A Guide to NHS Dental Publications

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Introduction

NHS dentistry data are collected by NHS Dental Services, part of the NHS Business Services Authority (BSA). NHS Digital dental publications are based on regular extracts of these data.

The purpose of this document is to provide a brief introduction to the terms and measures shown in our publications and, where applicable, additional contextual information. If you have an enquiry on this document, or a more general enquiry, please e-mail: enquires@nhsdigital.nhs.net

NHS Digital Dental Publications

NHS Digital publishes information on the following areas of NHS dentistry. Note that hospital dental services or services provided privately are not included in these publications. Data in quarterly publications can be divided into two distinct areas:

- The number of patients seen by NHS dentists. Patient seen figures are final – they are not updated in later publications.
- NHS dental activity data published in the quarterly reports are subject to revision in subsequent quarters. Final data are published in the annual report each August. These figures do not change following publication.

The following data are published in the annual report only:

- Clinical dental treatments carried out by NHS dentists
- Charges made to NHS dental patients
- Orthodontics activity statistics
- NHS dental workforce

The following data are published in separate reports:
- Dental Earnings and Expenses
- Dental Working Hours (published biennially)

Publication Calendar

Table A below sets out the key publication dates, the period to which data relate and the status of the figures.
Table A: NHS Dental Activity Statistics for England Publications, 2016-17

<table>
<thead>
<tr>
<th>Period</th>
<th>Publication Date</th>
<th>Activity Data</th>
<th>Patients Seen Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>Nov 2016</td>
<td>Q1 (April - June 2016)</td>
<td>12/24 months up to end Sep 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Provisional)</td>
<td></td>
</tr>
<tr>
<td>Quarter 2</td>
<td>Feb 2017</td>
<td>Q1 &amp; Q2 (April - Sept 2016)</td>
<td>12/24 months up to end Dec 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Provisional)</td>
<td></td>
</tr>
<tr>
<td>Quarter 3</td>
<td>May 2017</td>
<td>Q1, Q2 &amp; Q3 (April - Dec 2016)</td>
<td>12/24 months up to end Mar 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Provisional)</td>
<td></td>
</tr>
<tr>
<td>Annual</td>
<td>Aug 2017</td>
<td>April 2016 - March 2017 (Final)</td>
<td>12/24 months up to end Jun 2017</td>
</tr>
<tr>
<td>Publication</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NHS dental activity provisional data are published on a quarterly basis, around five months after the end of the period to which the data relate. For example, provisional activity data for quarter 2 (July to September) are published the following February.

The number of patients seen by NHS dentists is published quarterly, around two months after the end of period to which the data relate. For example, patients seen data for quarter 2 (July to September) are published in November.

Clinical dental treatments, charges, orthodontics and workforce data are published in the annual report only, around five months after the end of the period to which the data relate:

Geographical Breakdowns

Data in these reports are provided principally by region. In addition data has been mapped to CCGs and LAs, in recognition of an interest of services provided in these areas. More geographically granular data are useful for trend analysis and service uptake.

It is important to recognise that dental practices are not directly contracted to CCGs or LAs and therefore there are no definitive CCG or LA ‘parents’ for dental practices.

- In order to map these data to these organisational structures, the practice postcodes and the NHS Postcode Directory\(^1\) have been used to identify the CCG and LA associated with this physical location.

- In some instances, the practice postcode does not map to a CCG or LA. This is usually because the postcode is not valid. They are therefore reported in the CCG level data under ‘unallocated’.

The structure of local government in England is complex. There are a number of local government organisation types (unitary authorities, metropolitan districts, London boroughs, Shire counties) totalling 152 organisations. Geographic coverage in this publication extends to 151 organisations as data from the Isles of Scilly are not included.

More information on the geographies in England can be found here: https://www.ons.gov.uk/methodology/geography/ukgeographies

\(^1\) [http://systems.digital.nhs.uk/data/ods/datadownloads/onsdata](http://systems.digital.nhs.uk/data/ods/datadownloads/onsdata)
Dental Activity

Dental activity is measured through:

- Courses of Treatment (CoT)
- Units of Dental Activity (UDA)

When a patient first goes to a dentist, the dentist determines the amount of work required. The patient then starts a CoT. Depending on the complexity of the treatment, each CoT represents a given number of UDA. These are monitored through the year to ensure delivery of the contracted activity.

FP17 Form

Information on completed CoT are submitted to NHS Dental Services on an FP17 form², the majority of which are submitted electronically. These forms are the source of our published data. For information on the FP17 form, see the NHS Business Services Authority (NHS BSA) Dental Services³ website. Each FP17 form is associated with one CoT.

