

Family Practitioner Services

General Dental Statistics for Northern Ireland

Annual Statistics 2020/21



Published June 2021

Purpose The data contained in this publication are presented on a financial year basis during the year ending 31st March 2021. They are based on claims submitted by primary care dentists to Family Practitioner Services. They do not cover secondary or private dental services including any work carried out by the Community Dental Service. Information is provided on workforce, registrations and dental treatments carried out. Information on the cost of dental services across Northern Ireland and in United Kingdom context is also presented. Data detailed in this publication are also available in spreadsheet format (Microsoft Excel) to aid secondary analysis can be found on the [BSO website](#).

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We want your feedback We welcome any feedback on any aspect of these statistics, which can be provided by email to: Info.BSO@hscni.net

Additional information about these statistics is located at the back of this publication.

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Introduction

This publication provides a statistical overview of general dental activity in Northern Ireland between April 2020 and March 2021. It is based on payment claims submitted by primary care dentists to Family Practitioner Services (FPS). This data does not cover private work or secondary care activity including work carried out by the Community Dental Service.

It has been produced by independent statisticians within the FPS Information Unit. They are on secondment from the Northern Ireland Statistics and Research Agency (NISRA). This publication has been compiled in accordance with the Code of Practice for Statistics.

Further information about the work of FPS and the manner in which these statistics were produced can be found at the back of this publication.

User Engagement

Statisticians in the Information Unit are regularly in contact with key users of the statistics. While previously readership surveys were used to provide an overall assessment of whether user needs were being met, the current approach employed is to undertake focused consultations with key users on a rolling basis. This approach helps to gain greater insight into how the statistics are used and to identify additional specific requirements. In addition, any ad hoc requests for information are recorded centrally in a database and these records are used to provide intelligence from a wider set of users in relation to changing requirements. An outline of future developments as a result of user engagement is provided in the [General Dental Services Statistics User Engagement Action Plan](#).

New Developments

Following engagement with users, the 2020/21 report now includes information on the following:

- Number of Patients Seen and IOS Fees per Patient by Exemption Category,
- Payments made for Dental Services including information on the Covid-19 payments made to practices in 2020/21,
- Monthly Breakdown of Claims submitted, IOS Fees Paid and Number of Patients treated by Payment Month,

- Interactive map on the distance to nearest dentist in miles by Census Small Area,
- SDR Items of Service Claims by item number and Children/Adults backdated to 2015/16.
- Added open data csv files on treatment by financial year, local council area, local government district, age group and gender

Key Facts



- **There Are 60 Dentists Per 100,000 NI Residents**
368 dental practices & 1,142 dentists
 - **65% Of The Population Are Registered With A Health Service Dentist**
72% of children and 63% of adults
-



- **194,000 Examinations Were Performed On Adults, a drop of 78% on 2019/20**
 - **The Gross Cost Of Dental Services Was £131.7 million**
With Covid-19 payments making up £51.9 million of this. Patient contributions fell from £26million in 2019/20 to £7.1million
-

1. Covid-19 Pandemic

On 18th March 2020, general dental practitioners were informed to restrict the provision of aerosol generating procedures (AGPs). On 23rd March 2020, they were instructed to cease all AGPs and routine dental treatments were postponed. From that date the provision of face-to-face treatment within general dental practice was restricted to urgent and emergency dental conditions that could not be managed remotely and in which a non-AGP could address the patient's dental need.

In addition, 5 Trust-based Urgent Dental Care Centres (UDCCs) were opened at the beginning of April 2020. These were to provide care and treatment to non-COVID patients who require an AGP, and to confirmed or possible COVID positive patients who require any form of face-to-face treatment.

The rebuilding of dental services commenced in phases from 8th June 2020. The phases were as follows:

- Phase 1b (8th June 2020) - No change to restrictions but all practices to offer face-to-face urgent dental care in an attempt to maximise the number of patients with urgent needs being treated. To ensure appropriateness of referrals, all patients referred to UDCCs to have initially been seen face to face by the referring practice unless this would not be in the patient's interests.
- Phase 2 (29th June 2020) - In addition to the current restrictions, practices will be able to offer non-urgent dental care; however, treatments will be limited to those that are non-AGPs.
- Phase 3 (20th July 2020) - Routine dental care may be offered and AGPs provided in general dental practice. Practices will have to comply with the extant guidance in relation to aerosol settling periods between patients, surgery cleaning and personal protective equipment (PPE). It was decided to offer a fast-track option to move to Phase 3 from 1st July 2020 onwards for those practices that are able to demonstrate that they meet all the necessary standards to safely offer AGPs and non-urgent/routine care.

The impact of COVID-19 restrictions on dental practices in turn has had an impact on General

Dental Service (GDS) item of service (IoS) activity levels and the number of patients seen over the last financial year. As such individual contractors were provided financial support scheme (FSS) payments to stabilise their IoS payments in 2020/21. These additional support payments were made each month to cover the shortfall in GDS payments in 2020/21 for Item of Service Fees and Patient Contribution fees compared with payments made in 2019/20. Dental Practitioners were also provided PPE Payments. All other payments such as registration, capitation and other allowances were paid as normal. Figure 1.1 and 1.2 below show the number of patients seen each month over the last two years and the impact the Covid-19 support payments (FSS and PPE) had. In addition, dental registrations due to end during 2020/21 were extended at various points during 2020/21 and as such any registrations due to expire at any point in 2020/21 have been extended and are currently set to expire at the end of June 2021. Readers should therefore be mindful of this when interpreting the figures for 2020/21 and comparing to 2019/20. More information on the [Covid-19 support payments \(FSS and PPE\) and rebuilding of services](#) is available on the BSO website.

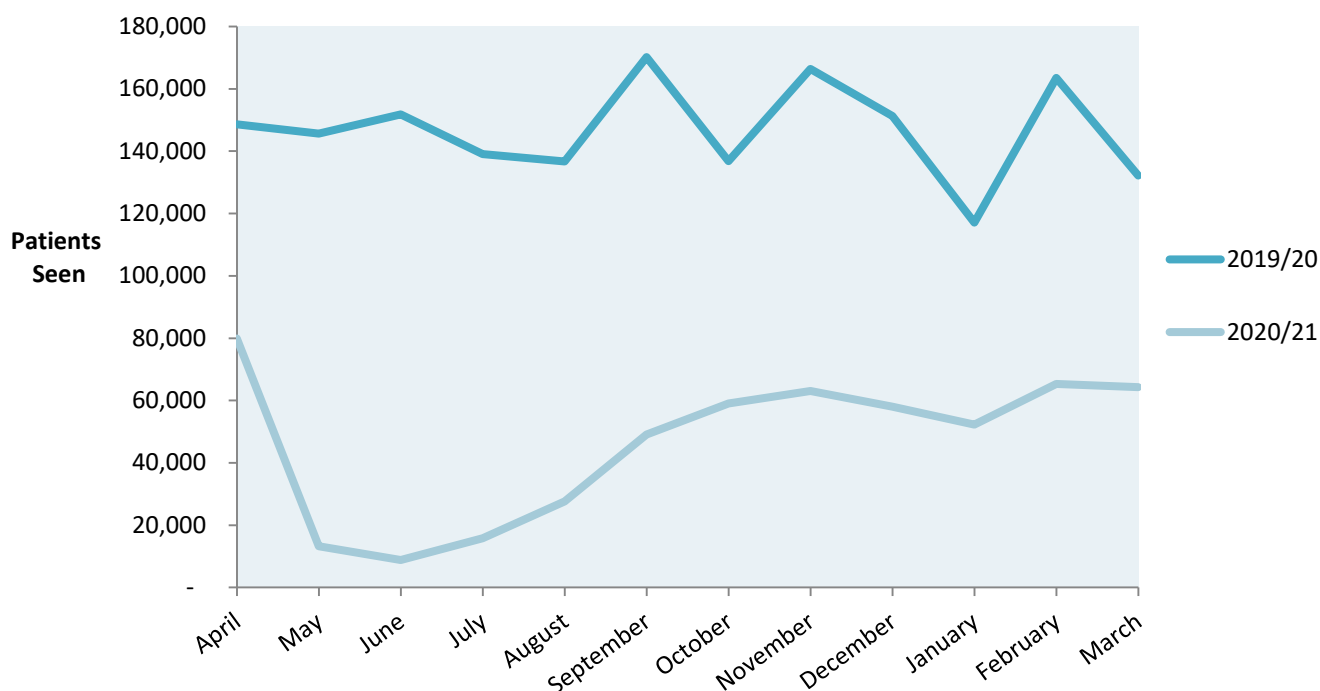


Figure 1.1: Patients seen in 2020/21 compared to 2019/20. [See Annex Table 1.34.](#)

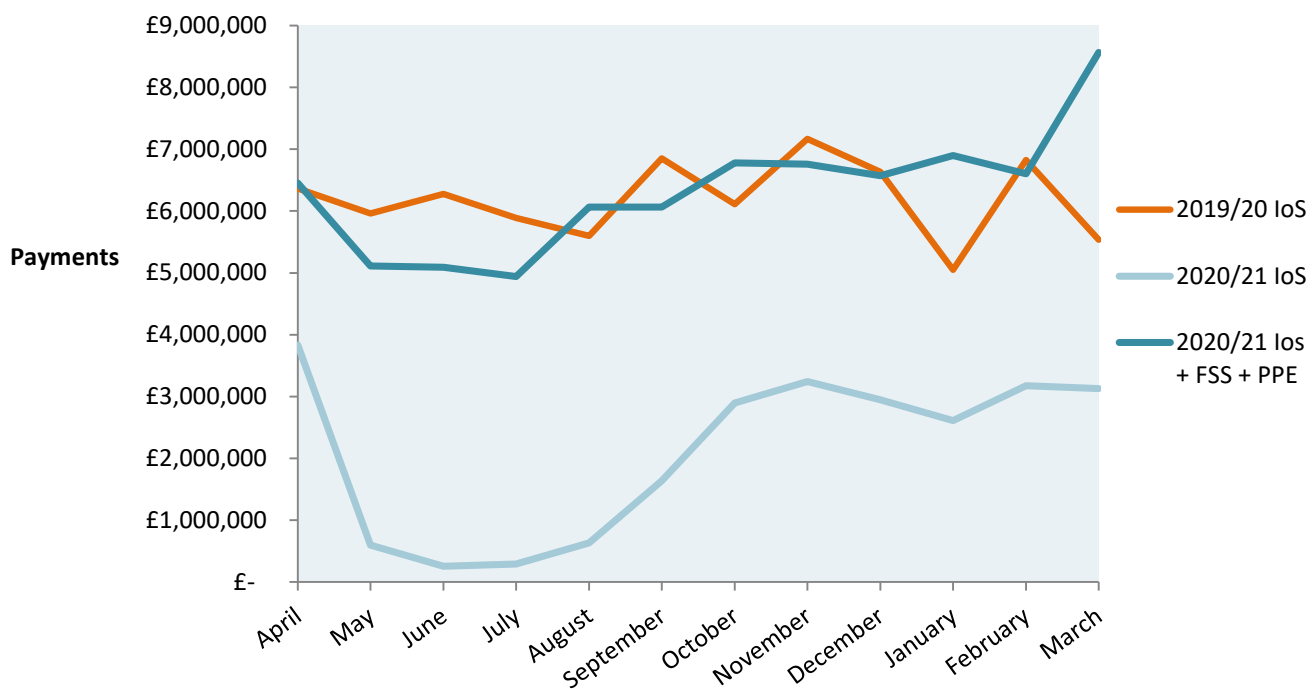


Figure 1.2: Item of Service treatment costs including FSS and PPE payments in 2020/21 compared to 2019/20.
[See Annex Table 1.34.](#)

2. Workforce

FPS Dental Services are responsible for the monthly payments to primary care General Dental Practitioners (dentists) for health service treatment provided, the maintenance of the list of patients registered with dentists, examination of patients at centres throughout NI and maintenance of the statutory Dental List. This section of the report provides details of this workforce. All count figures are a headcount and a snapshot as at 31st March 2021, they will not reflect any change in hours worked.

2.1 Dental Practitioners

In Northern Ireland, there were 368 dental practices with 1,142 dentists registered to carry out health service treatments at the end of March 2021. The number of dentists registered has increased by 19% over the last decade from 956 in 2011 to 1,142 in 2021 (see Figure 2.1).

