Dental Statistics – NHS Registration and Participation
Statistics as at 31 March 2016
Publication date – 21 June 2016
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Introduction

This release from Information Services Division provides information on NHS dental registrations in Scotland from September 2000 to March 2016 and contact with an NHS dentist (participation) from September 2006 to March 2016.

The General Dental Service (GDS)
The NHS General Dental Service (GDS) is usually the first point of contact for NHS dental treatment. People register with a dentist to receive the full range of NHS treatment available under GDS. Most of GDS is provided by high-street ‘independent’ dentists.

Prior to 2014, there were also a number of ‘salaried’ dentists who were directly employed by NHS boards and provided GDS, and with whom patients could register.

There was also the Community Dental Service (CDS), which provided a ‘safety net’ dental service for people who were unable to obtain care through the GDS. These patients included those with special care needs or patients living in remote areas without access to 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 nor counted as part of the national dental database.

From 01 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 data from both independent dentists and the PDS. For the purposes of this publication an ‘NHS dentist’ is a dentist providing GDS, whether as an independent dentist or as a PDS dentist.

Registration
Registration is defined in this report as any patient registered with an NHS Dentist. Patients registered by a private dentist are excluded from this publication. Data are presented on the number and percentage of the population who are registered with an NHS dentist. The change in registration policy from April 2006 to April 2010 has impacted the registration rates. Before April 2006 anyone who was registered but did not attend the dentist within 15 months was de-registered from the dental practice. This was extended to 36 months in April 2008, 48 months in April 2009 and then ‘lifetime registration’ was introduced in April 2010. The policy changes are captured in the methodology section in Appendix 1, whilst the impact of this is discussed throughout the Results and Commentary section.

Participation
Participation is defined in this report as any patient who is registered with an NHS Dentist and who has had contact with GDS for examination or treatment in the last two years. Participation data are presented similarly to registration data; showing the number and percentage of the population participating in GDS. Please see the methodology section in Appendix 1 for more details.
Data Analysis
This report shows registration and participation activity data for the latest available data, for long term trends and in-depth analysis showing results by patient age, different geographies (NHS Board and Health and Social Care Partnership) and deprivation quintiles.

NHS Board Boundaries
2014 NHS Board boundaries, which came into effect from 01 April 2014, are used throughout this publication, with older data mapped into the new structures.

Health and Social Care Partnership
Health and Social Care Partnerships came into effect from 01 April 2016 and have replaced Local Authority data (Table 1b) previously reported in this publication. There are 31 Health and Social Care Partnerships which are currently reflecting the original 32 Local Authorities. The exception being the two separate Local Authorities; Clackmannanshire and Stirling have combined to create one Health and Social Care Partnership.

Deprivation
Data are 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. For further information please see the Methodology section in Appendix A1.

Populations
Registration rates are calculated using the most relevant mid-year population estimates provided by the National Records of Scotland (NRS) – see Populations in Appendix A2.

At the time of the analysis, the latest mid-year estimates that were available to create all the geographies were for 2014. Thus, data for 2015 and March 2016 have used out of date populations to calculate the rates.

Additional to this, population estimates should be treated with caution as there are potential issues that may arise when using the estimates as denominators, including:
- 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.
- Whilst population is based on mid-year estimates, registration is based on the patient’s age at the date of snapshot. A patient, therefore, initially counted in the population estimate (denominator) may have a birthday after the mid-year and will 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
Health and Social Care Partnerships came into effect from 01 April 2016 and have replaced the Local Authority data previously reported in this publication.
Main points

Registration

- 4.9 million (91%) of the Scottish population are registered with an NHS dentist.
- Children are more likely to be registered with an NHS dentist than adults (94% compared to 90%) and true across all deprivation areas.
- In contrast, adults are more likely to be registered if they live in the more deprived areas (92% in the most deprived area, 84% in the least deprived areas).

