Dental Statistics - NHS Registration and Participation
Statistics up to 30 September 2018

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Introduction

This release from Information Services Division provides information on NHS dental registrations in Scotland from September 2000 to September 2018 and contact with an NHS dentist (participation) from September 2006 to September 2018 (following a change in registration policy which extended the registration period to a minimum of 36 months).

General Dental Services (GDS)

NHS General Dental Services (GDS) is usually the first point of contact for NHS dental treatment. People registered with a dentist can receive the full range of NHS treatment available under GDS. The majority of GDS is provided by independent dentists (“High Street Dentists”) who have arrangements with NHS boards to provide GDS.

The Public Dental Service (PDS) also provides GDS. The PDS was created by the merging of the previous Salaried General Dental Service (SGDS) which registered patients, and the Community Dental Service (CDS) which did not register patients. The main role of PDS dentists is to provide GDS for people with complex special care needs and those who are referred by independent dentists for specific treatment.

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 a practicing NHS dentist. Patients registered by a private dentist are not included in this publication. Data are presented on the number and percentage of the population who are registered with an NHS dentist. A 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 dentist. This was extended to 36 months in April 2006, 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 A1, 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 two years previous to the snapshot date. Please see the methodology section in Appendix A1 for more details.

Data Analysis

This report shows registration and participation activity data for the latest reporting period (1st April 2016 – 30th September 2018) and for long term trends. In-depth analysis shows results by patient age, different geographies (NHS Board, Health and Social Care Partnership and Local Authority) and deprivation quintiles. For further information please see the Methodology section in Appendix A1.
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.
Main Points

Registration

• 94.2% of the Scottish population of 5.4 million were registered with an NHS dentist as at 30 September 2018.

• Registration rates were similar for children and adults (94.1% and 94.3% respectively).

• 97.5% of adults living in the most deprived areas were registered with an NHS dentist compared to 88.6% in the least deprived areas.

• Registration rates for children living in the most deprived areas were similar to the rates for those living in the least deprived areas.

Contact with a Dentist (Participation)

• As at 30 September 2018, 7 out of 10 registered patients (3.6 million) had seen an NHS dentist within the last two years.

• Children are more likely than adults to have seen an NHS dentist within the last two years (84.1% compared to 66.6%).

• Children and adults from the most deprived areas are less likely to have seen their dentist within the last two years than those from the least deprived areas (79.8% compared to 89.2% of children and 62.2% compared to 72.7% of adults).
Results and Commentary

Registration

Registration Trends

As at 30th September 2018, 5.1 million patients were registered with an NHS dentist in Scotland. This is almost double the number of patients since registrations started to climb in March 2007. There has been a greater increase in the number of adult registrations (122.3%) compared to children (39.1%) between March 2007 and September 2018. Prior to this, there had been an overall decline from around 2.7 million to 2.6 million between September 2000 and March 2007.

The continuing increase in registration numbers from March 2007 reflects the changes in registration policy as shown in Figure 1. Prior to April 2006, if a patient did not attend within 15 months they became de-registered. This was extended to 36 months in April 2006, 48 months in April 2009 and ‘lifetime registration’ was introduced in April 2010. See policy impacts on registration for further information.

Figure 1: Number of children and adults registered with an NHS dentist in Scotland; September 2000 to September 2018P, R

The percentage of the Scottish population registered with an NHS dentist increased from 66.2% to 94.1% for children and from 45.3% to 94.3% for adults between March 2007 and September 2018.

Source: ISD, MIDAS

P Figures for March 2018 and September 2018 are provisional
R Figures for March 2017 and September 2017 have been revised
In previous years, child registration rates were higher than adult rates. This gap has been narrowing since March 2007, and in September 2018, adult registration rates were higher than child rates for the first time (Figure 2).