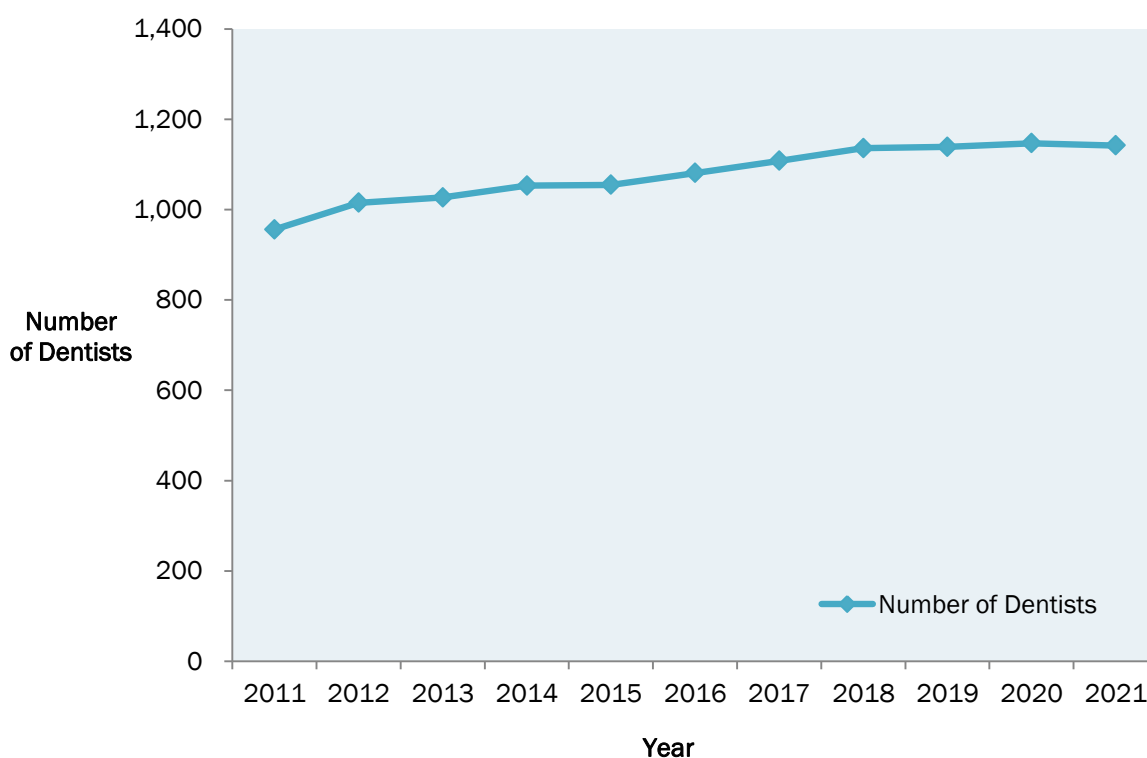


Figure 2.1: Number of dentists as at 31st March, 2011-2021. [See Annex Table 1.01.](#)

2.2 Dental Practitioner by Age and Gender

Dentistry was previously a male dominated profession but that has changed rapidly in recent years. In particular, the majority of new dentists are female, with 68% of dentists aged under

35 being female while the reverse is true in the older age groups with 66% of dentists aged 50 and above being male. Naturally with this pattern, there has been a shift in the overall makeup of the workforce and since 2013, the number of female dentists has exceeded males with almost three fifths (57%) of the workforce now being female in 2021 (see Figure 2.2).

Dentists are working to an older age, with 291 (25% of the workforce) aged 50 and over in 2021 compared to 142 (15%) in 2011. There are 371 under the age of 35 in 2021, equivalent to a third of dentists (32%).

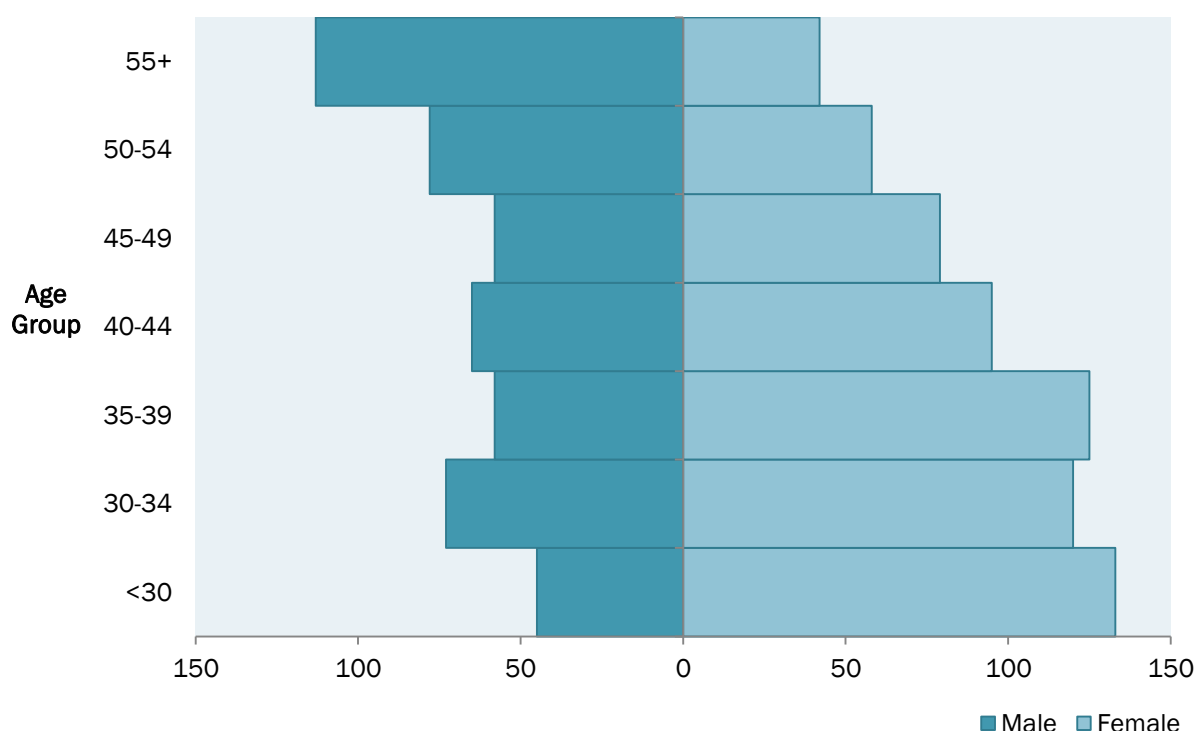


Figure 2.2: Number of dentists by age and gender as at 31st March 2021. [See Annex Table 1.01.](#)

2.3 Dental Practitioners by Area

In Northern Ireland, there are 60 dentists per 100,000 residents. Over time, this proportion has been increasing – there were 57 dentists per 100,000 population in 2014 (See [Annex Tables 1.06 & 1.07](#)).

Belfast Local Government District (LGD) has the most dentists; having 75 dentists per 100,000 resident population compared to the lowest area, Lisburn & Castlereagh with 48 dentists per 100,000 population (see Figure 2.3). This does not equate to workload as dentists will treat patients from outside the council area population.

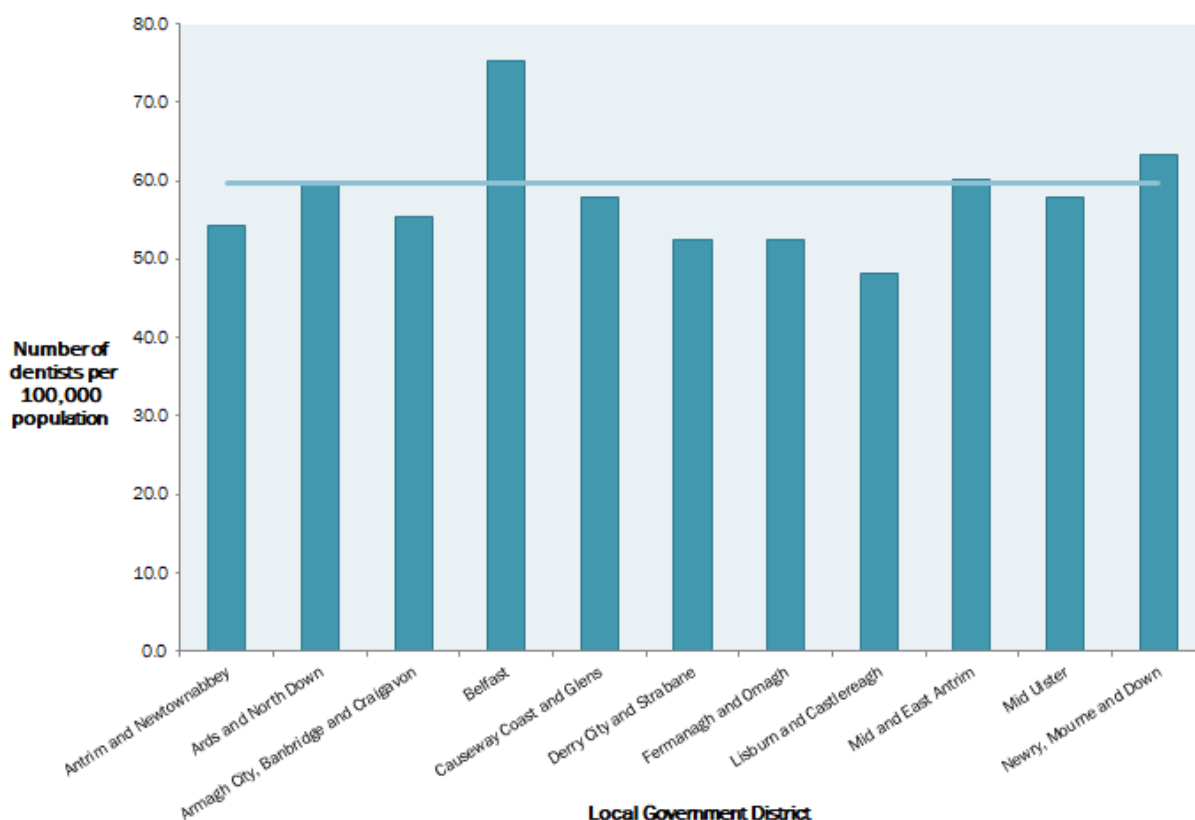


Figure 2.3: Number of dentist practitioners per 100,000 resident population by LGD, 2021. [See Annex Table 1.07.](#)

2.4 Dental Practices

There were 368 dental practices carrying out health service dental work across the region in 2021. Since 2014, the number of practices has decreased by 12 (-3%) while the number of dentists has increased by 8% during this time and in March 2021 there were an average of 3.1 dentists per practice.

Belfast LGD has the most dental practices accounting for 24% of the service available in Northern Ireland. Belfast LGD also has 25 practices per 100,000 resident population, well above the NI average of 19.3. Antrim and Newtownabbey LGD has the lowest number of practices per 100,000 resident population at just 14 (see Table 2.1).

Local Government District	Practices per 100,000 resident population
Antrim and Newtownabbey	13.8
Ards and North Down	18.4
Armagh City, Banbridge and Craigavon	14.5
Belfast	25.3
Causeway Coast and Glens	17.2
Derry City and Strabane	17.8
Fermanagh and Omagh	22.0
Lisburn and Castlereagh	16.1
Mid and East Antrim	22.8
Mid Ulster	16.5
Newry, Mourne and Down	21.8
Northern Ireland	19.3

Table 2.1: Number of Dental practices per 100,000 population, by Local Government District, 2021. [See Annex Table 1.03.](#)

2.5 Distance to Nearest Dentist

At Northern Ireland level, 94% of the population live within five miles¹ of a dental practice.

In the more urban LGDs (Belfast, Antrim & Newtownabbey, Lisburn & Castlereagh and Ards & North Down), at least 88% of the population is within three miles of a dental practice with that figure dropping significantly in some of the more rural areas, particularly Fermanagh & Omagh LGD with just 53% living within that range (See Figure 2.4 & [Annex Tables 1.04 & 1.05](#)).

¹ Distances are calculated as a straight line distance between the postcode of the dental practice and the postcode of the patient.

