

NHS Dental Statistics for England

Quarter 4: 31 March 2007

FOR HEALTH AND SOCIAL CARE



NHS Dental Statistics for England Quarter 4: 31 March 2007

This is the fourth in the series of quarterly reports on NHS dental activity and workforce statistics following the introduction of the new contractual arrangements on 1 April 2006.

It does **not** cover all activity completed during 2006/7 as some activity is still to be reported and processed. The Information Centre will produce a report in August 2007 which will give a full picture of dental activity and workforce in 2006/7.

- At 31 March 2007, 28.1 million patients had seen an NHS dentist in the previous 24 months. A breakdown by adults and children shows that of these 20.3 million patients seen were adults and 7.8 million were children in England. These figures show little change from the period ending 31 March 2006.
- 55.7 per cent of the population had seen an NHS dentist in the previous 24-month period to 31 March 2007 comprising 51.5 per cent of adults and 70.7 per cent of children.
- The proportion of the adult population seen in the previous 24 months varies amongst SHA areas ranging from 40.8 per cent in South Central SHA to 60.3 per cent in North East SHA. For children the proportion of the population seen in the previous 24 months varies from 65.3 per cent in London SHA to 73.7 per cent in South West SHA.
- There were 10.1 million Courses of Treatment (CoTs) processed in the fourth quarter of the year which represents an increase of 800,000 since the third quarter (an increase of 8.6 per cent). This increase is mainly due to changes to BSA processing cycles in the fourth quarter which allowed more activity reports to be processed and included in the statistics. As in the previous three quarters, the highest number of CoTs in the fourth quarter were within Band 1.
- Reported Units of Dental Activity (UDAs) processed increased by 1.7 million to 21.3 million between the third and fourth quarters. This increase will include the effect of changes in processing cycles between the quarters. As with previous quarters, the highest proportion of reported UDAs processed during the fourth quarter were within Band 2.
- The number of dentists on open NHS contracts as of 31 March 2007 is provisionally reported as 21,038 in England. There is a dentist on an open NHS contract for every 2,397 population at the end of the fourth quarter.
- Detailed data at PCT and SHA level are included as annexes to this report (boundaries used as at 1 October 2006). Furthermore, a factsheet tool is available (see Annex 2), which provides all the detailed information in Annex 3 at the required PCT or SHA level.

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Introduction

1. The Information Centre publishes regular information on activity and workforce in NHS primary care dental services. Detailed annual reports are supported by quarterly updates. The data is provided from the NHS Business Service Authority Dental Practice Division (DPD) payment systems.
2. This report covers the fourth quarter of 2006/07 and does **not** include all activity completed during 2006/07. This Q4 report only includes information received and entered into the DPD computer system before or during the March 2007 processing cycle.
3. A summary of the first year of the new dental contract will be published in August 2007¹ covering **all** activity completed by 31 March 2007² and reported to DPD by 31 May 2007.
4. The current system of dental commissioning and remuneration dates from 1 April 2006. This is the first year of the new system and transitional effects, while lessening, can still be observed in the data for Q4.
5. Data collected under the previous system cannot be directly compared to data collected under the current system.

What information is in each quarterly report?

6. The report covers NHS dental treatment much of which is undertaken by 'high street dentists'. It does not cover private work carried out by dentists.
7. Each report is divided into two sections. These consist of:
 - activity (the number of courses of treatment delivered broken down by either SHA or treatment band and the units of dental activity this represents, and the number of patients who received care or treatment); and
 - workforce (the number of dentists on open NHS contracts).

Why is this information important?

8. Primary Care Trusts (PCTs) have responsibility for commissioning primary care dental services to meet the needs of their local populations and carry this out by contracting with local dental providers³ for an agreed annual level of dental services.
9. Dental activity is measured through the number of courses of treatment⁴ (COTs) delivered and the number of units of dental activity (UDAs) this represents. (Each course of treatment is made up of a given number of units of dental

¹ NHS Dental Statistics for England: 2006/7.

² Courses of treatments started in 2006/7 but not completed by the end of the year will not be included.

³ The NHS services are delivered through independent contractors and salaried dentists.

⁴ When a patient first goes to the dentist, the dentist determines the amount of preventative/restorative work required. The patient then starts what is known as a course of treatment.

activity). PCTs monitor these through the year to ensure that the activity the local NHS has contracted for is delivered.

10. Courses of treatment fall into three broad patient charge bands (based on the complexity of the planned treatment). Band 1 covers a check up and simple treatment, Band 2 mid range treatments (such as fillings, extractions and root canal work) and Band 3 complex treatments requiring dental appliances (such as crowns, dentures and bridges). To understand and plan appropriate service provision PCTs and others need to know how many courses of treatment fall into each band.
11. It is important for PCTs and others to know how many patients are being treated as the number of courses of treatment delivered is not the same as the number of individual patients treated. This is why the report also includes information on the number of individual patients who receive care or treatment from an NHS dentist at least once in the most recent 24-month period⁵.
12. The total number of dentists able to deliver NHS services is also included. This is a head count so, since most dentists divide their time between private and NHS work, it does not represent whole time equivalent data. The activity data therefore provides a more consistent measure of the volume of service being delivered.

