

Publication Report



Dental Statistics – NHS Treatment and Fees

Statistics up to financial year 2013/14

Publication date – 26th August 2014



Contents

Contents.....	1
Introduction	2
Key points	10
Results and Commentary.....	12
Glossary.....	26
List of Tables.....	28
List of Figures	28
Contacts.....	30
Further Information.....	30
Appendices	31
A1 – Fees excluded from child and adult figures	31
A2 – Adjustment for Inflation Calculations	32
A3 – Links/comparisons to other sources of dental health information.....	33
A4 - Publication Metadata (including revisions details).....	35
A5 – Early Access details (including Pre-Release Access)	39
A6 – ISD and Official Statistics.....	40

Introduction

Background

This publication provides statistics on NHS General Dental Service treatment and fees from 1999/2000 to 2013/14.

NHS General Dental Service (GDS)

The NHS General Dental Service (GDS) is usually the first point of contact for NHS dental treatment.

The majority of GDS is provided by independent dentists (“High Street dentists”) who have contractual arrangements with NHS boards to provide GDS. Historically, GDS was also provided by salaried dentists who were directly employed by NHS boards to provide an alternative service when considered the best solution to meet local needs.

Up to December 2013, the Community Dental Service (CDS) provided a ‘safety net’ dental service for people who were unable to obtain care through the GDS. Data in relation to patients treated by CDS are not included in these statistics.

From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS). The main role of the PDS is to provide GDS for people who cannot access care from an independent dentist. GDS will therefore be delivered by independent dentists and the PDS.

Data Collection

Management Information & Dental Accounting System (MIDAS) is the payment system which processes information on GDS dental activity in Scotland. GP17 forms are submitted by dentists after the completion of a course of treatment and must be received by [Practitioner Services Division](#) (PSD; now part of Practitioner & Counter Fraud Services) within 3 months of the completion date of treatment.

However, orthodontic treatment is claimed using a GP17(O) form. The arrangements for submission of these forms are different from those of GP17 due to the nature of orthodontic treatment. Further information can be found on the [PSD Orthodontics website](#) for dental health professionals.

Key Definitions - Treatments

Statement of Dental Remuneration Items of Service (SDR IOS)

NHS dentists can provide a wide range of treatments to their patients, from a simple examination to complex surgical treatment. The [Statement of Dental Remuneration \(SDR\)](#) lists all the items of service (i.e. treatments) which dentists can provide and claim payment.

Data presented here are grouped together under general treatment headings from the full list of SDR IOS. For example, ‘Examination and Report’ includes all SDR IOS relating to examinations (clinical, extensive, full case assessment) and provision of a care and

treatment summary report. A description of the main items of service can be found on the ISD [website](#).

See [Impacts on treatments and fees data](#) for a description of the patient age-specific rules for dentists claiming payment for treatments and how these affect the data published in this report. Additionally, changes in dental policy, such as those relating to registration, will also affect the data.

Course of treatment

A course of treatment is defined as at least one SDR IOS being claimed for payment by the dentist on a GP17 form (or the GP17(O) form for orthodontic treatments). A course of treatment can cover a single appointment (for example, an examination/check-up) or multiple appointments which last several weeks (or years in some cases of orthodontic treatment). A patient may have several appointments to complete the treatment required but this is counted as one course of treatment.

Orthodontic Treatment

Details relating to orthodontic treatment are captured using the GP17(O) form.

Patient age-specific rules for claiming treatments

There are different claiming rules regarding treatments undertaken for children and adults.

Children (aged under 18 years)

GP17: Not all SDR IOS treatments are claimable for children. Provision of examination, non-orthodontic radiographs (x-rays), scale & polish, preventative care, such as treatments under [Childsmile](#), and other minor SDR treatments is covered by the fee the dentist receives for capitation (see below). However, dentists can claim all SDR items if treatment is necessitated by trauma.

GP17(O): GDS dentists can claim for orthodontic treatments they are approved to undertake.

Adults (patients aged 18+ years)

GP17: All SDR IOS relating to adults can be claimed.

GP17(O): NHS orthodontic care is not usually available for patients aged over 18 but may be approved on a case-by-case basis if it is needed for health reasons.

Key Definitions – Fees

Dentists are paid fees both for each patient they have registered with them and for the treatments they provide. For the purposes of this publication,:

$$\text{Fees received by dentist} = \text{SDR IOS earnings} + \text{capitation} + \text{continuing care payments}$$

However, the rules for the fees paid to dentists for children and for adults are different.

Child fees = Child SDR IOS earnings + capitation payments

Adult fees = Adult SDR IOS earnings + continuing care payments

The balance between registration payments and IOS earnings differs between children and adults. In 2013/14, 58% of child fees were capitation payments, whereas continued care payments only accounted for 19% of adult fees.

Please note: Additionally, late IOS adjusted payments (for a variety of reasons) of between £50,000 and £3 million have been paid each year to GDS dentists. These adjustments are only included in the Scotland level figures (figure 4a) to give an overall picture of the total fees paid. However, due to the way the data is held on MIDAS, ISD are currently unable to establish whether these payments relate to the child or adult activity. Further details can be found in appendix A1.

Payments for Treatment Provided - Statement of Dental Remuneration Item of Service (SDR IOS) earnings

Payments are made for the individual claimable treatments dentists provide to their patients. For the purposes of this publication, SDR IOS earnings mean the dentist's fee for each IOS and include the patient's statutory contribution where applicable (some adults are exempt from paying for their care; other adults have to pay 80% of the cost).

Note that PDS dentists (and dentists in the former salaried dental service) are remunerated by salary and do not claim SDR IOS fees or registration payments; however, GP17 forms are submitted by these dentists for the purposes of clinical governance and management information. *Notional* fees associated with the activity of new PDS from 2014, and the former salaried dental service prior to 2014, are included in these statistics. However, any activity undertaken in the CDS prior to 2014 has not been included.

Registration payments

Dentists are paid a monthly fee for each registered patient. These payments cease if the patient deregisters or registers with a different dentist. Registration payments are reduced to 20% of the original fee if the patient does not attend the practice for 3 years or more, and the dentist has not therefore submitted a payment claim form (GP17) to PSD in respect of that patient. Payments will return to the full amount when a GP17 form is subsequently submitted by the dentist, or another dentist acting on his/her behalf, for any patient in respect of whom payments have reduced to 20%. Further information can be found [here](#).

Capitation – paid for children

A capitation payment is a basic monthly fee for the care and treatment of patients aged under 18. This fee covers examinations, x-rays, scale & polish, preventative care, such as treatments under [Childsmile](#), and other minor SDR treatments. Other treatments undertaken on children are then claimed in addition to this fee.

Continuing Care – paid for adults

A continuing care payment is a monthly fee payable for the provision of continuing care to patients aged 18 years or over. Treatments undertaken for adults are claimed in addition to this fee.

In addition to payments for registering and treating patients, dentists may be entitled to claim other payments, e.g. 'commitment payments' or 'remote area allowance'. Such payments are excluded from these statistics but information about them is published separately each year in the [Scottish Dental Practice Board](#) annual report.

Adjustments for inflation

Actual fees

As in previous years, this publication shows the 'actual' fees, i.e. the value of GDS fees as reported in the financial year.

Fees adjusted for inflation

However, for the first time fees in this publication have also been adjusted for inflation. Fees for 2013/14 remain unchanged, whereas fees for previous years are scaled using the June 2014 [GDP deflator](#) to show what they would have been in 2013/14 prices. (See Appendix A2 for further details.)

By removing inflation-induced changes in the figures, it is easier to identify any actual variation in fees data.

Adjustments for increases in the payments made for items of service in the SDR

Over time, there have been increases made to the payments relating to the SDR IOS which were not solely inflation-based. These changes will also have had an impact on the changes over time in the value of GDS fees reported.

Cost per head of child population

The cost per head of child population is derived using the following formula:

$$\text{Cost per head of child population in area} = \frac{\text{Sum of child fees in area}}{\text{Population 0-17 years in area}}$$

Cost per head of adult population

The cost per adult head of population is derived using the following formula:

$$\text{Cost per head of adult population in area} = \frac{\text{Sum of adult fees in area}}{\text{Population 18+ years in area}}$$

For the NHS board: To determine the cost per head of the population, the sum of the fees relate to the NHS board of the dentist while the mid-year population estimates are the numbers of people resident in the NHS board of the dentist. These are both derived using the 2006 NHS board boundaries.

Cost per registered child

For each financial year of interest, the cost per registered child is derived using the following formula:

$$\text{Cost per registered child in area} = \frac{\text{Sum of child fees in area}}{\text{Number of registered children in area}}$$

Cost per registered adult

For each financial year of interest, the cost per registered adult is derived using the following formula:

$$\text{Cost per registered adult in area} = \frac{\text{Sum of adult fees in area}}{\text{Number of registered adults in area}}$$

For the NHS board: To determine the cost per registered patient, both the fees and number of patients registered are based on the NHS board of the dentist.

Impacts on treatments and fees data

The following points explain some of the differences between adults and children, over time and between areas and therefore caution should be taken when interpreting these figures and comparisons between children and adult figures should not be made.

Children

GP17: The 'true' level of treatment being delivered by GDS for children will be undercounted, as not all Statement of Dental Remuneration Items of Service (SDR IOS) are claimable for children. Note however, this is an accurate representation of what can be claimed for treatment on children.

GP17(O): The claiming rules do not result in undercounting of orthodontic activity. However, as the overall number of CoT will be lower than the 'true' level of treatment, the percentage of orthodontic treatment reported in this publication will be higher in relation to the 'true' value of all treatments delivered by GDS, though will reflect the true percentage of treatments which are claimable.

Adults

GP17: All SDR IOS relating to adults can be claimed.

GP17(O): NHS orthodontic care is not usually available for patients aged over 18 but may be approved on a case-by-case basis if it is needed for health reasons.

Registration rates

A key policy change influencing registration levels has been the introduction of [non-time-limited registration](#). Prior to April 2006, patient registration lapsed after a period of 15 months if the patient did not attend the practice. This was extended to 36 months from April 2006, and further extended to 48 months from April 2009. In April 2010, 'lifetime registration' was introduced, i.e. the patient will remain registered with that dentist unless they move to another dentist, or upon death. These extensions to the registration period are likely to have had, and will continue to have, an impact on the number of patients registered with an NHS dentist.

As reported in the [Registration & Participation](#) publication, child and adult registration rates have increased each year since 2007, and as at 31st March 2014, over 4.5 million patients were registered, the highest level recorded. These increases in registrations are likely to have impacted both capitation and continuing care payments.

Patient attendance at GDS

As reported in the [Registration & Participation](#) publication, the number of patients attending GDS has risen in recent years. In the two-year period up to 31st March 2014, a total of 3.4 million registered patients participated in GDS. This increase in patient activity is likely to have impacted on how many treatments are undertaken and the corresponding SDR IOS earnings.

Creation of PDS

The creation of the PDS in January 2014 will increase GDS activity and hence the claimable fees as people who were previously treated by CDS dentists begin to be registered and treated under GDS.