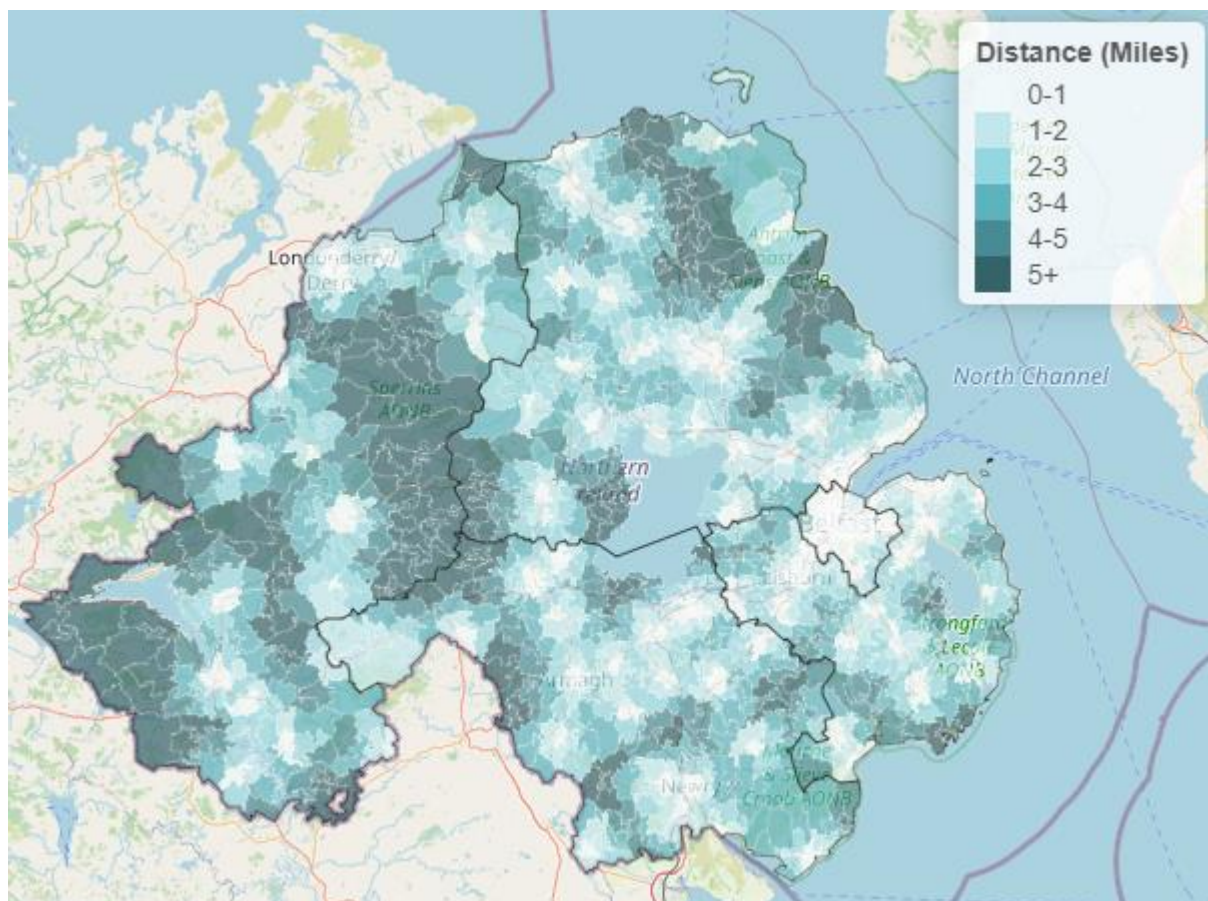


Figure 2.4: Interactive chart² on the distance to nearest dental practice in miles by Small Area, 2020/21. [See Annex Tables 1.05.](#)

² Click on image to open interactive map through web browser, alternatively use following link: http://www.healthandcareni.net/maps/Distance_to_Nearest_Dental_Practice_21.html

3. Dental Registrations

This section of the report provides details on the number of patients registered with a practicing health service dentist. Patients registered with a private dentist are not included in this data. All count figures are a snapshot of registrations paid in March of each year.

3.1 Dental Registrations Summary

Just under two-thirds (65%) of the Northern Ireland population are registered with a practicing health service dentist. Children are more likely to be registered with a health service dentist than adults (72% compared to 63%).

The percentage of the population registered with a dentist has remained stable at around 64% for the last eight years. Once registered with a dentist, the patient will remain on their dental list for two years unless they visit another dentist. If they do not attend during that 24 month period they will become deregistered. Due to the Covid-19 pandemic, and limited access for patients in 2020/21, all dental registrations due to expire were extended and are currently only due to expire in June 2021. The registration period before deregistration was 15 months up until August 2009. It then increased to 24 months. As a result, the percentage of the population registered increased markedly between 2011 and 2012 before growing gradually to 2014 at which point it has plateaued (see Figure 3.1).

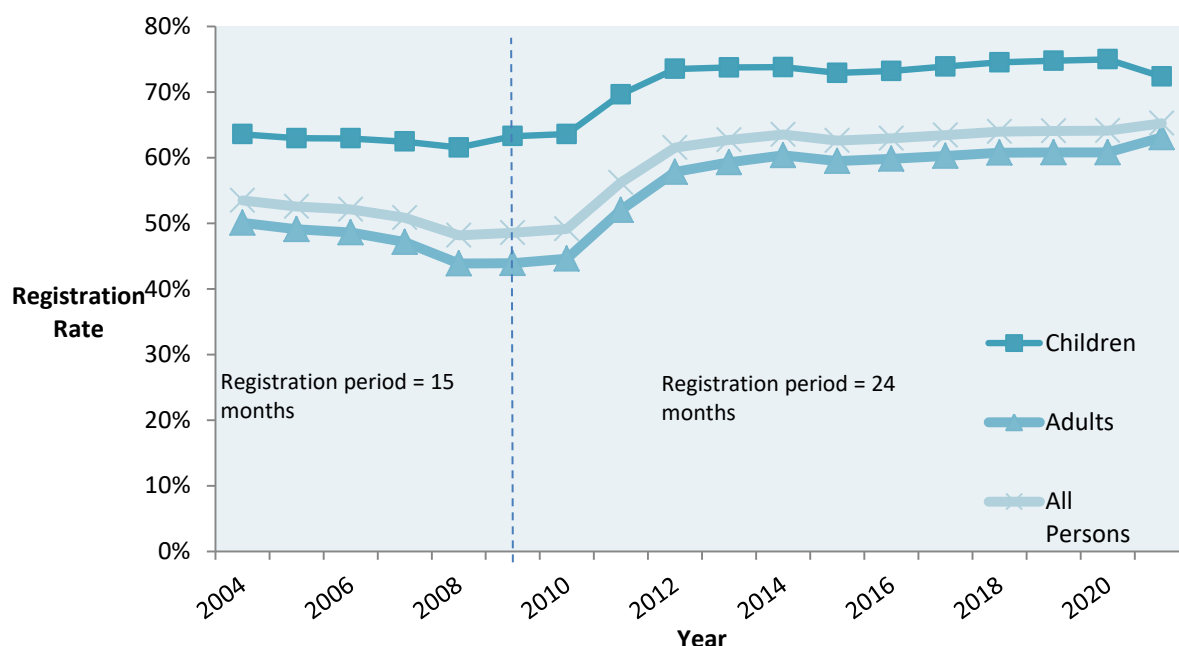


Figure 3.1: Percentage of the population registered with a health service dentist, 2004 to 2021. [See Annex Table 1.08.](#)

3.2 Dental Registrations by Area

Looking across Northern Ireland, registrations for children (those under 18) for all LGDs in 2021 exceeded 68%, with a high of 75% registered in Ards and North Down and Lisburn & Castlereagh LGDs. By contrast, for adults, the percentage of the population registered had a high of 70% in Causeway Coast & Glens well ahead of the Northern Ireland average of 63%. Interestingly, Fermanagh & Omagh LGD, despite having a registration rate for children in line with the regional average at 72%, had by far the lowest adult registration rate at 46%, 17 percentage points below the Northern Ireland figure in 2021. Variation in registration rates across areas will be partly attributable to geographical accessibility and/or differential rates of private dental uptake (see Figure 3.2).

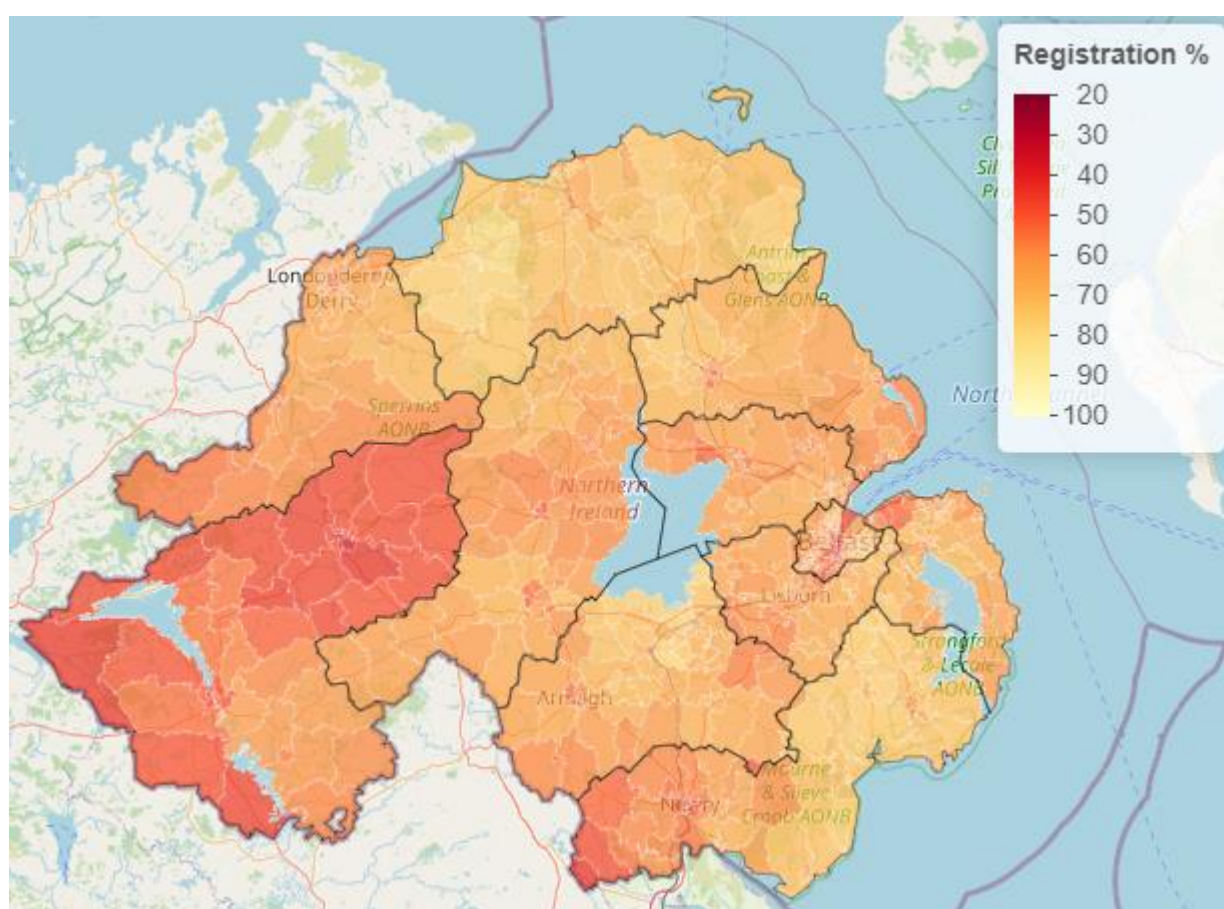


Figure 3.2: Interactive chart³ on the percentage of the population registered with a health service dentist by Super Output Areas with LGD Boundaries, 2021. [See Annex Table 1.10.](#)

³ Click on image to open interactive map through web browser, alternatively use following link: <http://www.healthandcareni.net/maps/DentalRegSOAMar21.html>

3.3 Registrations by Age and Gender

Females are more likely to be registered with a dentist (69% compared to 62%), this difference is particularly striking in the 18-44 age group with 74% of females registered compared to just 58% of males. Differences in registration rate between the genders are minimal for those under 18 or those aged 60 and over (see Figure 3.3).

