

Family Practitioner Services

# General Dental Statistics for Northern Ireland

Annual Statistics 2021/22



Published June 2022

<b>Purpose</b>	The data contained in this publication are presented on a financial year basis for the year ending 31 <sup>st</sup> March 2022. They are based on claims submitted by primary care dentists to Family Practitioner Services. They do not cover secondary care 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 by General Dental Practitioners. 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 and can be found on the <a href="#">BSO website</a> .
<b>Published by</b>	BSO Family Practitioner Services Information Unit, 2 Franklin St, Belfast BT2 8DQ
<b>Responsible Statistician</b>	Jennifer McCrea <a href="mailto:jennifer.mccrea@hscni.net">jennifer.mccrea@hscni.net</a>
<b>We want your feedback</b>	We welcome any feedback on any aspect of these statistics, which can be provided by email to: <a href="mailto:Info.BSO@hscni.net">Info.BSO@hscni.net</a>

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 2021 and March 2022. 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.



### This is a National Statistics Publication

The UK Statistics Authority designated these statistics as National Statistics on 11<sup>th</sup> May 2022. National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value. All official statistics should comply with all aspects of the [Code of Practice for Statistics](#). They are awarded National Statistics status following an [assessment](#) by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate. These statistics were considered as part of a wider assessment of the BSO Family Practitioner Services statistics. Since the assessment by the UK Statistics Authority, we have continued to comply with the Code of Practice for Statistics, and have made the following improvement:

- Updated the Dental Quality Assessment of Administrative Data (QAAD) to clarify that previous technical issues with the payment system does not affect comparisons between current and past statistics nor the quality so that readers are aware.

Find out more about National and Official Statistics by clicking [here](#).

## User Engagement

Statisticians in the Information Unit are regularly in contact with key users of the statistics. While previously readership surveys alone were used to provide an overall assessment of whether user needs were being met, the current approach employed is to supplement the surveys with 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 2021/22 report now includes information on the following:

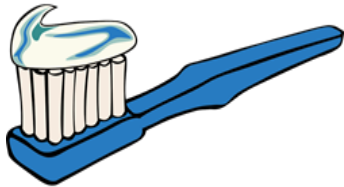
- Average Item of Service cost per treatment claim for Children/Adults backdated to 2014/15.

## Key Facts

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- **There Are 60 Dentists Per 100,000 NI Residents**  
365 dental practices & 1,146 dentists
  - **67% Of The Population Are Registered With A Health Service Dentist**  
72% of children and 66% of adults
  - **In the 18–44 age group, 77% of females are registered with a dentist but only 62% of males**
- 



- **Almost 347,000 Examinations Were Performed On Adults, an increase of 79% compared to 2020/21**
  - **148 per 1,000 registered children were treated for a filling, crown or extraction**  
A 68% increase compared to 2020/21
- 



- **The Gross Cost Of Dental Services Was £143.8 million**  
Covid-19 payments made up £43.7 million of this, down from £51.9 million in 2020/21. Patient contributions increased from £7.1 million in 2020/21 to £13.1 million
  - **94% of the population live within five miles of a dental practice**
  - **Belfast LGD accounts for 23% of the net cost of Dental Services**  
Average cost per registered patient was £101.30 across Northern Ireland
-

# 1. Covid-19 Pandemic

On 18<sup>th</sup> March 2020, general dental practitioners were informed to restrict the provision of aerosol generating procedures (AGPs). On 23<sup>rd</sup> 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. Note that any activity which took place in a UDCC will not be reflected in this publication.

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

- Phase 1b (8<sup>th</sup> 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 (29<sup>th</sup> 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 (20<sup>th</sup> 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 1<sup>st</sup> 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 two financial years. As such individual contractors were provided financial support scheme (FSS) payments to stabilise their IOS payments in 2020/21 and 2021/22. These additional support payments were made each month to cover the shortfall in GDS payments in 2020/21 and 2021/22 for Item of Service Fees and Patient Contribution fees compared with payments made in 2019/20. Dental Practitioners were also provided with PPE Payments. All other payments such as registration, capitation and other allowances were paid as normal.

Figures 1.1 - 1.3 below show the number of patients seen each month over the last three years and the impact of the Covid-19 support payments (FSS and PPE). In addition, dental registrations due to end during 2020/21 and 2021/22 were extended at various points during these two years. As such any registrations due to expire at any point in the last two years have been extended and are currently set to expire at the end of September 2022. Readers should therefore be mindful of this when interpreting the figures for 2020/21 and 2021/22 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.