NHS board population and service profiles

The different population and service profiles for the NHS boards may mean that private dentistry or historically the CDS may play differing roles in treating patients across the different areas. This will impact on GDS activity and fees data and may explain some of any variation seen between the boards.

Free dental examinations from April 2006

Since April 2006, dental examinations have been free for all patients in Scotland. This may impact on the number of adults attending GDS.

Index of Orthodontic Treatment Need (IOTN)

In October 2011, the [Index of Orthodontic Treatment Need \(IOTN\)](#) was introduced as a means of assessing the need and eligibility of children for orthodontic treatment under GDS arrangements. Orthodontists will assess the requirement for orthodontic treatment against guidelines. This may have an impact on the number of orthodontic treatments undertaken and corresponding fees paid to GDS dentists.

Methodology

Analysis by financial year

Data in this report is published by the financial year in which the treatment was paid. Most treatments are undertaken and paid in the same year. However, in some cases, particularly treatments which cover several weeks or years, payment may be made in a different year to when the treatment was started.

NHS board of the dentist – Fees & Treatments

Information on fees and treatments paid to dentists are presented by NHS board of the dental practice, derived using the 2006 health board boundaries.

Mid-year population estimates

The most recently available NRS mid-year population estimates have been used in this publication, as detailed below.

Population estimates	Based on
Mid-2012, Mid-2013	2011 Census
Mid-2002 to Mid-2011	Revised following the 2011 Census
Mid-2001	2001 Census
Mid-1999 & Mid-2000	Revised following the 2001 Census

Mid-year population estimates are published by NHS board of residence derived using the 2006 boundaries.

Revisions

Due to errors in the analysis of fees data, inconsistencies in the methodology used and use of the revised mid-year population estimates, data from 2004/05 to 2012/13 has been revised as of the August 2014 publication. This has resulted in only small differences between the published figure and do not change the overall interpretation of the results. All charts and tables are noted “R” and footnoted where appropriate. The revision affects the national totals as follows:

Financial Year	Total fees (excluding the late IOS adjustments)		Difference	
	Previously published figure (£)	Revised figure (£)	Value (£)	%
2004/05	175,053,088	176,535,282	1,482,194	0.8
2005/06	180,917,006	182,745,883	1,828,877	1.0
2006/07	191,089,475	193,494,766	2,405,291	1.3
2007/08	201,096,360	204,190,965	3,094,605	1.5
2008/09	221,655,576	225,814,588	4,159,012	1.9

2009/10	241,405,678	244,964,829	3,559,151	1.5
2010/11	248,761,832	252,546,290	3,784,458	1.5
2011/12	261,170,825	265,508,142	4,337,317	1.7
2012/13	265,043,455	269,913,732	4,870,277	1.8

Further sources of information on dental services

Appendix A3 provides links to further information related to dental services and dental health. These include ISD publications, Scotland wide dental information and sources of UK-wide information on NHS treatment and fees data.

Key points

Treatment

Children

- In 2013/14, the number of claimable courses of treatment given to children was around 520,000 which was similar to last year.
- Around a third (28%) of the claimable dental treatments provided to children were given under Childsmile. These include advice given on toothbrushing and diet.

Adults

- Since 2007/08 the number of courses of treatment given to adults has risen sharply, year on year, to 3.9 million in 2013/14, the highest figure reported. This may be due to increasing numbers of patients participating in GDS.
- Around a third (27%) of the treatments claimed for adults were for examinations or report.

Fees

National Fees

Actual fees

- In 2013/14, £275 million was paid in GDS fees in Scotland, an increase of £4.9 million (2%) since 2012/13.
- GDS fees have increased each year since 2003/04, although the rate of increase has slowed in recent years.

Fees adjusted for inflation

- When adjusted for inflation, GDS fees increased each year from 2004/05 until 2010/11, and have since stabilised.

Cost per head – Children

Actual fees

- In 2013/14, the cost per head of child population was £66, similar to 2012/13.
- In 2013/14, the cost per registered child was £72, a decrease of £2 (3%) since 2012/13.
- During 2013/14, the cost per head of child population ranged from £45 in Western Isles to £81 in Greater Glasgow & Clyde.
- The cost per registered child ranged from £49 in Shetland to £80 in Borders.

Fees adjusted for inflation

- When adjusted for inflation, the cost per head of child population increased between 1999/2000 and 2011/12, subsequently showing a slight overall decline.
- When adjusted for inflation, the cost per registered child increased overall from 1999/2000, peaking in 2006/07, and has since shown an overall steep decline, in part due to rising child registration rates.

Cost per head – Adults

Actual fees

- In 2013/14, the cost per head of adult population was £47, similar to 2012/13.
- The cost per registered adult was £57, the lowest reported rate.
- During 2013/14, the cost per head of adult population ranged from £25 in Orkney to £61 in Greater Glasgow & Clyde.
- The cost per registered adult ranged from £33 in Shetland to £61 in Borders.

Fees adjusted for inflation

- After adjustment for inflation, the cost per head of adult population has increased steadily since 2005/06 to its highest rate in 2012/13, where it has now stabilised.
- After adjustment for inflation, the cost per registered adult has decreased sharply since 2006/07, in part due to rising adult registration rates.

Results and Commentary

Courses of Treatment

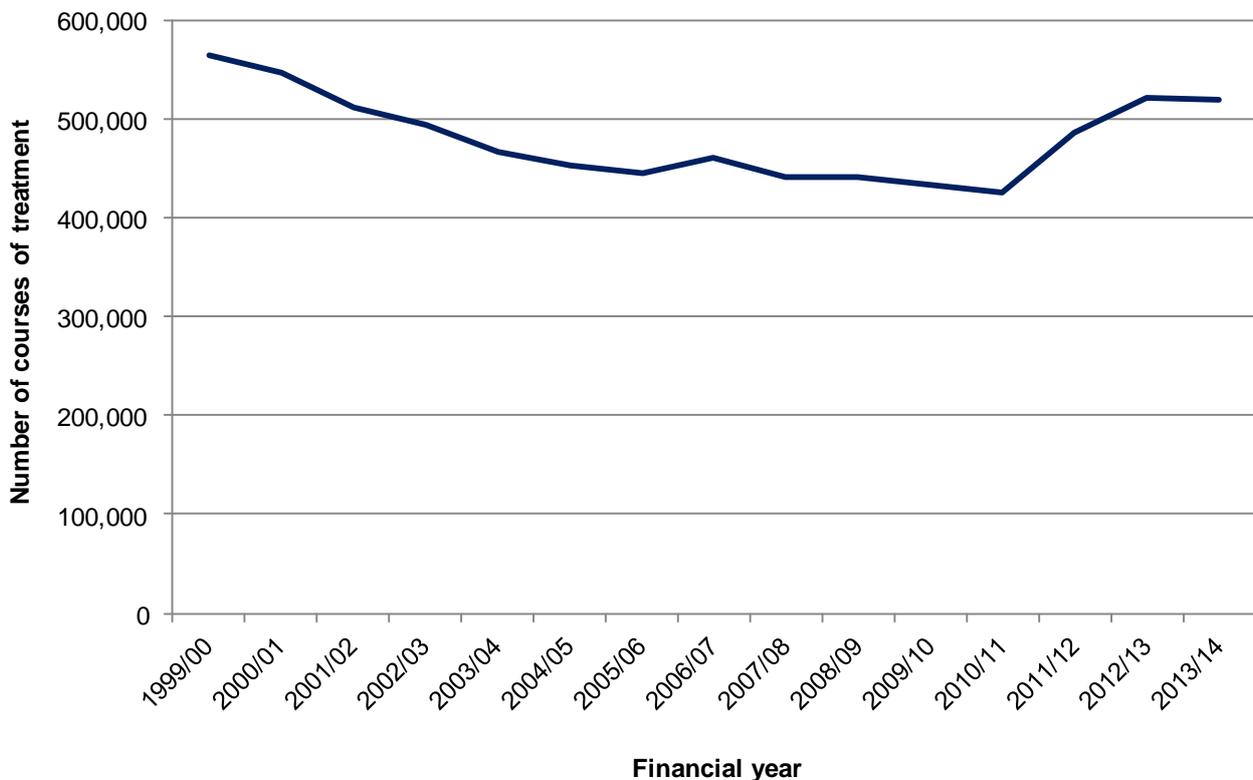
Due to the differing rules for claiming treatments for child and adult patients, combined figures are not reported in this publication. For further information, see [Impacts on treatments and fees data](#).

Children

In 2013/14, the number of child GDS courses of treatment (CoT) in Scotland was around 520,000, similar to 2012/13. Following a steady decline from 1999/00 to 2010/11, there was an increase in the number of CoT between the financial years 2011/12 and 2012/13 but this has remained stable in 2013/14 (figure 1a). This is likely to be due to the increasing numbers of patients who are registered and participating in GDS.

As not all Statement of Dental Remuneration Items of Service (SDR IOS) are claimable for children, these figures will undercount the ‘true’ level of treatment being delivered by GDS, though is an accurate representation of what can be claimed for treatment on children.

Figure 1a - GDS: Number of courses of treatment; Scotland; by financial year¹⁻⁴ - Children



Source: ISD Scotland, MIDAS

¹ A course of treatment is defined as at least one SDR IOS being claimed on a GP17 form

² For children, not all SDR IOS are claimable, e.g. examinations can only be claimed for orthodontic purposes or when necessitated by trauma. As a result, data published will undercount the ‘true’ level of treatment for children. Therefore caution should be taken when interpreting these figures and comparisons with figures for adults should not be made

