Dental Statistics – NHS Registration and Participation

Update of statistics as at 31 March 2015
Publication date – 16 June 2015
Background
This release provides information on NHS dental registrations from September 2000 to March 2015 and participation (contact with an NHS dentist) from September 2006 to March 2015.

Key points
Registration
- 88% (4.7 million) of the Scottish population are registered with an NHS dentist.
- Children are more likely to be registered than adults (93% compared to 87%).
- Registration rates have been increasing since 2007 as a result of extensions to the registration period and the introduction of non-time-limited registration in April 2010.
- As at March 2015, there was no deprivation gap between registration rates for children (90% for children living in both the most and least deprived areas).
- However, adults living in the most deprived areas were more likely to be registered with an NHS dentist. This may be due to the availability of free NHS dental treatment for adults who receive certain benefits.

Participation
- 74% (3.5 million) of those registered with an NHS dentist as at March 2015 had seen their dentist within the last two years. This has been in steady decline since 2007.
- Children are more likely than adults to have seen their dentist within the last two years (86% compared to 71%).
- Both adults and children living in the least deprived areas are more likely to have seen their dentist within the last two years than those living in the most deprived areas (77% compared to 67% for adults, 91% compared to 82% for children).
Key Definitions

NHS General Dental Services

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 arrangements with NHS boards to provide GDS. People register with a dentist in order to receive the full range of NHS treatment available under GDS.

Historically, there were a number of salaried dentists who also provided GDS. Salaried dentists were directly employed by NHS boards and provided an alternative service to independent dentists when this was considered the best solution to meet local needs. People could also register with salaried dentists.

Historically, the Community Dental Service (CDS) provided a ‘safety net’ dental service for people who were unable to obtain care through the GDS, such as patients with special care needs or patients living in areas where there were few NHS dentists providing GDS. It was not possible to register with the CDS and data in relation to patients seen by a community dentist were not collected or counted as part of the national dental database.

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. People previously registered with a salaried dentist will remain registered under the PDS. People who were seen by the CDS will now be able to register with PDS dentists.

Registration and participation statistics in this report include independent dentist and PDS data. For the purposes of this publication an ‘NHS dentist’ is a dentist providing GDS, whether an independent dentist or a PDS dentist.

Data for patients registered or treated by private dentists are excluded from this publication.

Registration

Data are presented on the number and percentage of the population who are registered with an NHS dentist. Based on the postcode of the registered person’s home address, the percentage of population registered with an NHS dentist is calculated as follows:

For each administrative area:

\[
\frac{\text{the number of people registered with an NHS dentist (any location)}}{\text{the number of people resident in that administrative area}} \times 100
\]

where administrative area is the NHS Board or local authority.

Note that some “cross-boundary flow” exists, as people may live in one administrative area (e.g. NHS Lanarkshire) but be registered with a dentist whose practice is located in another (usually adjacent) administrative area (e.g. NHS Greater Glasgow & Clyde).
MIDAS
Management Information & Dental Accounting System (MIDAS), the computerised payment system for GDS and PDS dentists, processes information on people registered with an NHS dentist in a dynamic database that changes daily. Therefore, the number of people registered with an NHS dentist will change over time depending on when data are entered into and extracted from the database. Data are collected through GP17 and GP17(O) forms, however, please note, a patient can be registered using GP17 forms only.

Policy impacts on registration
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 dental 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, e.g. 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 registration rates.

The statistics in this release do not include services provided by private dentists or, historically, the CDS. There may have been different uptake of these services across NHS Boards, which may explain some of the variation seen in the registration rates.

As a result of the introduction of lifetime dental registration, the registration rate has become less informative as a measure of patient accessibility and utilisation of GDS. Therefore, in addition, ISD first published figures on patients’ participation in 2010. In recent publications, trend data from 2006 has been presented.

Participation
Participation is defined as contact with GDS for examination or treatment in the last two years.

This measure is restricted to only those patients who are registered with an NHS dentist and therefore does not include patients who only see a dentist for occasional or emergency treatment.

Based on the postcode of the registered person’s home address, the percentage of participation is calculated as follows:

For each NHS Board:

\[
\frac{\text{the number of registered patients who participated in GDS in the previous two years}}{\text{the number of people resident in that NHS Board who are registered with an NHS dentist}} \times 100
\]

Participation as a measure was formally introduced in September 2010 but has been calculated for data since September 2006 in this publication to allow a longer trend to be reported and to show the effect of the changes to the registration rules. See policy impacts on registration for further information.
Policy impacts on participation
The statistics in this release do not include services provided by private dentists or, historically, the CDS. As with registration, there may have been different uptake of these services across NHS Boards, which may explain some of the variation seen in the registration rates.

Dentists are paid a monthly fee for each registered patient. This is reduced to 20% of the fee if the patient has not attended for three years. One possible consequence of this is that dentists could only be submitting forms once every three years, rather than for each visit, to ensure continued full payment. If this were the case, reported participation figures could potentially have been lower than they should have been (with the measure being based on attendance within two years). Following investigation, ISD found no evidence that this is the case and therefore there is no evidence to suggest that the participation figures in this report are undercounted.

Data are collected through GP17 and GP17(O) forms. As with registration, the number of patients examined or treated by GDS will change over time, depending on when data are entered into and extracted from MIDAS.

Methodology
Data
This release provides information on NHS dental registrations from September 2000 to March 2015 and participation (contact with an NHS dentist) from September 2006 to March 2015.