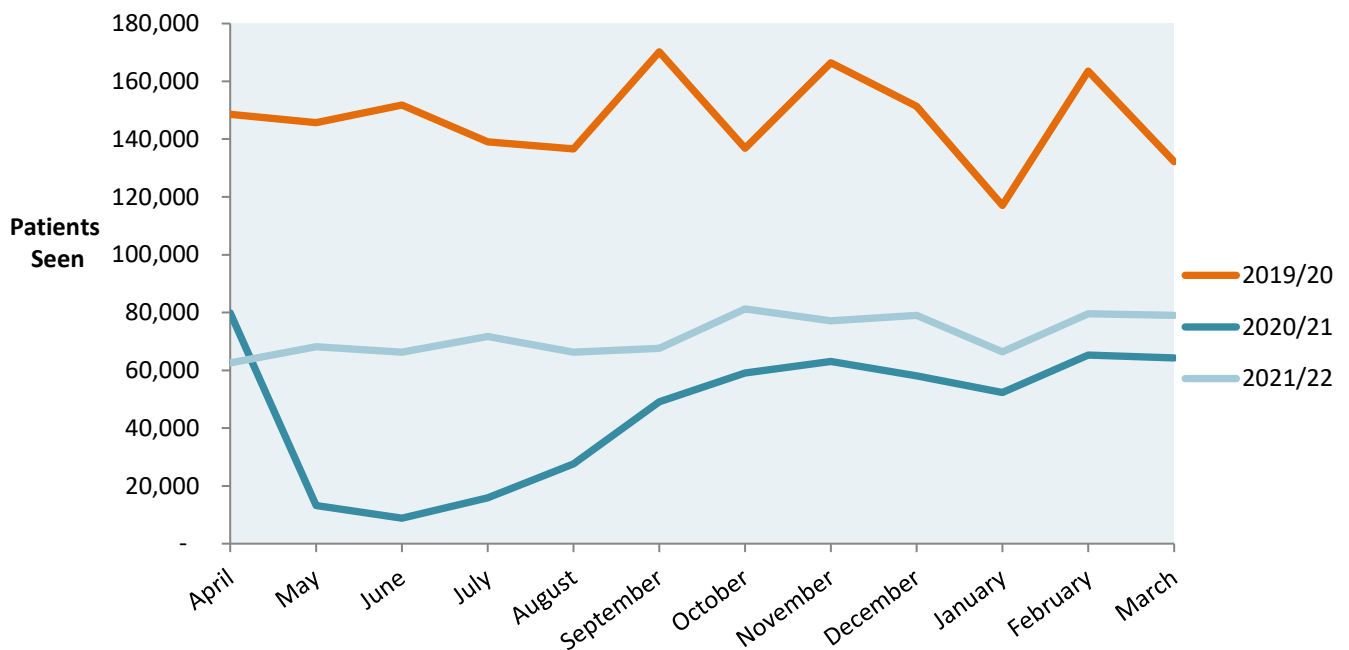


Figure 1.1: Patients seen in 2019/20 – 2021/22. [See Annex Table 1.34.](#)



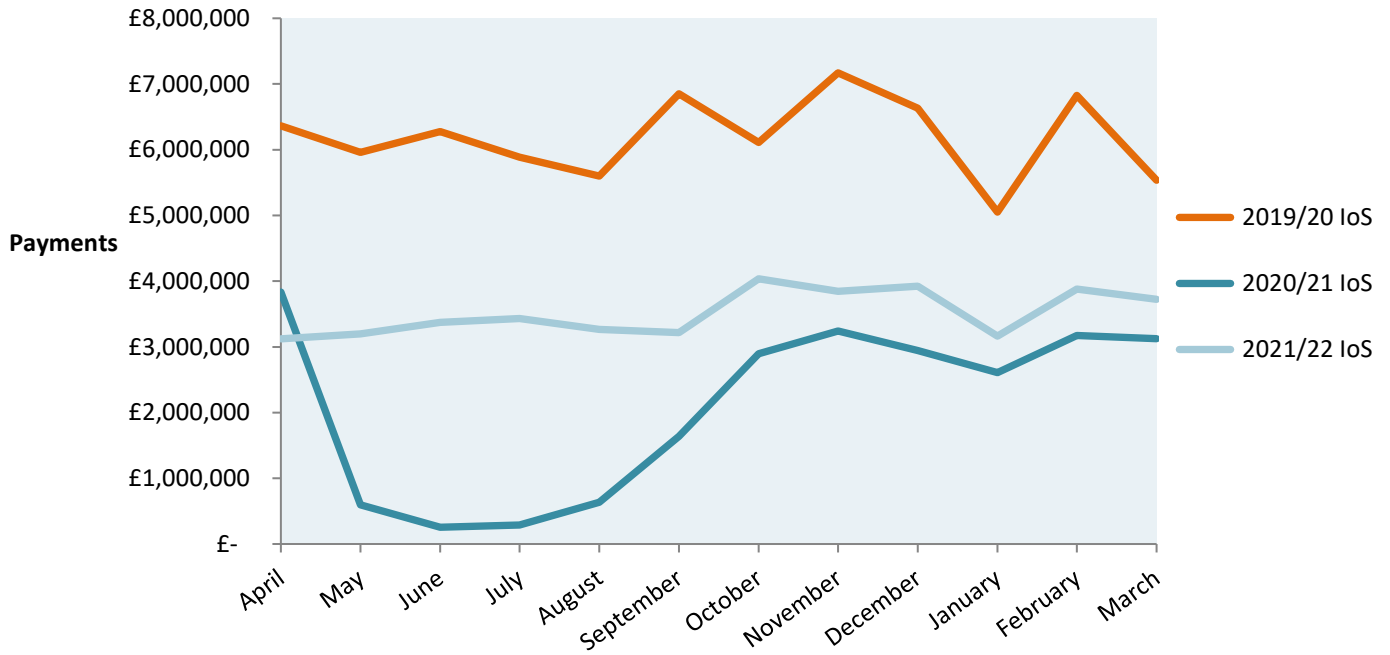


Figure 1.2: Item of Service treatment costs excluding FSS and PPE payments in 2019/20 – 2021/22. [See Annex Table 1.34.](#)

