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Introduction

Background
This publication provides statistics on NHS General Dental Service treatment and fees from 2000/01 to 2017/18.

NHS General Dental Service (GDS)
The NHS General Dental Service (GDS) is usually the first point of contact for NHS dental treatment. The majority of GDS is provided by independent dentists (“High Street dentists”) who have contractual arrangements with NHS boards to provide GDS.

Historically, GDS was also provided by salaried dentists who were directly employed by NHS boards to provide an alternative service when considered the best solution to meet local needs.

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

From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS). The main treatment role of the PDS is to provide care for people who have special needs and for whom particular skills are required to provide their care.

GDS is now delivered by independent dentists and the PDS.

Key Definitions – Treatments

Statement of Dental Remuneration Items of Service (SDR IOS)
NHS dentists can provide a wide range of treatments to patients. The Statement of Dental Remuneration (SDR) lists all the items of service (i.e. treatments) that dentists can provide and claim payment for. Data presented here are grouped together under general treatment headings from the full list of treatments, for example ‘Examination and Report’ includes all treatment items relating to examinations and provision of a care and treatment summary report. A description of the main items of service can be found on the ISD website.

PDS dentists, and dentists in the former salaried dental service, are remunerated by salary and do not receive SDR IOS payments. However, claims are submitted to show what treatments are being delivered by them, to help understand all the treatment needs and to help with planning purposes for the whole country. Activity of the new PDS from 2014, and the former salaried dental service prior to 2014, is included in these statistics. However, any activity undertaken in the CDS prior to 2014 is not included.
See **Appendix 4 - Impacts on treatments and fees data** for a description of the patient age-specific rules for dentists claiming payment for treatments and how these affect the data published in this report. Additionally, changes in dental policy, such as those relating to registration, will also affect the data.

### Course of treatment

A course of treatment is defined as at least one SDR IOS being claimed by the dentist, and can cover a single appointment or multiple appointments. SDR treatments which do not incur a payment (tooth brushing or dietary advice) and orthodontic interim payments are included in individual treatment counts however are excluded when counting courses of treatment.

The rate per 100 courses of treatment is derived using the following formulae:

\[
\text{Rate per 100 courses of treatment} = \frac{\text{number of treatments} \times 100}{\text{number of courses of treatment}}
\]

A course of treatment can cover a single treatment or multiple treatments. Each treatment is counted in the numerator; however a course of treatment covering multiple treatments will only be counted once in the denominator. As a result, the rate per 100 courses of treatment will sometimes exceed 100.

### Patient age-specific rules for claiming treatments

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

**Children (aged under 18 years)**

Not all treatments are claimable for children. Non-orthodontic examinations and radiographs (x-rays), scale & polish and other minor treatments are covered by the fee the dentist receives for capitation (see below). However, dentists can claim payment if treatment is necessitated by trauma. GDS dentists can also claim for orthodontic treatments they are approved to undertake.

**Adults (patients aged 18+ years)**

All treatments relating to adults can be claimed. NHS orthodontic care is not usually available for patients aged over 18 but may be approved on a case-by-case basis if it is needed for health reasons.
Key Definitions – Fees

Payments for Treatment Provided – SDR IOS earnings

Payments are made for individual treatments provided. This includes any statutory contribution made by the patient.

For formulae used to calculate IOS earnings please see Appendix A3.

Registration payments

Dentists are paid a monthly fee for each registered patient. These payments cease if the patient deregisters or registers with a different dentist. Payments are reduced to 20% of the original fee if the patient does not attend GDS for 3 years or more. Payments will return to the full amount when a new treatment is claimed by an NHS dentist.

*Capitation* – a basic monthly fee for the care and treatment of patients under the age of 18. This fee covers examinations, x-rays, scale & polish, preventative care, such as treatments under **Childsmile**, and other minor SDR treatments.

*Continuing Care* – is a monthly fee payable for the provision of continuing care to patients aged 18 years or over.

For formulae used to calculate registration payments please see Appendix A3.

Fees received by dentists

Dentists are paid fees for each registered patient and for treatments provided. For the purposes of this publication:

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

\[ \text{Child fees} = \text{Child SDR IOS earnings} + \text{capitation payments} \]

\[ \text{Adult fees} = \text{Adult SDR IOS earnings} + \text{continuing care payments} \]

PDS dentists, and dentists in the former salaried dental service, are remunerated by salary and do not receive SDR IOS or registration payments. *Notional fees* (fees which would have been paid for registrations and treatments undertaken) associated with the activity of the new PDS from 2014, and the former salaried dental service prior to 2014, are included in these statistics. However, any activity undertaken in the CDS prior to 2014 is not included.

Please note: Due to the way the data is held in ISD’s dental warehouse, it is not possible to establish whether bulk adjustments (backdated payments) relate to the treatment of children or adults and as a result these are only include in the national figures. Further details can be found in Appendix A1.
Adjustments for inflation

This publication shows ‘actual fees’, also the value of GDS fees authorised each year. Fees from 2000/01 to 2016/17 have been scaled using the June 2018 GDP deflator to show what they would be in 2017/18 prices. By removing inflation-induced changes in the figures, it is easier to identify any actual variation in fees data. See Appendix A2 for further details.