Data is extracted from MIDAS. GP17 and GP17(O) forms are submitted by dentists after the completion of a course of treatment (but must be received by Practitioner Services Division (PSD; now part of Practitioner & Counter Fraud Services) within three months of the completion date of treatment). As a result, dental activity may take several months to be included in MIDAS.

Revisions
In the previous publication (January 2015), figures for March and September 2014 were marked as provisional. These figures have been re-extracted for this release and revised.

Number of patients registered with an NHS dentist (previously published and revised figures)

<table>
<thead>
<tr>
<th>Date of snapshot</th>
<th>Previously Published</th>
<th>Revised</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2014</td>
<td>4,620,746</td>
<td>4,619,847</td>
<td>0.02</td>
</tr>
<tr>
<td>March 2014</td>
<td>4,524,705</td>
<td>4,513,507</td>
<td>0.25</td>
</tr>
</tbody>
</table>

Number of registered patients who participated in GDS (previously published and revised figures)

<table>
<thead>
<tr>
<th>Date of snapshot</th>
<th>Previously Published</th>
<th>Revised</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2014</td>
<td>3,438,050</td>
<td>3,480,735</td>
<td>1.24</td>
</tr>
<tr>
<td>March 2014</td>
<td>3,445,713</td>
<td>3,448,948</td>
<td>0.09</td>
</tr>
</tbody>
</table>
In this release, data for March 2015 and September 2014 are marked provisional. These figures will be re-extracted at the time of the next publication and are therefore subject to change in future analyses.

**NHS Board boundaries**

2014 NHS Board boundaries, which came into effect from 01 April 2014, are used throughout this publication.

**Deprivation**

Data is analysed using the Scottish Index of Multiple Deprivation (SIMD) Scottish level population-weighted quintiles. Each quintile consists of approximately 20% of the population living in Scotland.

There have been SIMD releases in 2004, 2006, 2009 and 2012. The most appropriate SIMD release has been used for each year of data as illustrated in the following table.

<table>
<thead>
<tr>
<th>Data for Years</th>
<th>Index and release</th>
</tr>
</thead>
</table>

Please note that following the release of SIMD 2009, ISD changed its ordering of quintiles to fit with the method used by the Scottish Government. The method is now:

- Quintile 1 = MOST deprived
- Quintile 5 = LEAST deprived

and this applies to all data analysed by SIMD 2009 and SIMD 2012.

Figures based on SIMD 2004 and 2006 have been left in the previous format i.e. 1 = LEAST deprived quintile, 5 = MOST deprived.

To avoid confusion, deprivation categories have been fully labelled, e.g. for SIMD 2012, ‘1 (most deprived)’ ... ‘5 (least deprived)’ and for SIMD 2006, ‘1 (least deprived)’ ... ‘5 (most deprived)’. The attached tables have been re-ordered so that the most deprived quintile is always in the first column in the table and the least deprived quintile is in the last column. This ensures that data for the least and most deprived categories are always in the same place in the table for each data snapshot. This is noted in the tables.

**Missing/invalid postcodes**

If a patient postcode is missing or invalid, these are classed as “unknown” for analysis purposes, as these cannot be matched to an NHS Board or SIMD quintile. When analysing Scotland level data, patients with unknown postcodes are included. When analysing data at the NHS Board or SIMD level, unknowns are presented as a stand alone category in supporting Excel tables, as an NHS Board or SIMD cannot be assigned. The unknown category is omitted from the NHS Board or SIMD level figures presented within the main body of the publication, and footnoted accordingly.

**Populations**

Registration rates are calculated using mid-year population estimates provided by the National Records of Scotland (NRS).
To enable a consistent time trend to be reported, all rates in this release are based on the most recently available populations. At the time of this release, mid year estimates by NHS Board and local authority were available for 2014. However, the data zone level population estimates which are aggregated to determine SIMD were not due to be released until later in 2015. Therefore, 2013 mid year estimates have been used throughout for the 2014 and 2015 data. For further details please see Appendix A3.

The population estimates should be treated with some caution as there are some potential issues which may arise when using the estimates as denominators for the registration rates. These include the following:

- Short term migrants who had not been accounted for in the estimated population may be registered with an NHS dentist and therefore counted in the numerator.
- The population is based on mid-year estimates, whereas registration is based on the patient’s age at the date of snapshot. As a result, a patient initially counted in the population estimate (denominator) may have a birthday after the mid-year and will therefore be counted in the higher age category within the numerator (number registered).

The impact of these population estimate issues are most apparent for the high registration rates for some child age groups, which appear to be over 100% as a result. Registration rates have been capped at 100% in this report and all figures have been footnoted accordingly. The actual (uncapped) rates are provided in the attached tables.

**Changes to the publication**

Several minor changes have been made to this publication in order to aid interpretation of trends in registration and participation within NHS Boards.

Figures 4a, 4b, 9a and 9b now present the data as at the most recent data snapshot (31 March 2015) and can be found within the results and commentary section of this report.

New figures have been created to illustrate dental registration data by NHS Board for children (Figure A1.1) and adults (Figure A1.2) and new figures illustrating dental participation data by NHS Board for children (Figure A2.1) and adults (Figure A2.2) have also been newly created and are available to download (see List of Figures). Alternatively, figures A1.1 and A1.2 can be found in Appendix A1 and figures A2.1 and A2.2 in Appendix A2 within this report.
Results and Commentary

Registration

Registration trends
Overall the number of patients registered with an NHS dentist decreased slightly from over 2.7 million in September 2000 to approx 2.6 million in March 2007 (Figure 1). The number of registrations subsequently increased following extensions to the period of time before registration lapse. See policy impacts on registration for further information.