**Figure 2: Percentage of children and adults registered with an NHS dentist in Scotland; by dental service, September 2000 to September 2018**

A small proportion of registrations are attributed to PDS dentists; the ratio of patients registered with an independent dentist compared with PDS as at 30th September 2018 is 17:1 for children and 28:1 for adults.

Registration rates with PDS have declined since its introduction in 2014. The percentage of children registered with PDS decreased steadily from 8.3% in March 2014 to 5.3% in September 2018. Similarly, adult registration rates decreased from 4.1% in March 2016 to 3.2% in September 2018.
Registration rates by patient age

A breakdown of the percentage of patients registered with an NHS dentist by age group as at 30th September 2018 is presented in Figure 3.

**Figure 3: Percentage of the population registered with an NHS dentist in Scotland; by age group, as at 30th September 2018**

Source: ISD, MIDAS, data extracted in November 2018

*Figures are capped at 100%. The actual (uncapped) rates are provided in the attached figure, see list of tables and charts*

*Figures for September 2018 are provisional*

**Children**

Registration rates increase with age in children; from 46.9% for children aged 0-2 to 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 is offered a basic dental inspection and every parent receives the results of this examination. Calculations using population estimates explain why some percentages are over 100%.

**Adults**

Registration rates for adults decrease across the older age groups; from 104.4% in the 35-44 age group to 83.5% for people aged 65-74. Rates increased slightly to 85.2% for patients aged 75 or 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, Health and Social Care Partnership and Local Authority (child age groups only) (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 explains 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 or invalid postcodes which could not be assigned to an NHS board. Figures are footnoted accordingly.

Children

There was some variation in child registration rates across NHS Boards (ranging from 84.4% in NHS Western Isles to 96.8% in NHS Shetland), as at 30th September 2018 (Figure 4a). In twelve NHS Boards more than 90% of children were registered with an NHS dentist. The exceptions were NHS Western Isles and NHS Borders (89.7%).

Figure 4a: Percentage of the population registered with an NHS dentist in Scotland; by NHS Board¹, as at 30th September 2018² – Children

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

Source: ISD, MIDAS, data extracted in November 2018

¹ Figures for September 2018 are provisional
² Figure 4a does not display 2% of data with missing patient postcode or where NHS board could not be identified. These are classed as unknown and are included as a separate category in the supporting Excel workbook.

Trend data on child NHS dental registrations by NHS Board are presented in Figure A4.1 (see List of Figures or Appendix A4). NHS Western Isles continues to have the lowest
child registration rate. However, NHS Orkney and NHS Western Isles reported the largest increase in registration rates since March 2007, up 53.3 percentage points, despite showing a slight decrease in September 2018.

Adults
Greater variation was seen in adult registration rates across NHS Boards (ranging from 75.9% in NHS Western Isles to 98.0% in NHS Greater Glasgow and Clyde). In nine NHS Boards, the adult registration rate was more than 85% (Figure 4b). This variation may partly reflect the use of private dentists.

Figure 4b: Percentage of the population registered with an NHS dentist in Scotland; by NHS Board¹, as at 30th September 2018⁵ - Adults

![Graph showing percentage of patients registered for different NHS Boards]

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

Source: ISD, MIDAS, data extracted in November 2018
⁵ Figures for September 2018 are provisional
¹ Figure 4b does not display 3% of data with missing patient postcode or where NHS board could not be identified. These are classed as unknown and are included as a separate category in the supporting Excel workbook.

Trend data on adult NHS dental registrations by NHS Board are presented in Figure A4.2 (see List of Figures or Appendix A4. As with national figures, registration rates have risen overall for each NHS Board.
Registration rates by deprivation

Data are analysed using ‘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 significant differences in registration rates between children living in the most and least deprived areas, ranging from 91.3% (in SIMD 2) to 93.8% (in SIMD 5); 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, 52.0% of children living in the most deprived areas were registered with an NHS dentist compared with 67.7% for the least deprived areas.

