ystadegau ar gyfer cymru statistics for wales

Quality Report

Llywodraeth Cymru Welsh Government

NHS dental services statistics in Wales: Quality report

Contents

Background:

What are these statistics?

The dental services statistics display data from all four quarters in an annual release on dental activity. This entails courses of treatment, units of dental activity, clinical and orthodontic dental activity, patients treated, patient charges and workforce data. Information is available by the latest versions which are held on our dental services theme page.

Since November 2014 quarterly data has been published only through StatsWales. The annual statistical first release will not be affected, and will be published as normal in August each year.

Source of the data:

Information is provided by an NHS dentist, who submits dental data to the NHS Business Services Authority Dental Services for payment on an FP17W form, the majority of which are submitted electronically. The information on these forms is used to report the NHS activity of NHS dentists.

Users and uses:

The aim of these statistics is to present data which is available from a routine administrative source in an accessible format providing a summary of dental statistics as well as any trends over time and patterns across Wales. These statistics will be useful both within and outside the Welsh Government. Some of the key potential users are:

- Ministers and the Members Research Service in the National Assembly for Wales;
- Local Health Boards;
- Dentists;
- The Department for Health and Social Services in the Welsh Government;
- Media;
- National Health Service and Public Health Wales;
- British Dental Association and other professional organisations;
- The research community;
- Students, academics and universities;
- Individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of these include:

- advice to Ministers;
- to inform debate in the National Assembly for Wales and beyond;
- to make publicly available data on dental statistics in Wales.

If you are a user and do not feel the above list adequately covers you, or if you would like to be added to our circulation list, please let us know by e-mailing stats.healthinfo@wales.gsi.gov.uk.

Revisions:

Dental activity data released every quarter is provisional until the annual publication in August which contains the accurate final figures.

Coverage:

The statistics are based on information on any NHS dental work completed by an NHS dentist and submitted to NHS Dental Services for payment. The series began when the new dental contract was introduced in 2006.

On-line tables summarising activity and counts of patients treated are published quarterly in November, February and May with a more detailed annual output and on-line tables being published in August.

The annual output includes data on the quantity of activity completed, treatment undertaken, NHS dental workforce, number of patients treated within the past 24 months, and orthodontic activity.

Dental Data Published:

- **Courses of treatment** (CoTs) – provisional data are published quarterly, around 5 months after the end of period to which the data relate. For example, provisional activity data for quarter 1 (April to June) are published in November. Activity data published in our quarterly reports are subject to revisions in subsequent quarters. Final figures are published in our annual report, published each August.
- **Units of dental activity** (UDAs) are weighted CoTs and are used in the NHS dental contract system.
- **Clinical dental treatments** carried out by NHS dentists –published in our annual report, around 5 months after the end of the period to which the data relate. Initially, this dataset was released separately due to a new dataset is always likely to have data quality issues. Data from 2010-11 onwards do not carry the experimental label.
- **Orthodontics** – activity statistics are published in our annual report, around 5 months after the end of the period to which the data relate. A course of Orthodontic activity equates to between 4 and 23 Units of Orthodontic Activity (UOAs), according to the age of the patient. All of these are credited to the dentist at the commencement of the course of orthodontic treatment – however, the treatment may be performed over a number of years.
- **Dental workforce** – published in our annual report, around 5 months after the end of the period to which the data relate.
- The number of **joiners and leavers** by NHS dentists - published in our annual report around 5 months after the end of the period to which the data relate.
- The number of **patients treated** by NHS dentists – published quarterly, around 5 months after the end of period to which the data relate. For example, patients treated data for quarter 1 (April to June) are published in November. Patient treated figures are final – we do not update them in later publications.
- **Patient Charges** made to NHS dental patients – published in our annual report around 5 months after the end of the period to which the data relate. Patient charge revenue is calculated using the information processed using the FP17W forms. In general, a non-exempt (paying) patient will pay the charge appropriate to the treatment.
- **Dental earnings and expenses** – this publication produced by Health and Social Care Information Centre, is released annually and presents earnings and expenses data for dentists 17 months after the end of the financial year. For example, the publication released in 2014 is for the financial year 2012-13. The data presented is for NHS and private income, for full time and part time dentists.
- **Dental working hours** – this publication produced by Health and Social Care Information Centre presents the findings of a Dental Working Patterns Survey covering the previous two financial years. For example, the publication released in 2015 covers the financial years 2012-14 and 2014-15. 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.