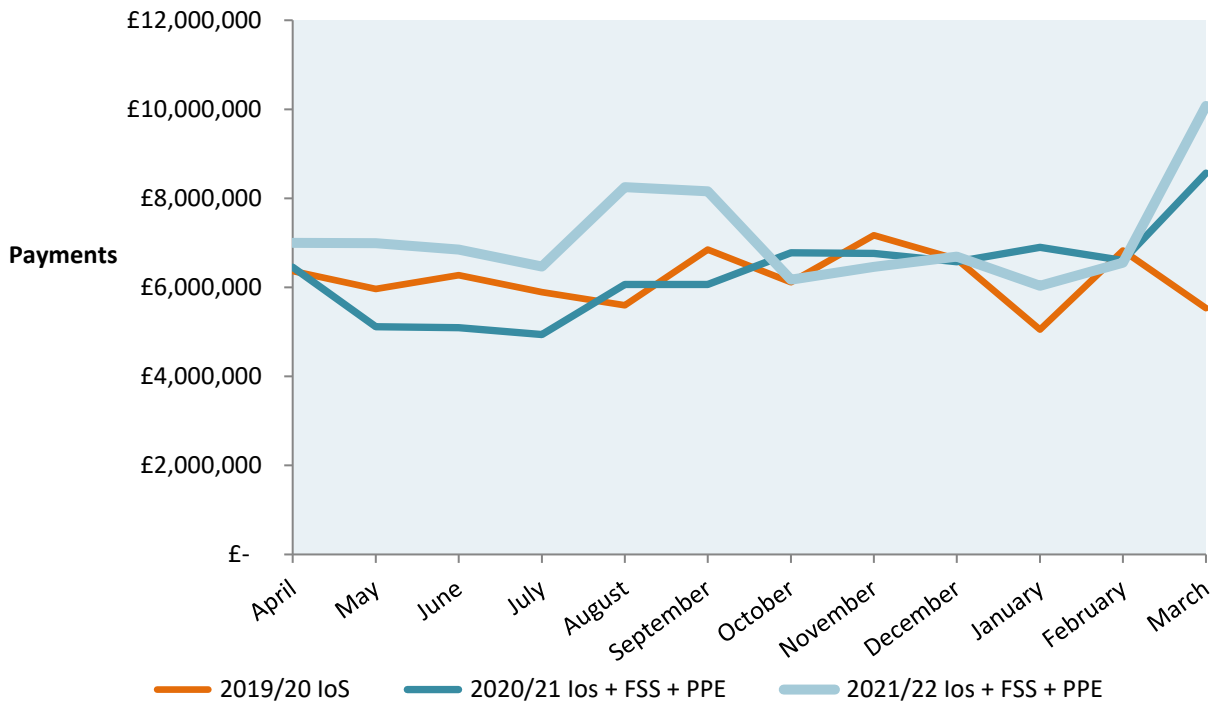


Figure 1.3: Item of Service treatment costs including FSS and PPE payments in 2019/20 – 2021/22. [See Annex Table 1.34.](#)

## 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 31<sup>st</sup> March 2022, they will not reflect any change in hours worked.

### 2.1 Dental Practitioners

In Northern Ireland, there were 365 dental practices with 1,146 dentists registered to carry out health service treatments at the end of March 2022. The number of dentists registered has increased by 13% over the last decade from 1,015 in 2012 to 1,146 in 2022 (see Figure 2.1).