As at 31 March 2015, over 4.7 million patients were registered with an NHS dentist in Scotland. This is an 82% increase since registrations started climbing in March 2007. There has been a greater increase in the number of adult registrations than in the number of registrations for children (99% compared to 37%) between March 2007 and March 2015.

Figure 1: Number of children and adults registered with an NHS dentist in Scotland; September 2000 to March 2015P,R

Source: ISD, MIDAS, data extracted in April 2015
P Figures for September 2014 and March 2015 are provisional
R Figures for March 2014 and September 2014 have been revised

The percentage of the Scottish population registered with an NHS dentist increased from 67% to 93% for children and from 46% to 87% for adults between March 2007 and March 2015 (Figure 2). Once again, this shows that registration has risen more sharply for adults than for children.
Figure 2 - Percentage of children and adults registered with an NHS dentist in Scotland; by dental service; September 2000 to March 2015\textsuperscript{P,R}

Source: ISD, MIDAS, data extracted in April 2015

\textsuperscript{P} Figures for September 2014 and March 2015 are provisional

\textsuperscript{R} Figures for March 2014 and September 2014 have been revised

*PDS (salaried GDS (not including CDS) prior to Jan 14 and Salaried and CDS for Jan 14 onwards)
Registration rates by patient age
A breakdown of the percentage of patients registered with an NHS dentist by age group in March 2015 is presented in Figure 3.

**Figure 3: Percentage of the population registered with an NHS dentist in Scotland; by age group as at 31st March 2015**

Source: ISD, MIDAS, data extracted in April 2015
- Figures are capped at 100%. The actual (uncapped) rates are provided in the attached figure, see list of tables and charts
- Figures for March 2015 are provisional

**Children**
Registration rates increased with age; from 48% for children aged 0-2 to 100% for children aged 6-12 and 13-17. A similar trend was seen in previous years.

**Adults**
Registration rates for adults decreased with age; from almost 100% in the 25-34 age group to 73% for people aged 75 and over.

A similar trend was seen in 2013 and 2014. However, between September 2000 and March 2009 adult registration rates were highest in the 35-44 age group and from September 2009 to March 2012, registration rates were highest in the 18-24 age group.

Trend data is available on NHS dental registrations by age group, NHS Board and local authority (Table 1).
Registration rates by NHS Board
The statistics in this release do not include services provided by private dentists or, historically, the CDS. There may have been different uptake of these services across NHS Boards, which may explain some of the variation seen in the registration rates.

Children
There was some variation in registration rates across NHS Boards, with rates for children varying between 83% and 93% as at 31 March 2015 (Figure 4a). In five NHS Boards (NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Fife, NHS Orkney and NHS Shetland) more than 90% of children were registered with an NHS dentist and in all NHS Boards, except NHS Western Isles (83%), at least 85% of children were registered.

Figure 4a: Percentage of the population registered with an NHS dentist in Scotland; by NHS Board as at 31st March 2015\(^p\) – Children

![Graph showing percentage of the population registered with an NHS dentist in Scotland by NHS Board as at 31 March 2015](image)

Key: A&A – Ayrshire & Arran; D&G – Dumfries & Galloway; GG&C – Greater Glasgow & Clyde
Figure 4a does not display 3% of data with missing patient postcode. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Source: ISD, MIDAS, data extracted in April 2015
\(^p\) Figures for March 2015 are provisional

Trend data on child NHS dental registrations by NHS Board are presented in Figure A1.1 (see List of Figures or Appendix A1). As with national figures, registration rates continue to rise for each NHS Board. Although NHS Western Isles continues to have the lowest child registration rates, this NHS Board reported the largest increase in rates since March 2007 (33% to 83%).
Adults
Greater variation was seen in adult registration rates between NHS Boards. In March 2015, in NHS Grampian 69% of adults were registered with an NHS dentist, whereas more than 85% of adults in NHS Ayrshire & Arran, NHS Forth Valley, NHS Greater Glasgow & Clyde and NHS Lanarkshire were registered (Figure 4b).

Figure 4b: Percentage of the population registered with an NHS dentist in Scotland; by NHS Board as at 31st March 2015** - Adults

Key: A&A – Ayrshire & Arran; D&G – Dumfries & Galloway; GG&C – Greater Glasgow & Clyde
Figure 4b does not display 4% of data with missing patient postcode. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Source: ISD, MIDAS, data extracted in April 2015
**Figures for March 2015 are provisional

Trend data on adult NHS dental registrations by NHS Board are presented in Figure A1.2 (see List of Figures or Appendix A1. As with national figures, registration rates continue to rise for each NHS Board.
Registration rates by deprivation
Data are analysed using the ‘Scotland level’ Scottish Index of Multiple Deprivation (SIMD) population-weighted quintiles.

Trend data is available on NHS dental registrations by SIMD, NHS Board and dental service (Table 2). Following the release of SIMD 2009, ISD changed its ordering of quintiles to fit with the method used by the Scottish Government. Please refer to the definitions tab in Table 2 for further information.

Children
From September 2000 to September 2014, the lowest rates were reported in the most deprived SIMD quintile. In September 2000, 52% of children living in the most deprived areas were registered with an NHS dentist compared to 70% for the least deprived areas.

However, the difference in rates between the most and least deprived areas has decreased over the years and in March 2015 similar registration rates (approx 90%) were seen across the SIMD quintiles (Figure 5a).