Strengths and Limitations of the data

Strengths:

- The outputs provide a statistical overview of the activity of dentists working for the NHS in Wales together with workforce information.
- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. These releases aim to inform Welsh Government policy on NHS dentistry and the planning and delivery.
- The information is processed and published regularly and in an ordered manner to enable users to see the statistics when they are current and of greatest interest.
- Efficient use has been made of administrative data sources to produce outputs.
- Detailed statistics are provided via our StatsWales website

Limitations:

- Following the new dental contract in 2006 the data which was available was confined to counts of courses of treatment and UDAs by treatment band. Although from 1 April 2008 a set of clinical data has been collected on routine forms providing additional information about the treatments dentists offer such as fillings, extractions and so on, the available information may not be detailed enough to meet every users' needs.
- The time series begins with the new contract in 2006; the inability to make comparisons with data collected prior to this time limits trend analysis.
- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately.
- There is little availability of mapped data.

Information on NHS dental policy in Wales is accessible from the Welsh Government website.

Definitions and Methodology

Courses of treatment (CoTs)

Information on CoTs completed by an NHS dentist is submitted to the NHS Dental Services for payment on an FP17W 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.

A CoT is defined as:

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.

There is also a separate Urgent band. This treatment band covers a restricted set of treatments, including up to two extractions and one filling, provided to a patient in certain circumstances.

Each CoT is associated with a single form (the FP17W form) which is submitted by dental providers to the NHS Dental Services 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, restricting the comparisons that can be made between contracts.

Treatments are split into treatment bands, according to level of complexity as follow, which are used to determine the charge paid by patients:

- **Band 1** - covers a check up and simple treatment such as examination, diagnosis (e.g. x-rays), advice on preventative measures, and a scale and polish
- **Band 2** - includes 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 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.
- **Other** CoTs are categorised into the following bands which do not attract a patient charge: Arrest of bleeding, bridge repairs, denture repair, removal of sutures, and prescription issues.

The band is determined by the most complex treatment included in the claim. The patient charge for the urgent band is the same as that for Band 1.

The term "Claims for Treatment" was replaced by "Courses of Treatment" in the 2008-09 annual dental release. The two terms are interchangeable and it was decided to use "Courses of Treatment" to allow comparisons to be made with England and to avoid confusion. The courses of treatment data are comparable to the claims for treatment data previously.

Full details of the treatments within each of the chargeable bandings can be found via the Department of Health website: https://www.gov.uk/government/publications/leaflet-and-poster-on-nhs-dental-services

Units of Dental Activity (UDA)

A Unit of Dental Activity (UDA) is the technical term used in the NHS dental contract system regulations to describe weighted CoTs.

Table 1 show the weightings which are used to convert the CoT data to UDAs by band. Band 3 receives the highest weighting as it is within this band that the most complex treatments are performed.

A UDA of 0.75 for prescription issue was removed from 1 November 2012.

Table 1: UDA for each treatment band

Treatment category	UDA per treatment claim
Band 1	1.00
Band 2	3.00
Band 3	12.00
Band 1 urgent	1.20
Arrest of bleeding	1.20
Bridge repair	1.20
Denture repair	1.00
Prescription issue	0.00
Removal of sutures	1.00

Source: Welsh Government

Orthodontics

The Orthodontic activity data presented in the annual release is:

- the volumes of Units of Orthodontic Activity (UOAs) credited in respect of orthodontic starts, orthodontic assessments and orthodontic appliance repairs between 1 April and 31 March of the previous year, as processed up to the June;
- orthodontic treatment is measured by the numbers of patients assessed and accepted for treatment.

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. Orthodontic data are separate from the CoT and UDA data presented earlier in the report and are collected via data submitted on an FP17OW form. All orthodontic activity is performed by a dentist with further training in orthodontics. 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 commencement of the course of orthodontic treatment; however the treatment may be performed over a number of years.