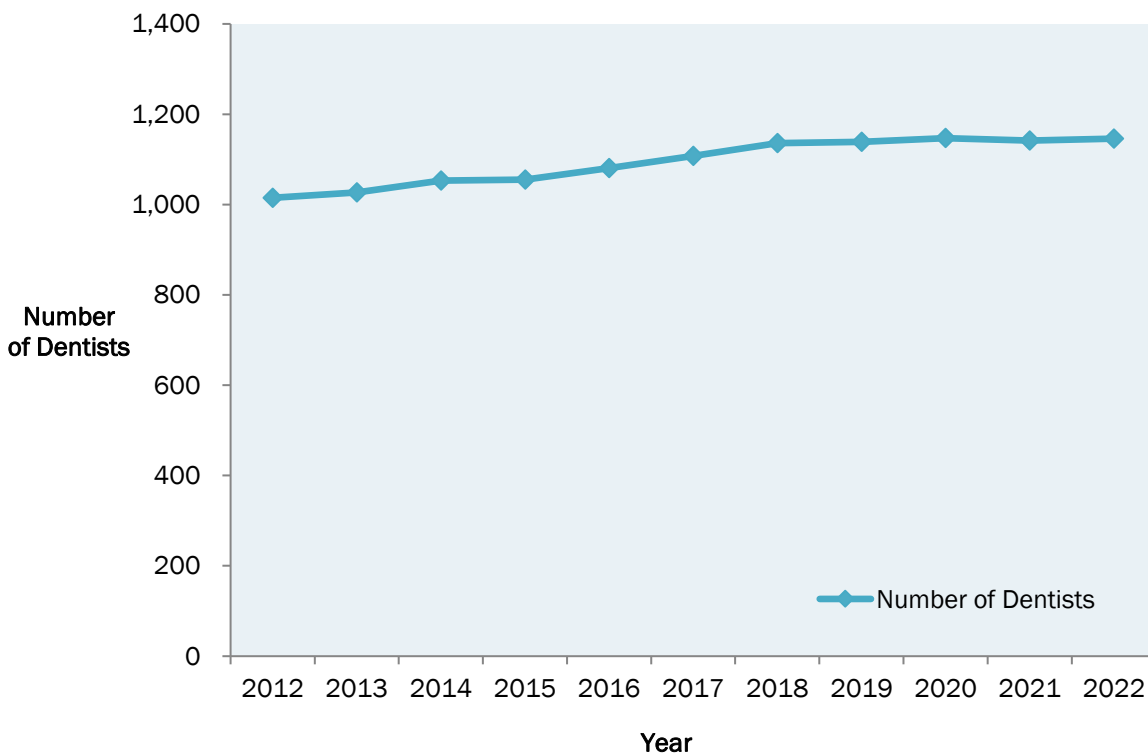


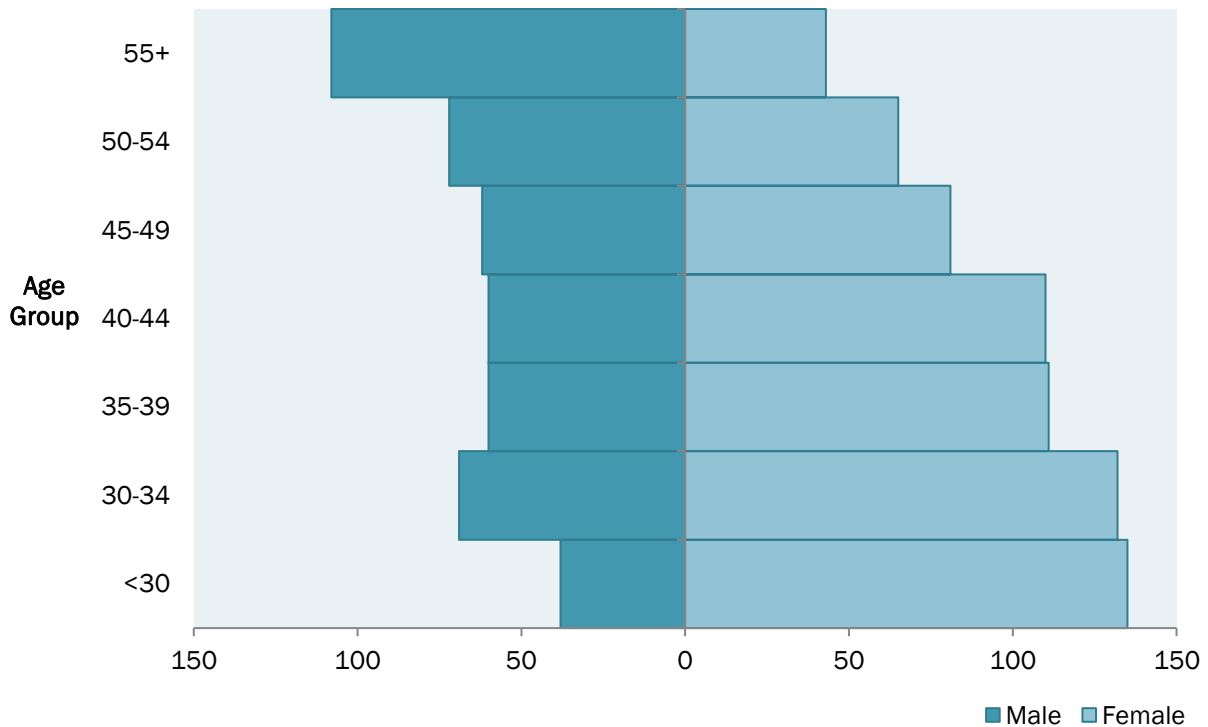
Figure 2.1: Number of dentists as at 31<sup>st</sup> March, 2012-2022. [See Annex Table 1.01.](#)

### 2.2 Dental Practitioners 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 71% of dentists aged under 35

being female while the reverse is true in the older age groups with 63% 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 (59%) of the workforce now being female in 2022 (see Figure 2.2).

There are 288 dentists (25% of the workforce) aged 50 and over in 2022 compared to 160 (16%) in 2012. There are 374 under the age of 35 in 2022, equivalent to around a third of dentists.