Calculation of costs

For formulae used to calculate costs per head (children and adults) and costs per registered patient (children and adults) please see Appendix A3.

NHS 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.

The impact of these changes is provided in Appendix A3.

Further sources of information on dental services

Appendix A5 provides links to further information related to dental services and dental health. These include ISD publications, Scotland-wide dental information and sources of UK-wide information on NHS treatment and fees data.
Main points

Treatment

Children (under 18)
- Between 2000/01 and 2017/18 the number of fillings undertaken steadily decreased from around 775,000 to around 313,000.
- Similarly, the number of teeth extracted decreased overall from over 133,000 in 2000/01 to less than 89,000 in 2017/18.
- A third (33%) of the claimable dental treatments provided to children were given under the Childsmile programme in 2017/18. These include fluoride varnish application, toothbrushing instruction and dietary advice.

Adults (18 and over)
- Since 2007/08, the number of courses of treatment given to adults has risen sharply, year on year, from nearly 3 million to over 4.2 million in 2017/18, the highest figure reported. This may be due to increasing numbers of patients participating in GDS.
- Around a third (31%) of the treatments claimed for adults were for examinations or provision of a care and treatment summary report.

Fees

National Fees
- In 2017/18, around £293 million in GDS fees was authorised in Scotland, an increase of £3.5 million (1.2%) from 2016/17.
- Actual fees have increased each year since 2003/04, although the rate of increase has slowed in recent years.
- When adjusted for inflation, the GDS fees increase each year from 2004/05 until 2011/12, but have since stabilised.

Child Fees
- In 2017/18, the actual cost per head of child population across Scotland was £73. When adjusted for inflation, fees have been fairly stable at this level since 2008/09.
- In 2017/18, the actual cost per registered child ranged from £55 in Shetland to £85 in Ayrshire & Arran.

Adult Fees
- In 2017/18, the actual cost per head of adult population across Scotland was £49. When adjusted for inflation, fees have remained fairly stable, at this level since 2011/12.
- In 2017/18, the actual cost per registered adult ranged from £38 Western Isles to £56 in Greater Glasgow & Clyde.
Results and Commentary

Courses of Treatment

Due to the differing rules for claiming treatments for child and adult patients, combined figures are not reported in this publication. As such, comparisons between the numbers of courses of treatments given to adults and children should not be made. For further information, see *Impacts on treatments and fees data*.

Children

In 2017/18, the number of GDS courses of treatment (CoT) given to children in Scotland was around 498,000, a slight decrease from 2016/17. Following a steady decline from 2000/01 to 2010/11, there was an increase in the number of CoT between 2011/12 and 2012/13 but this has dropped slightly in recent years (Figure 1a).

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

*Figure 1a - GDS: Number of courses of treatment; Scotland; by financial year*  
*Children*

Source: ISD Scotland, MIDAS. Data extracted in July 2018

1 A course of treatment is defined as at least one SDR IOS being claimed on a GP17 form
2 Data published undercounts the ‘true’ level of treatment for children. Therefore caution should be taken when interpreting these figures and comparisons with figures for adults should not be made
3 Financial year in which the treatment was paid
4 Children are defined as <18 years old
Adults

In 2017/18, there were over 4.2 million CoT given to adults in Scotland. Between 2000/01 and 2007/08 the number of CoT increased slightly. However, since 2007/08 the number of CoT has risen sharply, increasing year on year (Figure 1b). This may be due to an overall increase in the numbers of patients participating in GDS in recent years, as reported in the Registration & Participation publication.

Figure 1b - GDS: Number of courses of treatment; Scotland; by financial year$^{1-3}$ - Adults

Source: ISD Scotland, MIDAS. Data extracted in July 2018

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

$^2$ Financial year in which the treatment was paid

$^3$ Adults are defined as aged 18+ years
Orthodontic Courses of Treatment

Children

In 2017/18, there were around 111,000 courses of orthodontic treatment for children in Scotland, equating to around 22% of all claimable CoT (Figure 2a).

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

The percentage of orthodontic treatments in children has decreased overall since 2010/11; however this percentage did increase slightly in 2017/18. The introduction in 2011 of the Index of Orthodontic Treatment Need (IOTN) (an assessment of the requirement for orthodontic treatment) may be a contributing factor in the overall drop in the number and percentage of orthodontic treatments.

Figure 2a - GDS: Number and percentage of orthodontic courses of treatment; Scotland; by financial year

Source: ISD Scotland, MIDAS. Data extracted in July 2018

1 An orthodontic course of treatment is defined as at least one SDR IOS being claimed on a GP17(O)
2 Financial year in which the treatment was paid
3 Children are defined as <18 years old
Adults

The number of orthodontic CoT given to adults in Scotland (around 9,400 in 2017/18) has shown an overall increase since 2003/04 (Figure 2b), but the percentage of orthodontic CoT has remained steady at around 0.2%.

**Figure 2b - GDS: Number of orthodontic courses of treatment;**

Scotland; by financial year\(^1\)-\(^3\) - **Adults**

Source: ISD Scotland, MIDAS. Data extracted in July 2018

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

2 Financial year in which the treatment was paid

3 Adults are defined as aged 18+ years
Individual treatments

Children

The five most common types of SDR IOS treatments carried out on children in 2017/18 are shown in Figure 3a. A third (33%) were treatments given under Childsmile, such as tooth brushing instruction and dietary advice.