Contact with a Dentist (Participation)

- At March 2016, 3.5 million (72%) of those registered had seen an NHS dentist within the last two years. This has been a steady decline since the change in the registration rules in 2007, when 2.5 million (99%) had contact with an NHS dentist.
- Children are more likely than adults to have seen an NHS dentist within the last two years (85% compared to 69%).
- Those from the most deprived areas were less likely to see their dentist within the last two years than those from the least deprived areas.
Results and Commentary

Registration

Registration trends

As at 31 March 2016, 4.9 million patients were registered with an NHS dentist in Scotland. This is an 88% increase since registrations started to climb in March 2007. There has been a greater increase in the number of adult registrations than in the number of registrations for children (107% compared to 38%) between March 2007 and March 2016. Prior to this there had been an overall decline between September 2000 from around 2.7 million to 2.6 million in March 2007.

The continuing increasing trend of registration data from March 2007 simply reflects the changes in registration policy as shown in Figure 1. Prior to April 2006, patient registration lapsed and the patient became de-registered with the dental practice after a period of 15 months if the patient had not attended in that time. Over the years this has changed until April 2010 when ‘lifetime registration’ was introduced. See policy impacts on registration in the Appendix 1 for further information.

Figure 1: Number of children and adults registered with an NHS dentist in Scotland; September 2000 to March 2016

Source: ISD, MIDAS

P Figures for March 2016 and September 2015 are provisional

R Figures for March 2015 have been revised
The percentage of the Scottish population registered with an NHS dentist increased from 67% to 94% for children and from 46% to 90% for adults between March 2007 and March 2016 (Figure 2).

Figure 2 - Percentage of children and adults registered with an NHS dentist in Scotland; by dental service; September 2000 to March 2016\(^{P,R}\)

Source: ISD, MIDAS
\(^P\) Figures for March 2016 and September 2015 are provisional
\(^R\) Figures for March 2015 have been revised
*PDS (salaried GDS (not including CDS) prior to Jan 14 and Salaried and CDS for Jan 14 onwards)

A small proportion of registrations are attributed to PDS dentists, with the ratio of patients registered at a GDS compared with those seen in PDS at 31 March 2016 being 11 to one for children and 20 to one for adults.
Registration rates by patient age
A breakdown of the percentage of patients registered with an NHS dentist by age group in March 2016 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 2016^c,p

\[\text{Diagram showing percentage of population registered with NHs dentist by age group.}\]

Source: ISD, MIDAS, data extracted in April 2016
^c Figures are capped at 100%. The actual (uncapped) rates are provided in the attached figure, see list of tables and charts
^p Figures for March 2016 are provisional

Children
Registration rates increase with age in children; from 48% for children aged 0-2 to seemingly over 100% for children aged 6 and over, with a similar pattern seen in previous years. This increase by age coincides with children going to school and receiving dental inspections as part of the National Dental Inspection Programme (NDIP) where every child in P1 and P7 receives a basic dental inspection and every parent receives the results of this examination. Issues with the populations explain how the percentages appear to be over 100%.

Adults
Registration rates for adults generally decrease with age; from over 100% in the 25-34 age group to 77% for people aged 75 and over. A similar pattern has been seen since 2013.

Between September 2000 and March 2009 adult registration rates were highest in the 35-44 age group and from September 2009 to March 2012, they were highest in the 18-24 age group.

Trend data is available on NHS dental registrations by age group, NHS Board and Health and Social Care Partnership (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 in the registration rates seen in Figures 4a and 4b below. This variation may also be attributed to some extent by missing postcodes which were not able to be assigned to an NHS board. Figures are footnoted accordingly.

Children

There was some variation in child registration rates across NHS Boards (range from 84% to 94%), as at 31 March 2016 (Figure 4a). In eight NHS Boards more than 90% of children were registered with an NHS dentist.