The orthodontic data presented in this report was collated between 1 April 2014 and 31 March 2015. The data in this report relates only to starts, assessments and repairs, since no UOAs are credited in respect of completions. Hence all the UOAs relate to orthodontic activity which started within the year ending 31 March 2015. Some orthodontic activity may also have been performed in the year 2014-15 which may not be included in these figures as the full UOAs would have been credited when the treatment began. Similarly, some orthodontic activity will have been credited to this year but may not be performed until after the end of the year.

Orthodontic information is collected separately from dental activity data via the FP17OW form. See the NHS Dental Services website for more detail, at:

http://www.nhsbsa.nhs.uk/Documents/DentalServices/Completion_of_forms_guidance_FP17OW_Wales-_1_April_2010_onwards.pdf

Definition of Orthodontic variables on the FP17OW form:

- **Assess and Accept -** FP17s where the assess and accept box has been ticked and the date treatment began has been entered. In effect, this is the number of treatment starts.
- **Assess and Review –** Assessment has been performed, NHS orthodontic treatment is indicated, but the patient is not ready to start.
- **Assess and Refuse –** Assessment has been performed but NHS orthodontic treatment is deemed unnecessary or inappropriate.
- **Treatment completed –** The active treatment has been completed.
- **Treatment Abandoned –** The active treatment was abandoned because patient failed to return.
- **Treatment Discontinued –** Performer decides active treatment is to be discontinued.
- **Repairs –** A repair is made to an appliance fitted by another dentist.
- **Regulation 11 replacement Appliances** - An orthodontic replacement appliance under regulation 11 has been provided. A patient charge will be 30 per cent of the band 3 charge per appliance. In all instances a patient's charge should be collected from the patient or patient's parent or legal guardian irrespective of the exemption/remission status. A patient may be able to claim a refund directly from the NHS Dental Services.

Clinical Dental Activity

NHS Dental Statistics, 2010-11 was the first time Wales' clinical activity had been published separately from England. The first three publications were a joint England and Wales clinical dental report. These can be found on the Health and Social Care Information Centre website.

On 1 April 2008, the clinical dataset was introduced into the dental data collection process, where additional information can be recorded by dental practitioners about a range of clinical dental treatments. This clinical data in summary can be used to monitor patterns of treatment and assist in national and local planning. Clinical activity is recorded by dentists and submitted with other activity data on the FP17W form to NHS Dental Services. A further three treatment items were added to the FP17W form in April 2010; examination, antibiotic items prescribed and 'other'. One of these was 'examination', which is the most frequent clinical activity being performed.

Sixteen possible clinical treatments are recorded. Note that a patient can receive more than one clinical treatment within a single CoT. The clinical treatments are:

- Scale & polish – this refers to simple periodontal treatment including scaling, polishing, marginal correction of fillings and charting of periodontal pockets.
- Fluoride varnish – a fluoride preparation which is applied to the surfaces of teeth as a primary preventive measure.
- Fissure sealants – where a sealant material is applied to the pit and fissure systems as a primary preventive measure.
- Radiograph(s) taken – often known as an x-ray, dental radiographs provide an image of the teeth, mouth and/or gums that can help the dentist to identify underlying problems, such as decay and gum disease.
- Endodontic treatment – where a tooth is severely decayed or damaged (for example by trauma) a root-filling may be required to restore the tooth. This procedure involves removal of the 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. Various substances may be used, including composite resin, amalgam or glass ionomer.
- Extractions – where a tooth is extracted, this also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth.
- Crown(s) provided – full coverage of a tooth, provided when the remaining tooth tissue is not sufficient to restore the tooth by other means. (Stainless steel crowns have been excluded from this analysis).
- Dentures – a denture is a removable appliance that replaces some or all teeth. A CoT can include the following:
    - Upper denture – Acrylic
    - Lower denture – Acrylic
    - Upper denture – Metal
    - Lower denture – Metal
- 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 units provided – a fixed restoration that replaces one or more missing teeth. Note that for most treatments the minimum number of possible items is one, however, for bridge units the minimum is two.
- Referral for advanced mandatory services – where a patient is referred to another contractor for advanced mandatory services.

- Examination – when an examination for treatment is carried out. This would normally include charting of the teeth, recording of the periodontal condition and soft tissue examination all of which would be detailed with other necessary clinical details on the clinical record.
- Antibiotic Items Prescribed – when the patient is issued with a prescription containing antibiotic items. The number of antibiotic items should be entered (i.e. the number of antibiotic treatments rather than the number of pills).
- Other Treatment – when any treatment has been provided for which there is no appropriate clinical dataset item in part 5a. This item can be entered in addition to other clinical data.