The second most common SDR IOS were treatments of deciduous teeth (“baby teeth”), including fillings and application of fissure sealant (17% of all SDR IOS claims).

Figure 3a: Most common SDR IOS treatments - percentage of all claims; Scotland; 2017/18

Source: ISD Scotland, MIDAS. Data extracted in July 2018

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

Children are defined as <18 years old

Not all SDR IOS are claimable for children. As a result, data published will undercount the ‘true’ level of treatment for children

Additional information by individual SDR IOS and main groups of treatment can be found in Table 1a and Table 2a.

The number of children’s teeth filled decreased steadily from around 775,000 in 2000/01 to around 313,000 in 2017/18. The number of fillings per 100 courses of treatment has shown a similar pattern, decreasing from 141 in 2000/01 to 63 in 2017/18.

The number of teeth extracted has also decreased steadily overall from over 133,000 in 2000/01 to around 88,000 in 2017/18. The number of teeth extracted per 100 courses of treatment showed a similar pattern, dropping from 24 in 2000/01 to 18 in 2017/18.

A course of treatment can cover a single treatment or multiple treatments. Each treatment is counted in the numerator; however a course of treatment covering multiple treatments will only be counted once in the denominator. As a result, the rate per 100 courses of treatment will sometimes exceed 100. Further information on calculating the rate of treatments per 100 courses of treatment can be found in Appendix A3.
Adults

The five most common treatments given for adults are different to those in children (Figure 3b). Around a third (31%) of SDR IOS treatments were for examinations or provision of a care and treatment summary report. The second most common SDR IOS type was for periodontal treatment (treatment of the gums and supporting tissues of the teeth, including scaling and polishing), at 23% of all SDR IOS for adults.

![Figure 3b: Most common SDR IOS - percentage of all claims; Scotland; 2017/18](image)

**Source:** ISD Scotland, MIDAS. Data extracted in July 2018

1. Items of service (i.e. treatments) as stated in the Statement of Dental Remuneration (SDR)
2. Adults are defined as 18+ years

The total number of adult CoT has risen sharply since 2007/08. The number of clinical examinations has shown a similar pattern, rising from over 1.8 million in 2000/01 to over 2.7 million in 2017/18. The number of examinations per 100 courses of treatment has fluctuated between 63 and 66.

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

National trends

Actual fees
In 2017/18, around £293 million of GDS fees were authorised in Scotland, an increase of £3.5 million (1.2%) from 2016/17 (Figure 4a). GDS fees have increased each year since 2003/04, however the rate of increase has slowed in recent years.

Fees adjusted for inflation
When adjusted for inflation (i.e. scaled to determine what the value would be in 2017/18 prices), the national GDS fees remained fairly stable between 2000/01 and 2005/06, subsequently increasing year on year until 2011/12, and have since stabilised. Further information regarding the methodology to adjust for inflation can be found in Appendix A2.

Impact of increases in payments made for items of service in the SDR
Over time, there have been increases made to the payments relating to the SDR IOS which were not solely inflation-based. These changes will also have had an impact on the changes over time in the value of GDS fees reported.
Figure 4a: GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year

Source: ISD Scotland, MIDAS. Data extracted in July 2018

1 Total of capitation/continuing care and SDR IOS fees
2 Fees adjusted for inflation have been scaled to determine what the value would have been in 2017/18 prices
3 From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of 'lifetime registration' in April 2010
4 From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

IOS bulk adjustments (backdated payments) of between £410,000 and £4.5 million have been authorised each year. Further details can be found in Appendix A1. These adjustments have been included in Figure 4a to give an accurate overall picture. However, due to the way the data is held on ISD’s dental warehouse, we are currently unable to establish whether these payments relate to child or adult activity. As a result these are excluded from the remaining figures and tables in this publication.
In the following figures and tables, GDS fees data corresponding to child and adult patients are reported separately.

**Child fees trends**

**Actual fees**

In 2017/18, around £75 million in child GDS fees was authorised in Scotland, the highest reported figure (Figure 4b).

As reported in the [Registration & Participation](#) publication, the number of children registered and attending GDS has risen since 2007. This will have contributed to a rise in capitation payments, and probably also in SDR IOS payments.

**Fees adjusted for inflation**

When adjusted for inflation, fees remained stable between 2000/01 and 2004/05, subsequently increasing each year to the highest reported figure (almost £78 million) in 2011/12, and have since stabilised.

**Figure 4b: GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year**

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Source: ISD Scotland, MIDAS. Data extracted in July 2018

1. Total of capitation and child SDR IOS fees for the financial year
2. Fees adjusted for inflation have been scaled to determine what the value would have been in 2017/18 prices
3. From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of ‘lifetime registration’ in April 2010
4. From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)
5. Children are defined as <18 years old
6. Excludes a share of backdated IOS payments ranging from £410,000 to £4.5 million each year which cannot be attributed to patient age
Adult fees trends

Actual fees

In 2017/18, over £215 million in adult GDS fees was authorised in Scotland, an increase of £1.2 million (1%) from 2016/17.