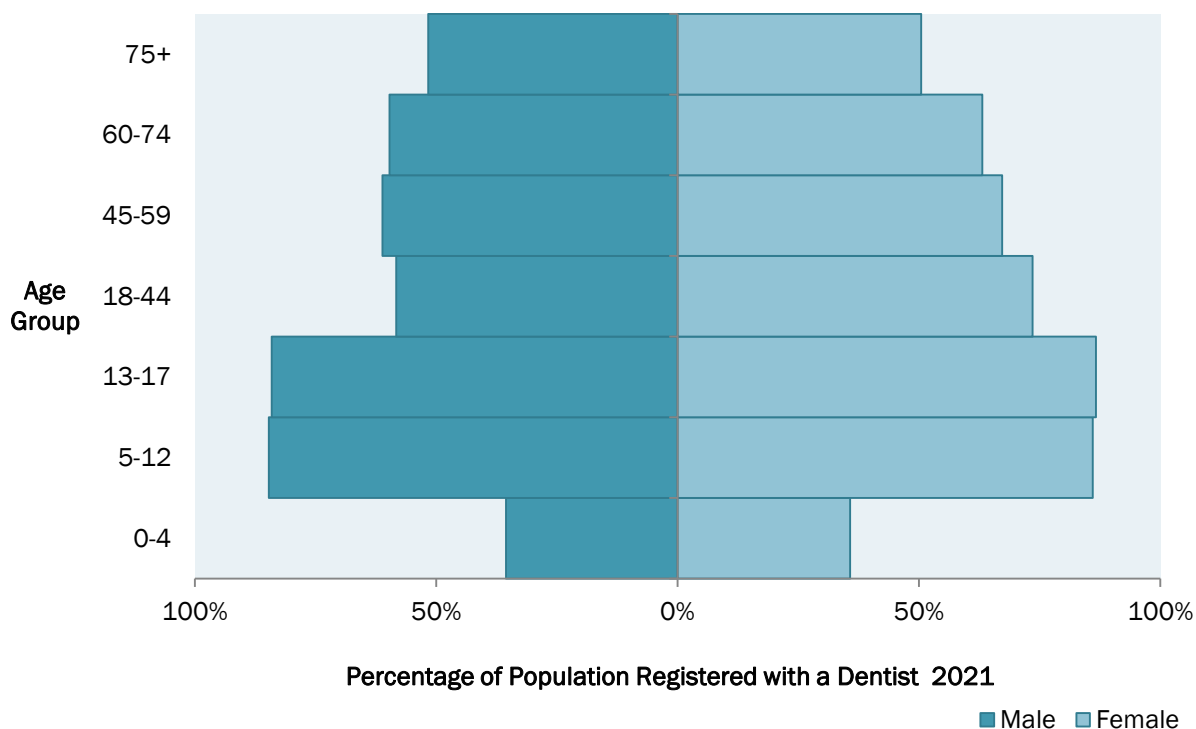


Figure 3.3: Percentage of the population registered with a health service dentist by age group and gender, 2021. [See Annex Table 1.09.](#)

Registration rate remained relatively stable in all age groups except 0-4s which had a drop from 48% in 2019/20 to 36% to 2020/21. This will be due to the impact of the Covid-19 pandemic and the closure of dental practices resulting in less young children being brought to the dentist, particularly those going for the first time. Registration rates for older age groups remained relatively stable as registrations were extended throughout 2020/21.

3.4 Dental Registrations by Deprivation

Data is analysed using Northern Ireland Multiple Deprivation Measure (NIMDM) population-weighted deciles, in which 1 represents the most deprived areas and 10 represents the least deprived areas. Note that NIMDM is based on the postcode of where the patient lives and not the individual circumstances of the patient.

Looking at the number of patients registered in 2021, there are noticeable differences across patients living in the most and least deprived areas (see Figure 3.4).

For children, the proportion of the population registered with a dentist in March 2021 broadly increases as deprivation decreases, from 63% registered in NIMDM decile 1 to 78% for NIMDM decile 10.

For adults, there is a similar pattern with a fairly consistent rise from 55% registered in NIMDM decile 1 to 63% in NIMDM decile 8 but then a small decrease to 60% in the least deprived decile 10, possibly due to increased use of private dentists. Note registration information, and hence this analysis, is only available in respect of those registered with a health service dentist and excludes private dentistry. All children are entitled to free health service treatments but only certain groups of adults qualify for treatment based on being in receipt of particular ‘passport’ benefits (see [Publication Notes](#) for further details on entitlement). For adults this means an increased entitlement for free dental treatment in the lower NIMDM deciles and, consequently, a likely lower use of private dentistry.

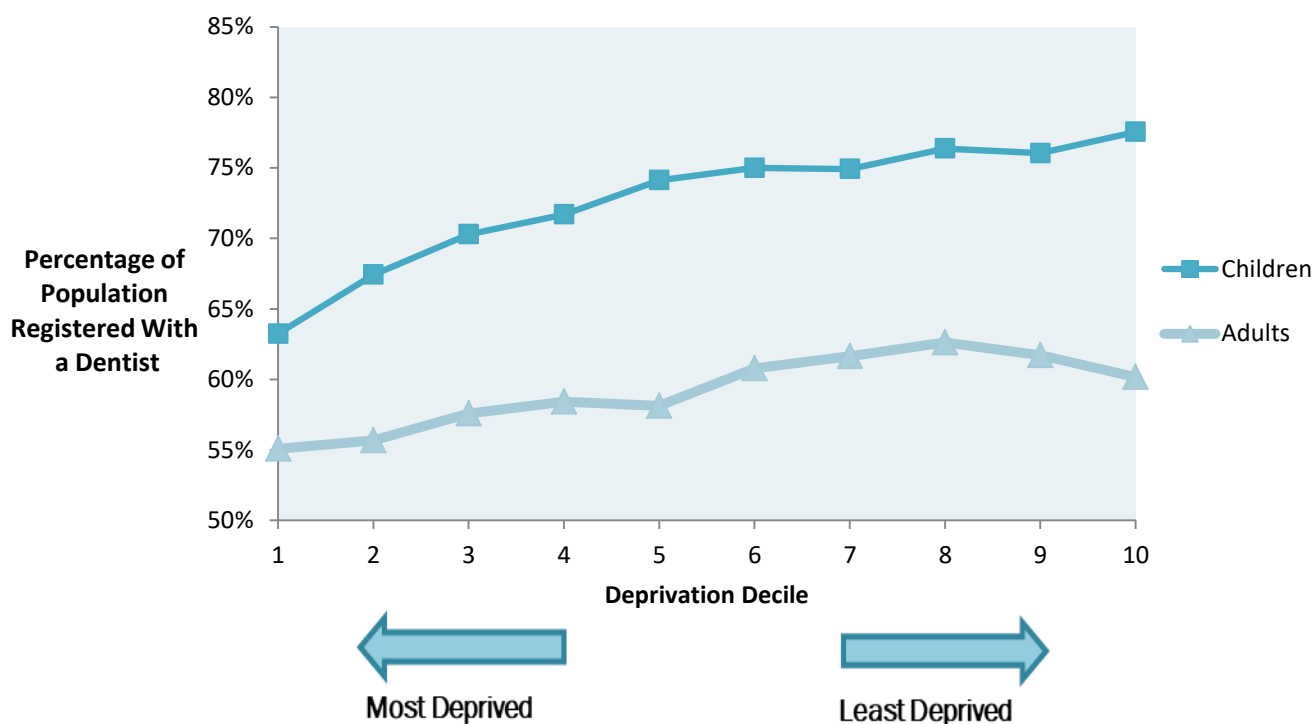


Figure 3.4: Percentage of patients registered by NIMDM, 2021. [See Annex Table 1.14.](#)

4. Dental Treatments

This section of the report provides details on the dental treatments received by children and adults. Dentists who register patients under the age of 18 receive a basic monthly fee for the care and treatment of patients. This fee is for "... the care and treatment necessary to secure and maintain oral health" and covers examinations, x-rays, scale & polish and some other 'minor' SDR treatments. Most other treatment fees are however claimable and payable in addition. The same does not apply to adults with dentists required to claim for each treatment carried out on patients aged 18 and over.

It is important to note that any analysis here relates solely to primary dental care and will be driven by a range of factors including oral health status, changes in dental practice, and switches between treatments being carried out in a primary versus secondary care setting. In particular, it is important to note children who have extractions carried out in hospital under general anesthetic are not included in these figures.

Due to the impact of the Covid-19 pandemic and restricted access to dental services the number of dental treatments carried out fell dramatically. Patients seen were down almost 60% in 2020/21 compared to previous years with children and adults experiencing similar falls.

4.1 Dental Treatments on Children

Just over 51,000 children received dental treatment in excess of the basic treatments covered under capitation, a drop of 57% on last year. You can see the falls in some of the common groups of treatments in table 4.1.

Financial Year	Percentage of Registered Children Who Received At Least One Of The Following Treatments			
	Filling	Extraction	X-Ray	Ortho
2013/14	26.1%	6.4%	6.1%	9.5%
2014/15	25.1%	6.3%	6.6%	9.9%
2015/16	23.8%	6.0%	6.5%	9.6%
2016/17	23.3%	6.2%	5.6%	8.6%
2017/18	22.1%	5.9%	5.3%	7.8%
2018/19	22.1%	5.8%	5.2%	7.5%
2019/20	21.0%	5.6%	5.1%	7.4%
2020/21	6.6%	2.9%	2.4%	5.4%

Table 4.1: Percentage of Registered Children Who Received At Least One Of The Following Treatments: Filling, Extraction, X-Ray, Ortho, 2013/14 -2020/21. [See Annex Table 1.16.](#)

Breaking this down further into individual SDR IOS⁴ treatments, Figure 4.1 shows the top 10 most common type of SDR IOS treatments claimed that were carried out on children in 2020/21. The most common SDR item claimed was for Colour Photographs (SDR code 3), totaling 11,407 claims. Colour Photographs were included on 18% of all claims for children, a small increase in the proportion compared to previous years, and likely to be explained by reductions in other procedures. Full details on counts of claims, children and teeth/items for each SDR IOS item can be found [here](#).

To note, not all SDR IOS are claimable for children as some are included within their registration fee. As a result, data published will undercount the ‘true’ level of treatment for children. Therefore caution should be taken when interpreting.

⁴ SDR IOS is the Statement of Dental Remuneration Items of Service. Full definition can be found in the [Publication Notes](#).

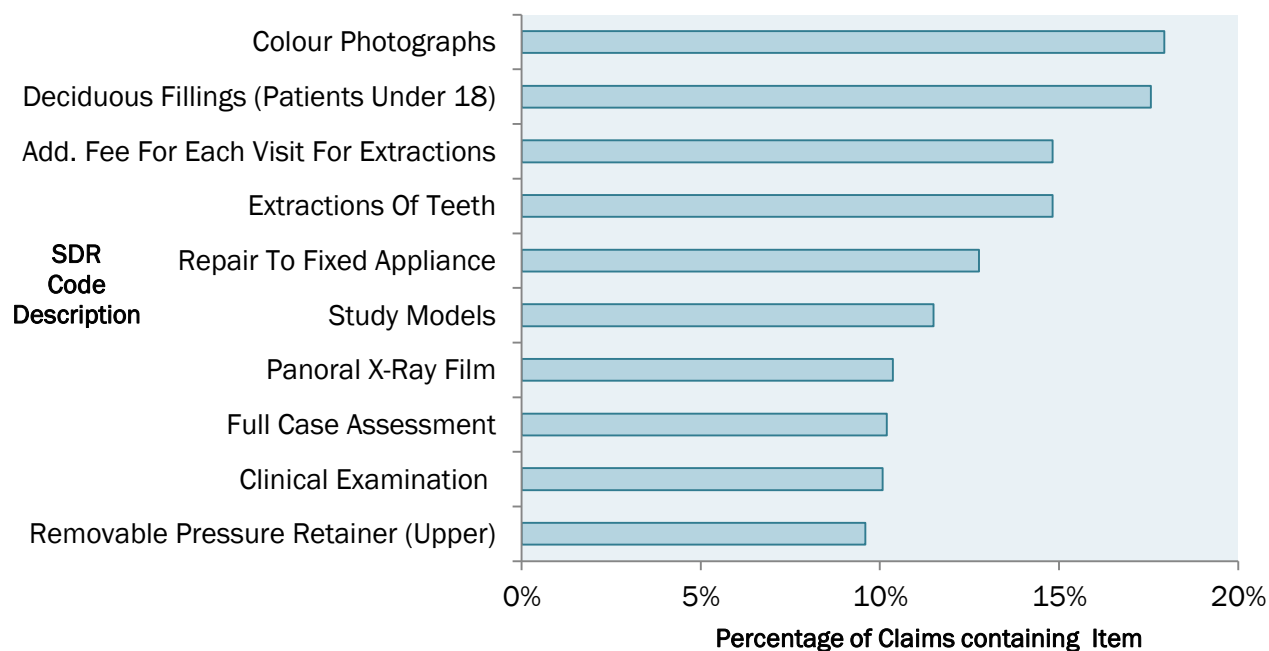


Figure 4.1: Top 10 most common SDR IOS Treatments on Children - Percentage of all Claims with Item; 2020/21. [See SDR Items of Service Claims by item number - Children.](#)

4.2 Orthodontic Treatment on Children

The number of orthodontic treatments carried out has seen a decline in the last few years (see Figure 4.2). This was following a change introduced on 1st April 2014 whereby only patients with an Index of Orthodontic Treatment Need (IOTN) score of 3.6 or higher would be eligible for health service orthodontic treatment. There was a delay in the impact of this change being reflected in the numbers due to the nature of orthodontic work, which can take several years to complete. In the most recent financial year, the Covid-19 pandemic also contributed to the falling numbers with a reduction of 29% of children seen for orthodontic treatment in 2020/21 compared to 2019/20. ([see Annex Tables 1.16 & 1.26](#)).

