A guide to NHS dental publications

Eighth edition
January 2013
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Introduction

The Health and Social Care Information Centre (HSCIC) provides accessible, high quality and timely information to improve decision making and help frontline staff deliver better care.

We regularly publish information on NHS dentistry in England at a national and local level. Our publications include facts and figures on the number of people who see an NHS dentist, the volume and type of treatment they receive and the number of NHS dentists. Our reports are used by national policy makers to help develop future dental policy and by local NHS managers to help design local dental services.

NHS dentistry data are collected by NHS Dental Services, part of the NHS Business Services Authority (BSA). Our dental publications are based on regular extracts of these data, which we publish in an easy-to-read and accessible format.

Our publications are available from The HSCIC website at the following link: http://www.ic.nhs.uk/searchcatalogue?topics=1/Primary care services/Dental services&sort=Most recent&size=10&page=1#top

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@ic.nhs.uk.
Introduction

If you wish to look-up a particular term used in our publications, please use the alphabetical index at the back of this document. If using this booklet on-line, you can also look-up terms using the hyperlinks, which are underlined and in blue font.

This document is not meant to provide a full view of NHS dentistry. It does not include information on how to access dental services in the NHS, the nature of NHS dental contracts nor does it go into detail on the data collection process.

For information on dentistry and dental services please refer to the Department of Health (DH) website: http://www.dh.gov.uk

The DH publishes A Guide to NHS Dental Services\(^1\), which provides information on how NHS dental services in England work.

For information on dentistry and dental services in Wales, please refer to: http://wales.gov.uk/topics/statistics/headlines/health2012/1211202/?lang=en

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/dental

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\(^1\)http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097431
1. Our dental publications

The HSCIC publishes information on the following areas of NHS dentistry. Note that hospital dental services or services provided privately are not included in our publications.

- **The number of patients seen by NHS dentists** is published quarterly, around 2 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. Patient seen figures are final – we do not update them in later publications. Figures are available at monthly intervals (rather than quarterly as previously) for each month from April 2010.

- **NHS dental activity** provisional data are published on a quarterly basis, around 5 months after the end of period to which the data relate. For example, provisional activity data for quarter 2 (July to September) are published the following February. Activity data published in our quarterly reports are subject to revision in subsequent quarters. Final annual data are published each August. These figures do not change following publication. Recent and forthcoming publication dates of provisional quarterly and final annual reports can be found in our calendar.

- **Clinical dental treatments** carried out by NHS dentists. Data are published in our annual report, around 5 months after the end of the period to which the data relate. Initially, these data were released separately as experimental statistics, reflecting some of the data quality issues associated with a new dataset. Data from 2010/11 onwards do not carry the experimental label and are now embedded within our annual report.

- **Charges** made to NHS dental patients are published in our annual report around 5 months after the end of the period to which the data relate.

- **Orthodontics** activity statistics are published in our annual report, around 5 months after the end of the period to which the data relate.

- **NHS dental workforce** data are published in our annual report, around 5 months after the end of the period to which the data relate.

- **Prescribing** by dentists data are published each April, around 4 months after the end of the calendar year.

- **Dental Earnings and Expenses** is a publication that is released annually in August, and presents earnings and expenses data for dentists 17 months after the end of the financial year. For example, the publication released in August 2012 is for the financial year 2010/11. The data presented is for NHS and private income, for full time and part time dentists.

- The **Dental Working Hours** publication presents the findings of a Dental Working Patterns survey covering the previous two financial years. For example, the publication released in August 2011 covers the

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2 http://www.ic.nhs.uk/catalogue/PUB07124

3 [http://www.ic.nhs.uk/searchcatalogue?productid=8122&topics=1%2fPrimary+care+services%2fDental+services&sort=Most+recent&size=10&page=1#top](http://www.ic.nhs.uk/searchcatalogue?productid=8122&topics=1%2fPrimary+care+services%2fDental+services&sort=Most+recent&size=10&page=1#top)
1. Our dental publications

financial years 2009/10 and 2010/11. It includes information such as the average weekly working hours, weekly NHS hours, weeks of annual leave and the division of time between NHS and private dentistry, and clinical and administrative work.

1.1. Publication calendar

We publish data to the following timetable:

- Our **quarterly** publication includes:
  - patients seen data
  - provisional activity figures.

Patients seen figures are more up to date than activity figures in these quarterly reports.