Fees adjusted for inflation

When adjusted for inflation, fees remained fairly steady between 2000/01 and 2007/08, subsequently showing an overall increase to the highest reported figure in 2015/16, with a slight decrease in 2016/17 and 2017/18. (Figure 4c).

As reported in the Registration & Participation publication, the number of adults registered and attending GDS has risen since 2007. This will have contributed to a rise in continuing care payments. The number of courses of treatment for adults increased sharply from 2007/08 (Figure 1b), which will have contributed to a rise in SDR IOS earnings as all adult treatments are claimable.

Figure 4c: GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year

Source: ISD Scotland, MIDAS. Data extracted in July 2018

1 Total of continuing care and adult SDR IOS fees
2 Fees adjusted for inflation have been scaled to determine what the value would have been in 2017/18 prices
3 From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of ‘lifetime registration’ in April 2010
4 From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)
5 Adults are defined as aged 18+ years
6 Excludes a share of backdated IOS payments ranging from £410,000 to £4.5 million each year which cannot be attributed to patient age
Cost per head and cost per registered patient
For formulae used to calculate costs per head (children and adults) and costs per registered patient (children and adults) please see Appendix A3.

Children - Cost per head of child population
Actual fees
In 2017/18, the cost per child was £73, a slight increase compared to the 2016/17 figure. Overall, rates have remained fairly stable since 2011/12 (Figure 5a).

Fees adjusted for inflation
When adjusted for inflation, the cost per child is similar to previous years. The cost per child shows a similar pattern to national child fees (Figure 4b), increasing between 2000/01 and 2009/10, and subsequently remaining fairly stable.

Children - Cost per registered child
Actual fees
In 2017/18, the cost per registered child was £78, similar to recent years.

Fees adjusted for inflation
When adjusted for inflation, the cost per registered child increased overall from 2000/01, peaking in 2006/07, and has since shown an overall decline. This will be partly due to rising child registration rates, as reported in the Registration & Participation publication.
Figure 5a: GDS fees - Cost per head of population and registered patient. Actual fees and fees adjusted for inflation; Scotland, by financial year\(^1\)\(^9\) – Children

Source: ISD Scotland, MIDAS. Data extracted in July 2018

1 Total of capitation and child SDR IOS fees for the financial year
2 The average cost per head of population is calculated by dividing fees by NRS mid-year population estimates
3 The average cost per registered patient is calculated by dividing fees by the number of registered patients
4 Costs adjusted for inflation have been scaled to determine what the value for the year of interest would be in 2017/18
5 From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of ‘lifetime registration’ in April 2010
6 From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)
7 Registration figures are derived from a data snapshot taken in July 2018 for patients registered as at 31st March
8 Excludes a share of backdated IOS payments ranging from £410,000 to £4.5 million each year which cannot be attributed to patient age
9 Children are defined as <18 years old

Adults - Cost per head of adult population

Actual fees

In 2017/18, the cost per adult was £49, the highest reported rate (Figure 5b) but the same as reported in 2016/17 and 2015/16.

Fees adjusted for inflation

When adjusted for inflation, the cost per adult shows a similar pattern to national adult fees (Figure 4c). Between 2000/01 and 2005/06 the cost per adult showed an overall slight decline, increasing steadily to its highest rate in 2011/12, where it has since stabilised around £50 per head of adult population.
Adults - Cost per registered adult

Actual fees

In 2017/18, the cost per registered adult was £53, the lowest reported rate.

Fees adjusted for inflation

When adjusted for inflation, the cost per registered adult remained steady between 2000/01 and 2006/07. However, rising adult registration rates since 2007 (as reported in the Registration & Participation publication) have contributed to a decrease in the cost per registered adult since 2006/07.

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

Source: ISD Scotland, MIDAS. Data extracted in July 2018

1 Total of continuing care and adult SDR IOS fees for the financial year
2 The average cost per head of population is calculated by dividing fees by NRS mid-year population estimates
3 The average cost per registered patient is calculated by dividing fees by the number of registered patients
4 Costs adjusted for inflation have been scaled to determine what the value for the year of interest would be in 2017/18
5 From April 2006, the period in which a registration lapsed if the patient did not attend GDS was extended incrementally until the introduction of ‘lifetime registration’ in April 2010
6 From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)
7 Registration figures are derived from a data snapshot taken in July 2018 for patients registered as at 31st March
8 Excludes a share of backdated IOS payments ranging from £410,000 to £4.5 million each year which cannot be attributed to patient age
9 Adults are defined as aged 18+ years
Fees by NHS board

Children

In 2017/18, the actual cost per head of child population ranged from £53 in Western Isles to £83 in Greater Glasgow & Clyde (Figure 6a).

The cost per registered child ranged from £55 in Shetland to £85 in Ayrshire & Arran.

The cost per head of child population in Greater Glasgow & Clyde was the same as the cost per registered child (£83). This is because some children who are treated in Greater Glasgow & Clyde live in other NHS Board areas.