Figure 4a: Percentage of the population registered with an NHS dentist in Scotland; by NHS Board as at 31st March 2016\(^\text{P}\) – Children

![Graph showing child registration rates by NHS Board as of 31 March 2016.]

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

Source: ISD, MIDAS, data extracted in April 2016

\(^\text{P}\) Figures for March 2016 are provisional

Figure 4a does not display 3% of data with missing patient postcode for children or where NHS board could not be identified. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Trend data on child NHS dental registrations by NHS Board are presented in Figure A3.1 (see List of Figures or Appendix A3). 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. That said, NHS Orkney and NHS Western Isles reported the largest increases in registration rates since March 2007, up 53 and 51 percentage points respectively.
Adults
Greater variation was seen in adult registration rates between NHS Boards. In March 2016, in NHS Grampian 73% of adults were registered with an NHS dentist, whereas more than 85% of adults were registered in six of the NHS Boards (Figure 4b). This variation partly reflects use of private dentists.

Figure 4b: Percentage of the population registered with an NHS dentist in Scotland; by NHS Board as at 30th March 2016p - Adults

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

Source: ISD, MIDAS, data extracted in April 2016

p Figures for March 2016 are provisional

Figure 4b does not display 4% of data with missing patient postcode for adults or where NHS board could not be identified. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Trend data on adult NHS dental registrations by NHS Board are presented in Figure A3.2 (see List of Figures or Appendix A3). 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).

Children

There are no longer differences in registration rates between children living in the most and least deprived areas (all around 90%; Figure 5a). This is in contrast with previous years when there had been lower rates reported in the more deprived areas, and this was apparent from September 2000 to September 2014. For example, in September 2000, 52% of children living in the most deprived areas were registered with an NHS dentist compared with 70% for the least deprived areas.

Note, that the 90% figure seen for all SIMD quintiles is lower than the overall registration rate for children in Scotland (94%; Figure 2) due to the missing postcodes, which are unable to be assigned to a SIMD category but included at the Scotland level. Figures are footnoted accordingly.

Figure 5a: Percentage of patients registered with an NHS dentist in Scotland; by Scottish Index of Multiple Deprivation (SIMD) as at 31st March 2016 – Children

Source: ISD, MIDAS, data extracted in April 2016

Figures for March 2016 are provisional

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

The percentage of patients registered at Scotland level by deprivation is not mirrored across the NHS Boards mainly due to not all NHS Boards having areas in all deprivation quintiles (e.g. NHS Orkney have no postcodes in the most deprives area. There is some variation seen within most NHS Boards but most noticeable within the island NHS Boards. NHS Orkney and NHS Shetland do not have any registered patients in the most deprived quintile and both show a slight variation across all other quintiles (both ranging from 100% to 90%), whereas NHS Shetland only has patients registered in the second and third deprivation quintile (around 80%) see Table 2.
**Adults**

In contrast to children, adults living in the more deprived quintiles (SIMD1 and 2) were more likely to be registered with an NHS dentist than adults living in other deprivation quintiles (92% for SIMD 1, 87% for SIMD 2 compared with around 84% for other quintiles) in March 2016 (Figure 5b). This may be due to the availability of free NHS dental treatment for adults who receive certain benefits or initiatives such as the Scottish Government’s Scottish Dental Access Initiative (SDAI) grant scheme which targeted dentists opening in the more deprived areas; this was introduced in 1997. Prior to the new registration rules in 2006 starting to have an effect, adults living in the most deprived areas had the lowest rates (from September 2000 to September 2007).

**Figure 5b: Percentage of patients registered with an NHS dentist in Scotland; by Scottish Index of Multiple Deprivation (SIMD) as at 31st March 2016**

As a result of the introduction of lifetime dental registration in 2010, the registration rate has become less informative as a measure of patient accessibility and utilisation of GDS. Therefore, the concept of whether patients actually attend their dentist is now more meaningful and is reported in the form of the participation data.
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, or private dentists.