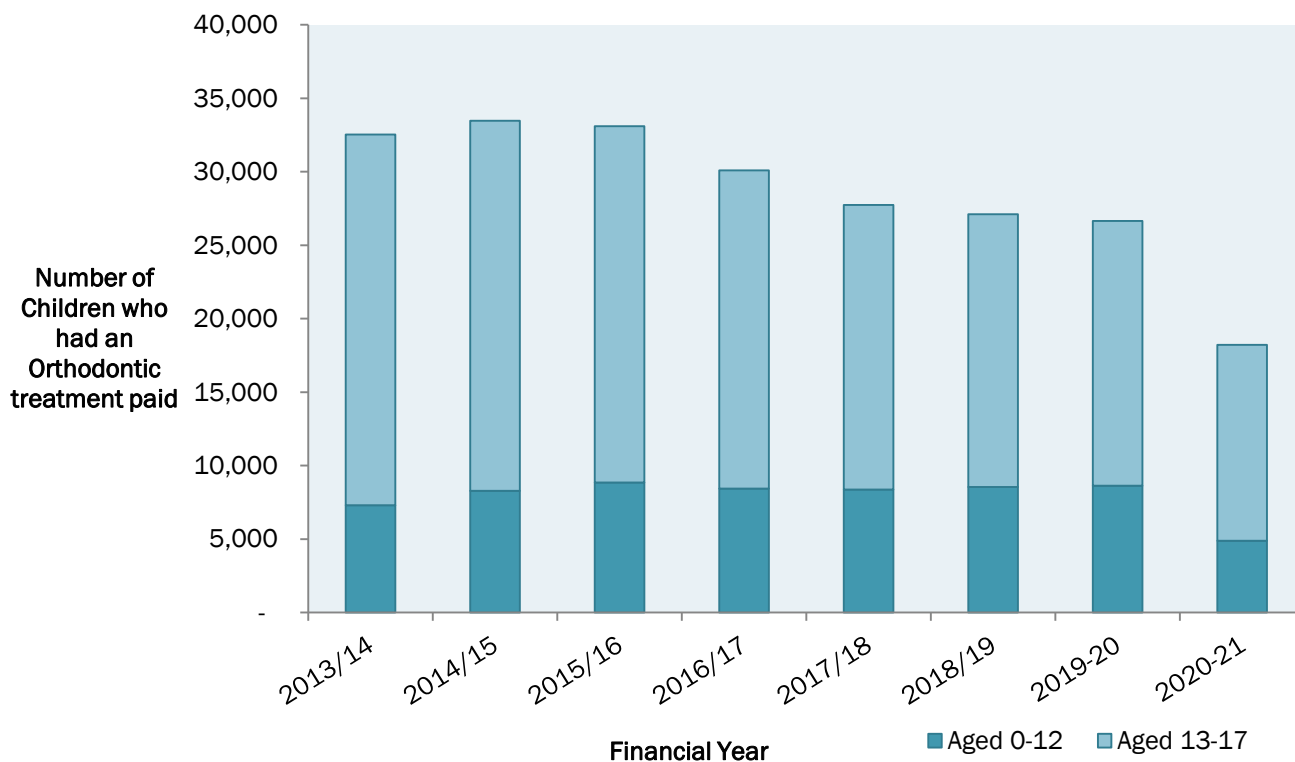


Figure 4.2: Number of Children who had an Orthodontic treatment paid per Financial Year; 2013/14 - 2020/21.

[See Ortho CSV .](#)

4.3 Dental Treatments on Children by Area

At a Northern Ireland level, 88 per 1,000 registered children were treated for a filling, crown or extraction in 2020/21. This compares with 246 per 1000 registered children in 2019/20. Looking across LGDs, Ards and North Down LGD had the lowest rate at 74 per 1,000 registered children with Fermanagh and Omagh having the highest rate at 102 per 1,000 (see [Annex Tables 1.28 & 1.29](#)). These are all of course large drops on last year arising from the pandemic.

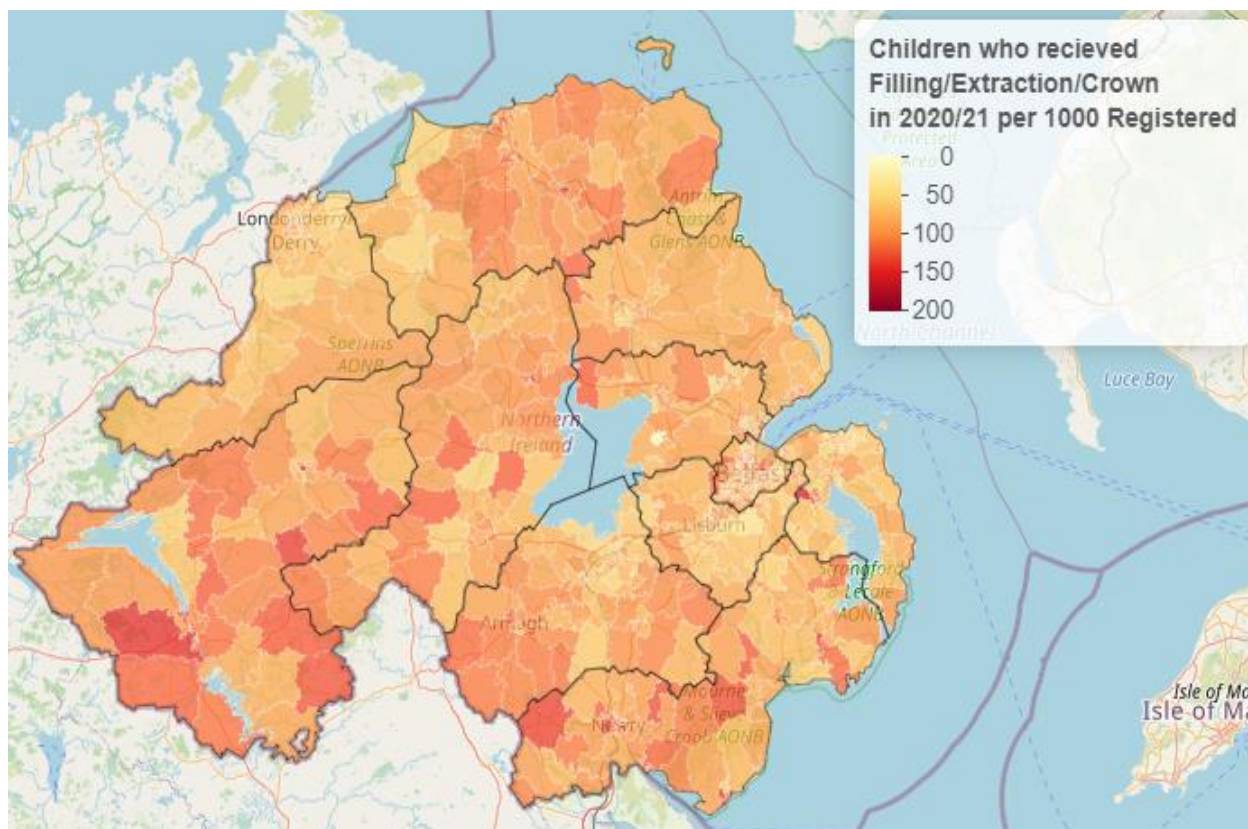


Figure 4.3: Interactive chart⁵ on the number of individual children who received a filling, extraction or crown per 1000 registered in 2020/21 by Super Output Area with LGD Boundaries. [See Annex Table 1.29.](#)

4.4 Dental Treatments on Adults

Almost 290,000 adults were seen in 2020/21 a fall of 60% from 2019/20 and all major treatments saw a drop off as can be seen in table 4.2.

⁵ Click on image to open interactive map through web browser, alternatively use following link: <http://www.healthandcareni.net/maps/DentalworkSOA2021Child.html>

Financial Year	Percentage of Registered Adults Who Received At Least One Of The Following Treatments			
	Filling	Extraction	X-Ray	Crown
2013/14	37.4%	10.2%	32.5%	3.4%
2014/15	37.7%	10.1%	34.6%	3.3%
2015/16	37.5%	9.6%	35.3%	3.3%
2016/17	37.3%	9.7%	36.9%	3.4%
2017/18	36.3%	9.6%	37.4%	3.3%
2018/19	35.8%	9.7%	38.2%	3.2%
2019/20	34.4%	9.4%	37.9%	2.9%
2020/21	11.6%	5.6%	15.1%	0.7%

Table 4.2: Percentage of Registered Adults Who Received At Least One Of The Following Treatments, Filling, Extraction, X-Ray, Crown, 2013/14 -2020/21. [See Annex Table 1.16.](#)

Breaking this down further into individual SDR IOS treatments, Figure 4.4 shows the top 10 most common type of SDR IOS treatments claimed that were carried out on adults in 2020/21. The most common SDR item claimed was for Examination and Report (SDR code 0101), totalling 194,114 claims (on 50% of all claims). These were carried out on just over 180,000 adults. Full details on counts of claims, adults and teeth/items for each SDR IOS item can be found [here](#).

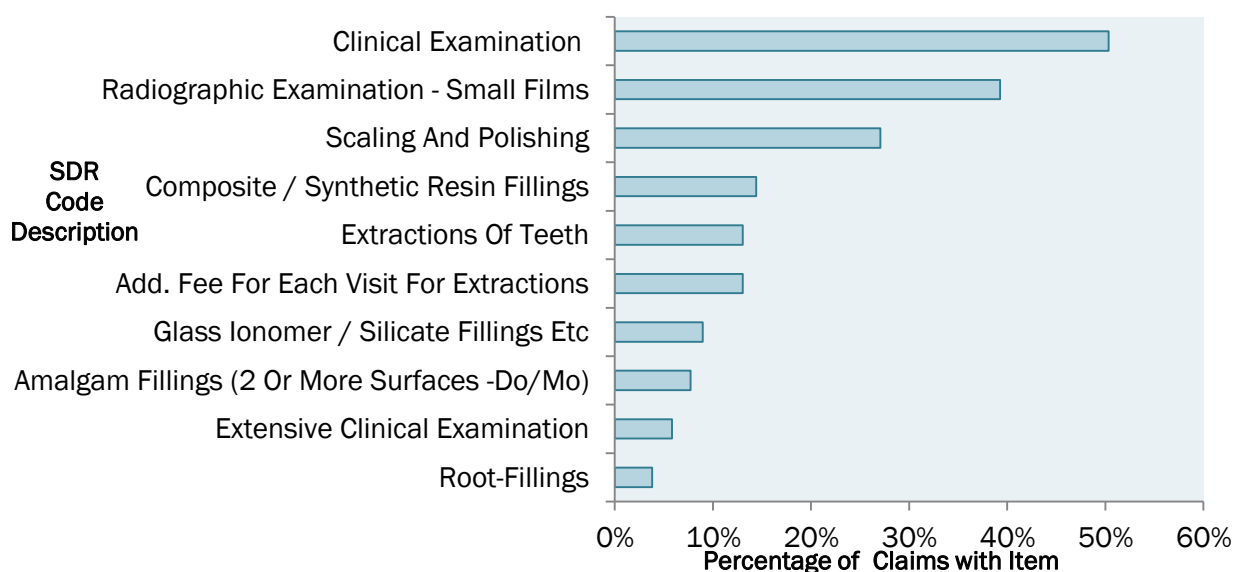


Figure 4.4: Top 10 most common SDR IOS Treatments on Adults - Percentage of Claims with Item; 2020/21. [See SDR Items of Service Claims by item number - Adults.](#)

4.4 Dental Treatments on Adults by Area

At a Northern Ireland level, 159 per 1000 registered adults were treated for a filling, crown or extraction in 2020/21. This was 60% lower than the equivalent rate in 2019/20 (398 per 1000 registered adults). Looking across LGDs, Armagh City, Banbridge and Craigavon LGD had the lowest rate at 140 per 1000, while Fermanagh and Omagh had the highest rate at 178 per 1000 (see Figure 4.5 and [Annex Tables 1.28 & 1.29](#)). All figures are a large drop on previous years, again due to restricted availability of services over the course of the pandemic.