Figure 5a: Percentage of patients registered with an NHS dentist in Scotland; by Scottish Index of Multiple Deprivation (SIMD) as at 31st March 2015 – Children

Figure 5a does not display 3% of data with missing patient postcode. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Source: ISD, MIDAS, data extracted in April 2015

Similar rates were generally observed across most NHS Boards in March 2015.

Adults
From September 2000 to September 2007, the lowest rates were reported in the most deprived quintile. However, this trend has changed over the years and since September 2009 adult registration rates have been highest in the most deprived quintiles.
In March 2015, adults living in the most deprived quintiles were more likely to be registered with an NHS dentist than adults living in other deprivation quintiles (89% for SIMD 1 and 84% for SIMD 2 compared to approx 82% for other quintiles) (Figure 5b). This may be due to the availability of free NHS dental treatment for adults who receive certain benefits.

**Figure 5b: Percentage of patients registered with an NHS dentist in Scotland; by Scottish Index of Multiple Deprivation (SIMD) as at 31st March 2015**

Figure 5b does not display 4% of data with missing patient postcode. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Source: ISD, MIDAS, data extracted in April 2015

*p Figures for March 2015 are provisional*
**Participation**

Participation is defined as contact with GDS for examination or treatment in the last two years. This measure is restricted to only those patients who are registered with an NHS dentist and therefore does not include patients who only see a dentist for occasional or emergency treatment.

**Participation trends**

Of the 4.7 million patients registered, 3.5 million (74%) participated in GDS in the two year period up to 31st March 2015. This is a 35% increase from over 2.5 million who participated in the two years prior to September 2006 (Figure 6).

*Figure 6: Number of registered patients participating in GDS in Scotland; September 2006 to March 2015*  

The figures for September 2014 and March 2015 may rise slightly, when they are revised in the next release, as a result of any additional GP17 and GP17(O) claim forms that have been submitted since the extracts were taken in April 2015.

Participation rates from September 2006 to March 2008 were approximately 99%. This was largely because between April 2006 and March 2009, patient registration lapsed after a period of 36 months if the patient did not attend the practice. See [policy impacts on registration](#) for further information.

The interpretation of trends in participation rates is affected by the trends in the registration rates. Despite an increasing number of registered patients participating, the participation rate is falling. This is because although the number of patients who registered with an NHS
dentist has increased since March 2007, not all of these patients were seen by their dentist within the previous two years. As such, the number of patients registered with an NHS dentist has increased year on year, but the percentage of these patients who saw a dentist within the previous two years has shown a steady decline to 74% in March 2015, the lowest reported rate.

Trend data is available on participation by NHS Board and age group (Table 3).

**Children**

In Scotland, the participation rate for children fell steadily from 100% in September 2006 to 86% in March 2015 (Figure 7a).

**Figure 7a: Number and percentage of registered patients participating in GDS in Scotland; September 2006 to March 2015**

Although there has been a 37% increase in the number of child registrations (from approximately 0.7 million to 1 million) there has only been a 17% increase in the number of children participating (from approximately 0.7 million to 0.8 million) over the same time period.

**Adults**

Participation rates for adults also fell, from 99% to 71% between September 2006 and March 2015 (Figure 7b).
Figure 7b: Number and percentage of registered patients participating in GDS in Scotland; September 2006 to March 2015\textsuperscript{P,R} - Adults

The number of registered adults participating increased by 42% (from 1.9 million to 2.6 million) whilst the number of registrations nearly doubled over the same time period (from 1.9 million to 3.7 million).

\textsuperscript{P} Figures for September 2014 and March 2015 are provisional

\textsuperscript{R} Figures for March 2014 and September 2014 have been revised

Source: ISD, MIDAS, data extracted in April 2015
Participation rates by patient age
A breakdown of the percentage of patients participating in GDS in the two year period up to March 2015 by age group is given in Figure 8.

Figure 8: Percentage of registered patients participating in GDS in Scotland; by age group as at 31st March 2015

Source: ISD, MIDAS, data extracted in April 2015
Figures for March 2015 are provisional

Trend data is also available (Table 3).

Children
As at 31 March 2015, the highest national participation rates were reported in children aged 0-2 (98%). This was largely as a consequence of the definition (i.e. contact within 2 years). The participation rate decreased incrementally with age, to 81% for the 13-17 age group.

A similar pattern was seen in previous years. Between 2008 and 2010, participation rates for 3-5 year olds decreased year on year but have remained at approximately 90% since March 2011. Despite the highest registration rates being consistently reported in the 6-12 and 13-17 age groups, participation rates for children in these age groups have decreased every year since March 2008.

Adults
Although national registration levels for adults aged 25 and over decreased with age, participation rates increased incrementally through the adult age groups, with the exception of the over 75s where the lowest participation rates were reported.

A similar pattern was seen in previous years. Participation rates in all age groups have decreased year on year since 2008.
Participation rates by NHS Board
The statistics in this release do not include services provided by private dentists or, historically, the CDS. As with registration, differing use of private dentistry and the CDS may explain some of the variation in the participation rates across NHS Boards.

Children
There was some variation in child participation rates across NHS Boards. NHS Borders had the highest participation rate for children (92%) as at 31 March 2015, while NHS Shetland had the lowest (82%) (Figure 9a).