General points

13. The report for 1997 to 2006 is available at <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry> as are the three previous quarterly reports for 2006/07.
14. The fact sheet in Annex 2 provides information through selection of the required PCT or SHA. The larger annex 3 provides the same data for all PCTs and SHAs.
15. Comparable data for Wales is published by Welsh Assembly Government www.wales.gov.uk/statistics

⁵ NICE recommends that patients are recalled for check ups at intervals of three months to 24 months depending on the individual's oral health status.

Activity

Reported Courses of Treatment⁶ processed

16. Activity reported in this section is based on reported CoTs processed by the March 2007 processing cycle and does not provide a picture of all the activity which has taken place in 2006/7. This will be available in August 2007 when the IC publishes a report on the first 12 months of the new contractual arrangements.
17. In comparison to atypical activity reported in Q1 at the start of the new contractual arrangements, activity has become more stable in Q2, Q3 and Q4.
18. Table 1 shows there were 10.1 million CoTs processed in Q4. This represents an increase of 800,000 since Q3 (an increase of 8.6 per cent). This increase is mainly due to later monthly processing cycles in Q4 which allow more activity reports to be processed and included in the statistics.
19. Between Q3 and Q4, Yorkshire and Humberside SHA had the largest increase in the number of reported CoTs processed, growing by 171,000. South West SHA had the lowest increase of 36,000 CoTs processed over this period.

Table 1: Total number of reported CoTs processed, by SHA, Q1 to Q4 2006/7

	Thousands			
	Q1	Q2	Q3	Q4
England	4,819.3	8,866.9	9,257.8	10,058.2
North East	221.0	527.6	547.3	635.3
North West	868.8	1,345.7	1,378.8	1,448.7
Yorkshire and The Humber	450.3	994.1	1,029.5	1,201.0
East Midlands	370.9	810.4	819.7	931.1
West Midlands	653.1	992.9	1,028.5	1,072.1
East of England	502.1	1,033.9	1,085.2	1,172.2
London	522.3	1,055.4	1,081.1	1,159.5
South East Coast	353.0	665.2	704.0	761.9
South Central	337.3	556.1	594.0	650.5
South West	540.4	885.6	989.7	1,025.9

20. Table 2 shows that the highest number of CoTs in Q4 were within Band 1 (which is consistent with previous quarters) with 5.4 million reported CoTs processed. The number of CoTs processed between Q3 and Q4 has increased for most Bands except Arrest of Bleeding, Removal of Sutures and Prescription Issues which have all fallen slightly between Q3 and Q4.
21. The fall in CoTs for some of these free bands compared to Q3 can be attributed to the introduction of new processing routines which have restricted the acceptance of overlapping CoTs. This has particularly affected the free band courses.

⁶ For more detailed definitions of Courses of Treatment (CoTs), please see Annex 1.

Table 2: Reported CoTs processed by treatment band, England, Q1 to Q4 2006/7

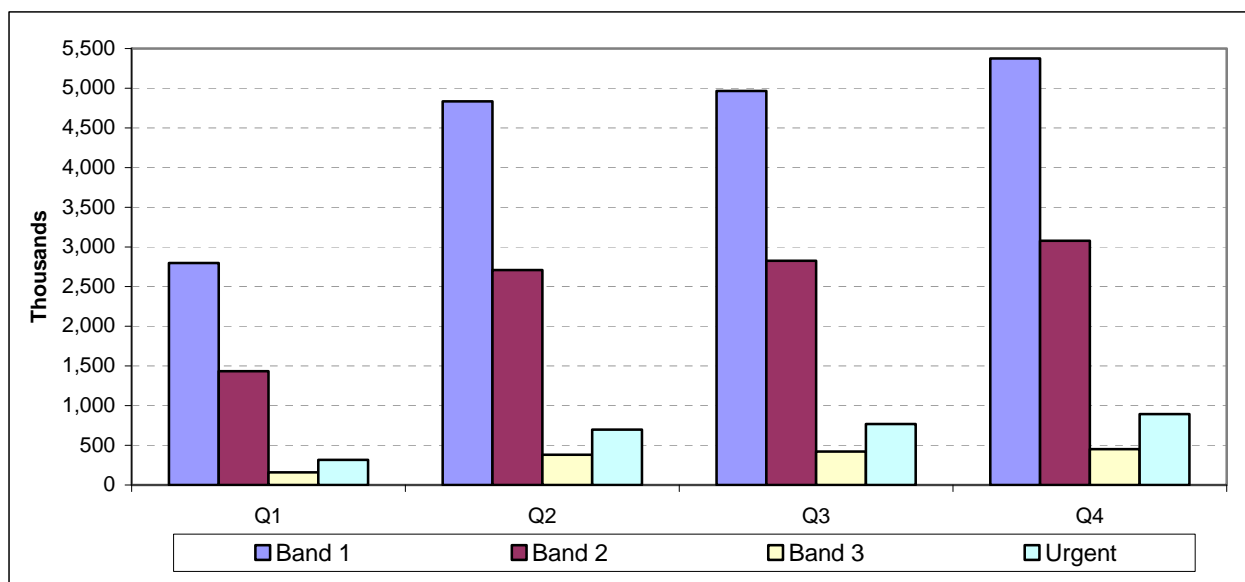
	Thousands			
	Q1	Q2	Q3	Q4
Band 1	2,797.4	4,834.1	4,965.8	5,374.9
Band 2	1,433.3	2,709.6	2,825.6	3,078.2
Band 3	160.1	380.8	420.9	452.5
Arrest of Bleeding	0.8	1.4	1.5	0.7
Bridge Repairs	1.8	3.4	3.3	3.5
Denture Repair	26.6	51.5	54.6	60.1
Removal of Sutures	2.0	3.7	4.3	3.6
Prescription Issue	80.3	184.6	213.7	192.1
Urgent	317.0	697.8	767.9	892.8
Total ¹	4,819.3	8,866.9	9,257.8	10,058.2