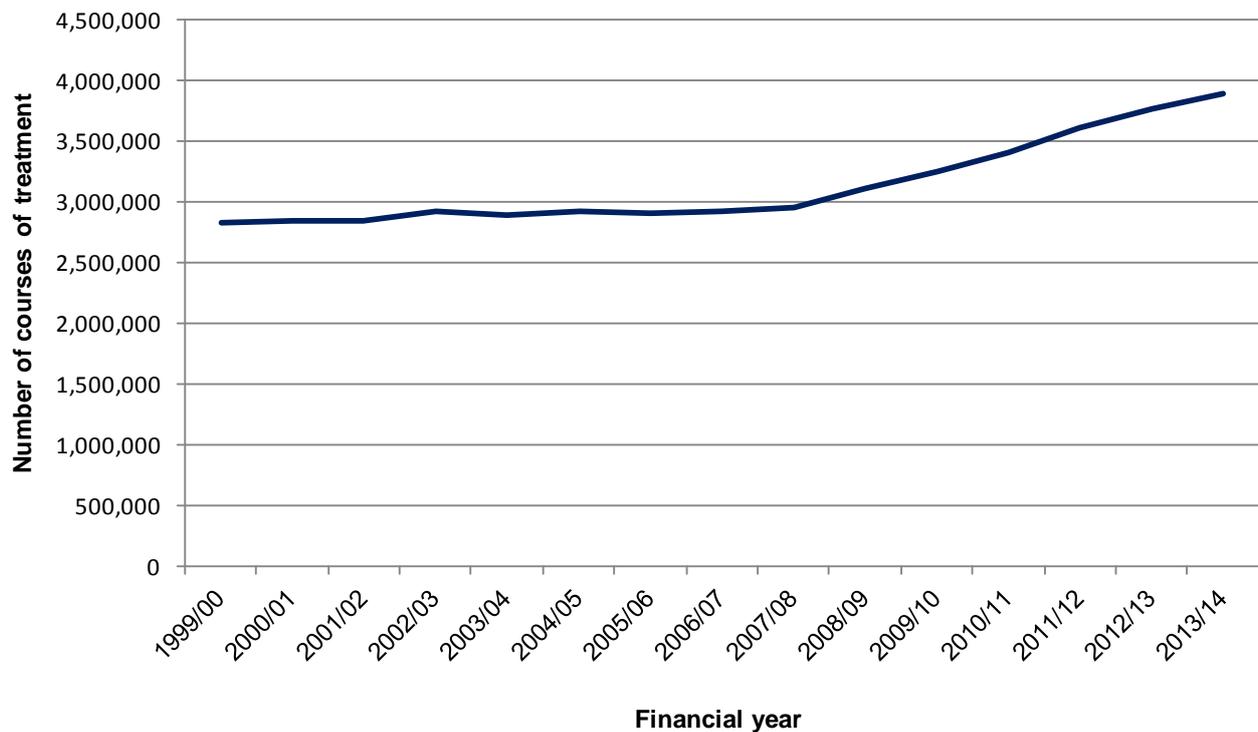
³ Financial year in which the treatment was paid

⁴ Children are defined as <18 years old

Adults

In 2013/14 there were around 3.9 million CoT given to adults in Scotland. Between 1999/2000 and 2004/05 the number of adult GDS CoT increased very slightly overall. However, since 2006/07 the number of CoT has risen sharply, increasing year on year, to 3.9 million in 2013/14, the highest figure reported (figure 1b). This may be due to the increasing numbers of patients registered and participating in GDS.

Figure 1b - GDS: Number of courses of treatment; Scotland; by financial year¹⁻³ - Adults



Source: ISD Scotland, MIDAS

¹ A course of treatment is defined as at least one SDR IOS being claimed on a GP17 form

² Financial year in which the treatment was paid

³ Adults are defined as aged 18+ years

Orthodontic Courses of Treatment

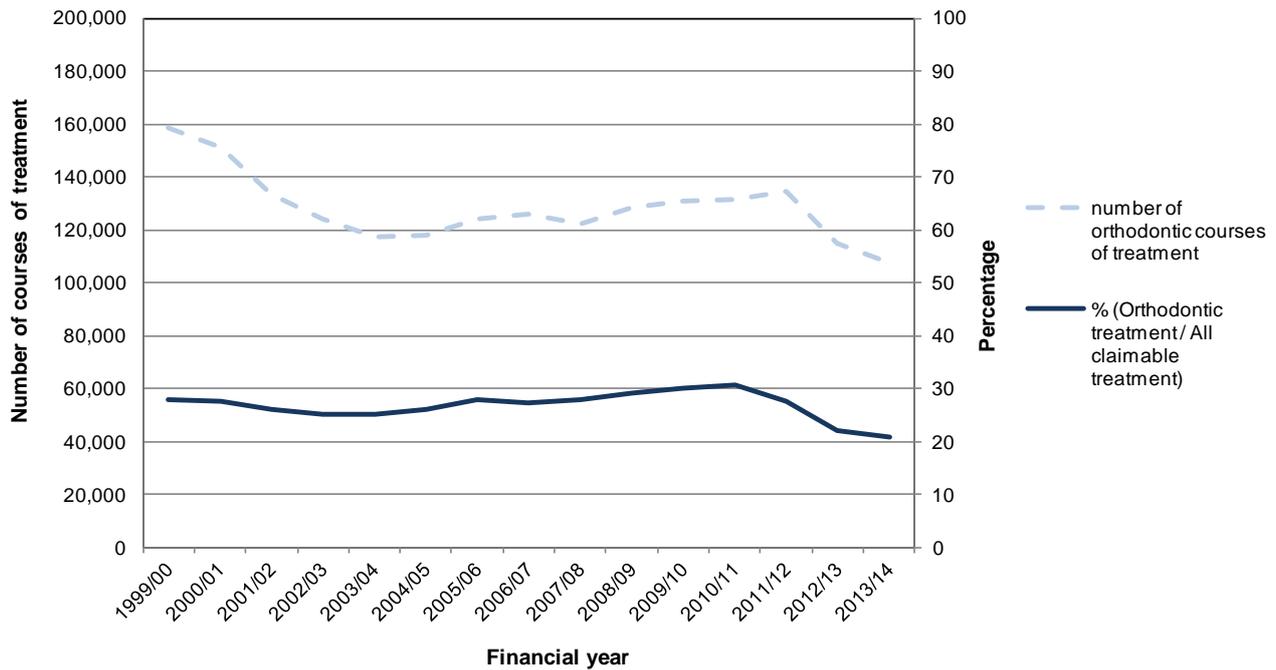
Children

In 2013/14, there were over 107,000 courses of orthodontic treatment for children in Scotland, equating to 21% of all claimable CoTs in children (figure 2a).

Unlike most other treatments for children, the claiming rules do not result in undercounting of orthodontic activity. However, as the overall number of CoT will be lower than the 'true' level of treatment, the percentage of orthodontic treatment reported in this publication will be higher in relation to the 'true' value of all treatments delivered by GDS, though will reflect the true percentage of treatments which are claimable.

The percentage of orthodontic treatments of all claimable treatments in children has decreased since 2011/12. The introduction in 2011 of the Index of Orthodontic Treatment Need (IOTN) may be a contributing factor in the recent drop in the number and percentage of orthodontic treatments.

Figure 2a - GDS: Number and percentage of orthodontic courses of treatment; Scotland; by financial year¹⁻³ - Children



Source: ISD Scotland, MIDAS

¹ An orthodontic course of treatment is defined as at least one SDR IOS being claimed on a GP17(O) form

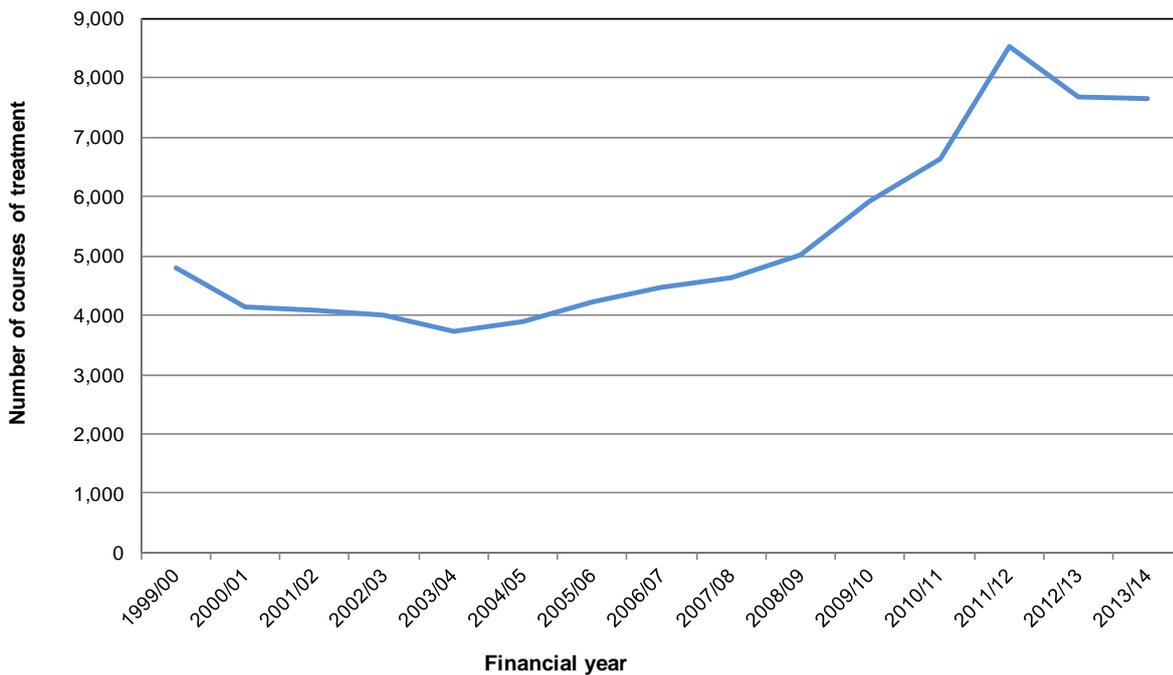
² Financial year in which the treatment was paid

³ Children are defined as <18 years old

Adults

The number of orthodontic CoT given in Scotland increased from 2003/04 until 2011/12 and then it has decreased (figure 2b). The percentage of orthodontic CoT has remained steady at around 0.2%.

Figure 2b - GDS: Number of orthodontic courses of treatment; Scotland; by financial year¹⁻³ - Adults



Source: ISD Scotland, MIDAS

¹ An orthodontic course of treatment is defined as at least one SDR IOS being claimed on a GP17(O) form

² Financial year in which the treatment was paid

³ Adults are defined as aged 18+ years

Individual treatments

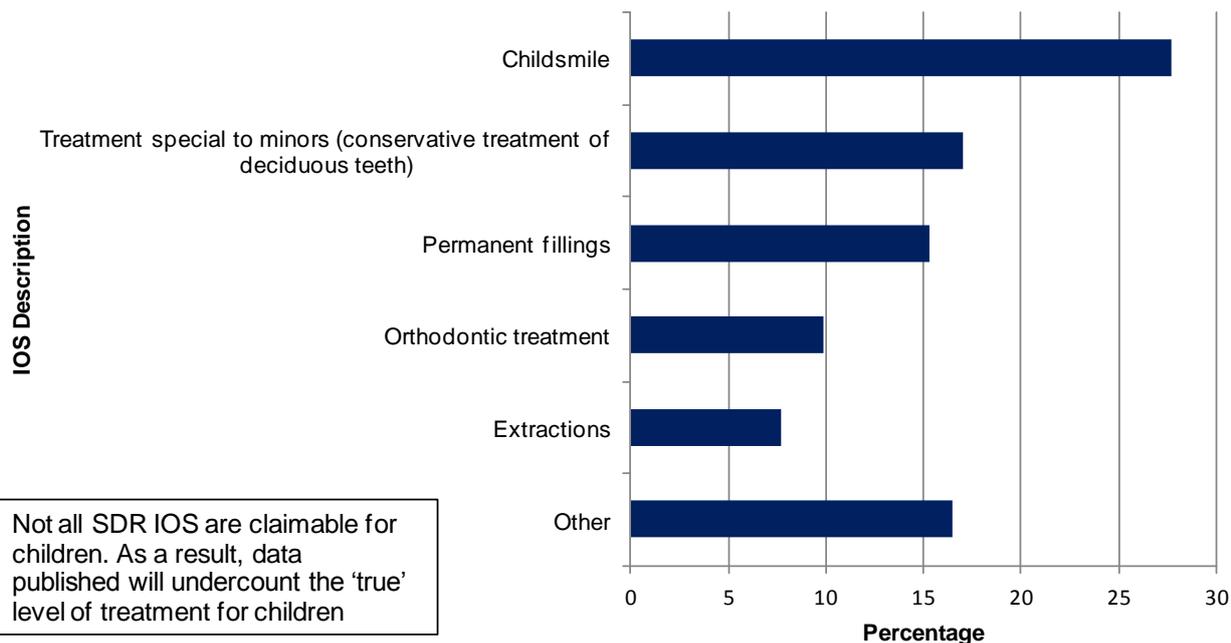
Children

The five most common types of SDR IOS treatments carried out for children in 2013/14 are shown in figure 3a. Almost one third (28%) of the SDR IOS treatment for children were treatments given under [Childsmile](#), such as toothbrushing instruction and dietary advice.