Participation trends

Of the 4.9 million patients registered, 3.5 million (72%) saw an NHS dentist in the two year period up to 31st March 2016. This is a 37% increase from over 2.5 million who participated in the two years prior to September 2006 (Figure 6). However, the percentage of these patients who saw a dentist within the previous two years has shown a steady decline from around 99% in September 2006 to March 2008, to 84% in September 2010 and they are now at 72% in March 2016, the lowest reported rate. The interpretation of trends in participation rates is affected by the trends in the registration rates. Although the general registration numbers are increasing, the participation rate is falling. This is because although the number of patients registered with an NHS dentist has increased since March 2007, not all of these patients were seen by a dentist within the previous two years.

Figure 6: Number of registered patients participating in GDS in Scotland; September 2006 to March 2016<sup>PR</sup><sup>P</sup>

The figures for March 2016 and September 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 2016.

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 90% in September 2010 and 85% in March 2016 (Figure 7a).

**Figure 7a: Number and percentage of registered patients participating in GDS in Scotland; September 2006 to March 2016**

Source: ISD, MIDAS

* Figures for March 2016 and September 2015 are provisional
* Figures for March 2015 have been revised

Although there has been a 38% increase from March 2007 to March 2016 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 82% between September 2006 and September 2010 and continued to fall to 69% in March 2016 (Figure 7b). From September 2006 to March 2016 the number of registered adults participating increased by 45% (from 1.9 million to 2.7 million) whilst the number of registrations doubled over the same time period (from 1.9 million to 3.9 million).

Figure 7b: Number and percentage of registered patients participating in GDS in Scotland; September 2006 to March 2016\(^{P,R}\) - Adults

Source: ISD, MIDAS

\(^P\) Figures for March 2016 and September 2015 are provisional

\(^R\) Figures for March 2015 have been revised
Participation rates by patient age
A breakdown of the percentage of patients seeing an NHS dentist in the two year period up to March 2016 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 2016**

Source: ISD, MIDAS, data extracted in April 2016

*Figures for March 2016 are provisional

**Children**
As at 31 March 2016, the highest national participation rates were reported in children aged 0-2 (99%). This was largely as a consequence of the definition (i.e. contact within 2 years). The participation rate decreased incrementally with age, to 80% 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, see Table 3.

**Adults**
The age groups 55-64 and 65-74 had the highest participation rate (75%) in March 2016. 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 (63%).

A similar pattern was seen in previous years. Participation rates in all age groups have decreased year on year since 2008 with the change in policy rules.

Trend data is also available (Table 3).
Participation rates by NHS Board
As mentioned in registration rates by NHS Board, the variation across the NHS Boards may be attributed to uptake of private dentists which is not included in the statistics and to some extent missing postcodes which were not able to be assigned to an NHS Board. Figures are footnoted accordingly.

Children
There was some variation in child participation rates across NHS Boards. NHS Borders had the highest participation rate for children (93%) as at 31 March 2016, while NHS Shetland and NHS Western Isles had the lowest (82%) (Figure 9a).

Figure 9a: Percentage of registered patients participating in GDS; by NHS Board as at 31st March 2016 – Children

![Graph showing percentage participation rates by NHS Board.]

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

Source: ISD, MIDAS, data extracted in March 2016

Figures for March 2016 and September 2015 are provisional

Figure 9a does not display 1% of data with missing patient postcode or where NHS Board could not be identified. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Trend data on participation by NHS Board is presented in Figure A4.1 (see List of Figures or Appendix A4). 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 having below average registration rates in the NHS Board over time. Since September 2013, participation in NHS Western Isles has decreased (82% as at March 2016). Similarly, child participation rates in NHS Orkney increased from 86% in March 2010 to 93% in March 2012 before falling slightly and remaining around 91%, as at March 2016.
Adults
There was a larger difference between the lowest and highest participation rates in adults in March 2016. NHS Western Isles (57%) and NHS Shetland (59%) had the lowest adult participation rates and NHS Borders had the highest (81%) with the remaining NHS Boards having participation rates in the range of 66 - 75% (Figure 9b).