Notes:

1. Includes unclassified courses of treatment where the only recorded activity is domiciliary visit or sedation. They carry no UDA and are therefore not recorded in a treatment band report.

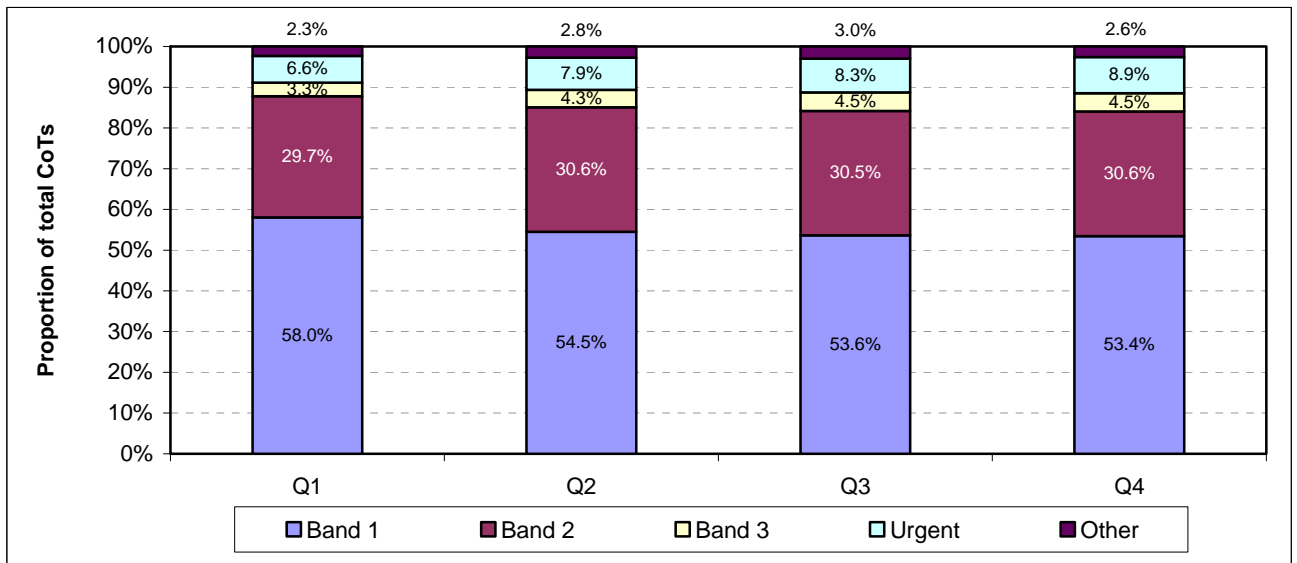
22. Figure 1 shows the number of reported CoTs processed in Band 1, Band 2, Band 3 and the urgent band in the first 4 quarters of the new contract. It demonstrates that the number of CoTs in the various treatment bands has stabilised since Q1.

Figure 1: Reported CoTs processed for the main bands, England, Q1 to Q4 2006/7



23. Figure 2 shows that the proportion of CoTs processed within Band 1 has fallen slightly throughout the year while the proportion of Band 3 CoTs has increased from 3.3 per cent in Q1 to 4.3 per cent in Q2 to 4.5 per cent in Q3 and Q4. The Band 3 figures were depressed initially because of the time needed for completion of treatments within this Band.

Figure 2: Proportion of reported CoTs processed, England, Q1 to Q4 2006/7



Reported Units of Dental Activity⁷ processed

24. A Unit of Dental Activity (UDA) is the technical term used in the new NHS Dental Contract regulations to describe weighted CoTs.
25. Table 3 shows that the overall UDA pattern across the four quarters is similar to that of CoTs. Reported UDAs processed increased by 1.7 million from Q3 to 21.3 million in Q4 (an increase of 8.6 per cent).