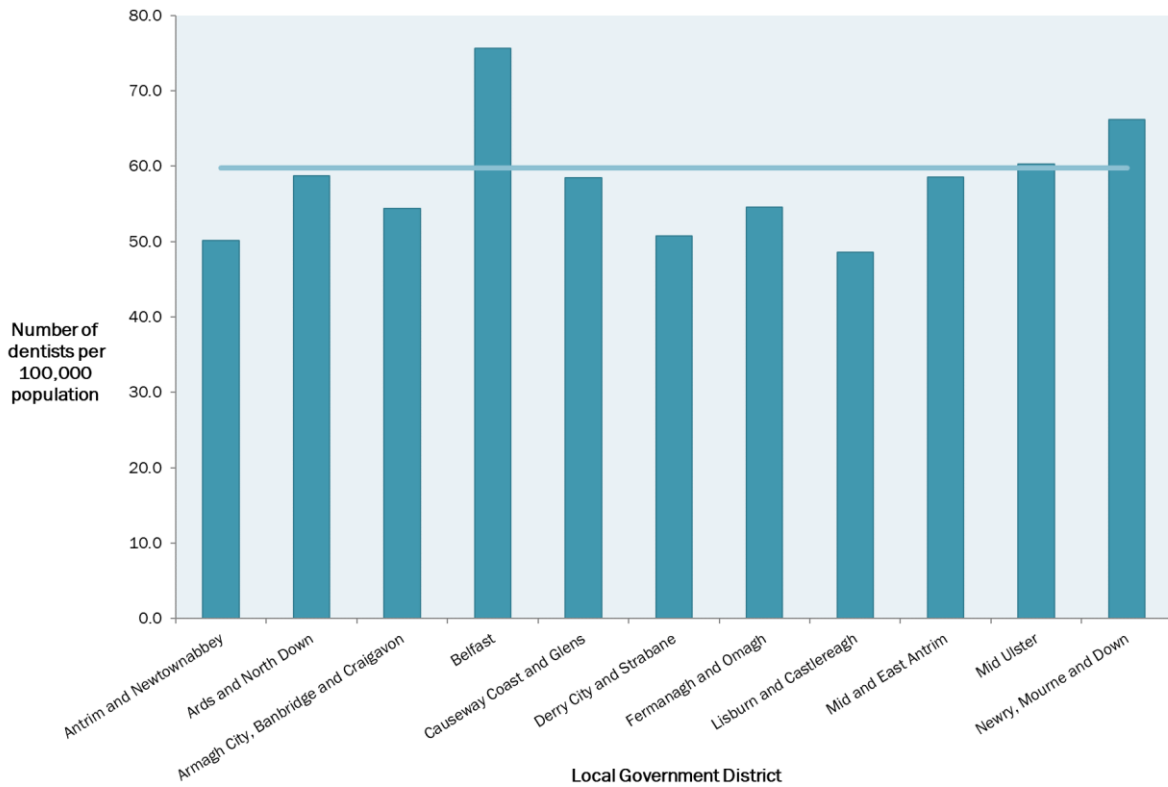


**Figure 2.2:** Number of dentists by age and gender as at 31<sup>st</sup> March 2022. [See Annex Table 1.01.](#)

### 2.3 Dental Practitioners by Area

In Northern Ireland, there are 60 dentists per 100,000 residents. Over time, this proportion has increased – 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 76 dentists per 100,000 resident population compared to the lowest area, Lisburn & Castlereagh with 49 dentists per 100,000 population (see Figure 2.3). This may not equate to differences in workload as dentists will treat patients who live outside the council area population.



**Figure 2.3:** Number of dentist practitioners per 100,000 resident population by LGD, 2022. [See Annex Table 1.07.](#)

## 2.4 Dental Practices

There were 365 dental practices carrying out health service dental work across the region in 2022. Since 2014, the number of practices has decreased by 15 (-4%), while the number of dentists has increased by 9% during this time. In March 2022 there were an average of 3.1 dentists per practice, compared with 2.8 in 2014.

Belfast LGD has the most dental practices accounting for almost one quarter (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 19.0. Antrim and Newtownabbey LGD have 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	17.8
Armagh City, Banbridge and Craigavon	14.4
Belfast	24.9
Causeway Coast and Glens	17.2
Derry City and Strabane	17.2
Fermanagh and Omagh	21.9
Lisburn and Castlereagh	16.0
Mid and East Antrim	22.8
Mid Ulster	16.4
Newry, Mourne and Down	21.6
<b>Northern Ireland</b>	<b>19.0</b>

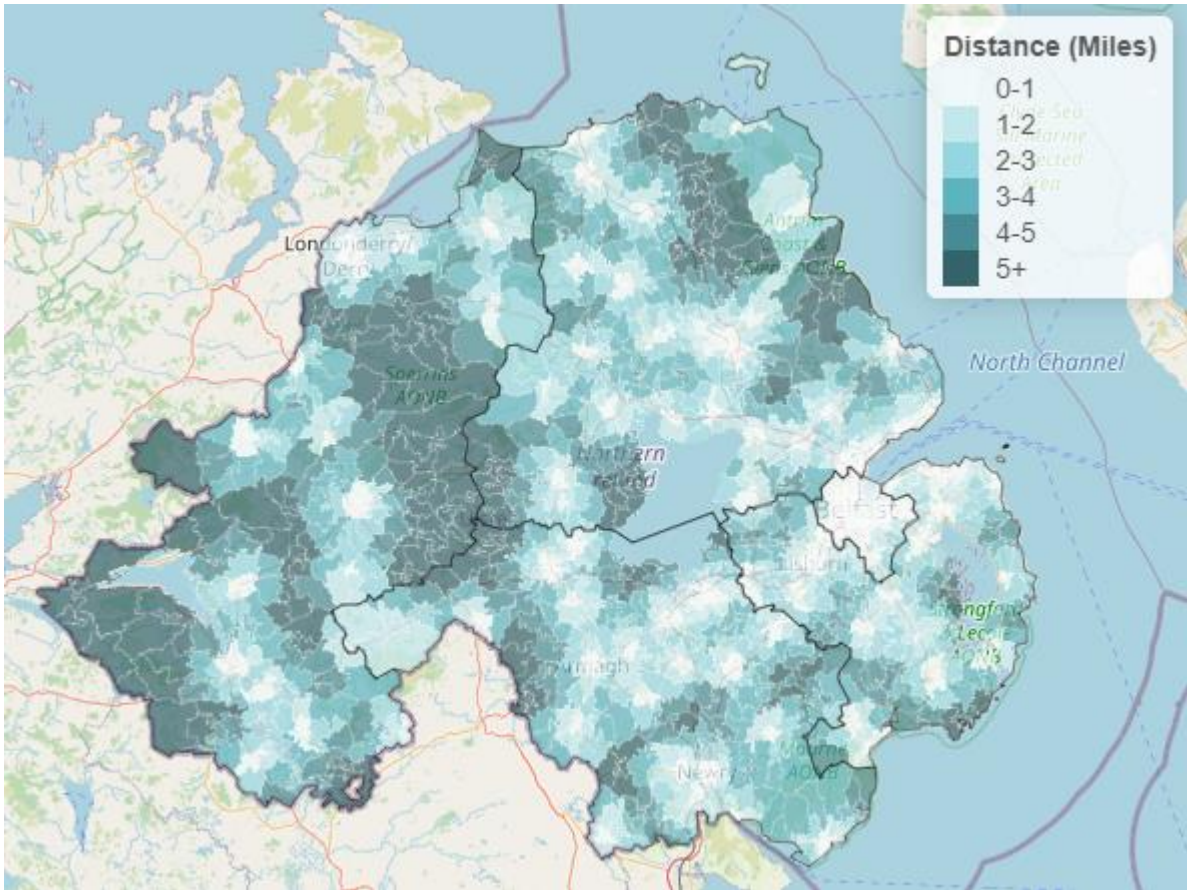
**Table 2.1:** Number of Dental practices per 100,000 population, by Local Government District, 2022. [See Annex Table 1.03.](#)

## 2.5 Distance to Nearest Dentist

At Northern Ireland level, 94% of the population live within five miles<sup>1</sup> 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](#)).