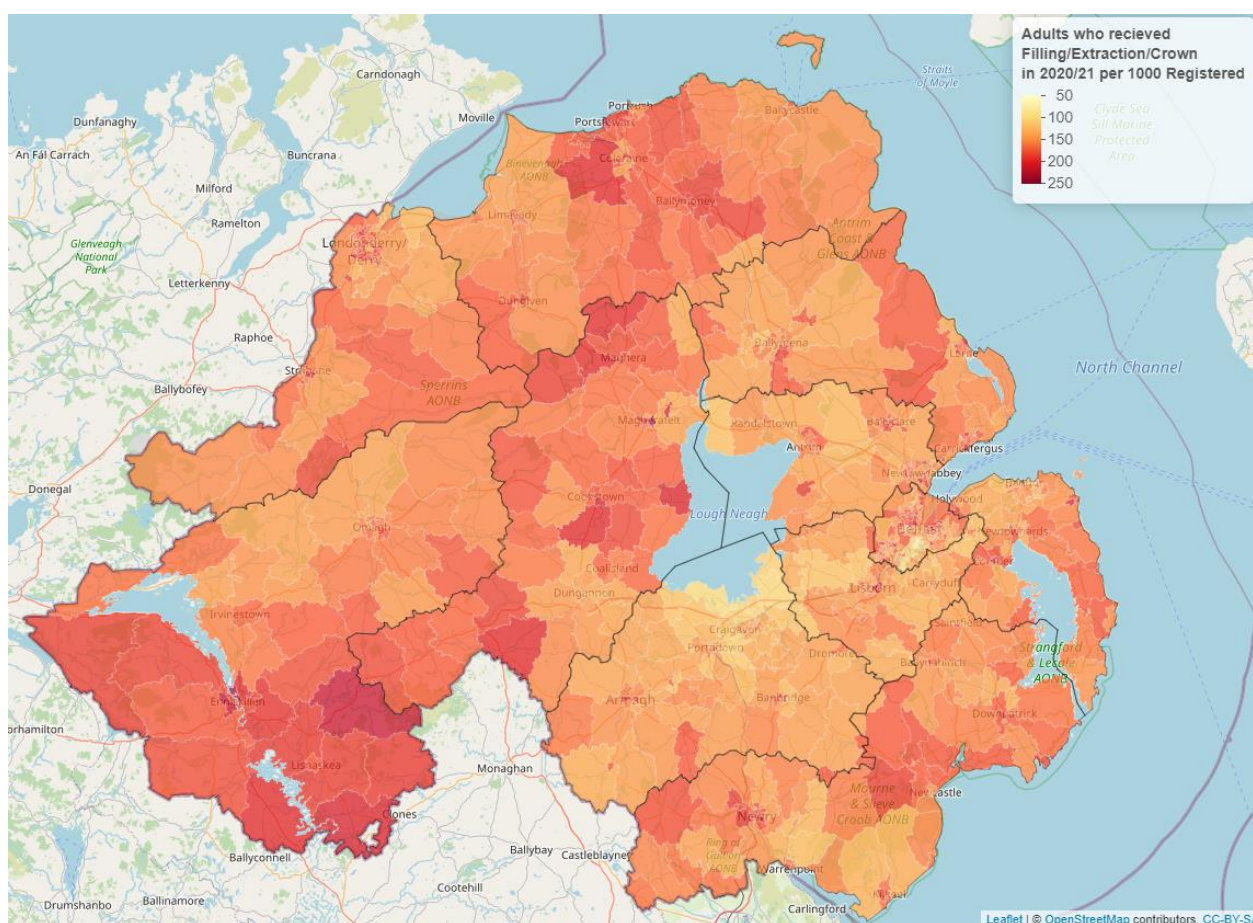


Figure 4.5: Interactive chart⁶ on the number of individual adults who received a filling, extraction or crown per 1000 registered in 2020/21 by Super Output Area with LGD Boundaries. [See Annex Table 1.28.](#)

⁶ Click on image to open interactive map through web browser, alternatively use following link: <http://www.healthandcareni.net/maps/DentalworkSOA2021Adults.html>

4.5 Dental Treatments by Exemption

Health service dentistry is available free to certain groups:

You are entitled to free or reduced cost treatment if you:	
Are included in an award for Income Support	Are named on a valid HC2 Certificate
Are included in an award for Income-related Employment and Support allowance	Are named on a valid HC3 Certificate (offering partial assistance with charges)
Are included in an award for Income-based Jobseeker's allowance	Are under 18 years of age
Are included in an award for Pension Credit Guarantee Credit	Are aged 18 and in full time education
Are entitled to or named on a valid NHS Tax Credit Exemption Certificate	Are pregnant or have had a baby in the previous 12 months and hold a charge exemption certificate

While patient numbers dropped significantly in 2020/21, the proportion of patients seen for each exemption category remained relatively in line with prior years. Exempt patients make up around half of the patients seen by health service dentists but account for 61% of treatment fees. Patients under 18 make up slightly over half of the exempt patients seen and in 2020/21 saw a significant rise in the average treatment cost up to almost £80 per patient from around £53 in the previous 3 years. Given that Orthodontic treatment was less impacted by the pandemic ([see Annex Table 1.26](#)), this could be one of the factors leading to the increase in average treatment cost for those under 18. This is despite the opposite pattern taking place in overall treatment fees per patient which fell to £58.70 per patient from around £71 per patient the last 3 years.

Exemption	Patients Seen			
	2017/18	2018/19	2019/20	2020/21
Aged 18 in full-time education	17,444	14,874	14,099	3,921
Expectant mother	14,437	13,941	13,243	4,538
Full remission - HC2 cert	5,998	5,651	7,442	3,916
Income base jobseekers allowance	29,111	24,508	20,321	9,117
Income support	80,121	79,720	77,956	37,397
Nursing mother	18,846	18,254	18,038	6,517
Partial remission - HC3 cert	1,904	1,874	1,768	633
Patient under 18	306,600	307,954	308,403	110,140
Pension credit guarantee credit	33,604	32,793	32,021	13,028
Tax credit exemption certificate	69,258	64,553	58,504	24,236
Fee paying	507,182	519,036	531,609	224,574
Total	1,040,515	1,045,014	1,046,478	430,217

Table 4.3: Patients seen by exemption category and financial year. [See Annex Table 1.15.](#)

5. Dental Services UK Comparison

This section of the report details activity on the number of teeth filled, teeth extracted and teeth crowned per 100,000 population per UK region. The latest comparable information for all 4 regions is 2019/20. Therefore the impact of Covid-19 will be minimal on figures in this section.

It should be noted that Northern Ireland patients are registered for 24 months, Scotland has lifetime registration while England and Wales do not have registered patients. In the absence of a consistent registered population base in each country, total population has instead been used to provide a context to the figures. However, because of differences in accessibility to health service dentistry that are known to exist between countries, the figures presented do not provide a directly comparable measure of oral health levels. Comparisons of the regional trends over time are of greater relevance in this regard.

5.1 Fillings

Looking at the number of teeth filled by health service dentists⁷ per 100,000 population over the 5 year period up to 2019/20, Northern Ireland has consistently remained the highest throughout the UK although there has been a notable 17% drop in the number of teeth filled in NI children per 100,000 population over that time. England and Wales have seen similar falls over the same time period with falls of 15% and 18% respectively while Scotland has experienced a larger decrease of 30% in the number of teeth filled for children. This could partly be attributable to the introduction of a number of schemes there with a specific focus on preventative treatment (see Figures 5.1 & 5.2 and [Annex Table 1.17](#)). Considering fillings for adults, NI has not done as well as its counterparts with a decrease of 10% in the 5 years compared to larger decreases for England (21%), Scotland (20%) and Wales (17%).

For comparative oral health information, the Dental Health Surveys carried out for both Children and Adults are accessible at the following link: <https://digital.nhs.uk/>. These typically run every 10 years with the last Children's survey carried out in 2013 and Adults' survey in 2009.

⁷ Analysis only includes work carried out by primary care dentists.

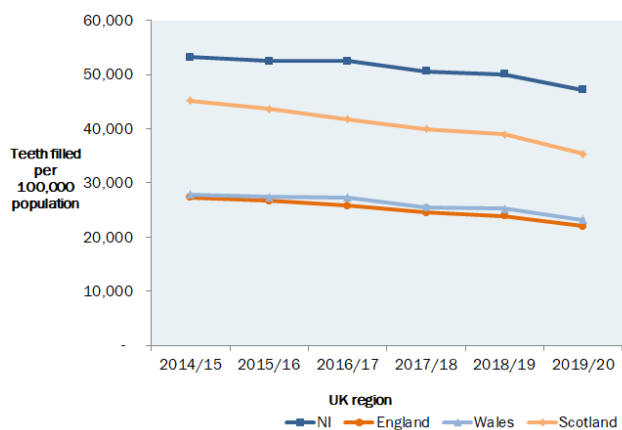


Figure 5.1 Number of teeth filled by health service dentists per 100,000 population by UK regions: 2014/15 to 2019/20

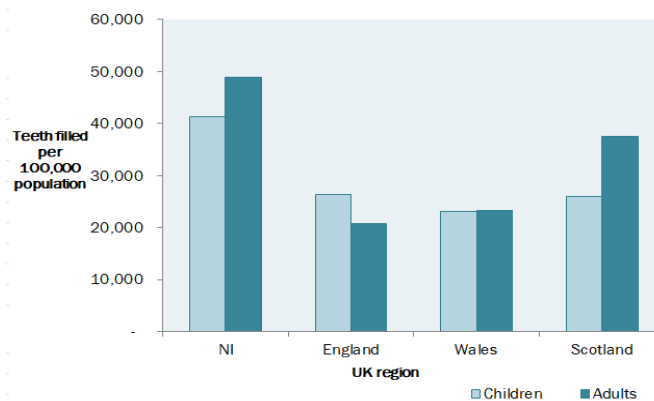


Figure 5.2 Number of teeth filled by health service dentists per 100,000 population by UK regions and Children/ Adults: 2019/20

5.2 Extractions

Looking at the number of teeth extracted by health service⁸ per 100,000 population between 2014/15 and 2019/20, Northern Ireland was the second highest for extractions after Scotland, followed then by Wales and England respectively. There has been a notable 13% drop in the number of teeth extracted in NI children per 100,000 population over that time compared to a 7% decrease in NI adults. England has seen a 14% decrease in the number of extractions carried out between 2014/15 and 2019/20, with drops of 12% for children and 14% for adults over the 5 year period (see Figures 5.3 & 5.4 and [Annex Table 1.17](#)).

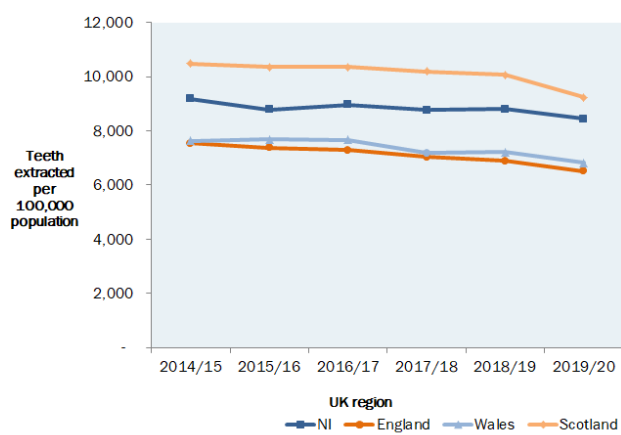


Figure 5.3 Number of teeth extracted by health service dentists per 100,000 population by UK regions: 2014/15 to 2019/20

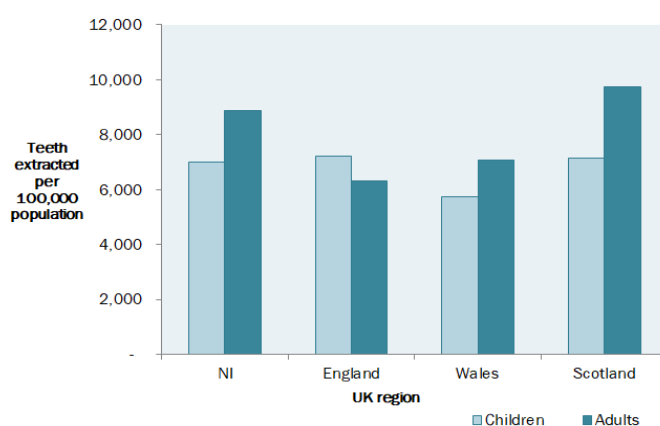


Figure 5.4 Number of teeth extracted by health service dentists per 100,000 population by UK regions and Children/ Adult: 2019/ 20

⁸ Analysis only includes work carried out by primary care dentists.

5.3 Crowns

Looking at the number of teeth crowned by health service dentists⁹ per 100,000 population in 2019/20, Northern Ireland had 1,785 teeth crowned per 100,000 population followed by Scotland with approximately 1,600 per 100,000 population. Wales and England had a lower number with approximately 1,225 teeth crowned per 100,000 population. The number of teeth crowned in NI per 100,000 population has fallen by 10% in the last 5 years (since 2014/15). Scotland, England and Wales have seen decreases of 26%, 20% and 13% respectively for the number of teeth crowned per 100,000 population between 2014/15 and 2019/20 (see Figures 5.5 & 5.6 and [Annex Table 1.17](#)).