- Our **annual** dental report includes:
  - patients seen data
  - final activity figures
  - clinical dental data
  - patient charges
  - orthodontics
  - dental workforce

- Dental **prescribing** data are published annually in a separate report.
- **Dental Earnings and Expenses** are published annually in a separate report.
- **Dental Working Hours** data are published biennially in a separate report.

**Patients seen** data are published one quarter earlier than **activity** data. In each subsequent quarterly report we update provisional activity figures from previous quarters until final figures are published in our annual report.

Table A below sets out our key publication dates, the period to which data relate and the status of the figures, using 2012/13 publications as an example.
1. Our dental publications

<table>
<thead>
<tr>
<th>Table A - Calendar for publication of 2012/13 dental data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication date</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Final patients seen data</td>
</tr>
<tr>
<td>Quarter 1 report</td>
</tr>
<tr>
<td>Quarter 2 report</td>
</tr>
<tr>
<td>Quarter 3 report</td>
</tr>
<tr>
<td>Annual dental statistics report</td>
</tr>
<tr>
<td>Prescribing by dentists* report</td>
</tr>
<tr>
<td>Earnings and expenses report</td>
</tr>
</tbody>
</table>

*Dental prescribing data are reported by calendar year

1.2. Experimental Statistics
Experimental statistics are new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage, in line with the UK Statistics Code of Practice.

1.3. Code of Practice for Official Statistics
Our publications are produced according the Code of Practice for official statistics. The Code establishes common standards across government statistics and helps to ensure a coherent and trustworthy service to users of statistics.

Dental activity is measured through:

- **Courses of Treatment (CoTs)**
- **Units of Dental Activity (UDAs)**

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

Since the 2006/07 year end publication, dental activity is measured as the number of CoT which **end** within any given quarter. In previous reports it was measured as the number of forms **processed** within that quarter, of which some forms may have related to activity delivered in earlier quarters. Therefore, activity figures from the year end 2006/07 cannot be compared to previous periods and quarterly figures for 2006/07 are not comparable to subsequent data.

**FP17 form**

Information on completed CoTs is submitted to NHS Dental Services on an FP17 form, 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 Dental Services website at:


Each FP17 form is associated with one CoT.

**2.1. Course of Treatment**

A CoT is defined as:

- an examination of a patient, 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 than the time of the initial examination) to that patient.

From 1 April 2006, a CoT is banded according to the most complex treatment within the course.

**2.2. Treatment bands**

Treatments are banded according to complexity:

- **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:
2. Activity

- 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 – CoTs including the following procedures do not attract a patient charge:
  - arrest of bleeding
  - bridge repairs
  - denture repair
  - removal of sutures
  - prescription issues.

There can be significant differences between CoTs within the same band. For example, a CoT with a several large fillings would have the same treatment band as one with a single small filling.

2.3. Units of Dental Activity

UDAs are weighted CoTs and are used in the NHS dental contract system. Table B shows the weightings which are used to convert CoTs to UDAs. Band 3 includes the most complex treatments and therefore has the greatest weighting.

<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>0.75</td>
</tr>
<tr>
<td>Removal of sutures</td>
<td>1.00</td>
</tr>
</tbody>
</table>
2. Activity

2.4. Full year estimates
Activity data supplied quarterly are provisional until final figures are published in the end of year report. Provisional data are weighted to provide an estimated final year position for each quarter, enabling more sensible comparison across quarters. In the main, provisional figures are lower than final figures, due to late submission of FP17 forms.

Figures are weighted at the band level. Weighting factors are calculated from previous years’ data. They are an average of the change between provisional and final data for the relevant quarter in the previous two years.

Example
In the Q2 report for 2010/11 we report provisional figures for Q1 and Q2. Q1 figures are weighted as follows:

\[
\text{Q1 Weighting Factor} = \frac{1}{2} \left( \frac{\text{08/09Q1 Final}}{\text{08/09Q1 @ Q2}} + \frac{\text{09/10Q1 Final}}{\text{09/10Q1 @ Q2}} \right)
\]

10/11 Q1 estimated final = weighting factor * 10/11 Q1@Q2

where Q1@Q2 denotes the Q1 figures as they were reported in Q2.
3. Clinical treatments

From 1 April 2008, information on clinical treatments was recorded in the FP17 form. Note that 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.