<sup>1</sup> 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 chart<sup>2</sup> on the distance to nearest dental practice in miles by Small Area with LCG Boundaries, 2021/22. [See Annex Tables 1.05.](#)

<sup>2</sup> Click on image to open interactive map through web browser, alternatively use following link: [Interactive chart on distance to nearest dental practice map](#)

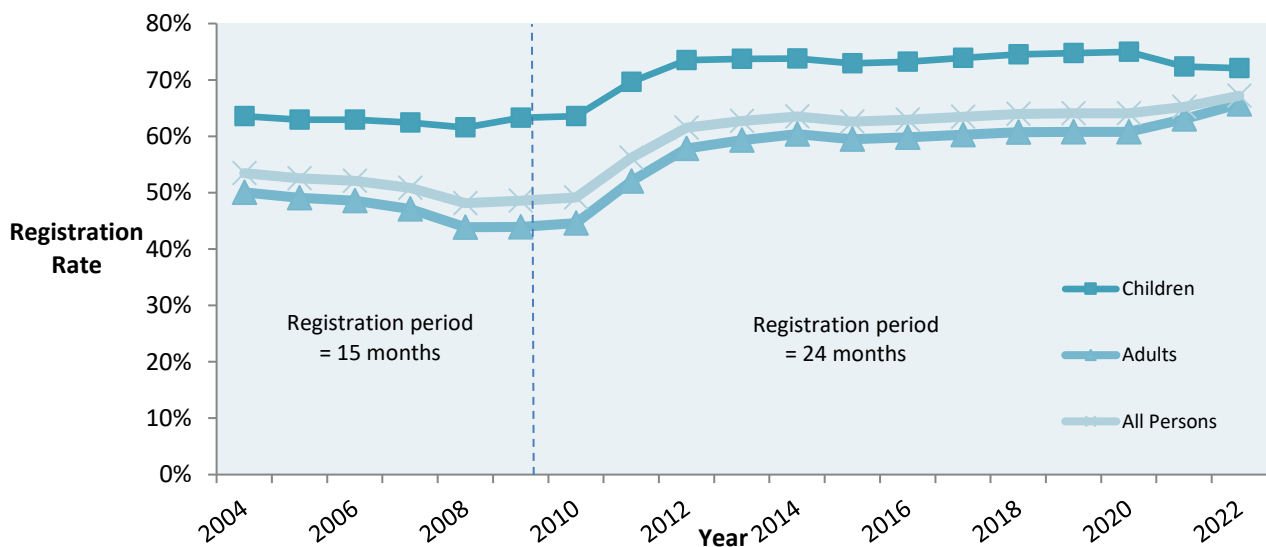
### 3. Dental Registrations

This section of the report provides details on the number of patients registered with a practising 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 over two-thirds (67%) of the Northern Ireland population are registered with a practising health service dentist. Children are more likely to be registered with a health service dentist than adults (72% compared to 66%).

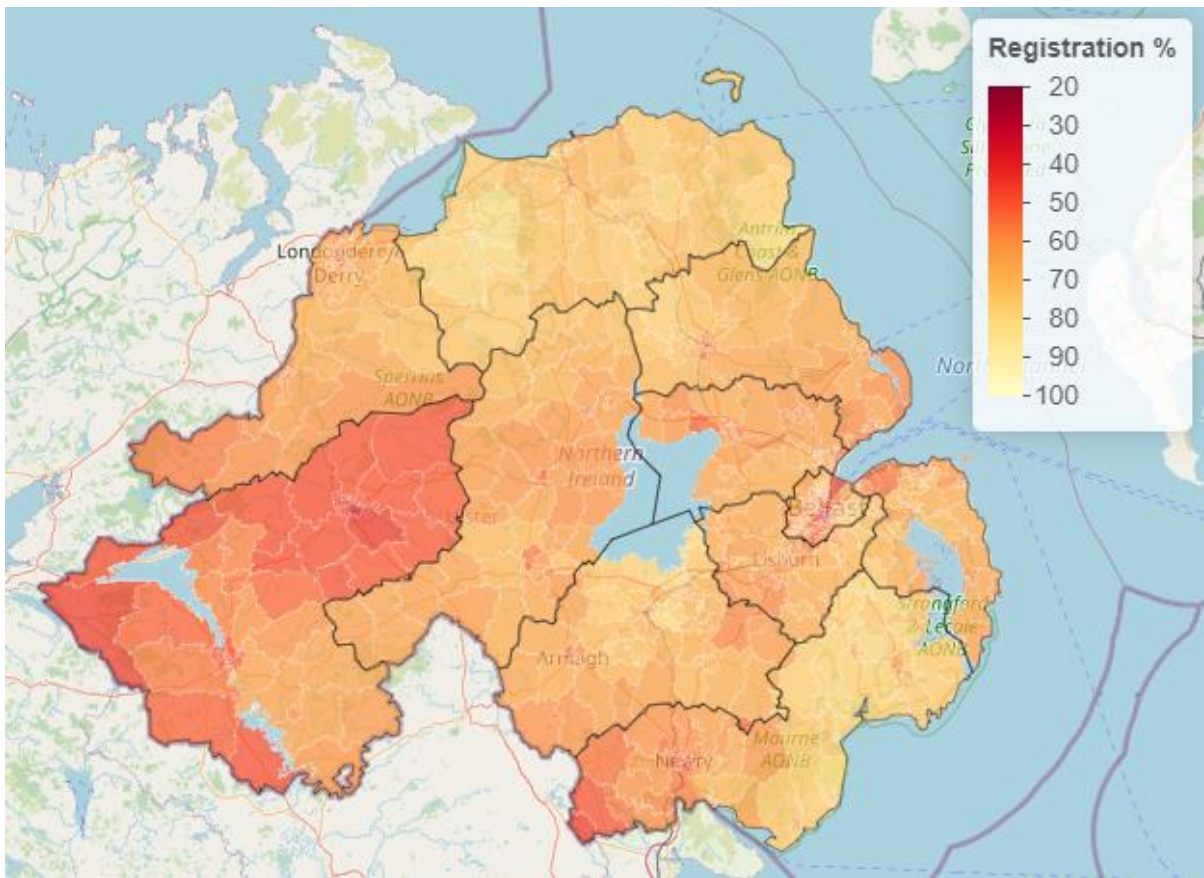
The percentage of the population registered with a dentist has remained stable at around 64% between 2014 and 2021, increasing to 67% in 2022. Once registered with a dentist, the patient will remain on their dental list for two years unless they visit another dentist. If they do not attend during that 24 month period they will become deregistered. Due to the Covid-19 pandemic, and limited access for patients in 2020/21 and into 2021/22, all dental registrations due to expire were extended out to September 2022. 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 total population registered increased markedly between 2010 and 2012 before growing gradually to 2014 at which point it plateaued until 2022 when the percentage of the total population registered increased slightly (see Figure 3.1). It is interesting that this was driven by an increase in adult registrations whereas child registrations decreased during the pandemic.