Figure 9b: Percentage of registered patients participating in GDS; by NHS Board as at 31st March 2016 – Adults

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

Source: ISD, MIDAS, data extracted in April 2016

Figures for March 2016 are provisional
Figure 9b does not display 1% of data with missing patient postcode or where NHS Board could not be identified. These are classed as unknown and included as a separate category in the supporting Excel workbook.

Trend data on participation by NHS Board is presented in Figure A4.2 (see List of Figures or Appendix A4). 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 (SIMD) population-weighted quintiles. Trend data is available on participation by SIMD, NHS Board and dental service (Table 4).

Children
Figures for March 2016 suggest that children living in the most deprived areas were least likely to see a dentist in the last two years (81% for most deprived; 90% for least deprived) (Figure 10a).

In September 2008 the gap between the rates for the most and least deprived quintiles was three percentage points, the gap widened to seven percentage points in September 2010 and as at March 2016 is now the largest gap between the most and least deprived quintiles (nine percentage points). Although the levels of participation appear to show a widening inequality gap between the deprivation quintiles, this is not the full picture. Due to the lower registration rates in the more deprived areas prior to September 2014 (Table 2), children from these areas have always been less likely to see a dentist that those from the less deprived areas.

Figure 10a: Percentage of registered patients participating in GDS; by Scottish Index of Multiple Deprivation (SIMD) as at 31st March 2016\(^5\) – Children

Source: ISD, MIDAS, data extracted in April 2016
\(^5\) Figures for March 2016 are provisional
Figure 10a does not display 1% of data with missing patient postcode or where SIMD could not be identified. These are classed as unknown and included as a separate category in the supporting Excel workbook.
Adults
A similar pattern was seen for adults, with adults living in the most deprived areas being the least likely to participate as at March 2016 (65% in SIMD 1 compared with 75% in SIMD 5) (Figure 10b). In September 2008 the gap was three percentage points.

**Figure 10b: Percentage of registered patients participating in GDS; by Scottish Index of Multiple Deprivation (SIMD) as at 31st March 2016**

Source: ISD, MIDAS, data extracted in March 2016
*Figures for April 2016 are provisional
Figure 10b does not display 1% of data with missing patient postcode or where SIMD could not be identified. These are classed as unknown and included as a separate category in the supporting Excel workbook.
Conclusion

Registration has increased steadily following changes in registration policy and in March 2016, 4.9 million patients (91% of the population) were registered with an NHS dentist in Scotland.

Children are more likely to be registered than adults (94% compared with 90%).

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 NHS 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 2016 figures suggest that there is no relationship between registration rates and deprivation.

In contrast, before March 2009 adults living in the more deprived areas were less likely to be registered; however, this pattern has reversed and since September 2009, 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 2016 showed that 72% of patients had seen a 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 (85% compared to 69%).

Patients living in the most deprived areas are less likely to see a dentist in the previous two years. This gap is increasing for children (nine percentage points) and remained constant for adults (10 percentage points).
## Glossary