Figure 9a: Percentage of registered patients participating in GDS; by NHS Board as at 31st March 2015\(^p\) – Children

Figure 9a does not display 2% of data with missing patient postcode. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Key: A&A – Ayrshire & Arran; D&G – Dumfries & Galloway; GG&C – Greater Glasgow & Clyde

Source: ISD, MIDAS, data extracted in April 2015
\(^p\) Figures for March 2015 are provisional

Trend data on participation by NHS Board is presented in Figure A2.1 (see List of Figures or Appendix A2). Generally, participation rates for children fell over time for most NHS Boards. One of the exceptions was NHS Western Isles where child participation rates increased from 77% in March 2011 to 90% in September 2013. However, this was largely due to below average registration rates in the NHS Board over time. Since September 2013, participation in NHS Western Isles has decreased. Similarly, child participation rates in NHS Orkney increased from 67% in March 2010 to 76% in September 2012 and have since shown an overall decline.
**Adults**
There was a larger difference between the lowest and highest participation rates in adults in March 2015. NHS Orkney, NHS Shetland and NHS Western Isles had the lowest adult participation rates (below 66%) and NHS Borders had the highest (83%) with the remaining NHS Boards having participation rates in the range of 69-77% (Figure 9b).

![Figure 9b: Percentage of registered patients participating in GDS; by NHS Board as at 31st March 2015 — Adults](image)

Key: A&A – Ayrshire & Arran; D&G – Dumfries & Galloway; GG&C – Greater Glasgow & Clyde
Figure 9b does not display 1% of data with missing patient postcode. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Source: ISD, MIDAS, data extracted in April 2015

Trend data on participation by NHS Board is presented in Figure A2.2 (see List of Figures or Appendix A2). Participation rates in general have been falling across all NHS Boards.

**Participation rates by deprivation**
Data are analysed using the ‘Scotland level’ [Scottish Index of Multiple Deprivation](https://www.isd.scot) (SIMD) population-weighted quintiles. Trend data is available on participation by SIMD, NHS Board and dental service ([Table 4](#)). Following the release of SIMD 2009, ISD changed its ordering of quintiles to fit with the method used by the Scottish Government. Please refer to the definitions tab in Table 4 for further information.

**Children**
Figures for March 2015 suggest that children living in the most deprived areas were least likely to see their dentist within two years (82% for most deprived; 91% for least deprived) (Figure 10a).
Given that almost 100% of children across all deprivation quintiles were participating in September 2006, this inequality has occurred since then. In September 2008 the gap between the rates for the most and least deprived quintiles was 3 percentage points and by September 2010 it was 7 percentage points.

Figure 10a: Percentage of registered patients participating in GDS; by Scottish Index of Multiple Deprivation (SIMD) as at 31st March 2015

Figure 10a does not display 2% of data with missing patient postcode. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Source: ISD, MIDAS, data extracted in April 2015

Adults
A similar trend was seen for adults, with adults living in the most deprived areas least likely to participate (67% in SIMD 1 compared to 77% in SIMD 5) (Figure 10b). This inequality has occurred since the change of the registration rules. This differs from the pattern seen for registration rates, where adults living in the most deprived areas were most likely to be registered with an NHS dentist (Figure 5b).
Figure 10b does not display 1% of data with missing patient postcode. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Source: ISD, MIDAS, data extracted in April 2015

Figures for March 2015 are provisional
Conclusion
Registration has increased steadily following changes in registration policy and in March 2015 over 4.7 million patients (88% of the population) were registered with an NHS dentist in Scotland.

There is some variation in registration rates across NHS Boards, particularly for adults. However, as with national rates, registration rates continue to rise across all Boards.

The gap in registration rates between children living in the least and most deprived areas has narrowed over the years and as at March 2015 figures suggest that there is no relationship between registration rates and deprivation.

In contrast, up to September 2008 adults living in the most deprived areas were least likely to be registered, however, this pattern has reversed and since March 2011, registration rates have been highest for adults living in the most deprived areas.

Due to increasing registration rates, participation has shown a steady decline since 2007. Figures for March 2015 showed that 74% of patients had seen their dentist in the previous two years, the lowest reported rate so far.

As with overall figures, participation rates for children and adults are decreasing. However, the child participation rate remains higher than the rate for adults (86% compared to 71%).

Patients living in the most deprived areas are least likely to see their dentist in the previous two years.
## Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDS</td>
<td>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).</td>
</tr>
<tr>
<td>CHI</td>
<td>The Community Health Index (CHI) is a unique patient number from which a patient's age and postcode can be derived when linked to the appropriate data sources. ISD Scotland has appended the (CHI) number to records in the patient registration dataset. NOTE: Where patient age is unknown, this information is sourced from MIDAS where available.</td>
</tr>
<tr>
<td>GDS</td>
<td>General Dental Service. The NHS General Dental Service (GDS) is usually the first point of contact for NHS dental treatment.</td>
</tr>
<tr>
<td>Independent dentist</td>
<td>Independent contractor dentist working on behalf of an NHS Board.</td>
</tr>
<tr>
<td>MIDAS</td>
<td>Management Information &amp; Dental Accounting System. Computerised payment system for GDS and PDS dentists.</td>
</tr>
<tr>
<td>Participation</td>
<td>Contact with GDS for examination or treatment in the last two years.</td>
</tr>
<tr>
<td>Registration</td>
<td>Registration with an NHS dentist.</td>
</tr>
<tr>
<td>PDS</td>
<td>Public Dental Service. From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS). Throughout this publication, 'PDS' will be used when referring to 'PDS (salaried GDS (not including CDS) prior to Jan 14 and Salaried and CDS for Jan 14 onwards)'.</td>
</tr>
<tr>
<td>PSD</td>
<td>Practitioner Services Division (now part of Practitioner &amp; Counter Fraud Services).</td>
</tr>
<tr>
<td>Salaried dentist</td>
<td>Dentist working in the salaried General Dental Service (or Community Dental Service) as an employee of an NHS Board.</td>
</tr>
<tr>
<td>SIMD</td>
<td>Scottish Index of Multiple Deprivation. Data for NHS dental registrations and participation in this report are analysed by the 'Scotland level' Scottish Index of Multiple Deprivation (SIMD) population-weighted quintiles. Each quintile consists of approximately 20% of the population living in Scotland, with deprivation quintile 1 indicating the population living in the most deprived areas.</td>
</tr>
</tbody>
</table>
## List of Tables