3.1. Clinical treatments
The clinical treatments listed in the FP17 form are:

- Scale & polish - simple periodontal treatment including scaling, polishing, marginal correction of fillings and charting of periodontal pockets.
- Fluoride varnish – a fluoride preparation applied to the teeth surfaces as a primary preventive measure.
- Fissure sealants – a sealant material is applied to the pit and fissure systems as a primary preventive measure.
- Radiograph(s) - an x-ray, providing an image of the teeth, mouth and/or gums that can help identify underlying problems such as decay.
- Endodontic treatment - a 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.
- Permanent fillings & sealant restorations - the restoration of a tooth by filling a cavity to replace lost tooth tissue.
- Extractions – a tooth extraction. Also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth.
- Crown(s) - full coverage of a tooth where tooth tissue is not sufficient to restore the tooth by other means (excludes stainless steel crowns).
- Dentures - a removable appliance that replaces some or all teeth.
- Veneer(s) applied - a layer of material (often porcelain) covering the surface of a damaged or discoloured tooth.
- Inlay(s) - a type of indirect restoration (i.e. created in the laboratory).
- Bridge(s) - a fixed restoration that replaces one or more missing teeth.
- Referral for advanced mandatory services – patient is referred to another contractor.
- Examination – an examination for treatment planning purposes, normally including charting of the teeth, recording of the periodontal condition and soft tissue examination.
- Antibiotic items prescribed – patient is issued with a prescription containing antibiotic items. This shows the number of antibiotic treatments rather than the number of pills.
- Other treatment – treatment not included in the above list.

3.2. Clinical activity
In our clinical reports we count both:

- CoTs
- Clinical treatment items

3.3. Clinical treatment items
Through the FP17 form, information is collected on the number of each clinical treatment carried out. This may be the number of teeth extracted or filled within a CoT. These are known as clinical treatment items.
3. Clinical treatments

3.4. Metrics used in the clinical dental reports
Our report sets out clinical dental activity through a series of measures:
- Number of CoTs containing each treatment.
- Number of clinical treatment items.
- Percentage of CoTs that contain each clinical treatment.
- Number of treatment items per 100 CoTs.
- Average number of clinical treatment items per CoT (where that treatment occurs).

Example
Five patients have the following treatments:

<table>
<thead>
<tr>
<th></th>
<th>Number of teeth filled</th>
<th>Number of teeth extracted</th>
<th>Number of radiographs taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient A</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Patient B</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Patient C</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Patient D</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient E</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For this group, the following summary statistics are:
Total number of CoTs:
- Fillings: 2 CoTs (40%)
- Extractions: 2 CoTs (40%)
- Radiographs: 4 CoTs (80%)

Total number of clinical treatment items:
- Fillings: 4 (40%)
- Extractions: 2 (40%)
- Radiographs: 7 (80%)

Percentage of CoTs with:
- Fillings: 2 out of 5 CoTs (40%)
- Extractions: 2 out of 5 CoTs (40%)
- Radiographs: 4 out of 5 CoTs (80%)

Number of treatment items per 100 CoTs:
- Fillings: 4 fillings in 5 CoTs. So in 100 CoTs... 80
- Extractions: 2 extractions in 5 CoTs. So in 100 CoTs... 40
- Radiographs: 7 radiographs in 5 CoTs. So in 100 CoTs... 140

Average number of clinical treatment items per CoT (where that treatment occurs):
- Fillings: 4 fillings in 2 CoTs. Fillings per CoT (where filling occurs) ... 2.00
- Extractions: 2 extractions in 2 CoTs. Extractions per CoT (where extraction occurs) ... 1.00
- Radiographs: 7 radiographs in 4 CoTs. Radiographs per CoT (where radiograph occurs) ... 1.75
4. Patients seen

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

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

Note that this differs from the methodology used to measure **activity**, which measures the number of CoTs 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.

The patients seen measure is not directly comparable with the patient registrations data collected under the old contract. The old measure was taken over a 15 month period using a different system and rule set.

The patients seen data for the new contractual arrangements include patients who were only seen by a Trust-led Dental Services (TDS) dentist who was not previously on a General Dental Services (GDS) or a Personal Dental Services (PDS) contract in 2005/06. Patients who fall into this category would not be included in the patients seen data for 2005/06, as TDS only dentists were not included in the 2005/06 workforce figures (unless they were working elsewhere on a GDS or PDS contract).