The second most common SDR IOS type was for treatment of deciduous teeth (“baby teeth”), including fillings and application of fissure sealant (17% of all SDR IOS).

Additional information by individual SDR IOS and main groups of treatment can be found in [table 1a](#) and [table 2a](#).

Figure 3a: Most common SDR IOS treatments - percentage of all claims; Scotland; 2013/14¹⁻⁵ – Children



Source: ISD Scotland, MIDAS

¹ Items of service (i.e. treatments) as stated in the Statement of Dental Remuneration (SDR)

² Children are defined as <18 years old

³ For children, not all SDR IOS are claimable, e.g. examinations can only be claimed for orthodontic purposes or when necessitated by trauma. Therefore comparisons with figures for adults should not be made.

⁴ Treatments paid in 2013/14

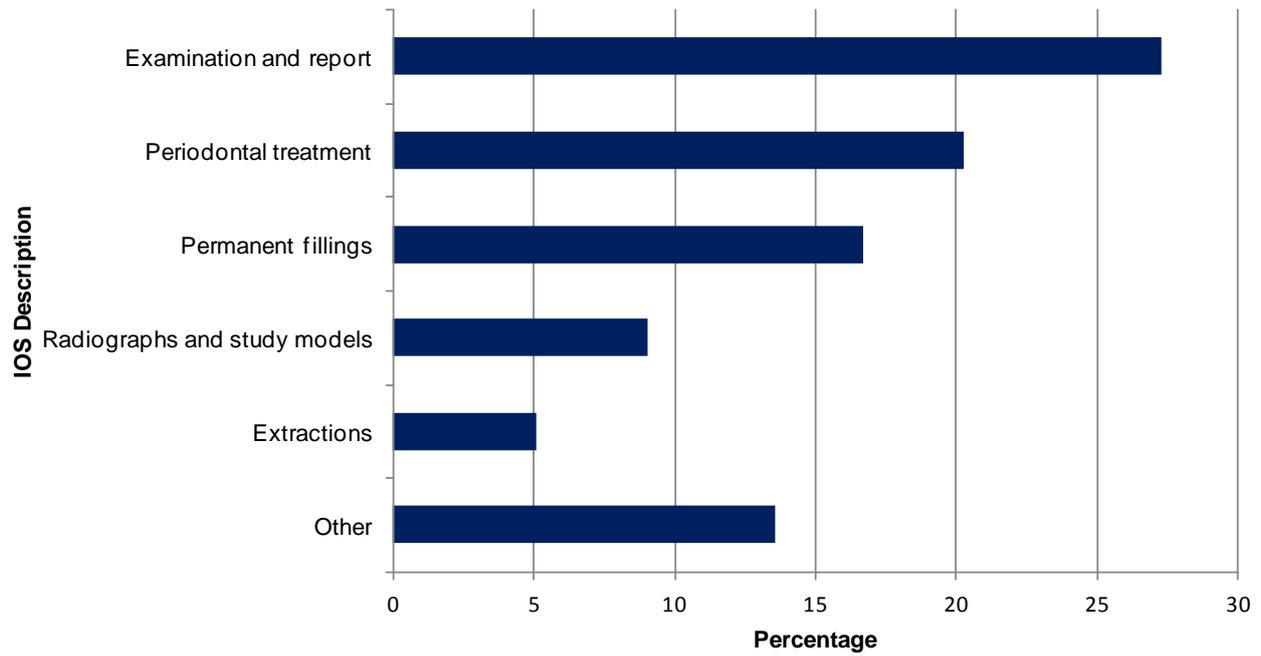
⁵ Dentists need to submit GP17 forms for the Childsmile treatments given but these are paid as part of the Capitation fee rather than having a fee attached to the SDR IOS

Adults

Due to the differences in the claiming rules, the five most common treatments given for adults are different to those in children (figure 3b). Around a third (27%) of SDR IOS for adults were for examinations or provision of a report. The next most common SDR IOS type was for periodontal treatment (treatment of the gums and supporting tissues of the teeth, including scaling and polishing), at 20% of all SDR IOS for adults.

Additional information by individual SDR IOS and main groups of treatment can be found in [table 1b](#) and [table 2b](#).

Figure 3b: Most common SDR IOS - percentage of all claims; Scotland; 2013/14¹⁻³ – Adults



Source: ISD Scotland, MIDAS

¹ Items of service (i.e. treatments) as stated in the Statement of Dental Remuneration (SDR)

² Adults are defined as 18+ years

³ Treatments paid in 2013/14

Fees

National trends

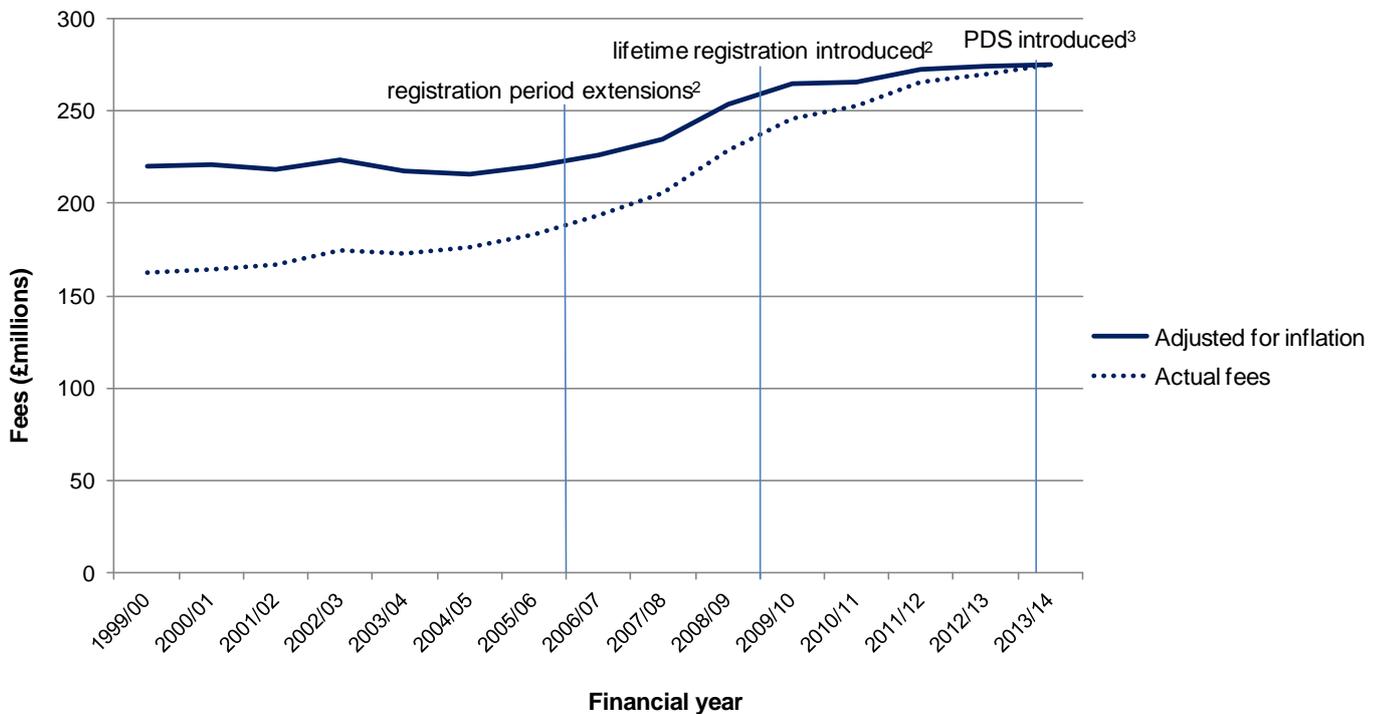
Actual fees

In 2013/14, £275 million was paid in GDS fees in Scotland, an increase of £4.9 million (2%) since 2012/13 (figure 4a). GDS fees have increased each year since 2003/04, however the rate of increase has slowed in recent years.

Fees adjusted for inflation

When adjusted for inflation (e.g. scaled to determine what the value for the year of interest would have been in 2013/14 prices), the national GDS fees remained stable between 1999/2000 and 2004/05, subsequently increasing year on year until 2010/11, and have since stabilised. Further information regarding the methodology to adjust for inflation can be found in appendix A2.

Figure 4a: GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year¹⁻⁴



Source: ISD Scotland, MIDAS

¹ Total of capitation/continuing care and SDR IOS fees for the financial year

² Fees adjusted for inflation have been scaled to determine what the value for the year of interest would have been in 2013/14 prices

³ From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of 'lifetime registration' in April 2010

⁴ From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

R – Aug 2014. Figures for 2004/05 to 2012/13 have been updated following the identification of errors and inconsistencies in the methodology used throughout the time period

Late IOS adjusted payments (for a variety of reasons) of between £50,000 and £3 million have been paid each year to GDS dentists. These adjustments have been included in figure 4a to give an accurate overall picture. However, due to the way the data is held on MIDAS, ISD are currently unable to establish whether these payments relate to the child

or adult activity. As a result these are excluded from the remaining figures and tables in this publication. Further details can be found in appendix A1.

In the following figures and tables, GDS fees data corresponding to child and adult patients are reported separately.