**Figure 3.1:** Percentage of the population registered with a health service dentist, 2004 to 2022. [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 2022 were at least 67%, with a high of 76% registered in Ards and North Down. By contrast, for adults, the percentage of the population registered had a high of 73% in Causeway Coast & Glens well ahead of the Northern Ireland average of 66%. Interestingly, Fermanagh & Omagh LGD, despite having a registration rate of 73% for children in line with the regional average at 72%, had by far the lowest adult registration rate at 49%, 17 percentage points below the Northern Ireland figure in 2022. 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).



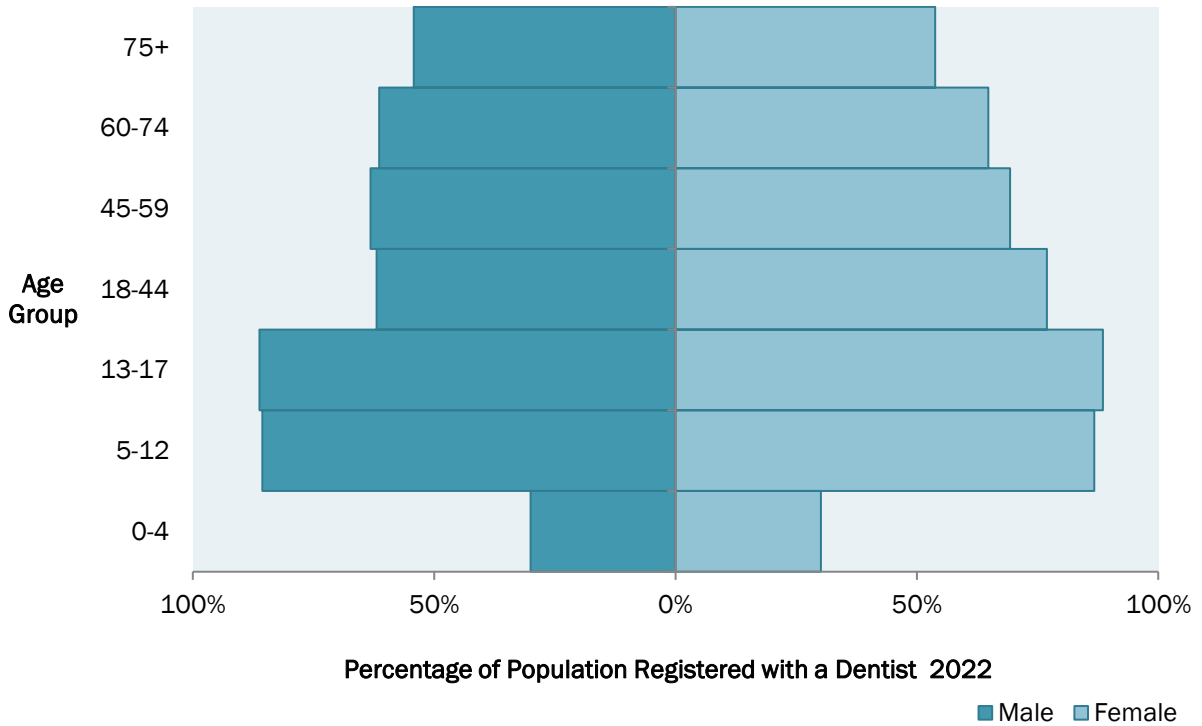
**Figure 3.2:** Interactive chart<sup>3</sup> on the percentage of the population registered with a health service dentist by Super Output Areas with LGD Boundaries, 2022. [See Annex Table 1.11.](#)

<sup>3</sup> Click on image to open interactive map through web browser, alternatively use following link: [Interactive chart on percentage of the population registered with a dentist by SOA map](#)



### 3.3 Registrations by Age and Gender

Females are more likely to be registered with a dentist than males (70% compared to 64%), this difference is particularly striking in the 18-44 age group with 77% of females registered compared to just 62% of males. Differences in registration rate between the genders are much smaller 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, 2022. [See Annex Table 1.09.](#)

Registration rates remained relatively stable in some age groups except 0-4s which had a drop from 36% in 2021 to 30% in 2022 having previously been 48% in 2020. The impact of the Covid-19 pandemic is still resulting in fewer young children being brought to the dentist, particularly those going for the first time. The reverse is seen in the 18-44 age group which has had a steady increase in registration rate from 63% in 2020 to 69% in 2022. This is possibly due to registrations being extended and children moving into the adult category over the last two years. Registration rates for older age groups remained relatively stable as registrations were extended throughout 2020/21 and 2021/22.