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td><strong>Dental registrations by Administrative Area and Age Group</strong></td>
<td>September 2000 to March 2015</td>
<td>Excel [762kb]</td>
</tr>
<tr>
<td>Table 2</td>
<td><strong>Dental registrations by NHS Board and ‘Scotland-level’ SIMD</strong></td>
<td>September 2000 to March 2015</td>
<td>Excel [409kb]</td>
</tr>
<tr>
<td>Table 3</td>
<td><strong>Registered NHS patients participating in GDS</strong></td>
<td>September 2006 to March 2015</td>
<td>Excel [121kb]</td>
</tr>
<tr>
<td>Table 4</td>
<td><strong>Participation in GDS; by NHS Board and ‘Scotland-level’ SIMD</strong></td>
<td>September 2006 to March 2015</td>
<td>Excel [118kb]</td>
</tr>
</tbody>
</table>
## List of Figures

<table>
<thead>
<tr>
<th>Figure No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Number of children and adults registered with an NHS dentist in Scotland</td>
<td>September 2000 to March 2015</td>
<td>Excel [114kb]</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Percentage of children and adults registered with an NHS dentist in Scotland; by dental service</td>
<td>September 2000 to March 2015</td>
<td>Excel [120kb]</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Percentage of the population registered with an NHS dentist in Scotland; by age group</td>
<td>As at 31 March 2015</td>
<td>Excel [106kb]</td>
</tr>
<tr>
<td>Figure 4a</td>
<td>Percentage of the population registered with an NHS dentist in Scotland; by NHS Board - Children</td>
<td>As at 31 March 2015</td>
<td>Excel [196kb]</td>
</tr>
<tr>
<td>Figure 4b</td>
<td>Percentage of the population registered with an NHS dentist in Scotland; by NHS Board - Adults</td>
<td>As at 31 March 2015</td>
<td>Excel [31kb]</td>
</tr>
<tr>
<td>Figure 5a</td>
<td>Percentage of patients registered with an NHS dentist in Scotland; by SIMD - Children</td>
<td>As at 31 March 2015</td>
<td>Excel [19kb]</td>
</tr>
<tr>
<td>Figure 5b</td>
<td>Percentage of patients registered with an NHS dentist in Scotland; by SIMD - Adults</td>
<td>As at 31 March 2015</td>
<td>Excel [29kb]</td>
</tr>
<tr>
<td>Figure 6</td>
<td>Number of registered patients participating in GDS in Scotland</td>
<td>September 2006 to March 2015</td>
<td>Excel [23kb]</td>
</tr>
<tr>
<td>Figure 7a</td>
<td>Number of registered patients participating in GDS in Scotland – Children</td>
<td>September 2006 to March 2015</td>
<td>Excel [31kb]</td>
</tr>
<tr>
<td>Figure 7b</td>
<td>Number of registered patients participating in GDS in Scotland - Adults</td>
<td>September 2006 to March 2015</td>
<td>Excel [19kb]</td>
</tr>
<tr>
<td>Figure 8</td>
<td>Percentage of registered patients participating in GDS in Scotland, by age group</td>
<td>As at 30 March 2015</td>
<td>Excel [29kb]</td>
</tr>
<tr>
<td>Figure 9a</td>
<td>Percentage of registered patients participating in GDS; by NHS Board - Children</td>
<td>As at 31 March 2015</td>
<td>Excel [23kb]</td>
</tr>
<tr>
<td>Figure 9b</td>
<td>Percentage of registered patients participating in GDS; by NHS Board - Adults</td>
<td>As at 31 March 2015</td>
<td>Excel [23kb]</td>
</tr>
<tr>
<td>Figure 10a</td>
<td>Percentage of registered children participating in GDS; by SIMD - Children</td>
<td>As at 30 March 2015</td>
<td>Excel [23kb]</td>
</tr>
<tr>
<td>Figure 10b</td>
<td>Percentage of registered children participating in GDS; by SIMD - Adults</td>
<td>As at 30 March 2015</td>
<td>Excel [23kb]</td>
</tr>
<tr>
<td>Figure A1.1</td>
<td>Percentage of the population registered with an NHS dentist in Scotland; by NHS Board - Children</td>
<td>September 2000 to March 2015</td>
<td>Excel [185kb]</td>
</tr>
<tr>
<td>Figure A1.2</td>
<td>Percentage of the population registered with an NHS dentist in Scotland; by NHS Board - Adults</td>
<td>September 2000 to March 2015</td>
<td>Excel [42kb]</td>
</tr>
<tr>
<td>Figure A2.1</td>
<td>Percentage of registered patients participating in GDS; by NHS Board - Children</td>
<td>September 2000 to March 2015</td>
<td>Excel [42kb]</td>
</tr>
<tr>
<td>Figure A2.2</td>
<td>Percentage of registered patients participating in GDS; by NHS Board - Adults</td>
<td>September 2000 to March 2015</td>
<td>Excel [42kb]</td>
</tr>
</tbody>
</table>
Contact
Sarah McKay
Information Analyst
s.mckay4@nhs.net
0141 272 2098

Claire Clark
Senior Information Analyst
claire.clark2@nhs.net
0131 275 6145

Jill Ireland
Principal Information Analyst
jillireland1@nhs.net
0131 275 7253

Catherine Thomson
Service Manager
catherine.thomson@nhs.net
0131 275 7198

Further Information
Further information can be found on the ISD website

Rate this publication
Please provide feedback on this publication to help us improve our services.
Appendix

A1 – Percentage of the population registered with an NHS dentist in Scotland by NHS Board

Figure A1.1: Percentage of children registered with an NHS dentist in Scotland by NHS Board from 30\textsuperscript{th} September 2000 to 31\textsuperscript{st} March 2015.