Courses of Treatment

A CoT is defined as:

- A patient examination, an assessment of their oral health, and the planning of any treatment to be provided to that patient as a result of that examination and assessment, and
- The provision of any planned treatment (including any treatment planned at a time other that the time of the initial examination) to that patient.

Treatment bands

CoT are banded accord to the most complex treatment in the course:

- **Band 1** - check up and simple treatment (such as examination, x-rays and prevention advice).
- **Band 2** - mid range treatments such as fillings, extractions, and root canal work in addition to Band 1 work.
- **Band 3** - includes complex treatments such as crowns, dentures, and bridges in addition to Band 1 and Band 2 work.
- **Urgent** - a specified set of treatments including up to two extractions and one filling provided to a patient where:
  - prompt care and treatment is provided where oral health is likely to deteriorate significantly, or the person is in severe pain by reason of their oral condition.
  - care and treatment is provided to prevent significant deterioration or address severe pain.
- **Other** - CoT which include the following procedures do not attract a patient charge: arrest of bleeding, bridge repair, denture repair, removal of sutures and prescription issues.
There can be significant differences between CoT within the same band. For example, a CoT with several large fillings would have the same treatment band as one with a single small filling.

**Units of Dental Activity**

UDA are weighted CoT and are used in the NHS dental contract system.

Table B shows the weightings which are used to convert CoT to UDA. Band 3 includes the most complex treatments and therefore has the greatest weighting.

**Table B: UDA for each treatment band**

<table>
<thead>
<tr>
<th>Treatment band</th>
<th>UDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 1</td>
<td>1.00</td>
</tr>
<tr>
<td>Band 2</td>
<td>3.00</td>
</tr>
<tr>
<td>Band 3</td>
<td>12.00</td>
</tr>
<tr>
<td>Urgent</td>
<td>1.20</td>
</tr>
<tr>
<td>Arrest of bleeding</td>
<td>1.20</td>
</tr>
<tr>
<td>Bridge repair</td>
<td>1.20</td>
</tr>
<tr>
<td>Denture repair</td>
<td>1.00</td>
</tr>
<tr>
<td>Prescription issue</td>
<td>0.00</td>
</tr>
<tr>
<td>Removal of sutures</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**Full year estimates**

Quarterly activity data are provisional until final figures published in the annual report, released in August the following year end. Provisional data are weighted to provide an estimated national position and more accurate and relevant figures for the quarter.

Weighting factors are established by calculating the change rate for each band between the provisional and final data, based on the relevant quarters’ data in the previous reporting years.

For example; quarter 1 (Q1) provisional figures are weighted by the average change between Q1 data as reported at quarter 2 (Q2) and the Q1 data as reported in the end of year report, in the previous two years.

**Example:** Formulas to calculate the weighting factor and estimated 2015/16 quarter 1 (Q1) final values to be reported in the 2015/16 quarter 2 (Q2) publication

\[
15/16 \text{ Q1 Weighting Factor} = \frac{\left(\frac{13/14Q1_{Final}}{13/14Q1_{Provisional @ Q2}}\right) + \left(\frac{14/15Q1_{Final}}{14/15Q1_{Provisional @ Q2}}\right)}{2}
\]

\[
15/16 \text{ Q1 Estimated Final} = (15/16 \text{ Q1 Weighting Factor}) \times (15/16 \text{ Q1 Provisional @ Q2})
\]

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4 See [https://www.nhsbsa.nhs.uk/sites/default/files/2017-06/Year%20End%20Statement%20Guidance%20-%20Final%20Version.pdf](https://www.nhsbsa.nhs.uk/sites/default/files/2017-06/Year%20End%20Statement%20Guidance%20-%20Final%20Version.pdf) page 7 for further details
Clinical Treatments

The clinical treatments listed in the FP17 form are:

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale and Polish</td>
<td>Simple periodontal treatment including scaling, polishing, marginal correction of fillings and charting of periodontal pockets.</td>
</tr>
<tr>
<td>Fluoride varnish</td>
<td>Fluoride preparation applied to the teeth surface as a primary preventative measure.</td>
</tr>
<tr>
<td>Fissure sealants</td>
<td>Sealant material is applied to the pit and fissure systems as a primary preventative measure.</td>
</tr>
<tr>
<td>Radiograph(s)</td>
<td>An x-ray, providing an image of the teeth, mouth and/or gums that can help identify underlying problems such as decay.</td>
</tr>
<tr>
<td>Endodontic treatment</td>
<td>Root filling including removal of diseased or damaged pulp of the tooth. The root canal is then cleaned, shaped and filled with a suitable material.</td>
</tr>
<tr>
<td>Permanent fillings and sealant restorations</td>
<td>Restoration of a tooth by filling a cavity to replace lost tooth tissue.</td>
</tr>
<tr>
<td>Extractions</td>
<td>Tooth extraction. Also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth.</td>
</tr>
<tr>
<td>Crown(s)</td>
<td>Full coverage of a tooth where tooth tissue is not sufficient to restore the tooth by other means (excludes stainless steel crowns).</td>
</tr>
<tr>
<td>Dentures</td>
<td>A removable appliance that replaces some or all teeth.</td>
</tr>
<tr>
<td>Veneer(s) applied</td>
<td>Layer of material (often porcelain) covering the surface of a damaged or discoloured tooth.</td>
</tr>
<tr>
<td>Inlay(s)</td>
<td>Type of indirect restoration (i.e. created in the laboratory).</td>
</tr>
<tr>
<td>Bridge(s)</td>
<td>A fixed restoration that replaces one or more missing teeth.</td>
</tr>
<tr>
<td>Referral for advanced mandatory services</td>
<td>Patient is referred to another contractor.</td>
</tr>
<tr>
<td>Examination</td>
<td>An examination for treatment planning purposes, normally including charting of the teeth, recording of the periodontal condition and soft tissue examination.</td>
</tr>
<tr>
<td>Antibiotic items prescribed</td>
<td>Patient is issued with a prescription containing antibiotic items. This shows the number of antibiotic treatments rather than the number of pills.</td>
</tr>
<tr>
<td>Other treatment</td>
<td>Treatment not included in the above list.</td>
</tr>
</tbody>
</table>

A patient can receive more than one clinical treatment within a single CoT. For example, within a single CoT a patient can receive a scale and polish and have a tooth extracted.
Patients Seen

The patients seen measure shows the number of adult patients who received NHS dental care in the previous 24 months, where their last CoT started within the past 24 months. For children the patients seen measure shows the number who received NHS dental care in the previous 12 months, where their last CoT started within the past 12 months.

Prior to Q1 2016-17 the child patients seen measure related to the number of children seen in the previous 24 months. As this represents a distinct break in the time series, child patient seen data from June 2016 (Q1 2016-17) are not comparable to previous publications. Data for adults remains comparable to figures contained in prior publications.

This information is taken from the FP17 form and is based on the date of validation processing at NHS Dental Services. Any CoT started but not processed within the period will not appear in the 12 or 24 month count.

Note that this differs from the methodology used to measure activity, which measures the number of CoT which end within a given period. The activity methodology requires further time for FP17 forms to be submitted to and processed by NHS Dental Services. As a result of this, patients seen figures are available earlier in the reporting cycle than activity data.

Each patient is counted only once even if they have received several episodes of care over the period, Unique patients are identified by using surname, first initial, gender and date of birth, although inevitably there will be some duplications and omissions.

For example, patients will be omitted if two or more share the same surname, initial, sex and date of birth. Patients may be counted twice if they have two or more episodes of care and their name is misspelled or changed (e.g. on marriage) between those episodes of care. The risk of duplication increases, if the episodes of care are at different practices. Duplications and omissions are unlikely to affect the overall count by more than one or two per cent.

Orthodontic patients are included in the patients seen counts.

Patient age

Patient age is calculated as at the last day of the 24 or 12 month period. A child is defined as aged under 18.

Population data

Information on the number of patients seen as a proportion of the population is also published, using Office for National Statistics (ONS) mid-year population estimates. These are most closely aligned with the mid-point of the patients seen reporting period.

For example, the adult patients seen measure for the 24 month period up to 31 March 2017, covers 1 April 2015 to 31 March 2017. The ONS mid-2016 population estimates are used to calculate the proportion of the population seen.