As dental examination was not explicitly identified in the FP17W form during 2008-09 and 2009-10, those CoTs that included only a dental examination did not have any associated clinical dental data. During the early period of collection, as providers got used to recording the new information, it was evident that there was some non-completion of the clinical dataset in the FP17W form, even where clinical activity had taken place. This was particularly apparent in 2008-09 data and was one reason why previous releases of clinical dental data, which were published separately from other dental activity data, were labelled as "experimental"[1].

When the 2009-10 data was published an exclusion criterion was applied to the raw clinical data to exclude poor quality data from the dataset, where clinical activity had not been recorded by practitioners. A performer's data were excluded from the month's dataset if no clinical data was recorded on any of the performer's FP17W forms for that month.

Since 2009-10, figures have been estimates based on a full year of clinical data and have been grossed up to match activity data for each year. From 2010-11 onwards the introduction of 'Examination' and 'Other' significantly improved the completion rates. This also provided enough confidence in the data to publish 2010-11 figures without the need for the 'experimental' label. For the 2014-15 data, the amount of grossing needed was minor when compared to previous years.

The clinical treatments are presented as they are recorded in the FP17W form. Where complex treatments are displayed in the lower bands, such as inlays in Band 2, it is likely that the treatment has been recorded in error.

While the quality of the 2010-11 to 2014-15 data are of sufficient standard to allow full publication, due to the data quality issues and exclusion criteria applied in 2008-09 and 2009-10, we advise users to apply caution when observing the changes in figures over the timeframe of the current clinical dataset.

For the 2010-11 data it is likely that the new treatment items (examination, antibiotic items prescribed and 'other') are under-reported as practitioners used up old FP17Ws during the first part of the year and became accustomed to completing these data items.

The Welsh Government Knowledge and Analytical Services advise against comparing clinical data provided from 2008-09 onwards with clinical dental data published under previous contractual arrangements. The Health and Social Care Information Centre undertook extensive analysis and research of the potential comparability of historical clinical dental data during the publication of the previous clinical reports, released in March and December 2010. This analysis concluded that the current clinical datasets are not directly comparable with historical data; due to the differences in contractual and data collection arrangements. It is therefore not possible to provide any comparisons or time series with historical data. These issues and analysis are discussed in further detail in *Annex 1*,

[1] 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 Authority Code of Practice for Official Statistics

Patients Treated

In these statistics we count the number of individual patients who received care or treatment from an NHS dentist at least once in the most recent 24-month period. The National Institute for Health and Care Excellence (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.

This information is taken from the FP17W and the 24 month period is based on the date of validation processing at NHS Dental Services. 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.

Each unique patient ID is counted against the dentist contract against which the most recent claim was recorded in the 24 month period, with the following exceptions: if the most recent claim is for urgent treatment, orthodontic treatment, free treatment or treatment on referral, the ID remains with the previous contract, if there is one within the 24 month period. If a claim for the previous contract occurred before the 24 month period the ID is allocated to the most recent contract. There are circumstances where this statistical indicator of the overall level of patient involvement with NHS primary dental care will not strictly correspond to the number of different individual patients. In particular, if two patients share the same surname, initial, sex and date of birth, then they may give rise to only one count in a two-year period, and that one count may alternate between the LHBs with whose dental contractors the patients attend. This is more likely to occur for common surnames. Conversely, if one patient appears twice, under two different IDs, then the count will be inflated. The obvious example of this is when a person changes name on marriage. The risk of duplication increases if the episodes of care are at different practices.

The records relate to the date on which a claim was processed, not the date of attendance at the dental surgery. The patients treated measure is produced using a filter which requires that the patient must have started their last course of treatment within the past 24 months. This results in a slight downward bias in the patients treated measure, although it is thought the effect on comparisons over time is negligible as it is an effect present in each quarter of the time series.

Children are defined as patients under 18 on the date of acceptance.

