

Publication Report



Dental Statistics – NHS Fees and Treatments

Update of pages as at 31st March 2013

Publication date – 25th June 2013

Contents

Contents.....	1
About ISD.....	2
Official Statistics.....	2
Introduction	3
Key points	4
Results and Commentary.....	5
Glossary.....	8
List of Tables.....	9
Contact.....	10
Further Information.....	10
Appendix.....	11
A1 – Background Information	11
A2 – Publication Metadata (including revisions details).....	12
A3 – Early Access details (including Pre-Release Access)	13

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

Introduction

The NHS General Dental Service (GDS) is usually the first point of contact that patients have with dental treatment. Patients register with an NHS General Dentist (a "High Street dentist") to receive the full range of NHS treatment provided by independent contractor dentists working on behalf of local NHS boards. A number of salaried dentists also work in the GDS and provide an alternative service to the contracted General Dental Practitioners (GDPs) in order to meet the oral health needs of the local population.

There are two separate activities of the NHS GDS being reported here: fees authorised and treatment provided.

Fees are paid to GDPs for all the individual items of treatment they provide to their patients. In addition, monthly fees are authorised per patient for children registered in capitation and adults registered in continuing care. Capitation fees are paid for all patients aged under 18 and continuing care fees for all other ages. The cost per head of child population and per head of adult population in each NHS Board area and region of Scotland is also published, which is derived using the following formula:

- Total item of service earnings + capitation or continuing care payments (numerator) ÷ the most recent NRS population estimate (denominator), with each variable split by children and adults.

Please note that any allowances that may be payable to GDS dentists are not included here.

NHS GDPs can provide a wide range of dental treatments to their patients, from a simple examination to complex surgical treatment. The Statement of Dental Remuneration (SDR) lists all the items of service that GDPs can prescribe and provide. Dentists refer to the SDR when treating their patients, enter the details on a claim form and submit this form to Practitioner Services Division, where the information is processed and payment to the dentist is authorised.

Note: Due to a minor error in the analysis of fees data for 2011/12 in the May 2012 publication, this 2011/12 data has been revised as of the June 2013 publication. All charts and tables are noted "R" and footnoted where appropriate. This error minimally affects all health boards and the national headline figure for fees for children and adults for FY2011/12; relevant tables and charts. This analysis has also been updated with 2011 mid-year population estimates which were unavailable at the time of original publication. It is determined that these changes are not significant nor would they change the overall interpretation of results by users of the report.

Key points

Fees

- The total cost of child and adult item of service fees and registration fees for 2012/13 was over £265 million, an increase of 1.5% from 2011/12.
- The cost (total fees divided by population) per head of adult population increased from £46 in 2011/12 to £47 in 2012/13. Per head of child population, cost showed a decrease of £1, from £64 to £63.

Treatment

- The number of examinations (all clinical, extensive clinical and full case assessment examinations) carried out by GDS dentists in 2012/13 was over 2.79 million, an increase of 107,307 (4.0%) from 2011/12.
- The number of teeth extracted by GDS dentists decreased by 0.2%, from 544,901 in 2011/12, to 543,574 in 2012/2013.
- Decreases were observed in 2012/13 over the previous year in treatments involving veneers, inlays, bridges, surgical treatments and sedations.
- The main treatments that saw increases in 2012/13 over the previous year were radiographs, simple and complex periodontal treatments, fillings, root treatments, crowns, dentures, orthodontic treatments, domiciliary visits, and recalled attendances.