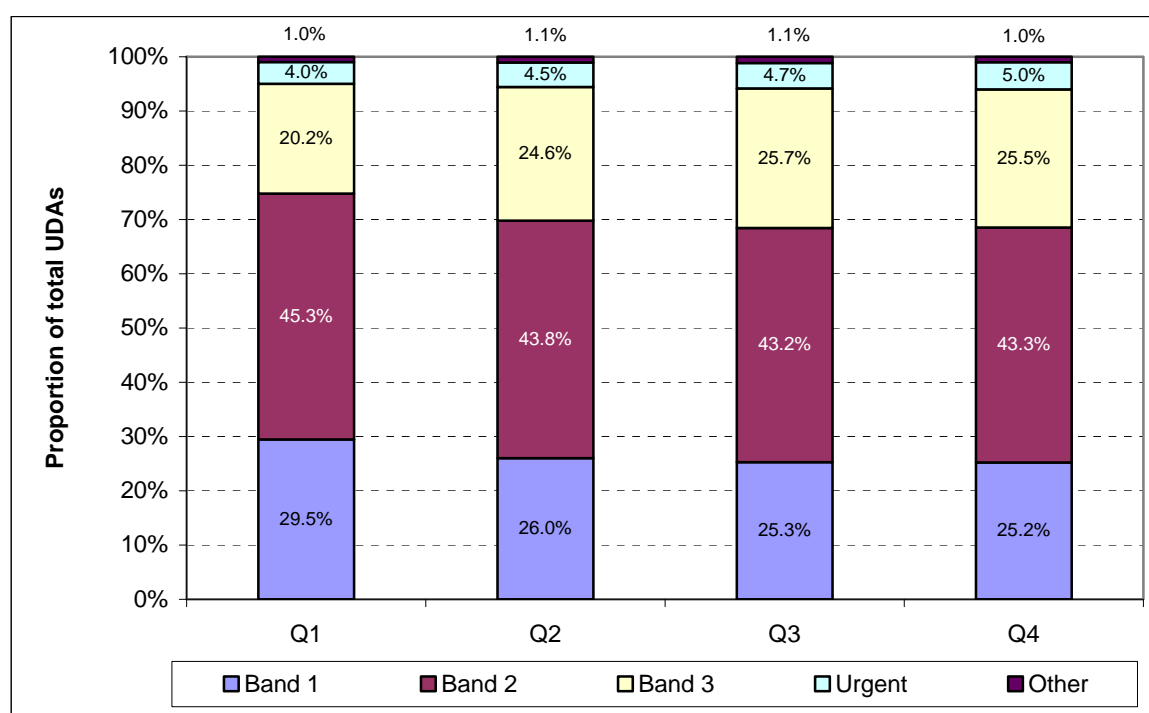
Table 3: Reported UDAs processed by treatment band, England, Q1 to Q4 2006/7

	Q1	Q2	Q3	Q4
	Thousands			
Band 1	2,797.5	4,834.1	4,965.8	5,374.9
Band 2	4,300.0	8,128.9	8,476.9	9,234.6
Band 3	1,921.3	4,569.9	5,050.3	5,429.6
Arrest of Bleeding	0.9	1.7	1.8	0.8
Bridge Repairs	2.2	4.0	3.9	4.2
Denture Repair	26.6	51.5	54.6	60.1
Removal of Sutures	2.0	3.7	4.3	3.6
Prescription Issue	60.2	138.4	160.3	144.0
Urgent	380.4	837.4	921.5	1,071.3
Total	9,491.0	18,569.7	19,639.4	21,323.1

26. Figure 3 shows that during Q4 the highest proportion of UDAs processed was within Band 2 with 43.3 per cent. The distribution across treatment bands is very similar to Q3.

⁷ For a detailed definition of UDAs and the weighting structure, please see Annex 1.

Figure 3: Proportion of reported UDAs processed, England, Q1 to Q4 2006/7



Patients seen⁸

27. Table 4a shows that 28.1 million patients had seen a dentist in the previous 24 months as at 31 March 2007. Of these, 20.3 million were adults and 7.8 million were children and all of these figures are similar to previous periods

Table 4a: Patients seen in the previous 24 months, by SHA, as at end of March 2006 to end of March 2007

	Thousands				
	31 March 2006	30 June 2006	30 September 2006	31 December 2006	31 March 2007
England	28,145	28,068	28,084	28,076	28,098
North East	1,625	1,622	1,618	1,615	1,614
North West	4,081	4,059	4,062	4,067	4,090
Yorkshire and The Humber	2,984	2,971	2,968	2,971	2,982
East Midlands	2,515	2,496	2,487	2,474	2,467
West Midlands	3,085	3,090	3,098	3,105	3,109
East of England	3,214	3,221	3,238	3,243	3,242
London	3,890	3,888	3,892	3,880	3,851
South East Coast	2,170	2,155	2,147	2,140	2,134
South Central	1,868	1,862	1,859	1,858	1,867
South West	2,711	2,704	2,714	2,723	2,743

Notes:

1. Data in this table was reported by BSA on 12 April 2007.

⁸ For a more detailed explanation of the patients seen measure, please see Annex 1.

Table 4b: Adults seen in the previous 24 months, by SHA, as at end of March 2006 to end of March 2007

	Thousands				
	31 March 2006	30 June 2006	30 September 2006	31 December 2006	31 March 2007
England	20,348	20,301	20,302	20,290	20,285
North East	1,225	1,223	1,220	1,218	1,216
North West	2,999	2,983	2,982	2,982	2,993
Yorkshire and The Humber	2,193	2,181	2,176	2,175	2,180
East Midlands	1,854	1,839	1,830	1,818	1,809
West Midlands	2,229	2,236	2,242	2,249	2,252
East of England	2,340	2,347	2,361	2,364	2,359
London	2,828	2,828	2,827	2,815	2,785
South East Coast	1,497	1,487	1,481	1,478	1,474
South Central	1,251	1,248	1,245	1,245	1,253
South West	1,931	1,929	1,938	1,947	1,963