Figure 6a - GDS fees: Actual cost per head of population and registered patient; by NHS board, 2017/18

1 Cost per registered patient
2 Cost per head of population
3 Scotland - cost per registered patient
4 Scotland - cost per head of population

Source: ISD Scotland, MIDAS. Data extracted in July 2018

1 Total of capitation and child SDR IOS fees by NHS board of dental practice
2 The average cost per head of population is calculated by dividing fees by the NRS 2017 mid-year population estimates
3 The average cost per registered patient is calculated by dividing fees by the number of registered patients as at 31st March 2018
4 Children are defined as <18 years old
5 Excludes a share of a backdated IOS payment of £1.7M which cannot be attributed to patient age

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

Trend data for the GDS fees from 2000/01 to 2017/18 by NHS board are shown in (Table 3).
### Adults

In 2017/18, the actual cost per head of adult population ranged from £32 in Western Isles to £58 in Greater Glasgow & Clyde (Figure 6b).

The cost per registered adult ranged from £38 in Western Isles to £56 in Greater Glasgow & Clyde.

The cost per head of adult population in Greater Glasgow was slightly higher than the cost per registered adult (£58 compared to £56). This is because some adults who are treated and registered in Greater Glasgow & Clyde live in other NHS Board areas, thus increasing the average cost of treatment relative to the population.

**Figure 6b - GDS fees: Actual cost per head of population and registered patient; by NHS board, 2017/18**

Source: ISD Scotland, MIDAS. Data extracted in July 2018

1. Total of continuing care and adult SDR IOS fees by NHS board of dental practice
2. The average cost per head of population is calculated by dividing fees by the NRS 2017 mid-year population estimates
3. The average cost per registered patient is calculated by dividing fees by the number of registered patients as at 31st March 2018
4. Adults are defined as aged 18+ years
5. Excludes a share of a backdated IOS payment of £1.7M which cannot be attributed to patient age

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

Trend data for GDS fees from 2000/01 to 2017/18 by NHS board are shown in Table 4.
Glossary

Actual fees  The value of GDS fees as reported in the financial year (i.e. not adjusted for inflation).

Adjusted for inflation Fees for 2017/18 remain unchanged, whereas fees for previous years are scaled using the June 2018 GDP deflator to show what they would have been in 2017/18.

Capitation Dentists are paid a monthly fee for each registered patient. A capitation payment is a basic fee for the care and treatment of patients under the age of 18. This fee includes examinations, x-rays and preventative care such as treatments under Childsmile. Capitation payments are reduced to 20% of the original fee if the child does not attend the practice for 3 years.

CDS Community Dental Service
CDS provided a ‘safety net’ dental service for people who were unable to obtain care through the GDS. From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS).

Continuing Care A continuing care payment is a fee payable for the provision of continuing care to patients aged 18 years or over. Treatments carried out for adults are claimed on top of this fee. As with capitation, these payments are also reduced to 20% of the original fee if the patient does not attend the practice for 3 years.

Course of treatment A course of treatment is defined as at least one SDR IOS being claimed on a GP17. A course of treatment can cover one day, for example, an examination/check-up, or can cover several weeks or years in some cases of orthodontic treatment. A patient may have several appointments to complete the treatment required.

Deprivation category enhancement Additional payment for patients resident in a Scottish Index of Multiple Deprivation (SIMD) area 1.

Fees SDR IOS earnings + capitation + continuing care payments

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

Independent dentist Independent contractor dentist working on behalf of an NHS board.
IOTN  The **Index of Orthodontic Treatment Need (IOTN)**, an assessment of the requirement for orthodontic treatment which was introduced in 2011.

MIDAS  Management Information & Dental Accounting System

Notional fees  Fees which would’ve been paid to PDS dentists and dentists in the former salaried dental service (who do not receive SDR IOS or registration payments as they are remunerated by salary)

PDS  Public Dental Service

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

PSD  Practitioner Services Division (now part of Practitioner & Counter Fraud Services)

Referral fee  Fee for patient management where the patient is being treated on referral from another dentist with whom the patient has a continuing care or capitation agreement.

Registration  Registration with an NHS dentist for GDS

Regulation 9  This applies to the replacement of lost or broken dentures, splints, bridges and orthodontic appliances, due to an act or omission by the patient.

Salaried dentist  Dentist working in the salaried General Dental Service (or Community Dental Service) as an employee of an NHS board. Provided an alternative service to the independent dentists in order to meet the oral health needs of the local population. From 1 January 2014 the salaried dental service merged with the CDS to become the Public Dental Service (PDS)

SDR  Statement of Dental Remuneration

SDR Items of service (SDR IOS)  NHS dentists can provide a wide range of dental treatments to their patients, from a simple examination to complex surgical treatment. The **Statement of Dental Remuneration (SDR)** lists all the items of service (i.e. treatments) that dentists can provide.
| Special needs payment | Additional payment where the patient has a severe mental or physical disability or severe learning difficulties and where, to provide treatment, it is necessary for the dentist to spend at least double the normal amount of time for a patient of the same age. |
List of Tables