Note, that the figures seen for all SIMD quintiles are lower than the overall registration rate for children in Scotland (94.1%; Figure 2). This is due to missing or invalid postcodes, which are unable to be assigned to a SIMD category but are included at 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) quintile, as at 30th September 2018

Source: ISD, MIDAS, data extracted in November 2018
p Figures for September 2018 are provisional

Figure 5a does not display 2% of data with missing patient postcode or where SIMD could not be identified. These are classed as unknown and are 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 the demographic makeup of each NHS Board. There is some variation seen within most NHS Boards but most noticeable within the island NHS Boards. NHS Orkney does not have any postcodes in the most deprived quintile and shows a slight variation across the remaining quintiles, ranging from 90.9% (in SIMD 3) to 94% (in SIMD 5). NHS Shetland and NHS Western Isles only have postcodes in SIMD 2, 3 and 4. Rates in NHS Shetland range from 87.2% (in SIMD 2) to 97.7% (in SIMD 3) whereas rates in NHS Western Isles range from 75.0% (in SIMD 4) to 85.4% (in SIMD 3), see Table 2.

Adults
In contrast to children, adults living in the more deprived areas were more likely to be registered with an NHS dentist than adults living in less deprived areas. Registration rates decreased incrementally from 97.5% in SIMD 1, to 88.6% in SIMD 5 in September 2018 (Figure 5b). This may be due to the availability of free NHS dental treatment for adults who receive certain benefits. Prior to the new registration rules in 2006 starting to have an effect, adults living in the most deprived areas had the lowest registration 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) quintile, as at 30th September 2018

Source: ISD, MIDAS, data extracted in November 2018

Figure 5b does not display 3% of data with missing patient postcode or where SIMD could not be identified. These are classed as unknown and are included as a separate category in the supporting Excel workbook.
As a result of the introduction of lifetime 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 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 who are registered with a private dentist.

Participation trends

Of the 5.1 million patients registered, 3.6 million (69.9%) were seen by an NHS dentist in the two year period up to 30th September 2018. The number of patients participating increased steadily from 2.5 million in September 2006 to 3.6 million in March 2017. Since then, the number of patients participating has stabilised (Figure 6).

The percentage of registered patients who saw a dentist within the previous two years has shown a steady decline from around 98% between September 2006 and March 2008, to 69.9% in September 2018, the lowest reported rate.

Although 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 have been seen by a dentist within the previous two years.

Figure 6: Number of registered patients participating in GDS in Scotland; September 2006 to September 2018\textsuperscript{P, R}

Source: ISD, MIDAS

\textsuperscript{P} Figures for March 2018 and September 2018 are provisional

\textsuperscript{R} Participation figures for March 2017 and September 2017 have been revised
The figures for March and September 2018 may rise slightly when they are revised in the next release as a result of any additional claim forms that have been submitted by dentists after the data extracts were taken in November 2018.

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

**Children**

In Scotland, the number of children participating has been declining since March 2015. The number of children registered has continued to rise. As a result, the participation rate has fallen from 97.0% in September 2007 to 84.1% in September 2018 (Figure 7a), the lowest reported rate.

**Figure 7a: Number and percentage of registered patients participating in GDS in Scotland; September 2006 to September 2018**

Source: ISD, MIDAS

* Figures for March 2018 and September 2018 are provisional
* Participation figures for March 2017 and September 2017 have been revised

**Adults**

The number of adults participating increased steadily from 1.8 million in September 2006 to 2.8 million in March 2017 and has subsequently stabilised. Whereas, since 2006, the number of registrations has more than doubled, from 1.9 million to 4.1 million.

As a result, the participation rate for adults has fallen, from 98.7% to 66.6%, between March 2007 and September 2018 (Figure 7b).
Figure 7b: Number and percentage of registered patients participating in GDS in Scotland; September 2006 to September 2018\textsuperscript{P, R} - Adults

Source: ISD, MIDAS

\textsuperscript{P} Figures for March 2018 and September 2018 are provisional

\textsuperscript{R} Participation figures for March 2017 and September 2017 have been revised
Participation rates by patient age

A breakdown of the percentage of registered patients seeing an NHS dentist in the two year period up to September 2018 by age group is given in Figure 8.