Notes:

1. Data in this table was reported by BSA on 12 April 2007.

Table 4c: Children seen in the previous 24 months, by SHA, as at end of March 2006 to end of March 2007

	Thousands				
	31 March 2006	30 June 2006	30 September 2006	31 December 2006	31 March 2007
England	7,797	7,767	7,781	7,786	7,813
North East	400	398	398	397	398
North West	1,082	1,077	1,080	1,086	1,097
Yorkshire and The Humber	791	790	793	796	801
East Midlands	661	657	657	656	658
West Midlands	856	854	855	856	858
East of England	874	874	877	880	882
London	1,062	1,060	1,065	1,065	1,065
South East Coast	673	668	666	663	660
South Central	617	614	614	613	614
South West	780	775	776	776	780

Notes:

1. Data in this table was reported by BSA on 12 April 2007.

2. Child is defined as under 18.

28. The figures in the following tables show the number of patients seen by an NHS dentist as a percentage of the adult/child population resident in that SHA.
29. Table 5a shows that 55.7 per cent of the population were seen by an NHS dentist in the previous 24 months in England as at 31 March 2007. This has remained stable over time.
30. Tables 5b and 5c show the equivalent percentages for adults and children separately. These are also similar to previous periods and currently show 51.5 per cent of adults and 70.7 per cent of children being seen by an NHS dentist within the previous 24 months.

31. The proportion of the adult population seen by an NHS dentist in the previous 24 months varies between SHA areas from 40.8 per cent in South Central SHA to 60.3 per cent in North East SHA. For children the proportion of the population seen by an NHS dentist in the previous 24 months varies between 65.3 per cent in London SHA to 73.7 per cent in South West SHA.

Table 5a: Patients seen as a percentage of the population by SHA, as at end of March 2006 to end of March 2007

	Percentages				
	31 March 2006	30 June 2006	30 September 2006	31 December 2006	31 March 2007
England	55.8	55.7	55.7	55.7	55.7
North East	63.5	63.4	63.2	63.1	63.1
North West	59.6	59.3	59.3	59.4	59.7
Yorkshire and The Humber	58.9	58.7	58.6	58.7	58.9
East Midlands	58.4	58.0	57.8	57.5	57.3
West Midlands	57.5	57.6	57.7	57.9	57.9
East of England	58.0	58.1	58.4	58.5	58.5
London	51.7	51.7	51.8	51.6	51.2
South East Coast	51.5	51.1	50.9	50.8	50.6
South Central	47.3	47.1	47.1	47.0	47.3
South West	53.5	53.4	53.6	53.7	54.1

Notes:

1. England, SHA and PCT data are Office for National Statistics 2005 mid-year population estimates based on the 2001 census.
2. Most patients may live within the SHA area in which they receive primary care dental services but some will attend a dentist further afield (near work for example).

Table 5b: Adults seen in the previous 24 months as a percentage of the population by SHA, as at end of March 2006 to end of March 2007

	Percentages				
	31 March 2006	30 June 2006	30 September 2006	31 December 2006	31 March 2007
England	51.7	51.5	51.6	51.5	51.5
North East	60.8	60.7	60.6	60.4	60.3
North West	56.4	56.1	56.1	56.1	56.3
Yorkshire and The Humber	55.6	55.3	55.2	55.2	55.3
East Midlands	55.0	54.6	54.3	54.0	53.7
West Midlands	53.7	53.9	54.0	54.2	54.2
East of England	54.2	54.3	54.6	54.7	54.6
London	48.0	48.0	48.0	47.8	47.3
South East Coast	45.4	45.1	44.9	44.8	44.7
South Central	40.7	40.6	40.5	40.5	40.8
South West	48.2	48.1	48.3	48.6	49.0

Notes:

1. England, SHA and PCT data are Office for National Statistics 2005 mid-year population estimates based on the 2001 census.
2. Most patients may live within the SHA area in which they receive primary care dental services but some will attend a dentist further afield (near work for example).

Table 5c: Children seen in the previous 24 months as a percentage of the population by SHA, as at end of March 2006 to end of March 2007

	Percentages				
	31 March 2006	30 June 2006	30 September 2006	31 December 2006	31 March 2007
England	70.6	70.3	70.4	70.5	70.7
North East	73.7	73.4	73.2	73.1	73.2
North West	70.9	70.5	70.8	71.1	71.9
Yorkshire and The Humber	70.5	70.4	70.6	70.9	71.4
East Midlands	70.6	70.1	70.1	70.0	70.2
West Midlands	70.5	70.3	70.5	70.5	70.6
East of England	71.6	71.6	71.9	72.0	72.2
London	65.1	65.0	65.3	65.3	65.3
South East Coast	73.3	72.7	72.5	72.1	71.8
South Central	70.4	70.1	70.0	69.9	70.1
South West	73.7	73.2	73.3	73.3	73.7

Notes:

1. England, SHA and PCT data are Office for National Statistics 2005 mid-year population estimates based on the 2001 census.
2. Most patients may live within the SHA area in which they receive primary care dental services but some will attend a dentist further afield (near work for example).