These figures can be downloaded, see List of Figures. The full-sized figures are available in separate sheets of the Excel workbook. The above small multiples enable a rapid comparison of the NHS Board trends.

The statistics in this release do not include services provided by private dentists or, historically, the CDS. There may have been different uptake of these services across NHS Boards, which may explain some of the variation seen in the registration rates.
Figure A1.2: Percentage of adults registered with an NHS dentist in Scotland by NHS Board from 30\textsuperscript{th} September 2000 to 31\textsuperscript{st} March 2015.

These figures can be downloaded, see List of Figures. The full-sized figures are available in separate sheets of the Excel workbook. The above small multiples enable a rapid comparison of the NHS Board trends.

The statistics in this release do not include services provided by private dentists or, historically, the CDS. There may have been different uptake of these services across NHS Boards, which may explain some of the variation seen in the registration rates.
A2 – Percentage of registered patients participating in GDS by NHS Board

**Figure A2.1:** Percentage of registered children participating in GDS by NHS Board from September 2006 to March 2015.

These figures can be downloaded, see [List of Figures](#). The full-sized figures are available in separate sheets of the Excel workbook. The above small multiples enable a rapid comparison of the NHS Board trends.

The statistics in this release do not include services provided by private dentists or, historically, the CDS. There may have been different uptake of these services across NHS Boards, which may explain some of the variation seen in the registration rates.
**Figure A2.2**: Percentage of registered adults participating in GDS by NHS Board from September 2006 to March 2015.

These figures can be downloaded, see [List of Figures](#). The full-sized figures are available in separate sheets of the Excel workbook. The above small multiples enable a rapid comparison of the NHS Board trends.

The statistics in this release do not include services provided by private dentists or, historically, the CDS. There may have been different uptake of these services across NHS Boards, which may explain some of the variation seen in the registration rates.
A3 – Population Estimates

To enable a consistent time trend to be reported, all rates in this release are based on the most recently available populations as noted in the table below.

At the time of this release, mid year estimates by NHS Board and local authority were available for 2014. However, the data zone level population estimates which are aggregated to determine SIMD were not due to be released until later in 2015. Therefore, 2013 mid year estimates have been used throughout for the 2014 and 2015 data.

The population estimates will be updated in future releases once the data is available.

<table>
<thead>
<tr>
<th>Date of snapshot</th>
<th>Mid-year population estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>31/03/2013, 30/09/2013, 31/03/2014, 30/09/2014, 31/03/2015</td>
<td>2013 (based on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2012, 30/09/2012</td>
<td>2012 (based on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2011, 30/09/2011</td>
<td>2011 (rebased on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2010, 30/09/2010</td>
<td>2010 (rebased on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2009, 30/09/2009</td>
<td>2009 (rebased on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2008, 30/09/2008</td>
<td>2008 (rebased on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2007, 30/09/2007</td>
<td>2007 (rebased on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2006, 30/09/2006</td>
<td>2006 (rebased on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2005, 30/09/2005</td>
<td>2005 (rebased on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2004, 30/09/2004</td>
<td>2004 (rebased on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2003, 30/09/2003</td>
<td>2003 (rebased on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2001, 30/09/2001</td>
<td>2001 (based on 2001 Census)</td>
</tr>
<tr>
<td>30/09/2000</td>
<td>2000 (based on 2001 Census)</td>
</tr>
</tbody>
</table>
A4 - 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.

**Childsmile** - improving the oral health of children in Scotland.

**Dental data in Scotland**

ISD publish

- Information relating to the [general dental service workforce](#) in Scotland.

- An annual [NHS Adult & Child Fees and Treatments](#) report providing information on GDS fees paid to dentists and on treatments provided to children and adults.

- 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.

- An annual report providing information on the application of [fluoride varnishing](#) to children’s teeth.

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

**Comparison with other UK dental data**

<table>
<thead>
<tr>
<th>Country</th>
<th>Registration measure</th>
<th>Participation measure</th>
<th>Comparable to Scottish Participation?</th>
<th>Links:</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>no</td>
<td>Yes (number of patients seen within two-year period)</td>
<td>No – Scottish participation is restricted to patients registered to an NHS dentist</td>
<td><a href="#">The Health and Social Care Information Centre (HSCIC)</a></td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>no</td>
<td>no</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Wales</td>
<td>no</td>
<td>Yes (number of patients treated within two-year period)</td>
<td>No – Scottish participation is restricted to patients registered to an NHS dentist</td>
<td><a href="#">StatsWales</a></td>
</tr>
</tbody>
</table>

[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: dental activity, clinical treatments, orthodontic activity and dental workforce. Information on the number of patients seen by an NHS dentist in the previous two years at specified dates is also included.

[StatsWales](#) provide statistics on GDS, including data on the proportion of patients treated.
It should be noted that the definition of patients seen/treated used by HSCIC and StatsWales differs to ISD’s definition of participation (which is restricted to patients who are registered with an NHS dentist).