Child fees trends

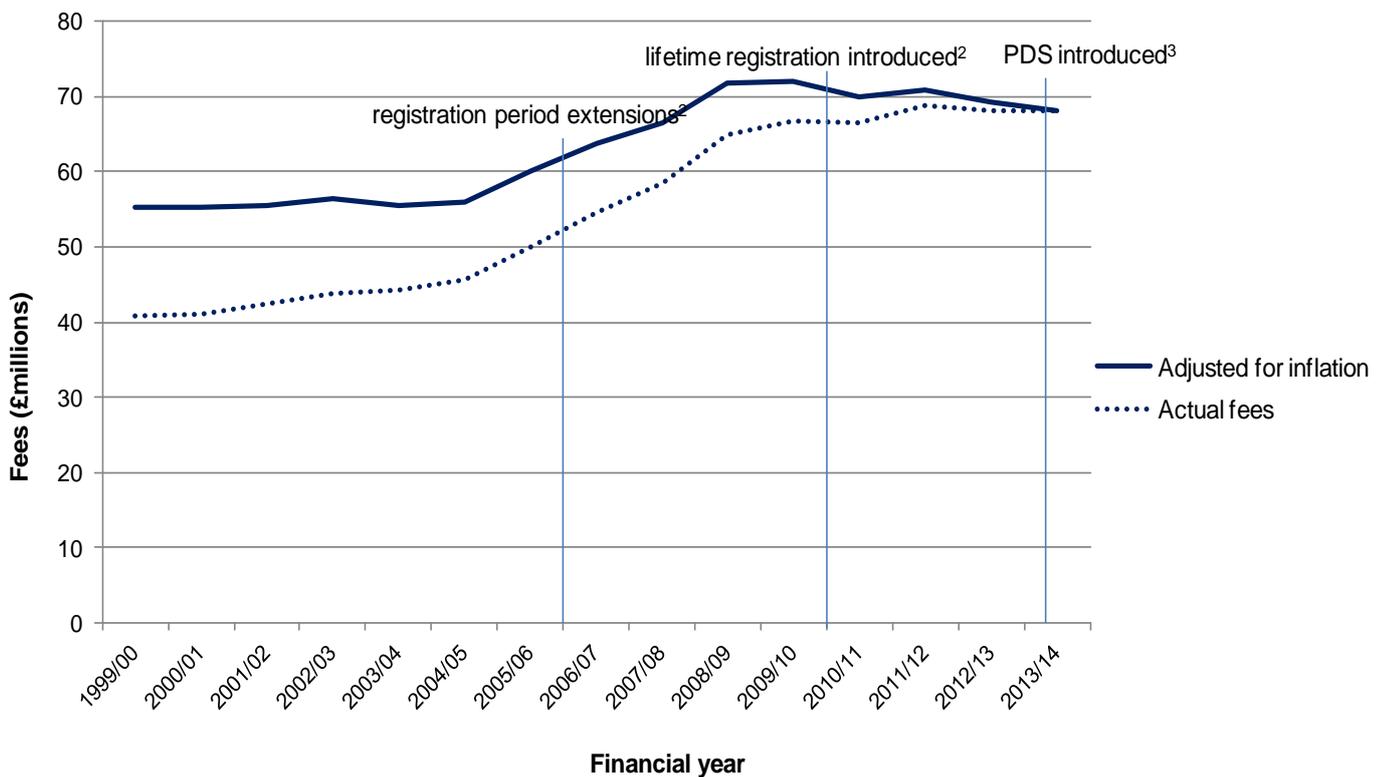
Actual fees

In 2013/14, over £68 million was paid in child GDS fees in Scotland, similar to 2012/13 (figure 4b).

Fees adjusted for inflation

When adjusted for inflation, fees remained stable between 1999/00 and 2004/05, subsequently increasing each year to the highest reported figure in 2009/10, and have since shown an overall decline.

Figure 4b: GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year¹⁻⁶ - Children



Source: ISD Scotland, MIDAS

¹ Total of capitation and child SDR IOS fees for the financial year

² Fees adjusted for inflation have been scaled to determine what the value for the year of interest would have been in 2013/14 prices

³ From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of 'lifetime registration' in April 2010

⁴ From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

⁵ Children are defined as <18 years old

⁶ Excludes a share of backdated IOS payments ranging from £50,000 to £3 million each year which cannot be attributed to patient age

R – Aug 2014. Figures for 2004/05 to 2012/13 have been updated following the identification of errors and inconsistencies in the methodology used throughout the time period

Adult fees trends

Actual fees

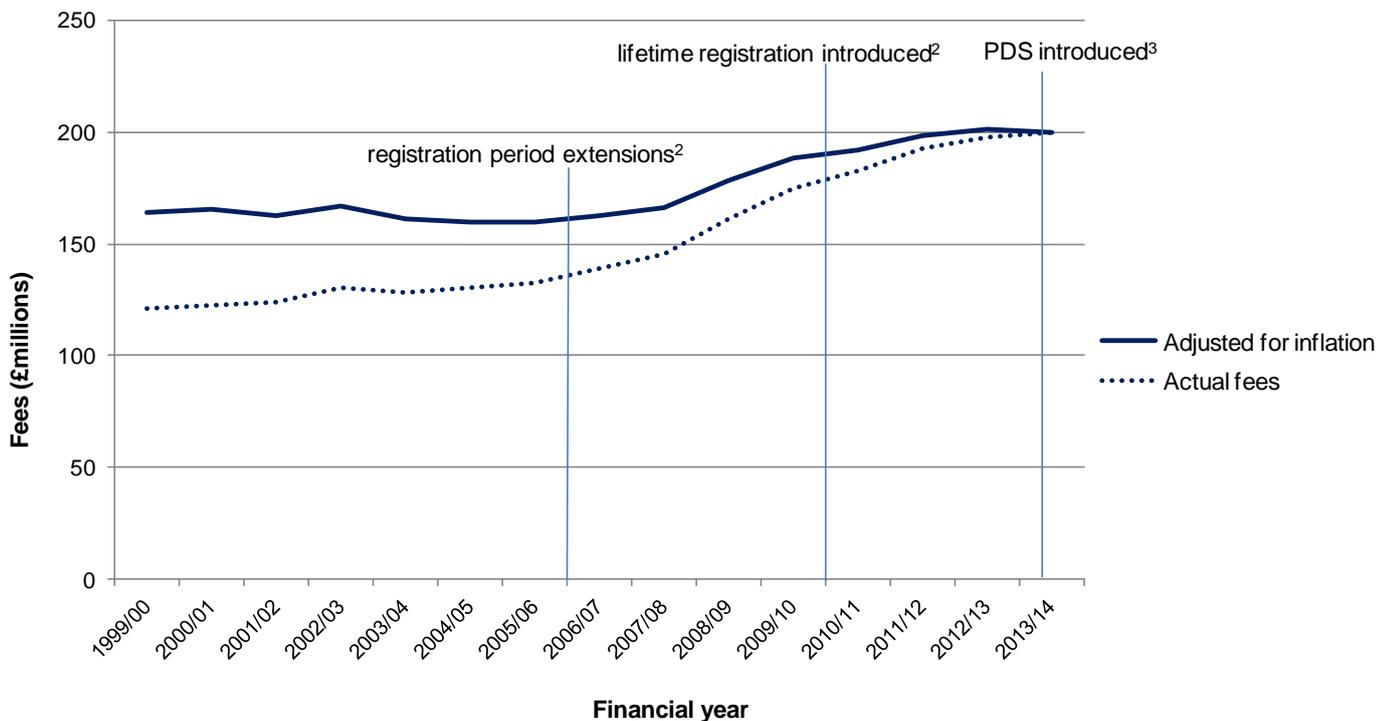
In 2013/14, over £203 million was paid in adult GDS fees in Scotland, an increase of £2.5 million (1%) compared with 2012/13.

Fees adjusted for inflation

When adjusted for inflation, fees remained steady between 1999/2000 and 2007/08, subsequently increasing each year to the highest reported figure in 2012/13 before dropping slightly in 2013/14 (figure 4c).

Increasing numbers of registered and participating patients from 2007 will have contributed to a rise in continuing care payments. The number of courses of treatment for adults increased sharply from 2007/08 (figure 1b), which may have contributed to a rise in SDR IOS earnings.

Figure 4c: GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year¹⁻⁶ - Adults



Source: ISD Scotland, MIDAS

¹ Total of continuing care and adult SDR IOS fees for the financial year

² Fees adjusted for inflation have been scaled to determine what the value for the year of interest would have been in 2013/14 prices

³ From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of 'lifetime registration' in April 2010

⁴ From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

⁵ Adults are defined as aged 18+ years

⁶ Excludes a share of backdated IOS payments ranging from £50,000 to £3 million each year which cannot be attributed to patient age

R – Aug 2014. Figures for 2004/05 to 2012/13 have been updated following the identification of errors and inconsistencies in the methodology used throughout the time period

Cost per head

Children - Cost per head of child population

Actual fees

In 2013/14, the cost per child was £66, similar to 2012/13.

Fees adjusted for inflation

However, when adjusted for inflation, the cost per child decreased by 2% (figure 5a). The cost per child shows a similar pattern to national child fees (figure 4b), increasing between 1999/00 and 2011/12, and subsequently showing a slight overall decline.

Children - Cost per registered child

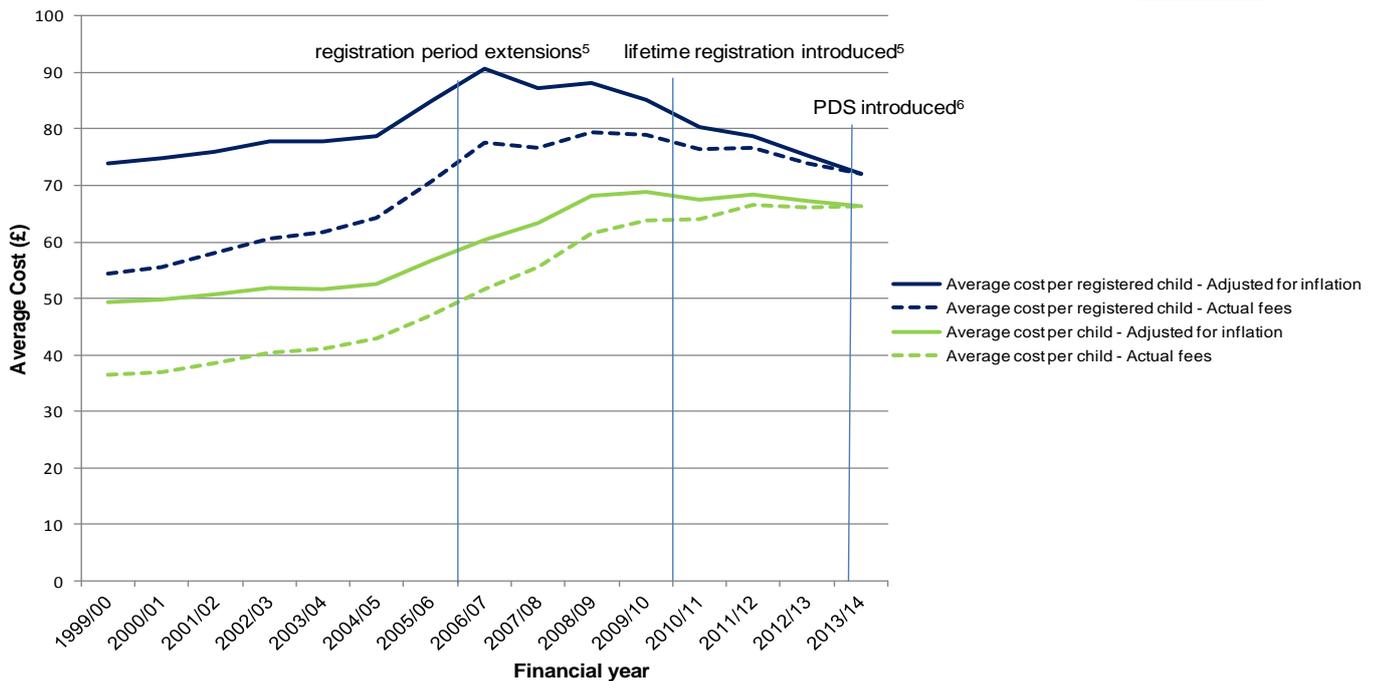
Actual fees

In 2013/14, the cost per registered child was £72, a decrease of £2 (3%) since 2012/13.