Population figures supplied by the ONS relate to the estimated residential population of an area. This may have an impact on sub-national population based measures in that patients being treated within a CCG may not necessarily be a resident of that CCG; the numerator (number of patients seen) may include patients who are not captured in the denominator (ONS residential population) as, for example, they may live close to the boundary and their dentist falls into a different CCG.
Fees and Exemptions

**Patient type**

Patients are split into three types according to age and exemption status:

- paying adults - pay a charge to the full cost of the treatment.
- non-paying adults – exempt or remitted from paying a charge to the full cost of the treatment.
- children

**Exemptions**

Patients are exempt from NHS dental charges where they are:

- a child - aged under 18.
- aged 18 or over and in full-time education.
- pregnant or have had a baby in the year before treatment starts.
- an NHS inpatient where treatment is delivered by the hospital dentist.
- an NHS Hospital Dental Service outpatient
- included in an award of Income Support, income based Jobseeker’s Allowance, income-related Employment and Support Allowance, Pension Credit or Guarantee Credit or Universal Credit
- named on a valid NHS tax credit exemption certificate.
- named on a valid NHS Low Income Scheme HC2 certificate.

Patients named on an NHS Low Income Scheme HC3 certificate may be eligible for partial help with dental costs.

**Patient Charges**

Paying adults are charged according to the treatment band. ‘Other’ treatment incurs no charge. Table C below shows the NHS dental charges applicable to paying adults.

**Table C: NHS Dental Charges**

<table>
<thead>
<tr>
<th>Treatment Band</th>
<th>Charges for the period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 1</td>
<td>£15.50</td>
</tr>
<tr>
<td>Band 2</td>
<td>£42.40</td>
</tr>
<tr>
<td>Band 3</td>
<td>£189.00</td>
</tr>
<tr>
<td>Urgent</td>
<td>£15.50</td>
</tr>
</tbody>
</table>

The charge actually collected can vary from the notional charge for the band.

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5 There may be a charge for dentures and bridges.
In some cases the fee for a paying adult is fully or partially waived. These are:

- a continuation of treatment where a CoT is completed but the patient needs further treatment within two months.
- treatment on referral - the patient charge is collected by the referring dentist.
- treatment that qualifies for free repair or replacement.
- where treatment was not completed.

Reported patient charge revenue may be lower than expected as patient charge information is not collected from closed contracts.

No account is taken in this report of refunds for patients who pay for their treatment and prove at a later date that they should not have paid charges, or penalties imposed on those who should have paid but did not.

**Orthodontics**

Orthodontics is a specialist area of dentistry concerned with the growth and development of the teeth and jaws and the prevention and treatment of abnormalities of this development. Therefore most patients are children.

**FP17O Form**

Orthodontic information is collected separately from dental activity data via the FP17O form. See the NHS BSA Dental Services website for more detail.

**Units of Orthodontic Activity (UOA)**

A Unit of Orthodontic Activity (UOA) is an indication of the weight of an orthodontic course of treatment.

A course of orthodontic activity equates to between 4 and 23 UOA, according to the age of the patient. All of these are credited to the dentist at the start of the CoT. However the treatment may be performed over a number of years and therefore changes in contractual arrangements may need to be considered when interpreting historical orthodontic data.

Under the present contractual arrangements dentists are paid a monthly sum. In return for this payment they have a contractual obligation to deliver a specified number of UOA in the course of a year, and are credited with UOA at the start of each course of orthodontic treatment. Additionally, they are credited with a smaller amount of UOA (1 or 0.8 of a unit) for carrying out orthodontic assessments and repairs.

Due to the relatively small number of practitioners, at sub-national level, the movement of any orthodontic practitioner from one sub-region to another can have a significant impact on the aggregate UOA figures for the organisations concerned. Orthodontic activity is only provided at national and regional level.

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Dental Workforce

Dental workforce data are based on the number of dentists who have carried out NHS activity during each financial year.

Workforce figures count the number of dental performers who have recorded any NHS activity via FP17 forms in the financial year and that meet the criteria for inclusion within the annual reconciliation process.

Dental contracts

Dentists can work under a number of contracts:

<table>
<thead>
<tr>
<th>General Dental Services (GDS)</th>
<th>Providers must provide a full range of mandatory services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Dental Services (PDS)</td>
<td>Providers are not obliged to provide the full range of mandatory services. If a provider</td>
</tr>
<tr>
<td>Trust-led Dental Services (TDS)</td>
<td>Can provide services under PDS agreements and then pay dentists directly rather than through the standard system operated by NHS Dental Services.</td>
</tr>
</tbody>
</table>

Contract types

A performer can have multiple contracts within a NHS England region geography or across a series of regions. Performers are counted against each region in which they have a contract. This will mean that the sum of local level information exceeds the national total, as performers are counted across more than one region.

A performer is assigned a contract type by looking at all of the contracts they hold that have activity recorded against them. At the lowest level, a performer is counted against their contracts within a region geography. Table D shows the combination of contract types and the corresponding category.