NHS Dental Services estimated that, in the 24 months leading up to 31 March 2007, around 86,000 patients (0.17 per cent of the population) were seen by a dentist who falls into this category; this figure is minimal in relation to the 28.1 million patients seen in the previous 24 months up to 31 March 2007 (55.4 per cent). However, some of these patients may have also seen a different GDS or PDS dentist and are therefore not uniquely identified via their treatment from the TDS dentist (who was not included in the 2005/06 figures).

Unique patients are identified by using surname, first initial, gender and date of birth. Each patient is counted only once even if he or she has received several episodes of care over the period 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 (for example on marriage) between those episodes of care. The risk of duplication increases if the episodes of care are at different practices.
4. Patients seen

Although duplications and omissions are unlikely to affect the overall count by more than one or two percent, at a PCT level there may be local demographic factors which make the local total more susceptible. For example, a high proportion of women changing names after marriage, a local concentration of surnames prone to be misspelled or a transient patient base.

Each unique patient ID is normally assigned to the dental contract (and therefore PCT) against which the most recent CoT for routine treatment was recorded in the 24 month period.

Note that orthodontic patients are included in the patients seen counts.

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

4.2. Population data
We also publish information on the number of patients seen as a proportion of the population, using Office for National Statistics (ONS) mid-year population estimates. These are most closely aligned with the mid-point of the 24 month period covered by the patients seen measure. For example, the patients seen measure for the 24 month period up to 31 March 2012, covers 1 April 2010 to 31 March 2012. The ONS mid-2010 population estimates are used to calculate the proportion of the population seen; these are the latest figures available.

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 an SHA or PCT may not necessarily be a resident of that SHA/PCT. For example, the numerator (number of patients seen) may include patients who are not captured in the denominator (ONS residential population) as they may live close to the boundary and their dentist falls into a different SHA / PCT, or they could be receiving treatment while away from home and not actually be resident in the SHA/PCT area where the care package was delivered.

4.3. Allocation of patients to PCTs or Strategic Health Authorities (SHAs)

With the exception of Hertfordshire PCT, the current PCT boundaries came into existence on 1 October 2006. For activity prior to 1 April 2006 dental patients were allocated to a PCT on the basis of the postcode of the surgery at which they were treated. From 1 April 2006 patients are counted against the PCT within which the dental contract is held. This change in methodology resulted in a reallocation of patient figures across 40 PCTs, where the dental surgery is located in a different PCT from the one that manages the contract. Note that a contract can include more than one surgery location.

Analysis provided by the NHS Dental Services reported that, in total, the patient seen figures in 40 out of 152 PCTs were affected by the change in the
way in which patients were allocated to a PCT. The allocation before and after 31 March 2006 is different in cases where, from 1 April 2006, the surgery is located in a different PCT from the one that manages the contract. The NHS Dental Services analysis reported that in most cases the numbers involved at a PCT level are less than six thousand patients in the 24 month period ending 31 March 2006. The three pairs of PCTs that were affected the most by this issue were: Heart of Birmingham PCT (5MX) and Birmingham East and North PCT (5PG); Stoke on Trent PCT (5PJ) and North Staffordshire PCT (5PH); and Lambeth PCT (5LD) and Southwark PCT (5LE). Table C shows all the PCTs/SHAs that were affected in some way by this issue.

In almost all cases the effect was contained within PCTs in the same SHA area. The two pairs of exceptions to this were: East Midlands SHA (Q33) and Yorkshire and the Humber SHA (Q32); and South Central SHA (Q38) and South East Coast SHA (Q37).

Below is a list of PCTs that were affected by the way in which patients seen were allocated to them before and after April 2006.
In most cases the numbers involved at a PCT level are less than six thousand patients in the 24 month period ending 31 March 2006. Some of the variation between PCTs is due to flows of patients across PCT boundaries as the patients seen numbers are based on the location of the dentist rather than the residence of the patient.

The current categorisation of PCTs and SHAs is under review and the new arrangements will come into effect from April 2013.