<table>
<thead>
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<th>Time period</th>
<th>File &amp; size</th>
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<tr>
<td>Table 1a</td>
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<td>2000/01 to 2017/18</td>
<td>Excel 662kb</td>
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<td>2000/01 to 2017/18</td>
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<tr>
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<td>2000/01 to 2017/18</td>
<td>Excel 26kb</td>
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<td>2000/01 to 2017/18</td>
<td>Excel 792kb</td>
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<tr>
<td>Figure 2b</td>
<td>GDS: Number and percentage of orthodontic courses of treatment; by financial year - Adults</td>
<td>2000/01 to 2017/18</td>
<td>Excel 792kb</td>
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<tr>
<td>Figure 3a</td>
<td>Most common SDR IOS - percentage of all claims; 2017/18 - Children</td>
<td>2017/18</td>
<td>Excel 2,558kb</td>
</tr>
<tr>
<td>Figure 3b</td>
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<td>Excel 2,558kb</td>
</tr>
<tr>
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<td>2000/01 to 2017/18</td>
<td>Excel 46kb</td>
</tr>
<tr>
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<td>Excel 46kb</td>
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<td>GDS fees - Actual fees and fees adjusted for inflation; Scotland, by financial year - Adults</td>
<td>2000/01 to 2017/18</td>
<td>Excel 46kb</td>
</tr>
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<td>Figure 5a</td>
<td>GDS fees - Cost per head of population and registered patient - Actual fees and fees adjusted for inflation; by financial year - Children</td>
<td>2000/01 to 2017/18</td>
<td>Excel 41kb</td>
</tr>
<tr>
<td>Figure 5b</td>
<td>GDS fees - Cost per head of population and registered patient - Actual fees and fees adjusted for inflation; by financial year – Adults</td>
<td>2000/01 to 2017/18</td>
<td>Excel 41kb</td>
</tr>
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<td>Figure 6a</td>
<td>GDS fees: cost per head of population and registered patient; by NHS board, 2017/18 - Children</td>
<td>2017/18</td>
<td>Excel 42kb</td>
</tr>
<tr>
<td>Figure 6b</td>
<td>GDS fees: cost per head of population and registered patient; by NHS board, 2017/18 - Adults</td>
<td>2017/18</td>
<td>Excel 42kb</td>
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</tbody>
</table>
Contacts

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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.
Appendices

Appendix 1 – Fees excluded from child and adult figures

Each year, IOS bulk adjustments are authorised for GDS. Due to the way the data is held on ISD’s dental warehouse, it is not possible to establish whether these adjustments relate to registration/treatment of children or adults and as a result these are only included in the national figures shown in Figure 4a.

The amount of IOS bulk adjustments for 2000/01 to 2017/18 are shown below.

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

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Amount Paid (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000/2001</td>
<td>1,024,883</td>
</tr>
<tr>
<td>2001/2002</td>
<td>900,157</td>
</tr>
<tr>
<td>2002/2003</td>
<td>1,075,920</td>
</tr>
<tr>
<td>2003/2004</td>
<td>1,641,372</td>
</tr>
<tr>
<td>2004/2005</td>
<td>1,172,349</td>
</tr>
<tr>
<td>2005/2006</td>
<td>1,181,189</td>
</tr>
<tr>
<td>2006/2007</td>
<td>1,329,083</td>
</tr>
<tr>
<td>2007/2008</td>
<td>2,748,742</td>
</tr>
<tr>
<td>2008/2009</td>
<td>4,542,735</td>
</tr>
<tr>
<td>2009/2010</td>
<td>2,039,578</td>
</tr>
<tr>
<td>2010/2011</td>
<td>1,638,600</td>
</tr>
<tr>
<td>2011/2012</td>
<td>1,484,625</td>
</tr>
<tr>
<td>2012/2013</td>
<td>1,576,793</td>
</tr>
<tr>
<td>2013/2014</td>
<td>4,137,117</td>
</tr>
<tr>
<td>2014/2015</td>
<td>1,145,832</td>
</tr>
<tr>
<td>2015/2016</td>
<td>410,059</td>
</tr>
<tr>
<td>2016/2017</td>
<td>1,182,114</td>
</tr>
<tr>
<td>2017/2018</td>
<td>1,728,822</td>
</tr>
</tbody>
</table>
Appendix 2 – Adjustment for Inflation Calculations

The fee values quoted within this publication are also presented having been adjusted for inflation.

To adjust for inflation there is a two step process:

- **Step 1**: Determine a reference financial year
  For the purposes of the presentation, this is 2017/18. In other words, fees for 2017/18 remain unchanged.

- **Step 2**: Scale all other financial years by a factor
  The scaling factor is determined using the June 2018 GDP deflator (see table below). This is calculated by taking the 2017/18 market price value=100 and dividing by the market value price for the financial year of interest. In effect this scaling is to determine what the value would have been in 2017/18 prices.
Scaling Factor:
The following table (first two columns are taken from the GDP website) shows the values utilized within this publication when scaling for inflation (“Scaling Factor”).