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| 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) |
| CHI          | 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 |
| 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 |
| MIDAS        | Management Information & Dental Accounting System  
Computerised payment system for GDS and PDS dentists |
| NDIP         | National Dental Inspection Programme where every P1 and P7 child receives a basic dental inspection and P1 or P7 receive a detailed dental inspection on alternative years |
| Participation | Contact with GDS for examination or treatment in the last two years |
| Registration | Registration with an NHS dentist |
| PDS          | 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)’ |
| PSD          | Practitioner Services Division (now part of Practitioner & Counter Fraud Services) |
| Salaried dentist | Dentist working in the salaried General Dental Service (or Community Dental Service) as an employee of an NHS Board |
| Scottish Dental Access Initiative | A grant scheme created by the Scottish Government which attracts dentists to practise in specific areas of Scotland |
| SIMD         | 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 |
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<td>Figure 8</td>
<td>Percentage of registered patients participating in GDS in Scotland, by age group</td>
<td>As at 31 March 2016</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 2016</td>
<td>Excel [22kb]</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 2016</td>
<td>Excel [19kb]</td>
</tr>
<tr>
<td>Figure 10a</td>
<td>Percentage of registered patients participating in GDS; by SIMD - Children</td>
<td>As at 31 March 2016</td>
<td>Excel [22kb]</td>
</tr>
<tr>
<td>Figure 10b</td>
<td>Percentage of registered patients participating in GDS; by SIMD - Adults</td>
<td>As at 31 March 2016</td>
<td>Excel [188kb]</td>
</tr>
<tr>
<td>Figure A3.1</td>
<td>Percentage of the population registered with an NHS dentist in Scotland; by NHS Board - Children</td>
<td>September 2000 to March 2016</td>
<td>Excel [43kb]</td>
</tr>
<tr>
<td>Figure A3.2</td>
<td>Percentage of the population registered with an NHS dentist in Scotland; by NHS Board - Adults</td>
<td>September 2000 to March 2016</td>
<td>Excel [105kb]</td>
</tr>
<tr>
<td>Figure A4.1</td>
<td>Percentage of registered patients participating in GDS; by NHS Board - Children</td>
<td>September 2000 to March 2016</td>
<td>Excel [105kb]</td>
</tr>
<tr>
<td>Figure A4.2</td>
<td>Percentage of registered patients participating in GDS; by NHS Board - Adults</td>
<td>September 2000 to March 2016</td>
<td>Excel [105kb]</td>
</tr>
</tbody>
</table>
Contact
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Further Information
Further information can be found on the ISD website

NHS Performs
A selection of information from this publication is included in NHS Performs. NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

Rate this publication
Please provide feedback on this publication to help us improve our services.
Appendices
A1 – Methodology

Data Extraction
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.

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:

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

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).

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, 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 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:

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

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.

**Policy impacts on participation**

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.

**Deprivation**

There were 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. SIMD 2016 has been released but was not available at the time of analysis.

<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’s postcode is missing or invalid, these are classed as “unknown” for analysis purposes, as these cannot be matched to an NHS Board, Health and Social Care Partnership or SIMD quintile. Similarly, a number of postcodes do not have full geographical or deprivation information attached to them. This can be the case if the postcode has been deleted or is a large user postcode (allocated to single addresses receiving at least 500 mail items per day (e.g. business addresses)).

When analysing Scotland level data, patients with postcodes where geographical or deprivation information is unknown are included. When analysing data at the NHS Board, Health and Social Care Partnership or SIMD level, unknowns are presented as a stand-alone category in supporting Excel tables, as an NHS Board, Health and Social Care Partnership 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.

As a result, care should be taken when interpreting NHS board, Health and Social Care Partnership and SIMD data. These may by undercounted as data for missing or invalid postcodes cannot be distributed across the relevant NHS Boards, Health and Social Care Partnership or SIMD categories.

The number and percentage of patients with a missing or invalid postcode are shown in the following tables.

Patients registered with an NHS dentist as at 31st March 2016 with missing or invalid postcodes

<table>
<thead>
<tr>
<th>Number of patients registered</th>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown NHS Board</td>
<td>30,987 (3%)</td>
<td>150,359 (4%)</td>
</tr>
<tr>
<td>Unknown SIMD</td>
<td>31,286 (3%)</td>
<td>153,805 (4%)</td>
</tr>
</tbody>
</table>

Of those registered, patients participating in GDS as at 31st March 2016 with missing or invalid postcodes