Fees adjusted for inflation

When adjusted for inflation, the cost per registered child increased overall from 1999/00, peaking in 2006/07, and has since shown an overall steep decline. This recent decline is partly due to rising child registration rates.

Figure 5a: GDS fees - Cost per head of population and registered patient Actual fees and fees adjusted for inflation; Scotland, by financial year¹⁻¹⁰ - Children



Source: ISD Scotland, MIDAS

- ¹ Total of capitation and child SDR IOS fees for the financial year
- ² The average cost per head of population is calculated by dividing fees by NRS mid-year population estimates
- ³ NRS mid-year population estimates for 1999 to 2001 are based on the 2001 Census, 2002 to 2011 have been revised based on the 2011 Census, 2012 onwards are based on the 2011 Census
- ⁴ The average cost per registered patient is calculated by dividing fees by the number of registered patients
- ⁵ Costs adjusted for inflation have been scaled to determine what the value for the year of interest would have been in 2013/14 prices
- ⁶ From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of 'lifetime registration' in April 2010
- ⁷ From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)
- ⁸ Registration figures are derived from a data snapshot taken in July 2014 for patients registered as at the 31st March
- ⁹ Excludes a share of backdated IOS payments ranging from £50,000 to £3 million each year which cannot be attributed to patient age
- ¹⁰ Children are defined as <18 years old

R – Aug 2014. Figures for 2004/05 to 2012/13 have been updated following the identification of errors and inconsistencies in the methodology used throughout the time period

Adults

Adults - Cost per head of adult population

Actual fees

In 2013/14, the cost per adult was £47, similar to 2012/13 (figure 5b).

Fees adjusted for inflation

When adjusted for inflation, the cost per adult shows a similar pattern to national adult fees (figure 4c). Between 1999/00 and 2005/06 the cost per adult showed an overall slight decline, increasing steadily to its highest rate in 2012/13, where it has stabilised.

Adults - Cost per registered adult

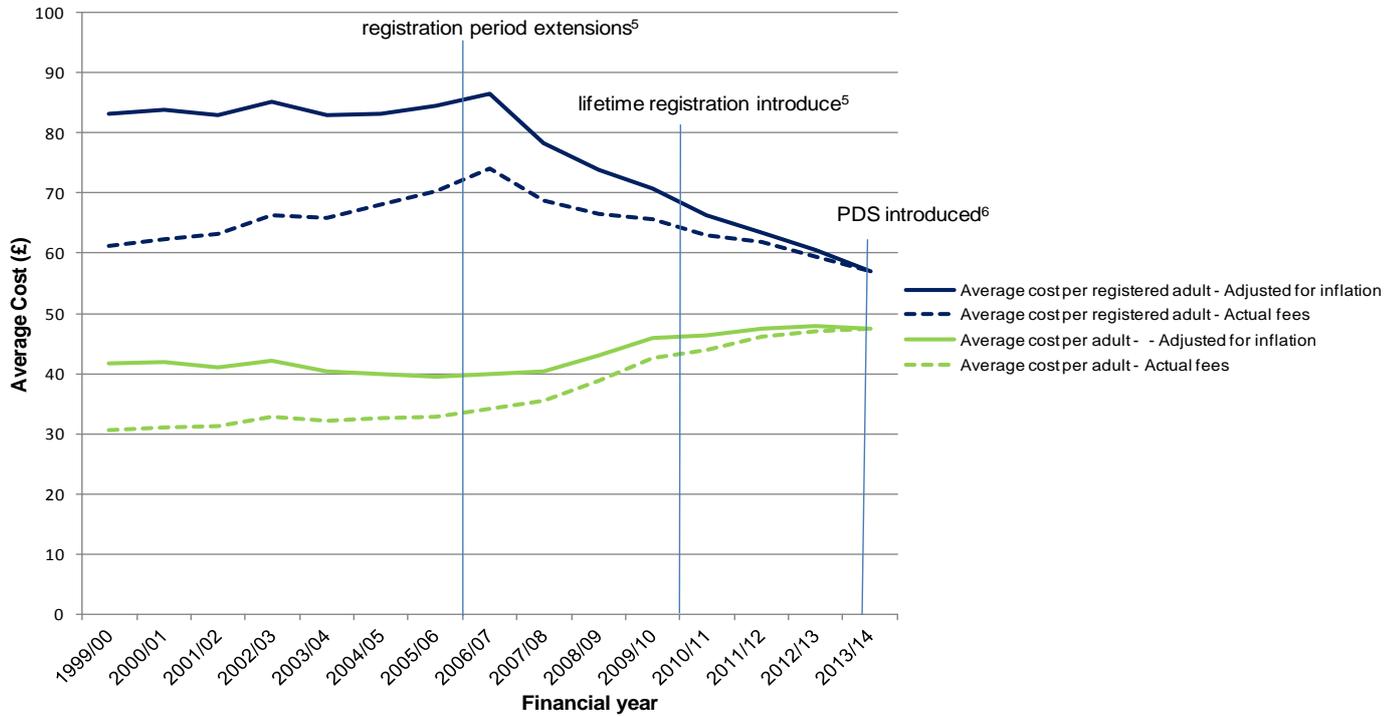
Actual fees

In 2013/14, the cost per registered adult was £57, the lowest reported rate.

Fees adjusted for inflation

When adjusted for inflation, the cost per registered adult remained steady between 1999/00 and 2006/07. However rising adult registration rates since 2007 have resulted in a decline in the cost per registered adult since 2006/07.

Figure 5b: GDS fees - Adjusted for inflation and Actual fees cost per head of population and registered patient; by financial year¹⁻¹⁰ - Adults



Source: ISD Scotland, MIDAS

¹ Total of continuing care and adult SDR IOS fees for the financial year

² The average cost per head of population is calculated by dividing fees by NRS mid-year population estimates

³ NRS mid-year population estimates for 1999 to 2001 are based on the 2001 Census, 2002 to 2011 have been revised based on the 2011 Census, 2012 onwards are based on the 2011 Census

⁴ The average cost per registered patient is calculated by dividing fees by the number of registered patients

⁵ Costs adjusted for inflation have been scaled to determine what the value for the year of interest would have been in 2013/14 prices

⁶ From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of 'lifetime registration' in April 2010

⁷ From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

⁸ Registration figures are derived from a data snapshot taken in July 2014 for patients registered as at the 31st March

⁹ Excludes a share of backdated IOS payments ranging from £50,000 to £3 million each year which cannot be attributed to patient age

¹⁰ Adults are defined as aged 18+ years

R – Aug 2014. Figures for 2004/05 to 2012/13 have been updated following the identification of errors and inconsistencies in the methodology used throughout the time period

Fees by NHS board

To determine the cost per head of the population and the cost per registered patient, please refer to the [Key Definitions – Fees](#) section.

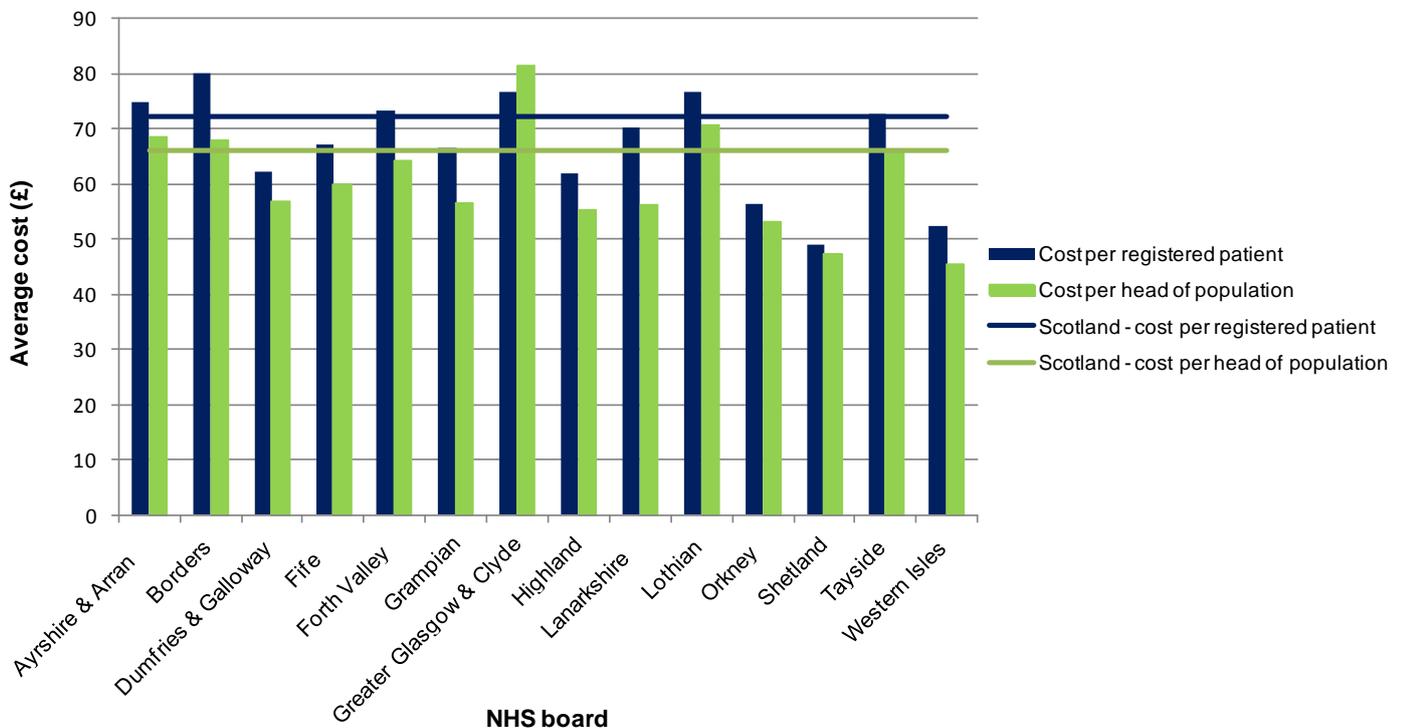
Children

During 2013/14, the cost per head of child population ranged from £45 in Western Isles to £81 in Greater Glasgow & Clyde (figure 6a).

The cost per registered child ranged from £49 in Shetland to £80 in Borders.