Patients treated as a percentage of the population in the 24 months leading up to selected dates were carried out using Office for National Statistics (ONS) mid-year population estimates which are the most closely aligned with the mid-point of the 24 month period leading up to the selected date. For example, the patients seen measure for the 24 month period up to 31 March 2015, covers 1 April 2013 to 31 March 2015. The ONS mid-2014 population estimates are used to calculate the proportion of the population seen. All percentages are based on final population estimates which use the ONS' revised 2010 methodology.

Patient Charges

Patient charge revenue is calculated using the information processed from the FP17W forms. In general, a non-exempt (paying) patient will pay the charge appropriate to the treatment, however there will be certain cases where an FP17W for a non-exempt adult would not attract the full patient charge or would attract no charge, which are:

- The FP17W was a continuation of treatment (no charge or charge reflects difference in band charges).

- The FP17W was for treatment on referral (patient charge is collected by referring dentist).
- The FP17W was for a treatment that qualifies for free/repair replacement (no charge to replace or fix an item within 12 months of original treatment).
- The FP17W was for a patient that did not complete treatment (patient charge deducted for band of treatment actually provided, but reported as band of treatment planned).

Patient charges cannot be collected from closed contracts (or contracts on which payments are not being made). The counts of FP17Ws processed for closed contracts are included however, causing some patient charges to appear lower than anticipated. No account is taken in this data 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.

The tables below show the NHS dental charges applicable to paying adults.

Treatment Band	1 April 2012 to 31 August 2012	1 September 2012 to 31 March 2013	1 April 2013 to 31 March 2014	1 April 2014 to 31 March 2015
Band 1	£12.00	£12.40	£12.70	£13.00
Band 2	£39.00	£40.20	£41.10	£42.00
Band 3	£177.00	£177.00	£177.00	£180.90
Urgent	£12.00	£12.40	£12.70	£13.00

Source: Welsh Government

Exemptions

Patients are exempt from NHS dental charges if at the time the treatment starts, they fall into one of the following categories:

- Aged under 18; Aged 18 in full-time education.
- Aged under 25 or 60+ (examination and report only).
- Pregnant, or have had a baby in the 12 months before treatment starts.
- An NHS in-patient where the treatment is carried out by the hospital dentist.
- An NHS Hospital Dental Service out-patient

(Hospital treatments are not included in this report so the last two categories above do not apply to these statistics.)

Or if they qualify for remission of charges on the following benefit eligibility grounds:

- Getting, or have a partner who gets Income Support, income-based Jobseeker's Allowance or Pension Credit Guarantee Credit
- Entitled to, or named on, a valid NHS tax credit exemption certificate
- Named on a valid NHS Low Income Scheme HC2 certificate.
- Universal Credit (during the period from 1 April 2014 to 31 March 2015).

If patients are named on a valid NHS Low Income Scheme HC3 certificate then they may be eligible for partial help with dental costs.

Dental Workforce

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

Further to a consultation exercise in 2007–08, the workforce figures presented in the release are based on the definition agreed. This consultation arose due to problems with the way in which dentists were counted in 2006-07, the first year of the new dental contract system. They now measure the number of dental performers who have any NHS activity recorded against them via FP17W claim forms at any time in the year that met the criteria for inclusion within the annual reconciliation process. Data relating to the pre-2006 contract are not comparable to the current contract and so are not included in this bulletin.

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.

Contract Types

A performer is assigned a contract type by looking at all the contracts a performer has activity recorded against and assigning a contract type based on all their contracts. This must be calculated at each level (Wales/Health Board) for which the data is to be presented. This will mean that the sum of local level information exceeds the national total, as performers are counted across more than one area. For example, a performer could have contracts with more than one Health Board within. If one contract was GDS, and the other PDS, they would be GDS on the first Health Board, PDS on the other, but mixed for Wales.

A performer is assigned a dentist type categorisation based on the contracts they have activity recorded against. This examines every individual contract to see if the performer is also the provider for a contract. For every record where the performer is also the provider on a contractor, it is categorised as a performing provider. Contacts where the performer is not the provider are categorised as performer only. (This takes no account of whether the performer is listed on other contracts that they are not a performer on, as the figures in this report are a count of dentists with activity recorded against them via FP17W forms, and not of providers.) These are then grouped by performer and by the reporting level (Wales/LHB) and are assigned a category based on all contracts at each level. Dentist type can vary by performer depending on the regional level the data is being presented.