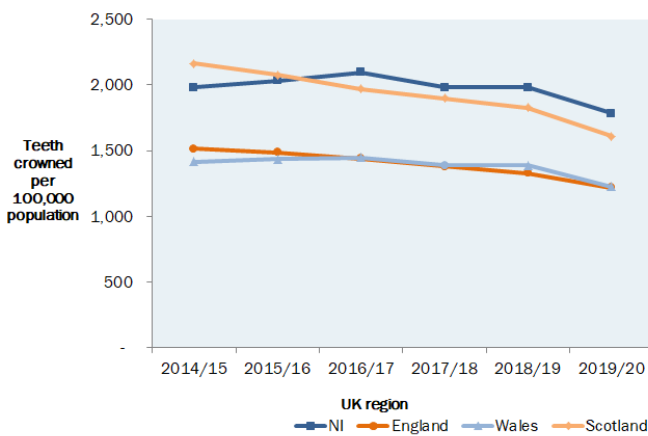


Figure 5.5 Number of teeth crowned by health service dentists per 100,000 population by UK regions: 2014/15 to 2019/20

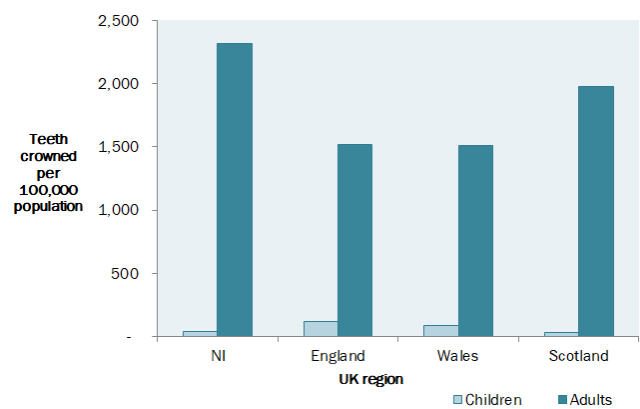


Figure 5.6 Number of teeth crowned by health service dentists per 100,000 population by UK regions and Children/ Adult: 2019/20

⁹ Analysis only includes work carried out by primary care dentists.

6. Health Service Dental Service Costs

This section of the report details the cost of primary dental services in Northern Ireland. It is based on General Dental Services payments as processed by the BSO during the period 1st April 2020 to 31st March 2021.

6.1 Dental Services Cost Summary

2020/21 was a very different year for dentistry with the impact of the Covid-19 pandemic. Dentists faced many restrictions on seeing patients and incurred additional costs. Because of this, there were additional support payments made to dentists in 2020/21 to support them during periods of closure or restricted ability to practice as well as to fund additional costs incurred, for example PPE. The net cost of primary care dental services in Northern Ireland not including these additional support payments was £72.7 million with an additional £7.1 million in patient contribution for treatments. Both these figures are of course significantly down from prior years with the net cost of services in 2019/20 being almost £105 million and £26 million in patient charges. The additional Covid-19 payments were £51.9 million, bringing the total gross cost of services in 2020/21 to £131.7 million, a slight rise on the previous year (see table 6.1).

Financial Year	Net Cost of Dental Service (£ Millions)	Patient Payments (£ Millions)	Covid-19 Payments ¹⁰ (£ Millions)	Total Costs of Dental Services (£ Millions)
2004/05	£58.1	£16.8	n/a	£74.9
2005/06	£61.1	£18.0	n/a	£79.1
2006/07	£65.3	£16.4	n/a	£81.7
2007/08	£66.6	£15.1	n/a	£81.7
2008/09	£74.8	£16.1	n/a	£90.9
2009/10	£81.7	£17.4	n/a	£99.1
2010/11	£87.7	£17.4	n/a	£105.1
2011/12	£93.7	£18.1	n/a	£111.9
2012/13	£97.7	£19.4	n/a	£117.1
2013/14	£101.7	£20.2	n/a	£121.9
2014/15	£101.6	£20.9	n/a	£122.5

¹⁰ Covid-19 Payments include Finance Support Scheme (FSS), Personal Protective Equipment (PPE), fit testing, Urgent Dental Care Centres and extension on trainer and trainee payments.

2015/16	£100.4	£22.5	n/a	£122.9
2016/17	£97.8	£23.6	n/a	£121.4
2017/18	£96.7	£24.5	n/a	£121.2
2018/19	£99.5	£25.6	n/a	£125.1
2019/20	£104.9	£26.0	n/a	£130.9
2020/21	£72.7	£7.1	£51.9	£131.7

Table 6.1: Payments made for Dental services, 2004/05 to 2020/21. [See Annex Table 1.30.](#)

6.2 Monthly Breakdown

Due to the changing circumstances of the Covid-19 pandemic, restrictions and access to dental services changed throughout the year, Figure 6.1 below compares the Item of Service (IOS) treatment fees (including patient charges) for 2020/21 compared to 2019/20. You can see that June and July where the worst affected months were dentists received less than 5% of what they received in 2019/20 in IOS treatment fees. This figure has been rising but activity claimed in the more recent months is still below 60% of what it was in 2019/20.

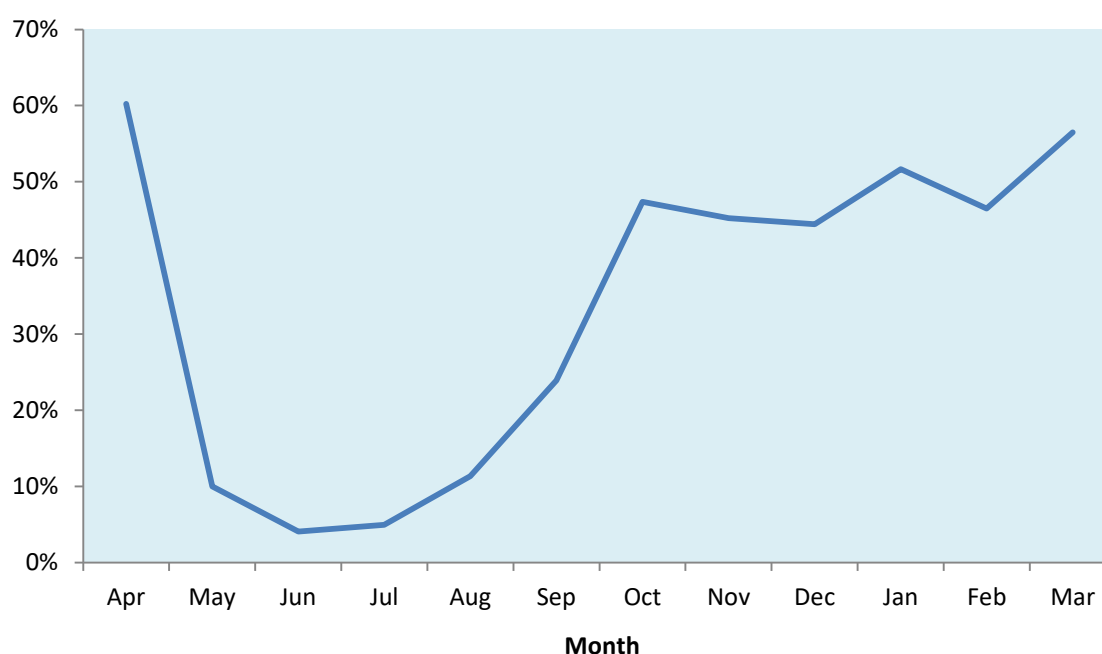


Figure 6.1: Percentage of Item of Service Treatment Fee in 2020/21 compared to same month in 2019/20. [See Annex Table 1.34.](#)

6.3 Local Commissioning Group Level¹¹

To note the following includes Covid-19 support payments in the net cost of service. The variation by Local Commissioning Group (LCG) is shown in Figure 6.2. As patient payments fell off dramatically and dentists were compensated for this by BSO, the cost to the health service rose and can be seen in the increased cost per patient compared to previous years. At LCG level, the highest net cost is seen in Belfast, which accounts for a quarter (25%) of all spend in Northern Ireland. This is mainly due to the greater propensity of patients choosing to go to Belfast dentists rather than practices in their home area. Belfast LCG had the highest average spend (£85.70) per resident population with South Eastern having the lowest (£53.20).



Figure 6.2: Cost of Dental services by LCG, 2020/21. [See Annex Table 1.31.](#)

¹¹ When referring to cost, LCG and LGD are based on the location of the contractor

6.3 Local Government District Level¹²

At Local Government District (LGD) level, Belfast LGD accounts for 25% of the net cost of Dental Services, whilst Fermanagh & Omagh and Lisburn & Castlereagh LGDs account for just 5% each of spend for Northern Ireland. Belfast LGD also has the highest cost per registered patient at £114.60 compared to the Northern Ireland average of £100 (see Figure 6.3). This could be due to the high proportion of orthodontists in Belfast inflating the cost in this area. Orthodontists do not have a registered patient list but tend to have high cost treatments, accounting for a significant proportion of the total health service dental spend.

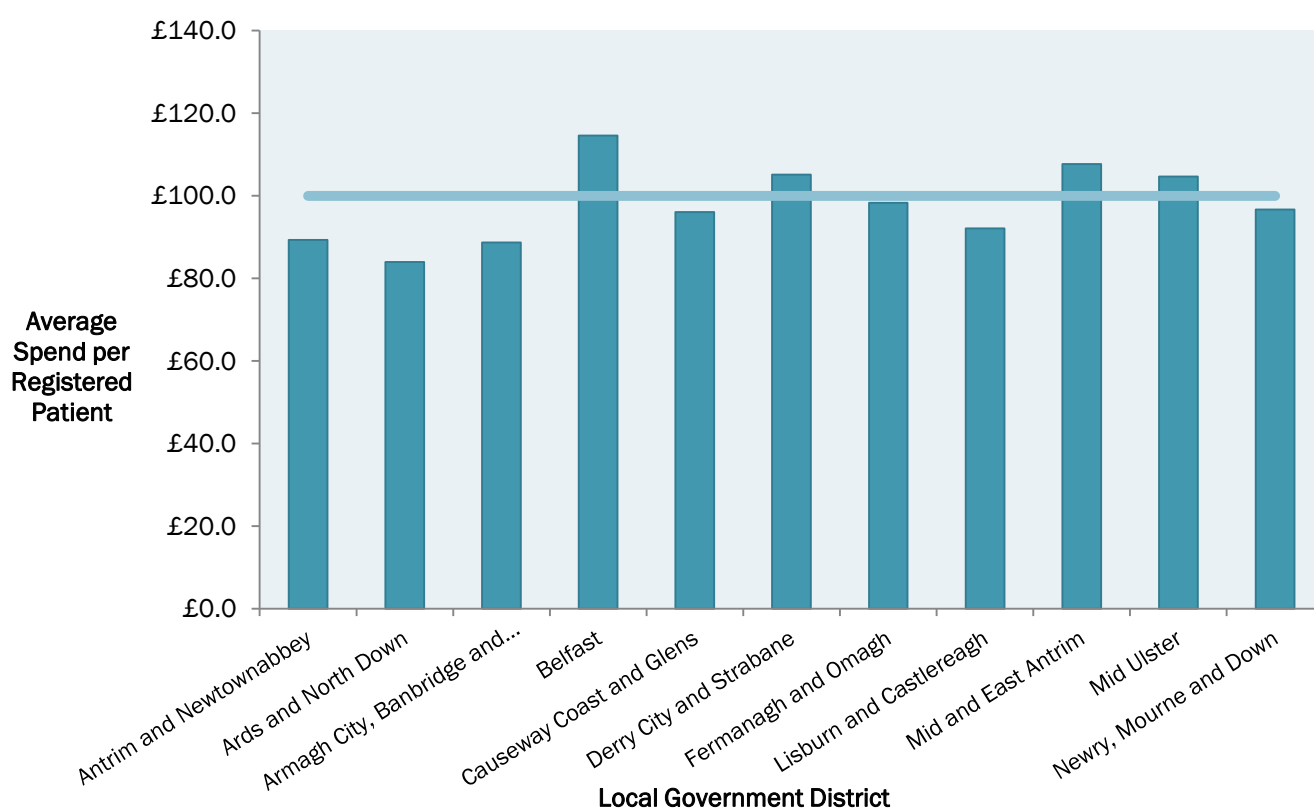


Figure 6.3: Health service dental spend per registered patient by Local Government District, 2020/21. [See Annex Table 1.32.](#)

6.4 GDS Fees¹³

In 2020/21, just over £103 million of GDS fees¹³ were paid, similar level to 2019/20. GDS Fees include Registration fees, Item of Service fees (including patient charges), Bulk

¹² When referring to cost, LCG and LGD are based on the location of the contractor

¹³ GDS Fees include Registration fees, Item of Service fees (including patient charges), Bulk Adjustments and for 2020/21 FSS and PPE payments

Adjustments and for 2020/21 FSS and PPE payments. GDS fees had increased each year since 2014/15 until 2019/20, with a largest increase between 2017/18 to 2018/19. Over time, there will have been increases made to the payments relating to the SDR IOS which will have an impact on the changes over time in the value of GDS fees reported. The remaining fees/allowances paid to dentists were just under £28 million. Further detail on the type of other payments received can be found in the [Definitions section in Publication Notes](#).