<table>
<thead>
<tr>
<th>PCT Code</th>
<th>PCT Name</th>
<th>SHA Code</th>
<th>SHA Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>5C3</td>
<td>City and Hackney PCT</td>
<td>Q36</td>
<td>London SHA</td>
</tr>
<tr>
<td>5C4</td>
<td>Tower Hamlets PCT</td>
<td>Q36</td>
<td>London SHA</td>
</tr>
<tr>
<td>5CC</td>
<td>Blackburn with Darwen PCT</td>
<td>Q31</td>
<td>North West SHA</td>
</tr>
<tr>
<td>5EF</td>
<td>North Lincolnshire PCT</td>
<td>Q32</td>
<td>Yorkshire and The Humber SHA</td>
</tr>
<tr>
<td>5EM</td>
<td>Nottingham City PCT</td>
<td>Q33</td>
<td>East Midlands SHA</td>
</tr>
<tr>
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</tr>
<tr>
<td>5FE</td>
<td>Portsmouth City PCT</td>
<td>Q38</td>
<td>South Central SHA</td>
</tr>
<tr>
<td>5FL</td>
<td>Bath and North East Somerset PCT</td>
<td>Q39</td>
<td>South West SHA</td>
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<td>Luton PCT</td>
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<td>East of England SHA</td>
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<td>London SHA</td>
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<td>Gateshead PCT</td>
<td>Q30</td>
<td>North East SHA</td>
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<td>North East SHA</td>
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<td>West Midlands SHA</td>
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<td>Sutton and Merton PCT</td>
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<td>London SHA</td>
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<td>5MX</td>
<td>Heart of Birmingham PCT</td>
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<td>West Midlands SHA</td>
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<td>Derbyshire County PCT</td>
<td>Q33</td>
<td>East Midlands SHA</td>
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<td>North Yorkshire &amp; York PCT</td>
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<td>Yorkshire and The Humber SHA</td>
</tr>
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<td>5NY</td>
<td>Bradford &amp; Airedale PCT</td>
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<td>Yorkshire and The Humber SHA</td>
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<td>5P2</td>
<td>Bedfordshire PCT</td>
<td>Q35</td>
<td>East of England SHA</td>
</tr>
<tr>
<td>5P5</td>
<td>Surrey PCT</td>
<td>Q37</td>
<td>South East Coast SHA</td>
</tr>
<tr>
<td>5PG</td>
<td>Birmingham East &amp; North PCT</td>
<td>Q34</td>
<td>West Midlands SHA</td>
</tr>
<tr>
<td>5PH</td>
<td>North Staffordshire PCT</td>
<td>Q34</td>
<td>West Midlands SHA</td>
</tr>
<tr>
<td>5PJ</td>
<td>Stoke on Trent PCT</td>
<td>Q34</td>
<td>West Midlands SHA</td>
</tr>
<tr>
<td>5PL</td>
<td>Worcestershire PCT</td>
<td>Q34</td>
<td>West Midlands SHA</td>
</tr>
<tr>
<td>5QC</td>
<td>Hampshire PCT</td>
<td>Q38</td>
<td>South Central SHA</td>
</tr>
<tr>
<td>5QJ</td>
<td>Bristol Teaching PCT</td>
<td>Q39</td>
<td>South West SHA</td>
</tr>
<tr>
<td>5QK</td>
<td>Wiltshire PCT</td>
<td>Q39</td>
<td>South West SHA</td>
</tr>
</tbody>
</table>
5. Fees and exemptions

5.1. Patient types
Patients are split into 3 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.

5.2. Exemptions
Patients are exempt from NHS dental charges where they are:

- a child - aged under 18.
- aged 18 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
- in receipt of:
  - Income Support (or partner in receipt of Income Support)
  - income-based Jobseeker's Allowance
  - Pension Credit Guarantee Credit
- named on a valid NHS tax credit exemption certificate
- named on a valid NHS Low Income Scheme HC2 certificate.
- an adult in receipt of income-related Employment and Support Allowance (ESA)
- Prisoner on Leave (POL) (from October 2008)

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

5.3. 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 from 1 April 2008.

Table C: NHS Dental Charges

<table>
<thead>
<tr>
<th>Treatment band</th>
<th>Charge from 1 April 2009</th>
<th>Charge from 1 April 2011</th>
<th>Charge from 1 April 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 1</td>
<td>£16.50</td>
<td>£17.00</td>
<td>£17.50</td>
</tr>
<tr>
<td>Band 2</td>
<td>£45.60</td>
<td>£47.00</td>
<td>£48.00</td>
</tr>
<tr>
<td>Band 3</td>
<td>£198.00</td>
<td>£204.00</td>
<td>£209.00</td>
</tr>
<tr>
<td>Urgent</td>
<td>£16.50</td>
<td>£17.00</td>
<td>£17.50</td>
</tr>
</tbody>
</table>

No increase in charge for April 2010

The charge actually collected can vary from the notional charge for the band. There are also a very few cases where patient charges are collected from patients with partial remission and from fully exempt patients, including children, under regulation 11 of the NHS Dental Charges Regulations.