Table 6 – GDP scaling factors by financial year

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>GDP deflator at market prices</th>
<th>Scaling Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-01</td>
<td>71.789</td>
<td>100/71.789</td>
</tr>
<tr>
<td>2001-02</td>
<td>72.508</td>
<td>100/72.503</td>
</tr>
<tr>
<td>2002-03</td>
<td>74.306</td>
<td>100/74.306</td>
</tr>
<tr>
<td>2003-04</td>
<td>75.849</td>
<td>100/75.849</td>
</tr>
<tr>
<td>2004-05</td>
<td>77.892</td>
<td>100/77.892</td>
</tr>
<tr>
<td>2005-06</td>
<td>79.934</td>
<td>100/79.934</td>
</tr>
<tr>
<td>2006-07</td>
<td>82.310</td>
<td>100/82.310</td>
</tr>
<tr>
<td>2007-08</td>
<td>84.349</td>
<td>100/84.349</td>
</tr>
<tr>
<td>2008-09</td>
<td>86.639</td>
<td>100/86.639</td>
</tr>
<tr>
<td>2009-10</td>
<td>87.866</td>
<td>100/87.866</td>
</tr>
<tr>
<td>2010-11</td>
<td>89.501</td>
<td>100/89.501</td>
</tr>
<tr>
<td>2011-12</td>
<td>90.678</td>
<td>100/90.678</td>
</tr>
<tr>
<td>2012-13</td>
<td>92.503</td>
<td>100/92.503</td>
</tr>
<tr>
<td>2013-14</td>
<td>94.200</td>
<td>100/94.200</td>
</tr>
<tr>
<td>2014-15</td>
<td>95.411</td>
<td>100/95.411</td>
</tr>
<tr>
<td>2015-16</td>
<td>96.173</td>
<td>100/96.173</td>
</tr>
<tr>
<td>2016-17</td>
<td>98.323</td>
<td>100/98.323</td>
</tr>
<tr>
<td>2017-18</td>
<td>100.000</td>
<td>100/100 = 1</td>
</tr>
</tbody>
</table>

Example:
The 2000/01 actual fees = £41,574,833 (see Table 3).
To determine how much this would be in 2017/18 prices, from the table above, multiply the actual fee value by the scaling factor (100/71.789). The fee adjusted for inflation is then £57,912,539.53.
Appendix 3 – Methodology

Data Collection
Management Information & Dental Accounting System (MIDAS) is the payment system which processes information on GDS dental activity in Scotland. GP17 forms are submitted by dentists after the completion of a course of treatment. Orthodontic treatment is claimed using a GP17(O) form.

Data Extraction
Data is extracted from MIDAS. GP17 and GP17(O) forms 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.

Analysis by financial year
GDS dentists receive a monthly payment schedule. This is paid around the 20th of the following month, e.g. the June 2018 payment schedule was paid on the 20th July.

Data in this report is published by the payment schedule financial year, i.e. 2017/18 relates to payment schedule months April 2017 to March 2018.

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

NHS board of the dentist – Fees & Treatments
Information on fees and treatments paid to dentists are presented by NHS board of the dental practice, derived using the 2014 health board boundaries.

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

<table>
<thead>
<tr>
<th>Population estimates</th>
<th>Based on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-2015, Mid-2016, Mid-2017</td>
<td>2011 Census</td>
</tr>
<tr>
<td>Mid-2012, Mid-2013, Mid-2014</td>
<td>Corrected population estimates based on the 2011 Census</td>
</tr>
<tr>
<td>Mid-2002 to Mid-2011</td>
<td>Revised following the 2011 Census</td>
</tr>
<tr>
<td>Mid-2001</td>
<td>2001 Census</td>
</tr>
<tr>
<td>Mid-2000</td>
<td>Revised following the 2001 Census</td>
</tr>
</tbody>
</table>

Mid-year population estimates are published by NHS board of residence derived using the 2014 boundaries.
SDR IOS earnings

For the purposes of this publication:

\[
\text{SDR IOS earnings} = \text{IOS fees} + \text{regulation 9 sum authorised} + \text{IOS award amount} + \text{referral fee} + \text{deprivation category enhancement payment} + \text{bulk adjustments (i.e. recoveries or underpayments)}
\]

Please see the Glossary for definitions of the above fees.

Registration payments

For the purposes of this publication:

\[
\text{Capitation} = \text{Capitation fees} + \text{bulk adjustments (i.e. recoveries or underpayments)} + \text{special needs payment} + \text{deprivation category enhancement payment} + \text{registration award amount}
\]

\[
\text{Continuing care payments} = \text{Continuing care fees} + \text{bulk adjustments (i.e. recoveries or underpayments)} + \text{special needs payment} + \text{deprivation category enhancement payment} + \text{registration award amount}
\]

Please see the Glossary for definitions of the above fees.

Calculating cost per head of population

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

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

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

To calculate the cost per head for NHS board, the sum of fees relate to the NHS board of the dentist, while the mid-year population estimates are the numbers of people resident in the NHS board of the dentist. These are both derived using the 2014 NHS board boundaries.
Calculating cost per registered patient

The cost per registered patient is derived using the following formulae:

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

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

To calculate the cost per registered patients for NHS board, both the fees and number of patients registered are based on the NHS board of the dentist.

Calculating the rate of treatments per 100 courses of treatment

The rate per 100 courses of treatment is derived using the following formulae:

\[
\text{Rate per 100 courses of treatment} = \frac{\text{number of treatments} \times 100}{\text{number of courses of treatment}}
\]

A course of treatment can cover a single treatment or multiple treatments. Each treatment is counted in the numerator; however a course of treatment covering multiple treatments will only be counted once in the denominator. As a result, the rate per 100 courses of treatment will sometimes exceed 100.