There are some dentists working in the Emergency Dental service and some CDS (Community Dental Service) staff working on a PDS contract and some trainee (foundation) dentists.

Table 3 Combinations of contract types

Performer operates under…	Categorised as…
GDS only	GDS
GDS and PDS	Mixed
PDS only	PDS

Dentist Types

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

- **Provider** - A person or body authorised to enter into a contract to provide dental services for a Health Board.
- **Performer** - A dentist named on a contract that will or might be carrying out the work agreed in the contract.
- **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.
- **Providing Performer –** A provider that holds a contract with a Health Board and also performs NHS dentistry on the contract.
- **Performer Only** - A dentist that performs NHS activity on a contract, but does not hold the contract with a Health Board themselves.

Dentist Type - Referring to the way dentists' contract and perform their work. Local Health Boards (LHBs) hold contracts with *providers* to deliver an agreed level of dental service. A *provider* that sub-contracts all the dental activity on a contract to *performers* and does not perform NHS dentistry on the contract themselves is classed as *provider only*. A *provider* may also act as a performer (*providing performer*) and deliver dental services themselves. Other dentists will be *performers only* and will deliver dental services, but not hold a contract with the LHB themselves (i.e. they will be working for a provider only or 'provider & performer' dentist). Since, the workforce numbers presented in this report are of dentists performing NHS activity, provider only dentists are excluded from this analysis.

In some cases, a dentist may operate across LHBs under different arrangements. They may hold a contract with one LHB but may operate as a performer-only with another LHB. At the lowest level, this dentist would be counted as a providing-performer in the first LHB, and as a performer-only in the second LHB.

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 LHBs. The provider performer dentist then no longer holds the contract and becomes a performer only.

Joiners and Leavers

A Leaver is defined as a performer that had activity recorded against them via FP17W forms in the previous year, but none the following year. They would be recorded as a leaver in the first year. This definition results in information on the number of leavers for a particular year not being available until the end of the following year's reconciliation period.

A Joiner is defined as a performer with activity recorded against them via FP17W forms in a year, but none in the previous year. They would be recorded as a starter in the latest year.

Both Leavers and Joiners are categorised at a national level but presented at more local levels (i.e. leavers at a LHB level only include those that do not work in any other LHBs nationally). Movements between LHBs are classed as transfers, not leavers or joiners, and would therefore not be included in this report.

Following the above definitions, and as data for the years of the new contractual arrangement only are included in the report, the time series of leavers and joiners for both years is incomplete at this stage.

Information on the numbers of leavers prior to 2006-07 is not available.

Performer Age – Age is calculated as the age of the performer at the mid point in the financial year (30 September). Performers are assigned to an age band based on the age that is calculated from the Payment Online (POL) data. No ages are queried.

Dental Earnings and Expenses

This publication produced by NHS Health and Social Care Information Centre is released annually in August and presents data on earnings and expenses for dentists 19 months after the end of the financial year. For example, the publication released in September 2014, '*Dental Earnings and Expenses, England and Wales, 2012-13*', provides a detailed study of earnings and expenses of full and part time self-employed primary care dentists who carried out some NHS work in England or Wales during 2012-13.

Dental Working Hours

This publication produced by NHS Health and Social Care Information Centre presents the findings of a Dental Working Patterns Survey covering the previous two financial years. For example, the publication released in September 2014, *Dental Working Hours England and Wales 2012-13 and 2013-14*, covers the financial years 2012-13 and 2013-14. 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.

Population data

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 Local Health Board may not necessarily be a resident of that Local Health Board. For example the numerator (number of patients seen) in the percentage of population seen by an NHS dentist calculations, may include patients who are not captured in the denominator (ONS residential population) as they may not actually be resident in the Local Health Board area and vice versa. The impact of this potential discrepancy is considered to be minimal.

Population estimates for Wales can be found on StatsWales.

Data Processing Cycle

Data collection – The Health Statistics and Analysis Unit of the Welsh Government receives the quarterly and annual data on NHS Dental Services in Wales from the NHS Business Services Authority Dental Services.

Validation and verification – Data is submitted on EXCEL spreadsheets via Afon, the Welsh Government secure web data transfer system; validation checks are carried out and queries referred to Dental Services where necessary.