<table>
<thead>
<tr>
<th>Table D: Combinations of contract types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performer operates under</td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
<tr>
<td>GDS only</td>
</tr>
<tr>
<td>GDS &amp; TDS</td>
</tr>
<tr>
<td>GDS &amp; PDS</td>
</tr>
<tr>
<td>GDS &amp; PDS &amp; TDS</td>
</tr>
<tr>
<td>PDS only</td>
</tr>
<tr>
<td>PDS &amp; TDS</td>
</tr>
<tr>
<td>TDS only</td>
</tr>
</tbody>
</table>

Some performers may operate under a GDS contract in one region geography and a PDS contract in another. In this case, the performer is counted under the GDS contract type in the first region and under PDS in the second. If these are within the same broad NHS England region, that performer would count under the mixed contract type in any region level (and national) aggregation.
**Dentist type**

Dentists are assigned to a dentist type depending on how they contract and perform their work.

<table>
<thead>
<tr>
<th>Dentist Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider</td>
<td>A person or authorised body (including certain companies and NHS trusts) which has entered into a contract with NHS England to provide primary dental services.</td>
</tr>
<tr>
<td>Performer</td>
<td>A dentist who carries out activity.</td>
</tr>
<tr>
<td>Performer-only</td>
<td>Delivers dental services but does not hold a contract with NHS England. They will be employed by a provider only or a providing performer.</td>
</tr>
<tr>
<td>Providing-performer</td>
<td>A provider who holds a contract and who also acts as a performer, delivering dental services themselves.</td>
</tr>
<tr>
<td>Provider-only</td>
<td>A provider who sub-contracts all dental activity to other performers and does not perform NHS dentistry on the contract themselves.</td>
</tr>
</tbody>
</table>

NHS Digital publications do not provide a full count of all providers. Provider-only dentists are excluded as they have no NHS activity recorded against them.

In some cases, a dentist may operate across NHS England region geographies under different arrangements. At the lowest level, this dentist would be counted as a providing-performer in the first area and as a performer-only in the second. If these are within the same region, the dentist would be categorised in any region level (or national) report as a providing-performer dentist.

**Joiners and Leavers**

**Joiners**

A joiner is a performer with activity recorded against them in a year, but none in the previous year, across all contracts and all regions. Therefore a dentist is counted only once as a joiner or leaver, against the relevant region of their initial contract.

**Leavers**

A leaver is a performer with activity recorded against them in a year, but none in the following year. Information on the number of leavers for a particular year is therefore not available until the end of the following year.

**Transfers**

Movements between regions are classed as transfers and not as joiners or leavers. These reports do not include information on transfers.

**Performer age**

Performer age is the age at 30 September in the relevant year.
Related Information

For information on dentistry and dental services please refer to the Department of Health (DH) website: https://www.gov.uk/government/organisations/department-of-health

The DH publishes A Guide to NHS Dental Services, which provides information on how NHS dental services in England work.

For information on dentistry and dental services in Wales: http://wales.gov.uk/statistics-and-research

For information on dentistry and dental services in Scotland: http://www.isdscotland.org/Health-Topics/Dental-Care/

For dental services publications in Northern Ireland: www.dhsspsni.gov.uk/index/dental/dental-pubs.htm

NHS dental data in England are collected and managed by NHS Dental Services part of the NHS BSA: http://www.nhsbsa.nhs.uk/DentalServices.aspx

Beyond the information set out in earlier chapters, related dental information is available both through other NHS Digital publications and from other organisations, providing a wider view of the dental sector. Note that this is not an exhaustive list.

Adult Dental Health Survey (ADHS)
http://digital.nhs.uk/pubs/dentalsurveyfullreport09

The 2009 Adult Dental Health Survey (ADHS) is the fifth in a series of national dental surveys that have been carried out every decade since 1968. The main purpose of these surveys has been to get a picture of the dental health of the adult population and how this has changed over time.

Children’s Dental Health Survey (CDHS)
http://digital.nhs.uk/catalogue/PUB17137

Child Dental Health Survey 2013, England, Wales and Northern Ireland provides statistical estimates on the dental health of 5, 8, 12 and 15 year old children in England, Wales and Northern Ireland, using data collected during dental examinations conducted in schools on a random sample of children by NHS dentists and nurses.

Hospital Episode Statistics (HES)
http://digital.nhs.uk/hes

HES are the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS patients treated elsewhere. Information on A&E, outpatient and inpatient activity are freely available from the website.

GP patient survey: dental statistics

In January to March 2016, 1.1 million adults were asked about their experiences in accessing NHS dentistry in the previous two years.

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