadn’t tried to obtain an NHS dentist in the previous two years were asked to select the main reason why they hadn’t tried.