The cost per head of child population in Greater Glasgow & Clyde was higher than the cost per registered child (£77). This is because some children who are treated in Greater Glasgow & Clyde live in other Boards.

Figure 6a - GDS fees: Cost per head of population and registered patient; by NHS board, 2013/14¹⁻⁷ - Children



Source: ISD Scotland, MIDAS

¹ Total of capitation and child SDR IOS fees for the financial year

² The average cost per head of population is calculated by dividing fees by the NRS 2013 mid-year population estimates

³ NRS 2013 mid-year population estimates are based on the results of the 2011 Census

⁴ The average cost per registered patient is calculated by dividing fees by the number of registered patients as at 31st March 2014

⁵ Based on the 2006 NHS boards boundaries

⁶ Children are defined as <18 years old

⁷ Excludes a share of a backdated IOS payment of £2.6million which cannot be attributed to patient age

Differing use of private dentistry, the CDS historically and registration and participation rates across the NHS boards may explain some of the variation in the GDS fees across the Boards.

Trend data for the GDS fees from 1999/2000 to 2013/14 by NHS board for children are shown in (Table 3 - Child fees).

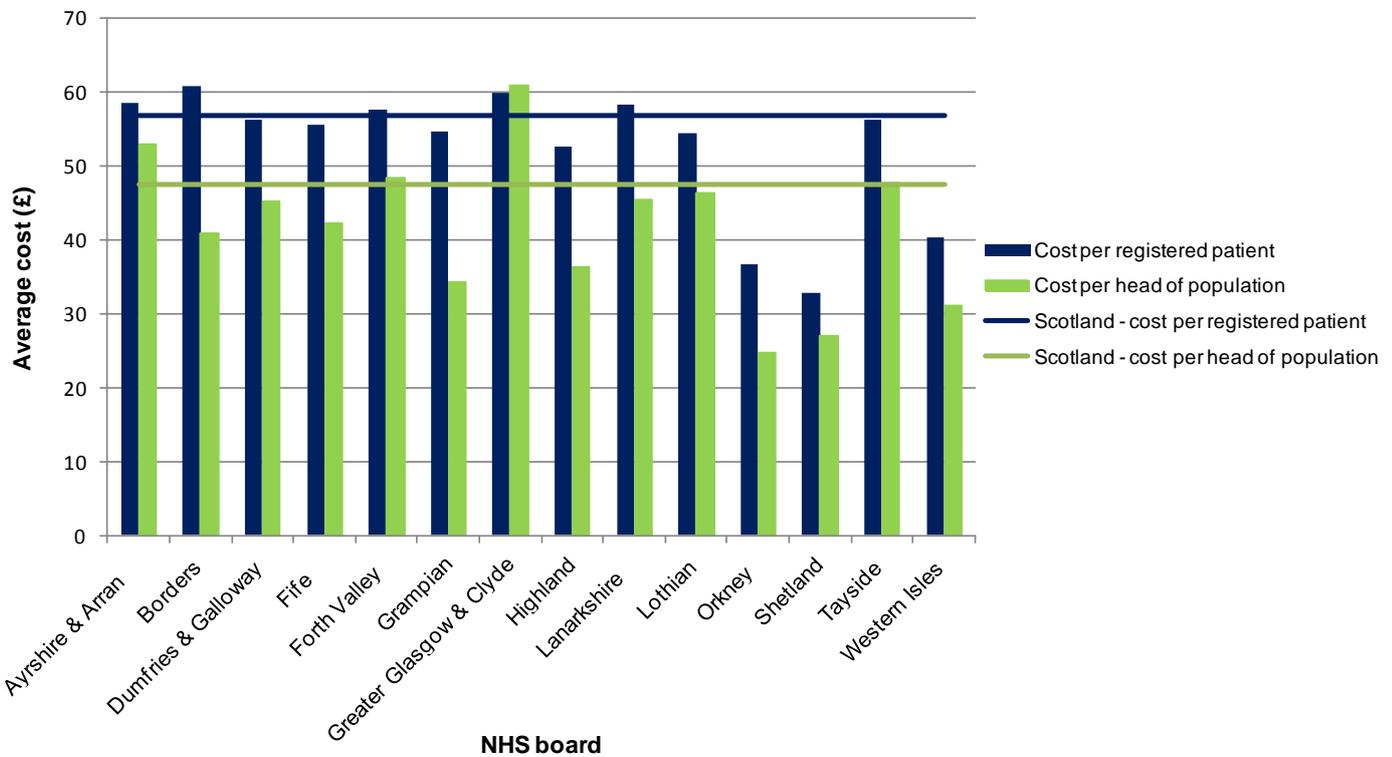
Adults

During 2013/14, the cost per head of adult population ranged from £25 in Orkney to £61 in Greater Glasgow & Clyde (figure 6b).

The cost per registered adult ranged from £33 in Shetland to £61 in Borders.

The cost per head of adult population in Greater Glasgow was slightly higher than the cost per registered adult (£60). This is because some adults who are treated in Greater Glasgow & Clyde are resident in other Boards.

Figure 6b - GDS fees: Cost per head of population and registered patient; by NHS board, 2013/14¹⁻⁷ - Adults



Source: ISD Scotland, MIDAS

¹ Total of continuing care and adult SDR IOS fees for the financial year

² The average cost per head of population is calculated by dividing fees by the NRS 2013 mid-year population estimates

³ NRS 2013 mid-year population estimates are based on the results of the 2011 Census

⁴ The average cost per registered patient is calculated by dividing fees by the number of registered patients as at 31st March 2014

⁵ Based on the 2006 NHS boards boundaries

⁶ Adults are defined as aged 18+ years

⁷ Excludes a share of a backdated IOS payment of £2.6million which cannot be attributed to patient age

Differing use of private dentistry, the CDS historically and registration and participation rates across the NHS boards may explain some of the variation in the GDS fees across the Boards.

Trend data for GDS fees from 1999/2000 to 2013/14 by NHS board in adults are shown in Table 4 - Adult fees.

Glossary

Capitation	Dentists are paid a monthly fee for each registered patient. A capitation payment is a basic fee for the care and treatment of patients aged under 18. This fee includes examinations, x-rays and preventative care such as treatments under Childsmile . Capitation payments are reduced to 20% of the original fee if the child does not attend the practice for 3 years.
Actual fees	The value of GDS fees as reported in the financial year (i.e. not adjusted for inflation).
Adjusted for inflation	Fees for 2013/14 remain unchanged, whereas fees for previous years are scaled using the June 2014 GDP deflator to show what they would have been in 2013/14.
CDS	Community Dental Service CDS provided a 'safety net' dental service for people who were unable to obtain care through the GDS. From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)
Continuing Care	A continuing care payment is a fee payable for the provision of continuing care to patients aged 18 years or over. Treatments carried out for adults are claimed on top of this fee. As with capitation, these payments are also reduced to 20% of the original fee if the patient does not attend the practice for 3 years.
Course of treatment	A course of treatment is defined as at least one SDR IOS being claimed on a GP17. A course of treatment can cover one day, for example, an examination/check-up, or can cover several weeks or years in some cases of orthodontic treatment. A patient may have several appointments to complete the treatment required.
Fees	SDR IOS earnings + capitation or continuing care payments
GDS	General Dental Service The NHS General Dental Service (GDS) is usually the first point of contact for NHS dental treatment
Independent dentist	Independent contractor dentist working on behalf of an NHS board
IOTN	The Index of Orthodontic Treatment Need (IOTN), an assessment of the requirement for orthodontic treatment which was introduced in 2011.
MIDAS	Management Information & Dental Accounting System Computerised payment system for GDS dentists
Participation	Contact with GDS for registration, examination or treatment in the last two years
PDS	Public Dental Service From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS). The main role of PDS dentists is to provide GDS for people who cannot access care from an independent dentist

PSD	Practitioner Services Division (now part of Practitioner & Counter Fraud Services)
Registration	Registration with an NHS dentist for GDS
Salaried dentist	Dentist working in the salaried General Dental Service (or Community Dental Service) as employee of an NHS board. Provided an alternative service to the independent dentists in order to meet the oral health needs of the local population. From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)
SDR	Statement of Dental Remuneration
SDR Items of service (SDR IOS)	NHS dentists 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 (i.e. treatments) that dentists can provide.

List of Tables

Table No.	Name	Time period	File & size
Table 1a	All SDR item of service treatment claims, Scotland; year ending 31 March 2014 – Children	1999/2000 to 2013/2014	Excel [274kb]
Table 1b	All SDR item of service treatment claims, Scotland; year ending 31 March 2014 – Adults	1999/2000 to 2013/2014	Excel [275kb]
Table 2a	Main SDR item of service treatment claims by NHS board; year ending 31 March 2014 – Children	1999/2000 to 2013/2014	Excel [236kb]
Table 2b	Main SDR item of service treatment claims by NHS board; year ending 31 March 2014 – Adults	1999/2000 to 2013/2014	Excel [253kb]
Table 3	Child fees by financial year and NHS Board	1999/2000 to 2013/2014	Excel [213 kb]
Table 4	Adult fees by financial year and NHS Board	1999/2000 to 2013/2014	Excel [227kb]
Table 5	GDS fees excluded from child and adult figures; Scotland; by financial year	1999/2000 to 2013/2014	Excel [25kb]

List of Figures

Figure No.	Name	Time period	File & size
Figure 1a	GDS: Number of courses of treatment; by financial year – Children	1999/2000 to 2013/2014	Excel [41 kb]
Figure 1b	GDS: Number of courses of treatment; by financial year – Adults	1999/2000 to 2013/2014	Excel [41 kb]
Figure 2a	GDS: Number and percentage of orthodontic courses of treatment; by financial year – Children	1999/2000 to 2013/2014	Excel [50 kb]
Figure 2b	GDS: Number and percentage of orthodontic courses of treatment; by financial year – Adults	1999/2000 to 2013/2014	Excel [50 kb]
Figure 3a	Most common SDR IOS - percentage of all claims; 2013/14 – Children	2013/2014	Excel [20 kb]
Figure 3b	Most common SDR IOS - percentage of all claims; 2013/14 – Adults	2013/2014	Excel [20 kb]
Figure 4a	GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year	1999/2000 to 2013/2014	Excel [40 kb]
Figure 4b	GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year - Children	1999/2000 to 2013/2014	Excel [40 kb]
Figure 4c	GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year - Adults	1999/2000 to 2013/2014	Excel [40 kb]
Figure 5a	GDS fees - Cost per head of population and registered patient - Actual fees and fees adjusted for inflation; by financial year - Children	1999/2000 to 2013/2014	Excel [34 kb]

Figure 5b	GDS fees - Cost per head of population and registered patient - Actual fees and fees adjusted for inflation; by financial year - Adults	1999/2000 to 2013/2014	Excel [34 kb]
Figure 6a	GDS fees: cost per head of population and registered patient; by NHS board, 2013/14 - Children	2013/2014	Excel [33 kb]
Figure 6b	GDS fees: cost per head of population and registered patient; by NHS board, 2013/14 - Adults	2013/2014	Excel [33 kb]

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Further Information

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

Appendices

A1 – Fees excluded from child and adult figures

Each year, late IOS adjusted payments have been authorised for GDS. Due to the way the data is held on MIDAS, it is not possible to establish whether these adjustments relate to registration/treatment of children or adults and as a result these are only include in the national figures shown in figure 4a.