Workforce

Dentists on open NHS contracts

32. Table 6 shows that the number of dentists on open NHS contracts as of 31 March 2007 is provisionally reported as 21,038 in England. There is a dentist on an open NHS contract for every 2,397 population at the end of the fourth quarter.
33. The figures for Q4 and the earlier quarters in the year are provisional and are subject to revision. The final workforce figure for 2006/07 will not be available until August 2007 when the IC will publish an end year report on the first 12 months of the new contractual arrangements.
34. The data within this report is not directly comparable with that published previously on the old contractual arrangements⁹ and further explanation of this is given in annex 1. In particular, the figures under the new arrangements include dentists employed within a Trust led dental service (TDS), and not all of these will have been previously on a GDS or PDS contract prior to 1 April 2006.
35. This measure provides a count of the number of dentists notified as eligible to deliver NHS treatment. It does not reflect the level of service, if any, that the individual dentist has delivered.

⁹ NHS Dental Activity and Workforce Report England: 31 March 2006, <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/nhs-dental-activity-and-workforce-report-england-31-march-2006>

Table 6: Provisional number of dentists (performers) on open NHS contracts, by SHA, as end of June, September, December 2006 and March 2007

	30 June 2006 ⁽¹⁾			30 September 2006 ⁽¹⁾			31 December 2006 ⁽¹⁾			31 March 2007 ⁽¹⁾		
	Total number of dentists	Popn per dentist ⁽²⁾	Dentists per 100,000 popn ⁽²⁾	Total number of dentists	Popn per dentist ⁽²⁾	Dentists per 100,000 popn ⁽²⁾	Total number of dentists	Popn per dentist ⁽²⁾	Dentists per 100,000 popn ⁽²⁾	Total number of dentists	Popn per dentist ⁽²⁾	Dentists per 100,000 popn ⁽²⁾
England	19,462	2,591	39	20,285	2,486	40	20,887	2,414	41	21,038	2,397	42
North East	934	2,739	37	988	2,589	39	1,021	2,506	40	1,032	2,479	40
North West	2,678	2,556	39	2,866	2,389	42	2,953	2,318	43	2,993	2,287	44
Yorkshire and The Humber	1,848	2,740	36	1,923	2,633	38	1,968	2,573	39	1,978	2,560	39
East Midlands	1,483	2,904	34	1,577	2,731	37	1,646	2,616	38	1,685	2,556	39
West Midlands	1,917	2,799	36	1,998	2,685	37	2,048	2,620	38	2,079	2,581	39
East of England	2,302	2,407	42	2,370	2,338	43	2,481	2,234	45	2,519	2,200	45
London	3,504	2,145	47	3,618	2,078	48	3,783	1,987	50	3,851	1,952	51
South East Coast	1,936	2,177	46	2,025	2,081	48	2,093	2,013	50	2,146	1,964	51
South Central	1,566	2,523	40	1,688	2,340	43	1,770	2,232	45	1,806	2,187	46
South West	2,074	2,443	41	2,164	2,342	43	2,255	2,247	44	2,264	2,238	45

Notes:

1. Provisional.
2. England and SHA population data are the Office for National Statistics 2005 mid-year population estimates based on the 2001 census.
3. March data as per reported by BSA on 17 May 2007.
4. December data as per reported by BSA on 1 February 2007 for England and 14 February 2007 for SHAs.
5. September data as per reported by BSA on 2 November 2006.
6. June data as per reported by BSA on 31 August 2006.
7. Data provided are a count of the individuals listed as performers on open contracts within a PCT, including orthodontists.
8. Dentists will be counted more than once if they have contracts in more than one SHA. England totals exclude duplication.
9. Data consists of performers in General Dental Services (GDS), Personal Dental Services (PDS) and Trust-led Dental Services (TDS).

Annex 1

Coverage

1. The data in this report are drawn from reports compiled by the Dental Practice Division (DPD), part of the NHS Business Services Authority (BSA), using reported activity processed and workforce information obtained from the DPD Payments Online system.¹⁰
2. The data in this report are based on the new PCT boundaries which came into effect on 1 October 2006.
3. The activity and workforce data in the report consists of General Dental Services (GDS), Personal Dental Services (PDS) and Trust-led Dental Services (TDS).¹¹ GDS providers have to provide a full range of mandatory services, PDS providers do not (but will have to if they were former PDS pilots that were not specialist services). If a provider only provides specialist services, such as orthodontic work, this has to be under a PDS agreement. Trust-led schemes can provide services under PDS agreements and they pay dentists directly rather than through the DPD Payments Online system.
4. The report does not cover Hospital Dental Services or services provided privately.
5. The activity data excludes orthodontic work (except the patients seen information). The workforce data includes those performers with orthodontic contracts.

Definitions

Courses of Treatment (CoT)

6. Information on CoTs completed by an NHS dentist are submitted to the BSA on an FP17 form, the majority of which are submitted electronically. It is the information on these forms that is used to report the NHS activity of NHS dentists.
7. The activity data includes dental treatment started before 1 April 2006 which may have carried over into the new contract under the transitional arrangements¹².
8. A CoT is defined as¹³:

¹⁰ A web-based based system which allows PCTs to create contract numbers and advise the DPD of payments to be made on each contract.