Publication - The statistics published by the Health Statistics and Analysis Unit are produced from the data provided by NHS Business Services Authority Dental Services Division. The release is produced by updating the information from the previous quarter or year. The information on the release is checked against the data supplied independently. Summary data is also updated on StatsWales, our interactive web-based tool.

Disclosure and confidentiality - The data is aggregated at the LHB level and therefore there is little risk of disclosing information about any individual. We adhere to our **statement on confidentiality and data access**, issued in conformance with the requirements set out in Principle 5: Confidentiality of the Code of Practice for Official Statistics.

Key Quality Information:

National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

Quality

Health Statistics and Analysis Unit adhere to a quality strategy and this in line with Principle 4 of the Code of Practice for Official Statistics.

Relevance

The degree to which the statistical product meets user needs for both coverage and content.

On our Health and Social Care theme page we provide background to our statistics and information for users. We encourage users of the statistics to contact us to let us know how they use the data.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure that our statistics remain relevant.

Accuracy

The closeness between an estimated result and an (unknown) true value.

Completeness of clinical data: when the 2009-10 data was published an exclusion criterion was applied to the raw clinical data in order to make allowance for the fact that clinical data was missing from some FP17W forms. A performer's data were excluded from the month's dataset if no clinical data was recorded on any of the performer's FP17W forms for that month. For 2010-11 the introduction of 'Examination' and 'Other' has significantly improved the completion rates for 2010-11 and as a result no clinical data were excluded with the data published as it stands. The clinical treatments are presented as they are recorded in the FP17W form. Where complex treatments are displayed in the lower bands, such as inlays in Band 2, it is likely that the treatment has been recorded in error.

All our outputs include key quality information on coverage, timing and geography.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's Revisions, Errors and Postponements arrangements.

Timeliness and punctuality

Timeliness and punctuality refers to the time lag between the actual and planned dates of publication.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the upcoming calendar. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's Revisions, Errors and Postponements arrangements.

We publish data as soon as possible after the relevant time period. The annual release is published in August, and the quarterly data is published on StatsWales in November, February and May.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format(s) in which the datasets are available and the availability of any supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on Twitter. All releases are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's accessibility policy. Furthermore, all our headlines are published in Welsh and English.

Comparability

Comparability is the degree to which data can be agreed over both time and domain.

These statistics relate to the position after the introduction of the new dental contract in April 2006. Data relating to the pre-2006 contract are not comparable to the current contract.

Patients treated: under the current contract patients do not register with a dentist any more. The measure of the level of patient treatment is the number of patients treated in the previous 24 months. It is important to note that the number of patients treated is not equivalent to the previous number of patients registered.

Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Information for England is derived from the same source of data and is generally comparable although the data recorded includes data for patients seen by the Trust-led Dental Service (TDS) in England; the HSCIC's Beginner's Guide to Dental Statistics explains that the counts of patients seen by the TDS are very small; the HSCIC data and the Beginner's Guide can be found at: Dentists - The NHS Health and Social Care Information Centre.

Although not comparable, data for other UK countries can be found at:
Scotland - Dental Data Scotland
Northern Ireland - Dental Data Northern Ireland

Further work is required to fully understand the differences in these statistics.

The Health and Social Care Information Centre has also published 'Dental Working Hours England & Wales, 2010-11 and 2011-12'. This report provides information collected via a survey on average weekly hours, average weekly NHS hours, weeks of annual leave, the division of time between the NHS and private dentistry, and the division between clinical and administrative work.

Coherence

Coherence is the degree to which data that is derived from different sources or methods, but which refer to the same phenomenon, are similar.

Every quarter/ year the data are collected from the same sources and adhere to the national standard; they will also be coherent within and across organisations.

Data collections are checked between submissions to ensure coherence of the data received.

Dissemination

All the data is of sufficient quality following the processes outlined above to justify publication. The high level messages are published on the first page of the relevant release and high level charts are included in the release. All the actual data provided is published on our interactive website StatsWales.

Evaluation and contact details

We always welcome feedback on any of our statistics. If you would like to make any comments on any of our outputs or require any information please e-mail us at stats.healthinfo@wales.gsi.gov.uk

Produced by the Knowledge and Analytical Services, Welsh Government
Last reviewed: August 2015