<table>
<thead>
<tr>
<th>Number of patients participating</th>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown NHS Board</td>
<td>11,086 (1%)</td>
<td>29,301 (1%)</td>
</tr>
<tr>
<td>Unknown SIMD</td>
<td>11,086 (1%)</td>
<td>29,301 (1%)</td>
</tr>
</tbody>
</table>
A2 – 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, the latest mid-year estimates were available for 2014. The 2015 mid-year estimates based on datazone (needed to create populations for the higher geographies and deprivation quintiles) were not available at the time of the analysis. 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>31/03/2014, 30/09/2014, 31/03/2015, 30/09/2015, 31/03/2016</td>
<td>2014 (based on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2013, 30/09/2013</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>
A3 – Percentage of the population registered with an NHS dentist in Scotland by NHS Board

Figure A3.1: Percentage of children registered with an NHS dentist in Scotland by NHS Board from 31st March 2001 to 31st March 2016

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 A3.2**: Percentage of adults registered with an NHS dentist in Scotland by NHS Board from 31\(^{st}\) March 2001 to 31\(^{st}\) March 2016

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.
A4 – Percentage of registered patients seeing an NHS dentist within two years by NHS Board

**Figure A4.1:** Percentage of registered children participating in GDS by NHS Board from 31st March 2007 to 31st March 2016

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 A4.2**: Percentage of registered adults participating in GDS by NHS Board from 31st March 2007 to 31st March 2016.

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.
A5 - 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.

The 2015/16 Scottish Adult Oral Health Survey will provide detailed analyses of oral health factors and demographic measures, and will provide a tool to inform policy, plan services and improve and maintain health. It is anticipated that this report will be published in winter 2016.

**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</a> (HSCIC)</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.
A6– Publication Metadata (including revisions details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<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 2016 and participation (contact with an NHS dentist) from September 2006 to March 2016.</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 2016.</td>
</tr>
<tr>
<td>Release date</td>
<td>21 June 2016.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Bi-annual.</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>The latest iteration of data is 31 March 2016, therefore four months in arrears.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Annual as at 31 March.</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 (26 January 2016), figures for September 2015 and March 2015 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). The revised figures are slightly lower than the previously published 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 2015</td>
<td>4,780,901</td>
<td>4,776,718</td>
<td>-0.09</td>
</tr>
<tr>
<td>March 2015</td>
<td>4,697,772</td>
<td>4,685,367</td>
<td>-0.26</td>
</tr>
</tbody>
</table>

Number of registered patients who participated in GDS (previously published and revised figures). The revised figures for September 2015 and March 2015 have slightly increased.
In this release, data for September 2015 and March 2016 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>Date of snapshot</th>
<th>Previously Published</th>
<th>Revised</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2015</td>
<td>3,484,974</td>
<td>3,527,536</td>
<td>1.22</td>
</tr>
<tr>
<td>March 2015</td>
<td>3,504,071</td>
<td>3,507,462</td>
<td>0.10</td>
</tr>
</tbody>
</table>

**Concepts and definitions**

**Registrations**

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:

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

where administrative area is the NHS Board or Local Authority.

**Participation**

Data are presented on the number and percentage of registered patients who participated with GDS.

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

For each NHS Board:

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

**Relevance and key uses of the statistics**

Making information publicly available for planning, provision of services, research etc.

**Accuracy & Completeness**

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).

**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-verification.html](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 2015/16, 3.5% 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, 0.32% 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><strong>Comparisons with UK-wide statistics</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See Appendix A5.</td>
</tr>
</tbody>
</table>

<p>| Accessibility | It is the policy of ISD Scotland to make its websites and products accessible according to published guidelines. |</p>
<table>
<thead>
<tr>
<th>Coherence and clarity</th>
<th>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>.</th>
</tr>
</thead>
<tbody>
<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>Last published</td>
<td>26 January 2016</td>
</tr>
<tr>
<td>Next published</td>
<td>December 2016</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>8th June 2016</td>
</tr>
</tbody>
</table>
A7 – 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
A8 – 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.