Figure 8: Percentage of registered patients participating in GDS in Scotland; by age group, as at 30th September 2018

Source: ISD, MIDAS, data extracted in November 2018

P Figures for September 2018 are provisional

Children
As at 30th September 2018, the highest national participation rates were reported in children aged 0-2 (98.7%). This was largely as a consequence of the definition (i.e. contact within 2 years). The participation rate decreased incrementally with age, to 78.2% for the patients aged 13-17.

A similar pattern was seen in previous years. Since March 2012, rates for the 0-2 and 3-5 age groups have remained consistent at around 99% and 90% respectively. 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 steadily declined since March 2008, see Table 3.

Adults
The age groups 55-64 and 65-74 had the highest participation rate (73.1% and 73.8% respectively) in September 2018. Although national registration levels for adults aged
between 25 and 74 decreased with age, participation rates increased through these age groups. Participation rates in all age groups have decreased year on year since 2008, coinciding with changes in registration policy. Before April 2006, anyone who was registered but did not attend the dentist within 15 months was de-registered from the dentist. This was extended to 36 months in April 2008, 48 months in April 2009 and then ‘lifetime registration’ was introduced in April 2010. 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 treatment by NHS registered patients, which is not included in the statistics and, to some extent, missing or invalid postcodes which could not 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 (91.7%) as at 30th September 2018, while NHS Western Isles had the lowest (82.5%) (Figure 9a).

**Figure 9a: Percentage of registered patients participating in GDS in Scotland; by NHS Board, as at 30th September 2018** – Children

![Percentage of registered patients participating in GDS in Scotland; by NHS Board, as at 30th September 2018](chart)

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

Source: ISD, MIDAS, data extracted in November 2018
P Figures for March 2018 and September 2018 are provisional
Figure 9a does not display 2% of data with missing patient postcode or where NHS Board could not be identified. These are classed as unknown and are included as a separate category in the supporting Excel workbook.

Trend data on participation by NHS Board is presented in Figure A5.1 (see List of Figures or Appendix A5). Participation rates for children have decreased overall for most NHS Boards. One of the exceptions is NHS Western Isles where child participation rates increased from 77.2% in March 2011 to 91.0% in September 2013. However, this was largely due to having below average registration rates in the NHS Board over time. Since September 2013, child participation in NHS Western Isles has fallen slightly to 82.5% as at September 2018. Similarly, child participation rates in NHS Orkney increased from 86.7% in March 2010 to 94.0% in March 2012 before falling to 87.9%, as at September 2018.
Adults
There was larger variation in participation rates for adults across NHS Boards in September 2018. NHS Western Isles (54.9%) and NHS Shetland (56.7%) had the lowest adult participation rates and NHS Borders had the highest (77.1%) with the remaining NHS Boards having participation rates in the range of 65.1% to 74.2% (Figure 9b).

Figure 9b: Percentage of registered patients participating in GDS in Scotland; by NHS Board, as at 30th September 2018 – Adults

Source: ISD, MIDAS, data extracted in November 2018
Figures are provisional
Figure 9b does not display 3% of data with missing patient postcode or where NHS Board could not be identified. These are classed as unknown and are included as a separate category in the supporting Excel workbook.

Trend data on participation by NHS Board is presented in Figure A5.2 (see List of Figures or Appendix A5). 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 September 2018 suggest that children living in the most deprived areas were least likely to see a dentist in the last two years (79.8% for most deprived; 89.2% 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 September 2018 is now the largest gap between the most and least deprived quintiles (nine percentage points).