¹¹ Dentists can work under several different GDS/PDS/TDS contracts. Hence, the information in this report has not been split between GDS, PDS and TDS. TDS includes salaried dentists.

¹² Under the transitional arrangements, Courses of Treatment which had been started before 1 April 2006 and were not complete at 31 March 2006 were subject to a 'two form' procedure. The first form reports on all activity up to 31st March 2006 inclusive. The second form, on which 1 April 2006 is given as a start date, reports on charge band of the whole Course of Treatment.

- (a) 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
- (b) the provision of any planned treatment (including any treatment planned at a time other than the time of the initial examination) to that patient.
9. Each CoT is associated with a single form (the FP17 form) which is submitted by dentists to the BSA to perform its monitoring and payment functions. Under the old contractual arrangements each treatment activity was recorded. As from 1 April 2006, a course of treatment is banded according to the most complex treatment within the course which makes it difficult to make comparisons across contracts.
10. Banding reflects some of the differences between courses but there can still be significant differences between courses within bands in the amount of dental treatment. For example, a CoT with a few large fillings would have the same treatment band as one with a single small filling.
11. The chargeable bands range from Band 1, containing only simple treatment, to Band 3 containing the most complex treatment and there is also a separate urgent band¹⁴:
- Band 1 - routine examination, scaling and diagnostic procedures
 - Band 2 - fillings and extractions
 - Band 3 - treatment requiring laboratory work
 - Urgent - one of a specified set of possible treatments provided to a patient in circumstances where:
 - a) prompt care and treatment is provided because, in the opinion of the dental practitioner, that person's oral health is likely to deteriorate significantly, or the person is in severe pain by reason of their oral condition; and
 - b) care and treatment is provided only to the extent that is necessary to prevent that significant deterioration or address that severe pain.
12. Other CoTs are categorised into the following non-chargeable bands: Arrest of bleeding, bridge repairs, denture repair, removal of sutures and prescription issues.
13. Full details of the treatments within each of the chargeable bandings can be found via this web link:
http://www.dpb.nhs.uk/archives/documents/Dental_trt_bands_poster.pdf

¹³ For further information see Dental Services Regulations
http://www.dpb.nhs.uk/other/pubs_regs.shtml

¹⁴ The patient charge for the urgent band is the same as for Band 1.

Units of Dental Activity (UDA)

14. Table A shows the weightings which are used to convert the CoTs data to UDAs by band. Band 3 receives the highest weighting as it is where the most complex CoTs are classified.

Table A: UDAs for each treatment band

Treatment category	UDA
Band 1	1
Band 2	3
Band 3	12
Band 1 urgent	1.2
Arrest of bleeding	1.2
Bridge repair	1.2
Denture repair	1
Prescription issue	0.75
Removal of sutures	1

Patients seen

15. Patients have been identified by using surname, first initial, gender and date of birth. Each unique patient ID is normally assigned to the dental contract (and therefore PCT) against which the most recent claim for routine treatment was recorded in the 24 month period. The age of the patient as at the last day of the 24 month period is used to allocate between adult or child.
16. This information is taken from the dental claim forms processed (FP17s) and the 24 month period is based on the date of validation processing at DPD. It is defined in terms of all CoTs (including GDS registration only courses prior to 1 April 2006). Each identified patient is counted only once even if he or she has received several episodes of care or treatment over the measured period. The measure is broken down separately for adults and children.
17. The count of patient IDs is a robust statistical indicator of the overall level of patient involvement with NHS primary dental care. As with the previous registration system there will be some duplications and omissions. 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.

18. None of the above factors is likely to affect the overall count by more than one or two percent, but at a PCT level there may be local demographic factors which make the local total more susceptible, e.g. a high proportion of women changing names after marriage, a local concentration of surnames prone to be misspelled or a transient patient base.
19. This measure is not directly comparable with the patient registrations data collected under the old contract as it was measured over a 15 month period rather than 24 months.

Workforce

20. The figures for the numbers of dentists in this report, as at 31 March 2007, consist of those reported to the BSA by 17 May 2005. However, the BSA may be notified of joiners or leavers up to several months or more after the move has taken place.
21. The workforce data in this report covers dental performers. A performer is defined as a dentist who has been set up on the DPD Payments Online system by the PCT to work under an open NHS contract during the relevant time period. No allowance is made for the level of service, if any, that the dentist has delivered during this period. Dentist numbers in this report are a count of the individuals listed as performers on open contracts within a PCT.
22. Under the current system of dental commissioning, PCTs contract with dental providers, for their respective population, to provide an agreed level of dental activity. The contract may be for a single dentist or group of dentists. In some cases the provider may not be a dentist, for example, a commercial company could contract to provide services but will employ dentists to work on the contract.
23. Prior to 1 April 2006, dentists wishing to work in a PCT area notified the PCT of their intention via the former Dental Practice Board (DPB). The PCT set up a 'contract' (strictly, an 'arrangement') with a 'principal' dentist for a particular surgery address including a reference number under which activity and payments could be recorded. In addition, assistant dentists could work under the supervision of a principal dentist provided the PCT agreed. Assistant dentists included vocational dental practitioners.
24. Workforce information continues to be provided by PCTs to the BSA. However, the form in which the information is provided has changed from the old arrangements. Previously workforce was reported as a separate return, now PCTs include the workforce information as part of the details of each contract and enter it on the DPD Payments Online system (POL).
25. An additional change which has taken place during the year is that, from 1 October 2006 no PCT may provide primary dental services other than under a PDS agreement or s16CA(2) of the 1977 Act. This relates in particular to services previously provided by the PCT via the Community Dental Service or the Salaried Dental Service. From that date, PCTs have been required to report

to the DPD on the same basis as all other providers, by recording dentist and surgery details through the POL system and submitting activity reports.