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.

Please note that if you want to compare deprivation levels in Scotland and England, the Scottish Index of Multiple Deprivation (SIMD) is not directly comparable with the Index of Multiple Deprivation used in England.
## A5– Publication Metadata (including revisions details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication title</td>
<td>Dental Statistics – NHS Registration and Participation.</td>
</tr>
<tr>
<td>Description</td>
<td>This release provides information on NHS dental registrations from September 2000 to March 2015 and participation (contact with an NHS dentist) from September 2006 to March 2015.</td>
</tr>
<tr>
<td>Theme</td>
<td>Dental health care.</td>
</tr>
<tr>
<td>Topic</td>
<td>Registration and participation.</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks.</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>MIDAS, NRS.</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>April 2015</td>
</tr>
<tr>
<td>Release date</td>
<td>16 June 2015</td>
</tr>
<tr>
<td>Frequency</td>
<td>Six-monthly.</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>The latest iteration of data is 31 March 2015, therefore three months in arrears.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Reports six-monthly as at 31 March and 30 September.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>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.</td>
</tr>
</tbody>
</table>

### Revisions relevant to this publication

Revisions
In the previous publication (27 January 2015), figures for March and September 2014 were marked as provisional. These figures have been re-extracted for this release and revised.

Number of patients registered with an NHS dentist (previously published and revised figures)

<table>
<thead>
<tr>
<th>Date of snapshot</th>
<th>Previously Published</th>
<th>Revised</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2014</td>
<td>4,620,746</td>
<td>4,619,847</td>
<td>0.02</td>
</tr>
<tr>
<td>March 2014</td>
<td>4,524,705</td>
<td>4,513,507</td>
<td>0.25</td>
</tr>
</tbody>
</table>

Number of registered patients who participated in GDS (previously published and revised figures)

<table>
<thead>
<tr>
<th>Date of snapshot</th>
<th>Previously Published</th>
<th>Revised</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2014</td>
<td>3,438,050</td>
<td>3,480,735</td>
<td>1.24</td>
</tr>
<tr>
<td>March 2014</td>
<td>3,445,713</td>
<td>3,448,948</td>
<td>0.09</td>
</tr>
</tbody>
</table>

In this release, data for March 2015 and September 2014 are marked provisional. These figures will be re-extracted at the time of the next publication and are therefore subject to change in future analyses. This will ensure the long-term
trend data built up over time is more robust.

<table>
<thead>
<tr>
<th>Concepts and definitions</th>
<th>Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Data are presented on the number and percentage of the population who are registered with an NHS dentist.</td>
</tr>
<tr>
<td></td>
<td>Based on the postcode of the registered person's home address, the percentage of population registered with an NHS dentist is calculated as follows:</td>
</tr>
<tr>
<td></td>
<td>For each administrative area:</td>
</tr>
<tr>
<td></td>
<td>[ \frac{\text{the number of people registered with an NHS dentist \ (any location)}}{\text{the number of people resident in that administrative area}} \times 100 ]</td>
</tr>
<tr>
<td></td>
<td>where administrative area is the NHS Board or Local Authority.</td>
</tr>
<tr>
<td></td>
<td>Participation</td>
</tr>
<tr>
<td></td>
<td>Data are presented on the number and percentage of registered patients who participated with GDS.</td>
</tr>
<tr>
<td></td>
<td>Based on the postcode of the registered person’s home address, the percentage of participation is calculated as follows:</td>
</tr>
<tr>
<td></td>
<td>For each NHS Board:</td>
</tr>
<tr>
<td></td>
<td>[ \frac{\text{the number of registered patients who participated in GDS in the previous two years}}{\text{the number of people resident in that NHS Board who are registered with an NHS dentist}} \times 100 ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relevance and key uses of the statistics</th>
<th>Making information publicly available for planning, provision of services, research etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accuracy &amp; Completeness</td>
<td>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).</td>
</tr>
</tbody>
</table>

**Summary of the quality assurance undertaken on the dental payments database**

Two types of checks are made as payment verification of the GDS payment database (see [http://www.psd.scot.nhs.uk/professionals/dental/payment-](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.

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 2014/15, 4.2% 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, 0.45% were 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).

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.

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.

<table>
<thead>
<tr>
<th>Comparability</th>
<th>Comparisons with UK-wide statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See Appendix A4.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accessibility</th>
<th>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coherence and clarity</td>
<td>Tables and charts are accessible via the ISD website at: <a href="http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/">www.isdscotland.org/Health-Topics/Dental-Care/Publications/</a>.</td>
</tr>
<tr>
<td>Value type and unit of measurement</td>
<td>Number of patients and percentage of population registered with an NHS dentist/participating in GDS.</td>
</tr>
<tr>
<td>Disclosure</td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<tr>
<td>UK Statistics Authority Assessment</td>
<td>Awarded. Further details can be found in the UKSA assessment report (<a href="#">report 209</a>).</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Last published</td>
<td>27 January 2015</td>
</tr>
<tr>
<td>Next published</td>
<td>1 December 2015</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>(Registrations) 2007</td>
</tr>
<tr>
<td>Help email</td>
<td><a href="mailto:NSS.ISD-Dental-Info@nhs.net">NSS.ISD-Dental-Info@nhs.net</a></td>
</tr>
<tr>
<td>Date form completed</td>
<td>19th May 2015</td>
</tr>
</tbody>
</table>
A6 – 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
A7 – 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 (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](#).

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.