Figure 10a: Percentage of registered patients participating in GDS in Scotland; by Scottish Index of Multiple Deprivation (SIMD) quintile, as at 30th September 2018

Source: ISD, MIDAS, data extracted in November 2018

Figures for September 2018 are provisional

Figure 10a does not display 0.2% of data with missing patient postcode or where SIMD could not be identified. These are classed as unknown and are included as a separate category in the supporting Excel workbook.

Adults

A similar pattern was seen for adults, with patients living in the most deprived areas being the least likely to participate as at September 2018 (62.2% in SIMD 1 compared with 72.7% in SIMD 5) (Figure 10b).
In September 2008 the gap between the rates for the most and least deprived quintiles was three percentage points, the gap widened to six percentage points in September 2010 and as at September 2018 is now the largest gap between the most and least deprived quintiles (ten percentage points).

**Figure 10b: Percentage of registered patients participating in GDS in Scotland; by Scottish Index of Multiple Deprivation (SIMD) quintile, as at 30th September 2018** – Adults

Source: ISD, MIDAS, data extracted in November 2018

P Figures for September 2018 are provisional

Figure 10b does not display 0.2% of data with missing patient postcode or where SIMD could not be identified. These are classed as unknown and are included as a separate category in the supporting Excel workbook.
Glossary

**Abeyance**
Whilst on abeyance patients may not have access to routine NHS dental care and therefore their registration should not be included in national registration data. In some instances official statistics have included patients on abeyance, and so overstate the actual number of people registered with a dentist in Scotland. These statistics have now been updated to exclude registrations held in abeyance.

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

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

**Independent dentist**
Independent dentist providing GDS 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 is offered a basic dental inspection and a sample of P1 or P7 children are offered a detailed dental inspection on alternate years.

**Participation**
Contact with GDS for examination or treatment in the last two years.

**Registration**
Registration with an NHS dentist, excluding commitment and emergency list numbers, as well as registrations held in abeyance.

**PDS**
Public Dental Service. From 1 January 2014 the Salaried General Dental Service (SGDS) merged with the CDS to become the Public Dental Service (PDS). Throughout this publication, ‘PDS’ is used when referring to ‘PDS (SGDS (not including CDS) prior to Jan 14 and SGDS and CDS for Jan 14 onwards)’.

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

**Salaried dentist**
Dentist formerly working in the Salaried General Dental Service (or Community Dental Service) as an employee of an NHS Board.

**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 A4.1</td>
<td>Percentage of the population registered with an NHS dentist in Scotland; by NHS Board - Children</td>
<td>September 2000 to September 2018</td>
<td>Excel [181kb]</td>
</tr>
<tr>
<td>Figure A4.2</td>
<td>Percentage of the population registered with an NHS dentist in Scotland; by NHS Board - Adults</td>
<td>September 2000 to September 2018</td>
<td>Excel [181kb]</td>
</tr>
<tr>
<td>Figure A5.1</td>
<td>Percentage of registered patients participating in GDS; by NHS Board - Children</td>
<td>September 2000 to September 2018</td>
<td>Excel [55kb]</td>
</tr>
<tr>
<td>Figure A5.2</td>
<td>Percentage of registered patients participating in GDS; by NHS Board - Adults</td>
<td>September 2000 to September 2018</td>
<td>Excel [55kb]</td>
</tr>
</tbody>
</table>
Contact

Claire Clark
Information Analyst
0131 275 6145

Ahmed Mahmoud
Principal Information Analyst
0131 275 7555

General Enquiries and Information Requests
Dental and Ophthalmic Team
NSS.isd-dental-info@nhs.net

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 NHS Scotland 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. Claim 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, excluding commitment and emergency list numbers, as well as registrations held in abeyance. Abeyance is defined as patients registered with a list number that ceased before the date of snapshot (see Appendix A4). 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 area¹:

\[
\frac{\text{The number of people registered with an NHS dentist}}{\text{The estimated number of people resident}} \times 100
\]

¹ Administrative area is the NHS Board or local authority.