26. Workforce data cannot be compared directly between the old and new contractual arrangements. The reasons include:
 - All dentists working in primary care dentistry are now included in the headcount. A number of those working in trust led dental services were working under the old system but were not included in that headcount.
 - The figures for the early months post reforms were significantly depressed by initial incomplete reporting of all performers within a contract. (This was a transitional issue and is now largely resolved)
 - Changing a reporting system which is based on an administrative payment system is likely to lead to some inconsistencies across the break point.

27. A dental provider can have a contract with more than one PCT. Also, performers may appear on more than one contract between different providers and PCTs.

Annexes

The following annexes are available within two Excel Workbooks:

Annex 2

PCT/SHA Factsheet

Annex 3

Excludes orthodontic activity unless otherwise stated.

A1: Reported Courses of Treatment processed, by PCT and SHA in England, April to June 2006

A2: Reported Courses of Treatment processed, by PCT and SHA in England, July to September 2006

A3: Reported Courses of Treatment processed, by PCT and SHA in England, October to December 2006

A4: Reported Courses of Treatment processed, by PCT and SHA in England, January to March 2007

B1: Reported Courses of Treatment processed by treatment band, by PCT and SHA in England, April to June 2006

B2: Reported Courses of Treatment processed by treatment band, by PCT and SHA in England, July to September 2006

B3: Reported Courses of Treatment processed by treatment band, by PCT and SHA in England, October to December 2006

B4: Reported Courses of Treatment processed by treatment band, by PCT and SHA in England, January to March 2007

C1: Proportion of reported Courses of Treatment processed by treatment band, by PCT and SHA in England, April to June 2006

C2: Proportion of reported Courses of Treatment processed by treatment band, by PCT and SHA in England, July to September 2006

C3: Proportion of reported Courses of Treatment processed by treatment band, by PCT and SHA in England, October to December 2006

C4: Proportion of reported Courses of Treatment processed by treatment band, by PCT and SHA in England, January to March 2007

D1: Reported Units of Dental Activity processed by treatment band, by PCT and SHA in England, April to June 2006

D2: Reported Units of Dental Activity processed by treatment band, by PCT and SHA in England, July to September 2006

D3: Reported Units of Dental Activity processed by treatment band, by PCT and SHA in England, October to December 2006

D4: Reported Units of Dental Activity processed by treatment band, by PCT and SHA in England, January to March 2007

E1: Proportion of reported Units of Dental Activity processed by treatment band, by PCT and SHA in England, April to June 2006

E2: Proportion of reported Units of Dental Activity processed by treatment band, by PCT and SHA in England, July to September 2006

E3: Proportion of reported Units of Dental Activity processed by treatment band, by PCT and SHA in England, October to December 2006

E4: Proportion of reported Units of Dental Activity processed by treatment band, by PCT and SHA in England, January to March 2007

F1: Patients seen in the previous 24 months (by adult/child), by PCT and SHA in England, as at 31 March 2006, 30 June 2006, 30 September 2006, 31 December 2006 and 31 March 2007 (including orthodontic patients)

F2: Patients seen in the previous 24 months (by adult/child) as a percentage of the population, by PCT and SHA in England, as at 31 March 2006, 30 June 2006, 30 September 2006, 31 December 2006 and 31 March 2007 (including orthodontic patients)

G: Provisional number of dentists on open NHS contracts, by PCT and SHA in England, as at 30 June 2006, 30 September 2006, 31 December 2006 and 31 March 2007 (including orthodontic workforce)

OTHER PUBLICATIONS

Other publications on Dental statistics include:

- NHS Dental Activity and Workforce Report England: 31 March 2006

This report covers treatment provided under the General Dental Service (GDS) and Personal Dental Service (PDS), often referred to as 'high street dentist', in England up to 31 March 2006, the day before the new NHS dental contract was introduced. Most of the data are presented over a ten-year period. Detailed data at PCT, SHA and parliamentary constituency level are included as annexes to this report. The boundaries used are as at 31 March 2006.

Available on the IC website via this link:

<http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/nhs-dental-activity-and-workforce-report-england-31-march-2006>

- Dental Earnings and Expenses Report 2004/05

This report provides a detailed study of the earnings and expenses of General Dental Service (GDS) dentists in GB (from all sources - NHS and private) and is based on tax data for dentists with an accounting year ending in 2004/05. All averages in the report relate to both full-time and part-time dentists. For non-associate dentists, time series results are presented up to and including the financial year 2004/05. Non-associates are dentists who do not have formal business links with other dentists. For associate dentists, headline analyses are provided for 2004/05 only.


Available on the IC website via this link:

<http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/dental-earnings-and-expenses-report-2004-05>

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The Information Centre website: <http://www.ic.nhs.uk>

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