Results and Commentary

Fees

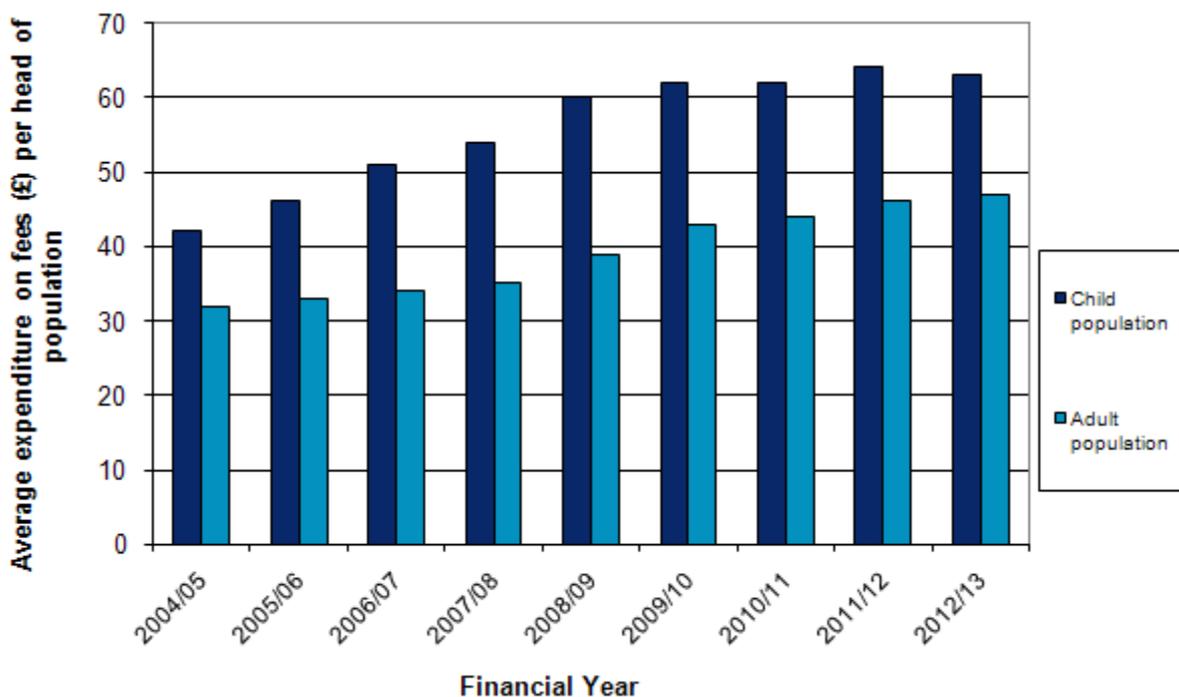
NHS GDS fees are currently analysed at national, NHS Board and regional areas. All analysis is published in two separate files for adults and children as at 31st March. Links to the published files are provided below:

[Child fees by NHS Board; year ending 31st March 2013](#)

[Adult fees by NHS Board; year ending 31st March 2013](#)

Data are published for financial years 2004/05 to 2012/13, allowing year-on-year and short-term trend analysis. Since 31st March 2005, cost per head of child population has increased by 50%, from £42 to £63; and cost per head of adult population by 47%, from £32 to £47. The year-on-year change is illustrated in Chart 1 below:

Chart 1: Cost (£) per head of population; 2004/05 to 2012/13



Source: ISD, MIDAS.

1. Children are defined as under 18 years and adults as 18 years and over.
2. 2011/12 data revised in June 2013 publication.

Many factors influence the cost per head of population in Scotland, such as greater numbers of registered patients (through e.g. patient registration policy changes and amendments to dentist fee payment mechanisms), population trends, etc. A key policy change influencing total fees claimed by dentists has been the introduction of non-time-limited (“lifetime”) patient registrations. Prior to 1st April 2009, patient registration records lapsed after a period of 15 months if the patient did not attend the practice; the Scottish Government extended this period to 36 months one year later; “lifetime” registration was introduced on 1st April 2010. Non-time limited patient registration contributes to the overall number of patients registered with an NHS dentist and a corresponding increase in

capitation and continuing care payments received. However, these payments are reduced to 20% of the original fee if the patient does not attend the practice for 3 years. When the patient who had not attended within the 3-year period then returns (and a claim form is submitted by the dentist), the relevant fee reverts to the 100% rate of payment.

During 2012/13, the cost per head of child population ranged from £70 in NHS Greater Glasgow & Clyde and NHS Lothian to £42 in NHS Western Isles; and per head of adult population from £57 in NHS Greater Glasgow & Clyde to £25 in NHS Orkney. It should be noted, however, that the population and service profiles in some NHS Board areas are such that the Community Dental Service (CDS) plays a greater role in treating children than the GDS.

Treatment

There were nearly 4.3 million courses of treatment carried out across non-salaried and salaried GDS during 2012/13, an increase of 4.4% from the year before. Roughly 88% of courses of treatment carried out in 2012/13 were for adults and 12% for children.

Table 1: Number of GDS courses of treatment¹ carried out; 2008/09 to 2012/13

Financial year	Total courses of treatment	Child ² courses of treatment	Adult ² courses of treatment
2008/09	3,548,553	440,713	3,107,840
2009/10	3,686,457	434,167	3,252,290
2010/11	3,830,051	426,622	3,403,429
2011/12	4,099,612	485,779	3,613,833
2012/13	4,281,880	518,285	3,763,595

Source: ISD, MIDAS.

1. A course of treatment is defined as at least one SDR treatment being claimed on a GP17 or GP17(O) form submitted by a dentist.
2. Children are defined as under 18 years and adults as 18 years and over.

Of the nearly 4.3 million courses of treatment carried out in 2012/13, 2.9% were for orthodontic treatment. Children accounted for 93.7% of orthodontic courses of treatment. The introduction in 2011 of the Index of Orthodontic Treatment Need (IOTN), an assessment of the requirement for orthodontic treatment, may be a contributing factor in the decreased number of treatments in 2012/13.