In some cases the fee for a paying adult is fully or partially waived. These are:

4 There may be a charge for dentures and bridges.
5. Fees and exemptions

- 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 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.

Patient charge revenue does not include charges due for CoTs which began before 1 April 2006 but were completed in 2006/07.

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 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. Most orthodontic activity is performed by a dentist with further training. However, some minor orthodontic procedures may be performed by a non-specialist dentist.

Information on orthodontic activity was included in our reports for the first time in 2008/09, reported separately to standard dental activity. Note that the patients seen count includes orthodontic patients.

6.1. FP17O form
Orthodontic information is collected separately from dental activity data via the FP17O form. See the NHS Dental Services website for more detail, at: www.nhsbsa.nhs.uk/Documents/FP17O.pdf

6.2. Units of Orthodontic Activity (UOA)
A Unit of Orthodontic Activity (UOA) is an indication of the weight of an orthodontic course of treatment. Data relate to starts, assessments and repairs. UOAs are not credited for completions. Hence all UOAs relate to orthodontic activity which started within the year. A course of orthodontic activity equates to between 4 and 23 UOAs, 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 old contractual arrangements dentists were paid for providing orthodontic treatment on an item of service basis, with fees determined by the type, volume and complexity of treatment provided. They were paid at the end of the CoT, although interim payments could be claimed part-way through the course and additional fees were payable to allow for the effects of inflation. A typical course of orthodontic treatment can last more than two years.

Under the present contractual arrangements dentists are paid a monthly sum. In return for this contract payment they have a contractual obligation to deliver a specified number of UOAs in the course of a year, and are credited with UOAs at the start of each course of orthodontic treatment. Additionally, they are credited with a smaller amount of UOAs (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 SHA/PCT to another can have a significant impact on the aggregate UOA figures for the organisations concerned. Orthodontic activity is only provided at national and SHA level.
7. Workforce

We publish information on the number of dentists who have carried out NHS activity during the year.

Following the consultation review in 2008, the workforce figures presented count the number of dental performers who have any NHS activity recorded against them via FP17 forms at any time in the year that met the criteria for inclusion within the annual reconciliation process.

We have included figures from 2006/07 onwards. Information prior to 2006/07 based on the old dental contract counted all performers listed on NHS contracts that were open on 30 September, and is not comparable to the new methodology. Therefore information prior to 2006/07 has not been presented.

7.1. Dental contracts

Dentists can work under a number of contracts:

- General Dental Services (GDS) providers must provide a full range of mandatory services.
- Personal Dental Services (PDS) providers are not obliged to provide the full range of mandatory services. If a provider-only provides specialist services, such as orthodontic work, this has to be under a PDS agreement.
- Trust-led Dental Services (TDS) can provide services under PDS agreements and then pay dentists directly rather than through the standard system operated by NHS Dental Services.

7.2. Contract types

A performer can have multiple contracts within a PCT or across a series of PCTs, sometimes operating across different SHAs. Performers are counted against each PCT/SHA 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 area.

A performer is assigned a contract type by looking at all of their contracts with activity recorded against them. At the lowest level, a performer is counted against their contracts within a PCT. Where a performer operates across GDS and PDS contract types within this PCT they are counted under the mixed contract type. Note that where a performer operates under a TDS contract and a GDS (or PDS) contract, the performer is recorded under the GDS (or PDS) contract type, as shown in Table D.
### 7. Workforce

#### Table D: Combinations of contract types

<table>
<thead>
<tr>
<th>Performer operates under…</th>
<th>Categorised as..</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDS only</td>
<td>GDS</td>
</tr>
<tr>
<td>GDS &amp; TDS</td>
<td>GDS</td>
</tr>
<tr>
<td>GDS &amp; PDS</td>
<td>Mixed</td>
</tr>
<tr>
<td>GDS &amp; PDS &amp; TDS</td>
<td>Mixed</td>
</tr>
<tr>
<td>PDS only</td>
<td>PDS</td>
</tr>
<tr>
<td>PDS &amp; TDS</td>
<td>PDS</td>
</tr>
<tr>
<td>TDS only</td>
<td>TDS</td>
</tr>
</tbody>
</table>

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

#### 7.3. Dentist type

Dentists are assigned to a dentist type depending on how they contract and perform their work:
- Performer-only
- Providing-performer
- Provider-only

Our reports are not a full count of all providers. Provider-only dentists are excluded as they have no NHS activity recorded against them.