The amount of backdated IOS payments which cannot be attributed to child or adult fees are shown below.

Table 5 – GDS fees excluded from child and adult figures; Scotland; by financial year

Financial Year	Amount Paid (£)
1999/2000	303,638
2000/2001	164,831
2001/2002	72,578
2002/2003	63,199
2003/2004	646,506
2004/2005	130,886
2005/2006	78,306
2006/2007	368,135
2007/2008	1,681,870
2008/2009	3,316,668
2009/2010	802,090
2010/2011	362,475
2011/2012	39,519
2012/2013	50,402
2013/2014	2,638,225
Total	10,719,328

A2 – Adjustment for Inflation Calculations

For the first time, the fee values quoted within this publication are also presented having been adjusted for inflation.

To adjust for inflation there is a two step process:

- **Step 1:** Determine a reference financial year
For the purposes of the presentation, this is 2013/14. In other words, fees for 2013/14 remain unchanged.
- **Step 2:** Scale all other financial years by a factor
The scaling factor is determined using the June 2014 [GDP deflator](#) (see table below). This is calculated by taking the 2013/14 market price value=100 and dividing by the market value price for the financial year of interest. In effect this scaling is to determine what the value for the year of interest would have been in 2013/14 prices.

Scaling Factor:

The following table (first two columns are taken from the GDP website) shows the values utilized within this publication when scaling for inflation (“Scaling Factor”).

Financial Year	GDP deflator at market prices (Reference Point: 2013-14=100)	Scaling Factor
1999-00	73.677	100/73.677
2000-01	74.200	100/74.200
2001-02	76.219	100/76.219
2002-03	77.990	100/77.990
2003-04	79.501	100/79.501
2004-05	81.698	100/81.698
2005-06	83.188	100/83.188
2006-07	85.578	100/85.578
2007-08	87.731	100/87.731
2008-09	90.209	100/90.209
2009-10	92.683	100/92.683
2010-11	95.104	100/95.104
2011-12	97.255	100/97.255
2012-13	98.305	100/98.305
2013-14	100.000	100/100 = 1 (Reference Point)

Example:

From Table 3, the 1999/2000 **actual fees**=£40,786,948.45 .

To determine how much this 1999/2000 **actual fee** would be in 2013/2014 prices, from the table above, multiply the **actual fee** value by the scaling factor (100/73.677).

Financial year	Actual fees £	Calculation	Fees £ adjusted for inflation
1999/2000	40,786,948.45	40,786,948.45 x (100/73.677)	55,359,133.04

A3 – Links/comparisons to other sources of dental health information

The sources below offer information related to dental services and dental health. Most of these sources are external to ISD and we cannot guarantee the content or accessibility of these external web sites.

Dental data in Scotland

[Childsmile](#) - improving the oral health of children in Scotland.

In addition to payments for registering and treating patients, dentists may be entitled to claim other payments, e.g. 'commitment payments' or a 'remote area allowance'. These payments are excluded from these statistics. Information on these allowances is published in the [Scottish Dental Practice Board](#) annual report.

ISD publishes information relating to the [general dental service workforce](#) in Scotland.

ISD publishes a bi-annual [NHS Registration and Participation](#) report providing information on GDS registrations and participation with GDS.

ISD publishes an annual [National Dental Inspection Programme \(NDIP\)](#) report which advises the Scottish Government, NHS boards and other organisations concerned with children's health of the oral disease prevalence in their area.

The 2012 [Scottish Health Survey](#) covers dental health topics such as dental health problems and trends in prevalence of natural teeth.

ISD publishes information on the application of [fluoride varnishing](#) to children's teeth. The recorded clinical activity is also being monitored under the Scottish Government's [HEAT target](#) (at least 60% of 3- and 4-year-old children in each SIMD quintile to receive at least two applications of FV per year by March 2014).

Comparison with other UK dental fees and treatments data

Country	Fees data	Courses of Treatment measure	Links:
England	Yes	Yes	The Health and Social Care Information Centre (HSCIC)
Northern Ireland	Yes	-	The Health and Social Care Information Centre (HSCIC)
Wales	Yes	Yes	The Health and Social Care Information Centre (HSCIC) StatsWales

Further information on comparisons with the UK and International data can be found on the [ScotPHO Oral Health](#) pages.

[The Health and Social Care Information Centre](#) (HSCIC) in England produces annual and quarterly statistical publications providing a range of information on all patients who receive NHS dental care in Scotland, England, Northern Ireland and Wales. Subjects covered include: earnings and dental activity including course of treatments.

[StatsWales](#) provide statistics on GDS, including data on the number of courses of treatment undertaken.

The Office for National Statistics' (ONS) has carried out a [Dental Health Survey of Children and Young People](#) every ten years since 1973. The study provides information to underpin dental health care for children in England, Wales and Northern Ireland. The information collected helps the NHS to understand how the dental health of each generation of children is changing. It is used in the planning of dental care services for the future.

A4 - 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 2014.																													
Theme	Dental Health Care																													
Topic	Treatments and Fees																													
Format	Excel workbooks and PDF																													
Data source(s)	MIDAS																													
Date that data are acquired	14 th July 2014																													
Release date	26 th August 2014																													
Frequency	Annual																													
Timeframe of data and timeliness	Year ending March 2014. Four 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 errors in the analysis of fees data, inconsistencies in the methodology used and use of the revised mid-year population estimates, data from 2004/05 to 2012/13 has been revised as of the August 2014 publication. This has resulted in only small differences between the published figure and do not change the overall interpretation of the results. All charts and tables are noted "R" and footnoted where appropriate. The revision affects the national totals as follows:</p> <table border="1"> <thead> <tr> <th rowspan="2">Financial Year</th> <th colspan="2">Total fees (excluding the late IOS adjustments)</th> <th colspan="2">Difference</th> </tr> <tr> <th>Previously published figure (£)</th> <th>Revised figure (£)</th> <th>Value (£)</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>2004/05</td> <td>175,053,088</td> <td>176,535,282</td> <td>1,482,194</td> <td>0.8</td> </tr> <tr> <td>2005/06</td> <td>180,917,006</td> <td>182,745,883</td> <td>1,828,877</td> <td>1.0</td> </tr> <tr> <td>2006/07</td> <td>191,089,475</td> <td>193,494,766</td> <td>2,405,291</td> <td>1.3</td> </tr> <tr> <td>2007/08</td> <td>201,096,360</td> <td>204,190,965</td> <td>3,094,605</td> <td>1.5</td> </tr> </tbody> </table>	Financial Year	Total fees (excluding the late IOS adjustments)		Difference		Previously published figure (£)	Revised figure (£)	Value (£)	%	2004/05	175,053,088	176,535,282	1,482,194	0.8	2005/06	180,917,006	182,745,883	1,828,877	1.0	2006/07	191,089,475	193,494,766	2,405,291	1.3	2007/08	201,096,360	204,190,965	3,094,605	1.5
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2006/07	191,089,475	193,494,766	2,405,291	1.3																										
2007/08	201,096,360	204,190,965	3,094,605	1.5																										

	2008/09	221,655,576	225,814,588	4,159,012	1.9
	2009/10	241,405,678	244,964,829	3,559,151	1.5
	2010/11	248,761,832	252,546,290	3,784,458	1.5
	2011/12	261,170,825	265,508,142	4,337,317	1.7
	2012/13	265,043,455	269,913,732	4,870,277	1.8
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 & Completeness	<p>GDS data are highly accurate and reliable; they are the product of practitioners' detailed records of treatments provided to their patients for payment and clinical governance purposes. Practitioner Services Division's (PSD) internal reporting routinely quantifies the accuracy of MIDAS source data. However, errors made by practitioners in claiming for treatment provided are identified by PSD's validation systems and corrected in the next available payment schedule (usually the following month).</p> <p>Summary of the quality assurance undertaken on the dental payments database</p> <p>Two types of checks are made as payment verification of the GDS payment database (see http://www.psd.scot.nhs.uk/professionals/dental/payment-verification.html). The Level 1 checks are there to check the quality of the data held in the database; Levels 2-4 are designed to determine fraudulent claims by dentists.</p> <p>The Level 1 checks cover a range of validations to ensure the payment claims submitted meet the criteria laid down within the Statement of Dental Remuneration, they are not duplicates, that they make sense with regards to the claim being made by the dentist, and are run against all records before being accepted onto the database. In the past financial year, 7% of claims submitted were returned for clarification as they did not meet the specified criteria/were duplicates etc. It is unknown how many of these claims were resubmitted (as it is not possible to track them through as they haven't made it onto the database). In addition, upon payment of the claim, 0.4% has been queried by the dentists as to why they did not match what they were expecting. Some of these queries are found to be mistakes in the claim, and are resolved, others are not upheld and the payment left as is, and a few are errors made during processing. Any amendments are made to MIDAS and the data quality improved. (Figures supplied by Martin Morrison, Head of Service Delivery, Practitioner Services Division, personal communication).</p>				

	<p>Additionally, around 1% of claims are also checked for their appropriateness for clinical need as part of a prior approval process for all claims for treatment over £350. This also helps to ensure data quality.</p> <p>The second type of checks (the Level 2-4 checks) is largely aimed at detecting fraud. The Level 2 checks involve undertaking trends analysis to try to identify outlier patterns which may indicate fraudulent activity, while levels 3 and 4 involve examining and auditing dental care records. While the purpose of these checks is to safe-guard against fraud, this activity will improve accuracy with any errors identified and resolved within the database.</p>
Comparability	<p>Additions to August 2014 report</p> <p>In line with UK Statistics Authority guidance, the commentary in this report has been expanded to make the definitions, concepts and interpretation clearer to the general user.</p> <p>The following have been updated since the 2013 Fees and Treatment report:</p> <ul style="list-style-type: none"> • Data for adults and children has been separated out. This is particularly important when discussing treatments because they are not comparable because of the differences in what can and cannot be claimed. • Inflation-adjusted costs have been added, as well as the actual costs. • Trends for the analyses have been extended back to 1999/2000. • Both the cost per head of population and the costs per registered patient have been included. • To aid the reader, and make the messages clearer, there has been the addition of a few things like the 5 most common treatments.
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/Publications/index.asp
Value type and unit of measurement	NHS GDS Treatments: number, cost and rate of treatments. NHS GDS fees paid to dentists.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics

UK Statistics Authority Assessment	Awarded. Further details can be found in the UKSA assessment report (report 209).
Last published	25 th June 2013
Next published	26 th May 2015
Date of first publication	31 st March 2003
Help email	NSS.ISD-Dental-Info@nhs.net
Date form completed	7 th August 2014

A5 – 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.

Standard Pre-Release Access:

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

A6 – ISD and Official Statistics

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 (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. 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](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.