To note, Bulk adjustments (including Arrears, Scale Addition Arrears, Treatment Adjustments, Advances, GDS Pilot Paid Treatments) have been authorised each year with the total ranging between a recovery of £3,000 in 2016/17 and additional payments amounting to £3.26 million in 2019/20. In 2020/21, Bulk adjustments amounted to £2.36 million. Due to the way the data is held on BSO's payment system, it is not possible to establish if these payments relate to children or adult activity. Finance Support Scheme payments and PPE payments were made in 2020/21 totalling £50.7 million ([see Annex Table 1.33](#)). Due to the nature and how these payments were provided to dentists it is not possible to proportion these out against children and adults. As a result, sections previously on Children (Capitation) Fees and Adult (Continuing Care) Fees have been removed from this year's report.

7. Publication Notes

Family Practitioner Services

Family Practitioner Services (FPS) is part of the BSO's Operations Directorate. It provides a range of essential services to Health and Social Care organisations, primary care contractors and patients.

FPS calculates payments to health professionals in the dental, pharmacy, general practice and ophthalmic sectors through Northern Ireland. It also maintains the central register of patients registered with GP practices in Northern Ireland, issuing medical cards and processing changes such as name, address and doctor.

It provides professional advice, support and information to customers and members of the public and maintains the pharmaceutical, dental and the Northern Ireland Primary Medical Performers lists. FPS also provides the call and recall services for breast, cervical and bowel cancer screening in Northern Ireland.

About this publication

This report has been produced by independent statisticians within the FPS Information Unit. They are on secondment from the Northern Ireland Statistics and Research Agency (NISRA). This publication has been compiled in accordance with the Code of Practice for Statistics. For tables relating to this report see the spreadsheets [Annual Dental Statistics](#) and [SDR Items of Service Claims by item number – Children](#) and [SDR Items of Service Claims by item number - Adult](#).

Next edition

This publication is issued annually. It is expected that the next edition shall be published in June 2022. In the interim, quarterly tables are published separately [here](#). The quarterly figures are provisional until the annual publication for that year issues, at which point they are finalised. The release calendar for future statistical publications is available on the [BSO website](#).

Data Sources

Activity data on registrations and dental treatment claims are submitted via the FPPS Dental Portal which is used in the dental service payment process. Although Dental payment claims can be submitted through this, practices also submit claims via paper (HS45) or through the Electronic Data Input (EDI). The majority of submissions to BSO are via EDI.

All information is based on the data supplied by the dental practice at the time of the claim and only claims which are paid by BSO after validation are included.

Definitions

Dentists

The Family Practitioner Services (FPS) are responsible for the monthly payments to primary care General Dental Practitioners (dentists) for Health Service treatment provided and maintenance of the statutory Dental List. Dentists must be registered on the Dental List to carry out health service treatment but may also do private work however FPS have no record of the proportion of private vs health service work or private patients or treatments. Further information on earnings and expenses of primary care dentists relating to both their Health Service and private dental work are published in the [NHS Digital Dental Earnings and Expenses Estimates](#) report. Dentists may also work in secondary care, but FPS do not hold any information on this. Dentists can move around different practices to work, there are no restrictions on staying in one practice and many work in multiple locations at the same time. For the purposes of this publication, dentists have been assigned to an area based on the amount of money they earn in each area they work.

Registration

Dentists are paid a monthly fee for each registered patient. These payments cease if the patient deregisters or registers with a different dentist. Patient registration payments lapse after a period of 24 months if the patient did not attend the dental practice. Due to the Covid-19 pandemic dental registrations due to end during 2020/21 were extended at various points during 2020/21 and as such any registrations due to expire at any point in

2020/21 have been extended and are currently set to expire at the end of June 2021. The registration payments are based on the patient's age, and can be weighted by home address as a proxy measure for deprivation which is closely associated with oral health need; and additionally whether or not they have certain special needs to remunerate for the additional time to provide care and treatment.

- **Children (Capitation)** – a basic monthly fee for the care and treatment of patients under the age of 18. This fee is for “... the care and treatment necessary to secure and maintain oral health” and covers examinations, x-rays, scale & polish and some other ‘minor’ SDR treatments. Most other treatment fees are however claimable and payable in addition.
- **Adult (Continuing Care)** – Is a monthly fee payable for “... the provision of continuing care ...” to patients aged 18 years or over, and as such is more akin to a fee for maintaining a patient’s registration.

Statement of Dental Remuneration Items of Service (SDR IOS)

Dentists can provide a wide range of treatments to patients. The Statement of Dental Remuneration (SDR) lists all the items of service (i.e. individual care, special investigations, and treatments) that dentists can provide and claim payment for. Payments are made for individual treatments provided within a course of treatment. A dentist can submit a treatment for payment up to 6 months after the end date of the treatment. Therefore breakdown of treatments by financial year are based on the payment year and this is not necessarily the year it was carried out. A description of the main items of service can be found [here](#).

Claim

A claim is defined as at least one SDR IOS being claimed by the dentist, and can cover a single appointment or multiple appointments.

Number of Teeth

Count of individual teeth per visit based on SDR IOS codes. Based on paid treatments and information supplied by dentist making the claim. It excludes all private work and work carried out in hospitals. May include small number of duplicates.

Orthodontic 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. Treatment codes for Orthodontic are all 32 codes and codes between 5581 and 5591. Count is of individual patients that had an Orthodontic treatment paid per financial year. It is possible to get multiple Orthodontic treatments paid in one year but this is only counted once.

Dental charges eligibility

Under current guidelines at the time of publishing, the following groups are eligible for free dental treatment.

- Children aged under 18
- Students in full time education aged 18
- Anyone who is pregnant or have had a baby in the previous 12 months
- Adults receiving Income Support
- Adults receiving income based Job Seekers Allowance (JSA)
- Adults receiving Income-related Employment and Support Allowance (ESA)
- Adults receiving Pension Credits guarantee credit (PCGC)
- Adults receiving Tax Credits
- Patients holding an HC2 certificate
- Patients named on a valid HC3 Certificate (offering partial assistance with charges)

It should be borne in mind that people may qualify for free dental treatment on more than one criterion. However, they would only be recorded against one criterion on the dental claim.

HSCNI Payments for Dental Services

HSCNI payment towards Dental Services refers to the payments that FPS has processed on behalf of Health and Social Care Board (HSCB) towards the overall cost of Dental Services in Northern Ireland. The payments are based on the money which was paid out in a given year and this is not necessarily the cost of the service provided in that year.

Payment figures are based on the annual assurance information supplied by the FPS to the HSCB for each financial year. Not all payments are made on the dental payment system, which is used for all the analysis in this report, additional payments can be made e.g. probity recoveries so it's not possible to take the information directly from the payment system and assign to areas in Northern Ireland. As a result of the off system payments, assurance totals are proportioned based on earnings of all the dentists in that geographical area that were paid on the dental payment system.

Patient Charges

If you aren't entitled to free treatment or help with the treatment cost, you need to pay for some Health Service dental treatment. The charge is 80 per cent of the dentist's fee up to £384. For example, a basic clinical examination, advice, charting and report per course of treatment, has a dentist fee of £8.79. If the person is not entitled to free treatment then the patient charge would be £7.03 and the Health Service would pay the remaining £1.76.

GDS Fees

Dentists are paid fees for each registered patient and for treatments provided. For the purposes of this publication:

GDS Fees received by dentist = SDR IOS earnings + capitation registration payments + continuing care registration payments + bulk adjustments (i.e. recoveries or underpayments in relation to registrations or IOS) + FSS payments + PPE payments

Child GDS Fees = SDR IOS earnings + capitation registration payments

Adult GDS Fees = SDR IOS earnings + continuing care registration payments

Other Fees/Allowances

All other payments received by the dentist during that financial year. This would include some of the following:

- Practice Allowance
- Trainee Salary
- Maternity/Sick Pay
- Seniority
- Rates Reimbursement
- Clinical waste
- Relief of Pain
- Relief of Pain Expenses
- Probity Recovery
- CPDA
- CPDA Expenses
- Levy
- Clinical audit
- Peer Review

- Trainers Grant
- QA Grant
- Employers Nat insurance
- Charter Mark
- Arrears
- PG Qualification Allowance
- Other
- Oral Surgery Pilot

Community Dental Services

The Community Dental Service is a group of dental practitioners providing a wide range of specialist dental services in health centres and hospitals to people with Special Care Needs. Special Care Dentistry is concerned with providing and enabling the delivery of oral care for people with an impairment or disability, where this terminology is defined in the broadest of terms. It is defined by a diverse client-group with a range of disabilities and complex additional needs and includes people living at home, in long stay residential care and secure units, as well as homeless people. This is a referral only service for patients whose dental care cannot be provided in general dental practice. People who wish to use this service will need a referral from a General Dental practitioner or other Health and Social Care Practitioner. All referrals are assessed to ensure that they meet the requirements for provision of care within the Specialist Services provided.

Data Coverage

Coverage

Data in this report are published by the financial year (01 April – 31 March) in which the claim was paid. This is not necessarily the same year as when the activity took place. As such, it will include some activity undertaken towards the end of the previous financial year and exclude some activity carried out towards the end of this reporting year which was not submitted for payment by March 2021.

The data is based on claims provided to the Family Practitioner Service (FPS) by primary care dentists and excludes all private work, work carried out in hospitals and by the Community Dental Service. As it is only part of the overall picture, care should therefore be taken in interpreting any differences in activity as representing differences in oral health status between areas or across time. See [https:// digital.nhs.uk/](https://digital.nhs.uk/) for the most recent child and adult dental surveys if comparative oral health information is of interest.

Workforce counts are a headcount and do not reflect hours worked. Counts are as at 31st March for each financial year.

Patient Demographics

Patient Health and Care Numbers (HCNs) are available on dental claims and registrations. Patient information presented at Local Commissioning Group (Health Trust) and Local Government District (LGD) is based on the patient's current address according to the GP register (NHAIS).

Population

NISRA population figures are used in this release. At time of creation, 2020 and 2021 mid-year estimates were unavailable. 2018 based population projection for 2020 and 2021 were used instead. These estimates are published on [NISRA](#) website.

Technical Notes

Target Audience

The target audience for this publication has been defined as: the Department of Health, Chief Executives of HSC Board and Trusts in Northern Ireland, health professionals, academics, HSC Stakeholders, the media and the general public.

Main usages

This publication contains official statistics on general dental activity for the most recent financial year (and earlier years where available on a comparable basis).

They can be used to monitor trends in dental services over time and across Northern Ireland.

The information can be used to support decision making, inform policy, provide advice to ministers, answer a wide range of Assembly Questions and Freedom of Information requests, for national and local press articles and, where appropriate, for international comparison.

Data Quality Summary

The data has been primary sourced from the Family Practitioner Payment System (FPPS) in respect of FPS activity and payment information. Resident population data has been sourced from official NISRA demographic statistics.

The FPPS is a business critical payment system which is subject to period audit. The data quality is assessed as very good based on the low percentage of claims which have to be adjusted following payment.

As an administrative data system, there will inevitably be some manual entry errors and, even for automated processes, they may be

errors within the claims submitted by primary care contractors.

The extensive validation that occurs prior to payments being made, coupled with the consistency and variance checks carried out during the compilation of this publication means that the data provides a good representation of FPS activity for the years covered by the report.

A background data quality report for this publication and a Quality Assurance of Administrative Data Report are available [here](#)

National/International comparisons

This publication contains comparisons between Northern Ireland and other regions of the United Kingdom. The comparative data is available from the following sources:

England

Statistics on activity and workforce:
<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics>

Wales

Statistics on activity and workforce:
<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/General-Dental-Services>

Scotland

Statistics on activity:
[Primary care - Data & intelligence from PHS \(isdscotland.org\)](http://isdscotland.org)

Further Information

Further information about Northern Ireland and its health services, which may assist readers in interpreting this publication, is available from the following sources:
<http://www.hscbusiness.hscni.net/services/2066.htm>

This statistical bulletin and others published by Information Unit within BSO are available to download from the BSO Internet site at:

<http://www.hscbusiness.hscni.net/services/1802.htm>