##### 7.3.1. Provider

A provider is a person or authorised body (including certain companies and NHS trusts) which has entered into a contract with a local health body to provide primary dental services.

##### 7.3.2. Performer

A performer is a dentist who carries out activity.

##### 7.3.3. Provider-only

A provider-only is a provider who sub-contracts all dental activity to other performers and does not perform NHS dentistry on the contract themselves.

##### 7.3.4. Performer-only

A performer-only delivers dental services but does not hold a contract with the PCT. They will be employed by a provider-only or a providing-performer.

##### 7.3.5. Providing-performer

A providing-performer is a provider who holds a contract and who also acts as a performer, delivering dental services themselves.

In some cases, a dentist may operate across PCTs under different arrangements. They may hold a contract with one PCT but may operate as a performer-only with another PCT. At the lowest level, this dentist would be counted as a providing-performer in the first PCT, and as a performer-only in the second PCT. If these PCTs are within the same SHA, the dentist would be
categorised in any SHA level (or national) report as a providing-performer dentist.

Note that it is possible for the dentist type of a performer to change from year to year. Some provider performer dentists form companies which hold contracts with PCTs. The provider performer dentist then no longer holds the contract and becomes a performer only.

7.4. Joiners and Leavers

7.4.1. 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 PCTs. Therefore a dentist is counted only once as a joiner or leaver, against the relevant PCT of their initial contract.

7.4.2. 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.

7.4.3. Transfers
Movements between PCTs are classed as transfers and not as leavers or joiners. Our reports do not include information on transfers.

7.5. Performer age
Performer age is the age at 30 September in the relevant year.

7.6. Historical workforce figures
Workforce figures show the number of dental performers who have NHS activity recorded against them at any time in the year. Our reports include figures from 2006/07 onwards.

These figures are not comparable with historical workforce figures, where all performers listed on NHS contracts that were open on 30 September were counted.
8. Dental prescribing

Our annual summary of NHS prescriptions dispensed by dentists in England is based on data collected by NHS Prescription Services, part of NHS BSA.

8.1. Prescription Cost Analysis (PCA) system
Data are collected through the PCA system, covering all prescriptions dispensed in the community. This includes prescriptions written by dentists and dispensed in the community in England. Also included are prescriptions written by dentists in Wales, Scotland, Northern Ireland and the Isle of Man provided they were dispensed in England.

Prescriptions dispensed in hospitals, private prescriptions or prescriptions written in England but dispensed outside England are not included.

Dental data are available only at a national (England) level as prescription forms do not identify the PCT of the prescriber or patient.

8.2. Items prescribed
Each single item written on the prescription form is counted as a prescription item.

8.3. Net Ingredient Cost (NIC)
The NIC is the basic cost of a drug before discounts and does not include any dispensing costs or fees. It does not include any adjustment for income obtained where a prescription charge is paid at the time the prescription is dispensed or where the patient has purchased a pre-payment certificate.

NIC standardises cost throughout prescribing nationally and allows comparisons of data from different sources.

8.4. British National Formulary (BNF)
PCA uses the therapeutic classifications defined in the BNF. NHS BSA has created additional pseudo BNF chapters which do not appear in the BNF, for items not included in BNF chapters 1 to 15. The majority of such items are dressings and appliances which the NHS BSA has classified into four pseudo BNF chapters (20 to 23).

Further information on BNF classifications and pseudo classifications are available on the internet at:

The classification of drugs and appliances used by in the PCA does not always equate exactly with the BNF. For example, NHS BSA does not include stoma appliances in BNF section 1.8 but classifies them under a pseudo BNF chapter 23.
9. Related information

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

9.1. Adult Dental Health Survey (ADHS)
http://www.ic.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.

9.2. Hospital Episodes Statistics (HES)
www.hesonline.nhs.uk

HES is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, government and many other organisations and individuals. Information on A&E, outpatient and inpatient activity are freely available from the website.

9.3. GP patient survey: dental statistics
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatisticss/DH_116964

From January to March 2011, 1.4 million adults were asked about access to NHS dentistry in the previous 2 years. Participants were asked if they had tried to obtain an appointment with an NHS dentist and if so what was the type of appointment and had they been successful. Patients who hadn't tried to obtain an NHS dentist in the previous 2 years were asked to select one reason why they hadn't tried.
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