Note that some “cross-border flow” exists, as people may live in one administrative area (e.g. NHS Lanarkshire) but be registered with a NHS 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 dentist. 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 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, or those registered with a private dentist.

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

For each NHS Board:

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

Participation as a measure was formally introduced in September 2010 but has been calculated for data since September 2006 in this publication to allow a longer trend to be reported and to show the effect of the changes to the registration rules.

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 an investigation in 2014, 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, 2012 and 2016. The most appropriate SIMD release has been used for each year of data as illustrated in the following table.

<table>
<thead>
<tr>
<th>Data for Years</th>
<th>Index and release</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014, onwards</td>
<td>SIMD 2016</td>
</tr>
</tbody>
</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

this applies to all data analysed by SIMD 2009, SIMD 2012 and SIMD 2016.

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)’. All 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, Local Authority 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, Local Authority or SIMD level, unknowns are presented as a stand-alone category in supporting Excel tables, as an NHS Board, Health and Social Care Partnership, Local Authority 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, Local Authority 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 Partnerships, Local Authorities 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 30th September 2018 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>16,067 (1.7%)</td>
<td>126,273 (3.0%)</td>
</tr>
<tr>
<td>Unknown SIMD</td>
<td>16,067 (1.7%)</td>
<td>126,273 (3.0%)</td>
</tr>
</tbody>
</table>

Patients participating in GDS as at 30th September 2018 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>1,439 (0.2%)</td>
<td>5,992 (0.2%)</td>
</tr>
<tr>
<td>Unknown SIMD</td>
<td>1,439 (0.2%)</td>
<td>5,992 (0.2%)</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.

<table>
<thead>
<tr>
<th>Date of snapshot</th>
<th>Mid-year population estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>31/03/2017, 30/09/2017, 31/03/2018, 30/09/2018</td>
<td>2017 (based on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2016, 30/09/2016</td>
<td>2016 (based on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2015, 30/09/2015</td>
<td>2015 (based on 2011 Census)</td>
</tr>
<tr>
<td>31/03/2014, 30/09/2014,</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>

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.
A3 – Frequency of Publication: Public Consultation

Information Services Division (ISD) of NHS National Services Scotland is committed to producing information that best meets the needs of our customers. We recently ran a public consultation to review the frequency of this publication.

Consultation

Up to now, ISD have published ‘Dental Statistics – NHS Registration and Participation’ on a six-monthly basis, in January and June. Recent publications have shown minimal changes to figures at each release. We believe that reporting these minimal changes is not contributing to our understanding of dental registration and participation activity in Scotland and wish to make this an annual publication.

The consultation asked for responses to the question “Do you support the move from publishing on a six-monthly basis to an annual basis?”

Responses

Nine responses were received. Two-thirds (six) responses supported publishing annually. Of the responses that did not support publishing on an annual basis, the following reasons were given:

- Preference for more frequent data for business planning;
- Preference for different data, including specific information on numbers and rates of patients attending dental practices;
- Concern that annual reporting will mean a time-lag in data being published.

Results

Based on this feedback, ISD have moved to publishing this report on an annual basis. This is the first annual-only iteration.

To help those that have a requirement for more frequent information or information that is not currently held in the publication, ISD provided details of the information request service.
A4 – Percentage of the population registered with an NHS dentist; by NHS Board

Registrations held in Abeyance

Whilst on abeyance patients may not have access to routine NHS dental care and therefore their registration should not be included in national registration data. In some instances official statistics have included patients on abeyance, and so overstate the actual number of people registered with a dentist in Scotland. The most recent national registration statistics have been updated to exclude every registration held in abeyance. The total number of registrations held in abeyance at each snapshot date, between 30th September 2000 and 30th September 2017 is shown in the table below.