Table 2: Number of GDS orthodontic courses of treatment; 2008/09 to 2012/13

Financial year	Total courses of orthodontic treatment	Child ² courses of orthodontic treatment	Adult ² courses of orthodontic treatment
2008/09	133,651	128,625	5,026
2009/10	136,578	130,651	5,927
2010/11	138,035	131,399	6,636
2011/12	143,076	134,543	8,533
2012/13	122,734	115,061	7,673

Source: ISD, MIDAS.

1. A course of orthodontic treatment is defined as at least one SDR treatment being claimed on a GP17(O) form submitted by a dentist.
2. Children are defined as under 18 years and adults as 18 years and over.

Other detailed findings from GDS treatment data, 2012/13:

- Apart from examinations and extractions (see Key Points above), increases in main GDS treatments across Scotland in 2012/13 over the previous year were recorded for radiographs (of 4.8%), simple and complex periodontal treatments (of 5.1% and 10.5% respectively), fillings (of 1.0%), root treatments (of 4.8%), crowns (of 1.1%), dentures (of 1.7%), orthodontic appliances (of 6.4%), domiciliary visits (of 6.6%) and recalled attendances (of 10.7%).
- Decreases in main GDS treatments across Scotland in 2012/13 over the previous year were recorded for veneers (of 14.3%), inlays (of 37.9%), bridges (of 5.0%), surgical treatments (of 6.5%) and sedations (of 0.1%).

Glossary

SDR	Statement of Dental Remuneration
GDS	General Dental Service
MIDAS	Management Information & Dental Accounting System
Non-salaried dentist	Independent contractor dentist working on behalf of an NHS Board
Salaried dentist	Dentist working in the salaried General Dental Service (or Community Dental Service) as employee of an NHS Board

List of Tables

Table No.	Name	Time period	File & size
6	Child fees by NHS Board; year ending 31st March 2013	Financial year end 31 st March 13	Excel [116kb]
7	Adult fees by NHS Board; year ending 31st March 2013	Financial year end 31 st March 13	Excel [107kb]
8	All SDR item of service treatment claims, Scotland; year ending 31 March 2013	Financial year end 31 st March 13	Excel [822kb]
9	Main SDR item of service treatment claims by NHS board; year ending 31 March 2013	Financial year end 31 st March 13	Excel [488kb]

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Further Information

Further information can be found on the [ISD website](#)

Appendix

A1 – Background Information

Free dental examinations were extended to all NHS patients from 1 April 2006.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	NHS GDS treatments and GDS fees
Description	This release provides information on NHS GDS treatments and fees for year ending 31 st March 2012.
Theme	Dental Health Care
Topic	Treatments and Fees
Format	Excel workbooks and PDF
Data source(s)	MIDAS
Date that data are acquired	14 th May 2013
Release date	25 th June 2013
Frequency	Annual
Timeframe of data and timeliness	Year ending March 2013. Three months in arrears.
Continuity of data	Reports annually.
Revisions statement	These data are not subject to planned major revisions. However, ISD aims to continually improve the interpretation of the data and therefore analysis methods are regularly reviewed and may be updated in the future.
Revisions relevant to this publication	<p>Due to a minor error in the analysis of Fees data for 2011/12 in the May 2012 publication, this 2011/12 data has been revised as of the June 2013 publication. All charts and tables are noted “R” and footnoted where appropriate. This error minimally affects all health boards and the national headline figure for fees for children and adults for FY2011/12; relevant tables and charts.</p> <p>The error has a minimal effect. The effect on the largest figure, the national total for adults, is an increase of £1.7m on the original figure of £193,329,358, which is a difference of only +0.89%. It should be noted that as the MIDAS data warehouse is regularly updated and figures are subject to change. Nationally this means the rise in the figure between 2010 and 2011 was 5% (4.89) rather than 4% (4.18).</p> <p>This analysis has also been updated with 2011 mid-year population estimates which were unavailable at the time of original publication. It is determined that these changes are not significant nor would they change the overall interpretation of results by users of the report.</p>
Concepts and definitions	See Glossary and footnotes.
Relevance and key uses of the statistics	Making information publicly available for planning, provision of services, research, etc.
Accuracy	GDS data, as recorded by GDS dentists for payment, probity and quality purposes, is regarded as highly accurate.
Completeness	GDS data, as recorded by GDS dentists for payment, probity and quality purposes, is regarded as complete.

Comparability	tbc
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Tables and charts are accessible via the ISD website at: http://www.isdscotland.org/Health-Topics/Dental-Care/General-Dental-Service/registration-and-participation.asp
Value type and unit of measurement	NHS GDS Treatments: number, cost and rate of treatments. NHS GDS fees: cost of fees paid to dentists.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority
Last published	29 th May 2012
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Help email	NSS.ISD-Dental-Info@nhs.net
Date form completed	16 th May 2013

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)