Impact of treatments data revisions

For tables 1a and 1b (SDR Item of service claims by item number) the main difference is seen in the ‘number of counts’ column, where increases have been shown for some treatments. This is primarily due to the change in the way ‘whole of mouth’ treatments are counted and counting the number of treatments undertaken rather than only those paid/authorised.

For tables 2a and 2b (Main SDR item of service treatment claims) the biggest increases were seen in ‘Surgical treatments’ and ‘Sedations’. Similar to tables 1a and 1b, this was due to the change in the way ‘whole of mouth’ treatments are counted. Further increases were seen in ‘Sedations’ as under the old methodology, these figures were based on the number of claims paid for rather than the number of treatments undertaken and were therefore undercounted.
Appendix 4 – Impacts on treatments and fees data

Registration rates
A key policy change influencing registration levels has been the introduction of non-time-limited registration. Prior to April 2006, patient registration lapsed after a period of 15 months if the patient did not attend the 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.

Patient attendance at GDS
As reported in the Registration & Participation publication, the number of patients attending GDS has risen in recent years. In the two-year period up to 30th September 2017, over 3.5 million registered patients participated in GDS. This increase in patient activity is likely to have impacted on how many treatments are undertaken and the corresponding SDR IOS earnings.

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

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

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

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

Differences in adult and child data
The following points explain some differences between adults and children, over time and between areas. Caution should be taken when interpreting the figures in this publication, and comparisons between children and adult figures should not be made.
Children

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

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

Adults

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

GP17(O): NHS orthodontic care is not usually available for patients aged over 18 but may be approved on a case-by-case basis if it is needed for health reasons.
Appendix 5 – Links/comparisons to other sources of dental health information

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

**Dental data in Scotland**

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

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

ISD publishes:

- Information relating to the general dental service workforce in Scotland.
- An annual **NHS Registration and Participation** report providing information on GDS registrations and participation with GDS.
- 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 2016 **Scottish Health Survey** was published in October 2017 and covers dental health topics such as dental health problems and trends in prevalence of natural teeth.

The Scottish Adult Oral Health Survey Pilot, published in February 2017, provided detailed analyses of oral health and behaviours of patients aged 45 and over. This study provided a tool to inform policy, plan services and improve and maintain adult oral health data in Scotland.

**Comparison with other UK dental fees and treatments data**

<table>
<thead>
<tr>
<th>Country</th>
<th>Fees data</th>
<th>Courses of Treatment measure</th>
<th>Links:</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>Yes</td>
<td>Yes</td>
<td><a href="https://www.hscic.gov.uk">The Health and Social Care Information Centre</a> (HSCIC)</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>Yes</td>
<td>-</td>
<td><a href="https://www.hscic.gov.uk">The Health and Social Care Information Centre</a> (HSCIC)</td>
</tr>
<tr>
<td>Wales</td>
<td>Yes</td>
<td>Yes</td>
<td><a href="https://www.hscic.gov.uk">The Health and Social Care Information Centre</a> (HSCIC)</td>
</tr>
</tbody>
</table>

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

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

StatsWales provide statistics on GDS, including data on the number of courses of treatment undertaken.

The Office for National Statistics' (ONS) has carried out a [Dental Health Survey of Children and Young People](#) every ten years since 1973. The study provides information to underpin dental health care for children in England, Wales and Northern Ireland. The information collected helps the NHS to understand how the dental health of each generation of children is changing. It is used in the planning of dental care services for the future.
### Appendix 6 - Publication Metadata

<table>
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<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
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<tr>
<td>Publication title</td>
<td>NHS GDS treatments and GDS fees</td>
</tr>
<tr>
<td>Description</td>
<td>This release provides information on NHS GDS treatments and fees by financial year; 2000/01 to 2017/18.</td>
</tr>
<tr>
<td>Theme</td>
<td>Dental Health Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Treatments and Fees</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks and PDF</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>MIDAS</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>3rd July 2018</td>
</tr>
<tr>
<td>Release date</td>
<td>18th September 2018</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Timeframe of data and</td>
<td>Year ending March 2018. Six months in arrears.</td>
</tr>
<tr>
<td>timeliness</td>
<td></td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Reports annually.</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>
<tr>
<td>Revisions relevant to this</td>
<td>None</td>
</tr>
<tr>
<td>publication</td>
<td></td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>See Glossary and footnotes.</td>
</tr>
<tr>
<td>Relevance and key uses of</td>
<td>Making information publicly available for planning, provision of services, research, etc.</td>
</tr>
<tr>
<td>the statistics</td>
<td></td>
</tr>
<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. The Level 1 checks are there to check the quality of the data held in the database; Levels 2-4 are designed to determine...
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. 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.

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.

Comparability
Comparisons with UK-wide statistics. See Appendix A5.

Accessibility
It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.

Coherence and clarity
Tables and charts are accessible via the ISD website at: http://www.isdscotland.org/Publications/index.asp

Value type and unit of measurement
NHS GDS Treatments: number, cost and rate of treatments. NHS GDS fees paid to dentists.

Disclosure
The ISD protocol on Statistical Disclosure Protocol is followed.

Official Statistics designation
National Statistics

UK Statistics Authority Assessment
Awarded. Further details can be found in the UKSA assessment report (report 209).

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NSS.ISD-Dental-Info@nhs.net

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Appendix 7 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is 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
Appendix 8 – 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.