Total number of Registrations held in abeyance from March 2000 to September 2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Date of Snapshot March</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>7,895</td>
<td>10,217</td>
</tr>
<tr>
<td>2001</td>
<td>8,390</td>
<td>9,483</td>
</tr>
<tr>
<td>2002</td>
<td>9,747</td>
<td>11,051</td>
</tr>
<tr>
<td>2003</td>
<td>14,339</td>
<td>18,904</td>
</tr>
<tr>
<td>2004</td>
<td>15,014</td>
<td>20,362</td>
</tr>
<tr>
<td>2005</td>
<td>18,323</td>
<td>25,742</td>
</tr>
<tr>
<td>2006</td>
<td>18,203</td>
<td>27,931</td>
</tr>
<tr>
<td>2007</td>
<td>19,446</td>
<td>26,296</td>
</tr>
<tr>
<td>2008</td>
<td>30,958</td>
<td>37,857</td>
</tr>
<tr>
<td>2009</td>
<td>29,779</td>
<td>32,570</td>
</tr>
<tr>
<td>2010</td>
<td>35,700</td>
<td>52,883</td>
</tr>
<tr>
<td>2011</td>
<td>48,104</td>
<td>63,054</td>
</tr>
<tr>
<td>2012</td>
<td>41,033</td>
<td>46,987</td>
</tr>
<tr>
<td>2013</td>
<td>33,990</td>
<td>41,842</td>
</tr>
<tr>
<td>2014</td>
<td>29,237</td>
<td>34,705</td>
</tr>
<tr>
<td>2015</td>
<td>32,503</td>
<td>38,252</td>
</tr>
<tr>
<td>2016</td>
<td>43,343</td>
<td>35,774</td>
</tr>
<tr>
<td>2017</td>
<td>32,110&lt;sup&gt;R&lt;/sup&gt;</td>
<td>37,794&lt;sup&gt;R&lt;/sup&gt;</td>
</tr>
<tr>
<td>2018</td>
<td>27,178&lt;sup&gt;P&lt;/sup&gt;</td>
<td>37,896&lt;sup&gt;P&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Source: ISD, MIDAS

<sup>P</sup> Figures for March 2018 and September 2018 are provisional
<sup>R</sup> Figures for March 2017 and September 2017 have been revised

Data on registrations held in abeyance by NHS Board is presented in Table A4 (see List of Tables).
Figure A4.1: Percentage of children registered with an NHS dentist; by NHS Board from 30th September 2000 to 30th September 2018

Source: ISD, MIDAS

P Figures for March 2018 and September 2018 are provisional
R Figures for March 2017 and September 2017 have been revised

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 adults registered with an NHS dentist; by NHS Board from 30th September 2000 to 30th September 2018

Source: ISD, MIDAS

* Figures for March 2018 and September 2018 are provisional
* Figures for March 2017 and September 2017 have been revised

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

Figure A5.1: Percentage of registered children participating in GDS by NHS Board; from 30\textsuperscript{th} September 2006 to 30\textsuperscript{th} September 2018

Source: ISD, MIDAS

\textsuperscript{P} Figures for March 2018 and September 2018 are provisional

\textsuperscript{R} Figures for March 2017 and September 2017 have been revised

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 A5.2: Percentage of registered adults participating in GDS by NHS Board; from 30th September 2006 to 30th September 2018.

Source: ISD, MIDAS

P Figures for March 2018 and September 2018 are provisional

R Figures for March 2017 and September 2017 have been revised

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.
A6 – 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

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

The 2017 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 provides detailed analyses of oral health factors and demographic measures, and provides a tool to inform policy, plan services and improve and maintain health.

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>The Health and Social Care Information Centre (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>StatsWales</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 England. 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 Children's Dental Health Survey 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.
# A7 – Publication Metadata (including revisions details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication title</strong></td>
<td>Dental Statistics – NHS Registration and Participation</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>This release provides information on NHS dental registrations from September 2000 to September 2018 and participation (contact with an NHS dentist) from September 2006 to September 2018</td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td>Dental health care</td>
</tr>
<tr>
<td><strong>Topic</strong></td>
<td>Registration and participation</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Excel workbooks</td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
<td>MIDAS, NRS</td>
</tr>
<tr>
<td><strong>Date that data are acquired</strong></td>
<td>November 2018</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>22 January 2019</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Annual. Following a public consultation that concluded in August 2016, it was agreed that this publication will be annual only (rather than the previous bi-annual report) from January 2017.</td>
</tr>
<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>The latest snapshot of data is 30 September 2018, therefore four months in arrears.</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>Annual as at 30 September.</td>
</tr>
<tr>
<td><strong>Revisions statement</strong></td>
<td><strong>Revisions</strong></td>
</tr>
<tr>
<td></td>
<td>In the previous publication (23 January 2018), figures for March 2017 and September 2017 were marked as provisional. These figures have been re-extracted for this release and revised.</td>
</tr>
<tr>
<td></td>
<td>Number of patients registered with an NHS dentist (previously published and revised figures). The revised figures are slightly lower than the previously published figures.</td>
</tr>
<tr>
<td><strong>Date of snapshot</strong></td>
<td><strong>Previously Published</strong></td>
</tr>
<tr>
<td></td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
<td>September 2017</td>
</tr>
<tr>
<td><strong>Concepts and definitions</strong></td>
<td><strong>Registration</strong></td>
</tr>
</tbody>
</table>

The table below shows the previously published and revised participation figures. The revised figures are slightly higher than the previously published figures.

<table>
<thead>
<tr>
<th><strong>Date of snapshot</strong></th>
<th><strong>Previously Published</strong></th>
<th><strong>Revised</strong></th>
<th><strong>% Difference</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2017</td>
<td>3,585,961</td>
<td>4,971,128</td>
<td>1.5</td>
</tr>
<tr>
<td>September 2017</td>
<td>3,587,161</td>
<td>4,908,689</td>
<td>0.6</td>
</tr>
</tbody>
</table>
dentist is calculated as follows:
For each administrative area:\footnote{Administrative area is the NHS Board or local authority.}

\[
\frac{\text{The number of people registered with an NHS dentist}}{\text{The estimated number of people resident}} \times 100
\]

Note that some “cross-border flow” exists, as people may live in one administrative area (e.g. NHS Lanarkshire) but be registered with a NHS dentist whose practice is located in another (usually adjacent) administrative area (e.g. NHS Greater Glasgow & Clyde).

### 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 those registered with a private dentist. Based on the postcode of the registered person’s home address, the percentage of participation is calculated as follows:

For each NHS Board:

\[
\frac{\text{The number of registered patients who participated in GDS in the previous two years}}{\text{The number of residents registered with an NHS dentist}} \times 100
\]

Participation as a measure was formally introduced in September 2010 but has been calculated for data since September 2006 in this publication to allow a longer trend to be reported and to show the effect of the changes to the registration rules.

### Relevance and key uses of the statistics

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

### Accuracy

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 PSD - Dental). 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 £390. 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 safeguard against fraud, this activity will improve accuracy with any errors identified and resolved within the database.

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<th>Completeness</th>
<th>Making information publicly available for planning, provision of services, research etc.</th>
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<tr>
<td>Comparability</td>
<td>See Appendix A6</td>
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<td>Accessibility</td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
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<td>Coherence and clarity</td>
<td>Tables and charts are accessible via the ISD website at: <a href="http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/">www.isdscotland.org/Health-Topics/Dental-Care/Publications/</a></td>
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<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>
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<td>Disclosure</td>
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<td>UK Statistics Authority Assessment</td>
<td>Awarded. Further details can be found in the UKSA assessment report (report 209).</td>
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<tr>
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A8 – 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
A9 – 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.

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- 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](https://www.info.nhs.scot).