### 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 2022, 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 2022 broadly increases as deprivation decreases, from 63% registered in NIMDM decile 1 to 77% for NIMDM decile 10.

For adults, there is a similar pattern with a fairly consistent, but less steep, rise from 57% registered in NIMDM decile 1 to 65% in NIMDM decile 8 but which then drops off to 62% 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.

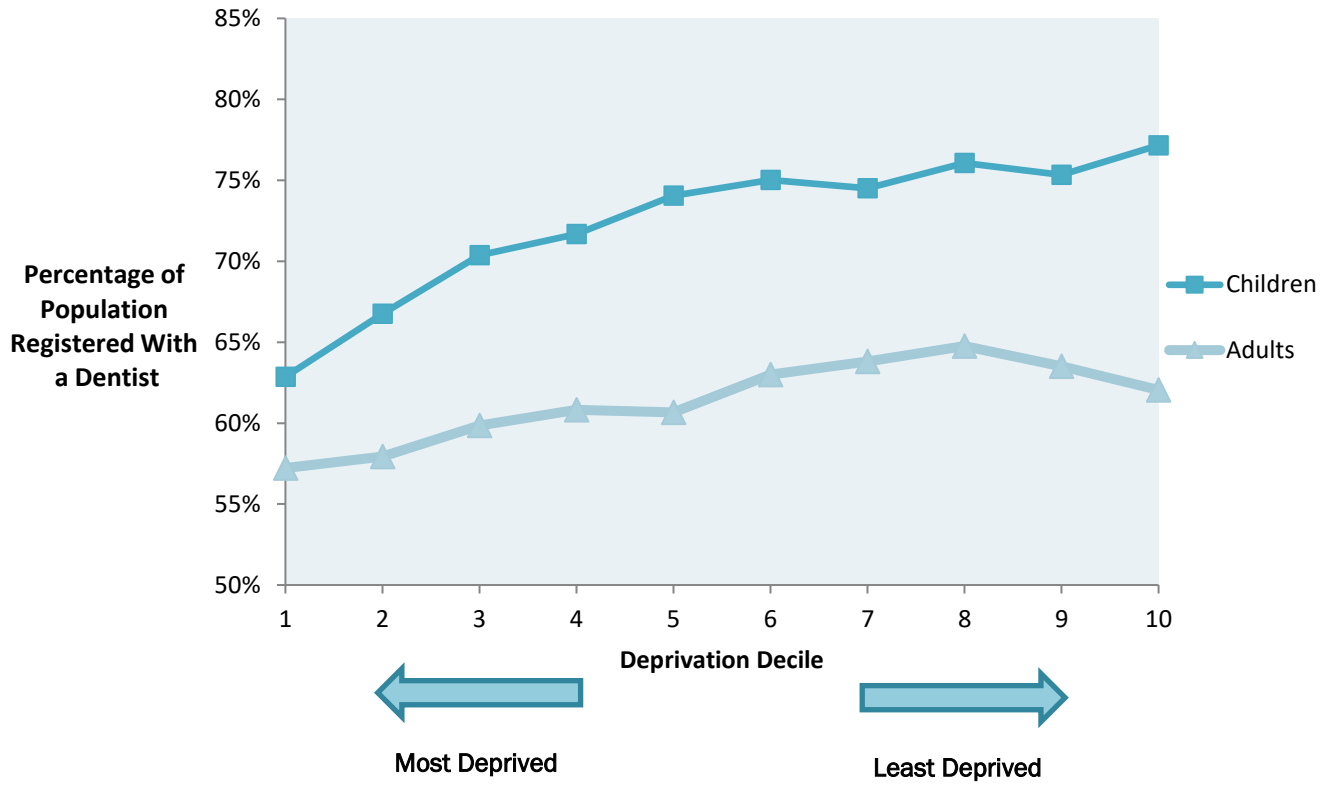


Figure 3.4: Percentage of patients registered by NIMDM, 2022. [See Annex Table 1.13.](#)

## 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 capitation 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 rebuilding of dental services following the Covid-19 pandemic, the number of dental treatments carried out in 2021/22 has increased markedly compared to last year. Patients seen were up by 45% compared to 2020/21 with children and adults experiencing similar rises. However, this is still 42% lower than the pre-pandemic 2019/20 figures.

### 4.1 Dental Treatments on Children

Almost 76,000 children received dental treatment in excess of the basic treatments covered under capitation, an increase of 47% on last year but still a drop of 37% from 2019/20. You can see the increase in some of the common groups of treatments in table 4.1 compared to 2020/21. However, none of these have yet returned to the pre-pandemic levels.

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%

Financial Year	Percentage of Registered Children Who Received At Least One Of The Following Treatments			
	Filling	Extraction	X-Ray	Ortho
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%
2021/22	12.0%	4.2%	3.6%	6.5%

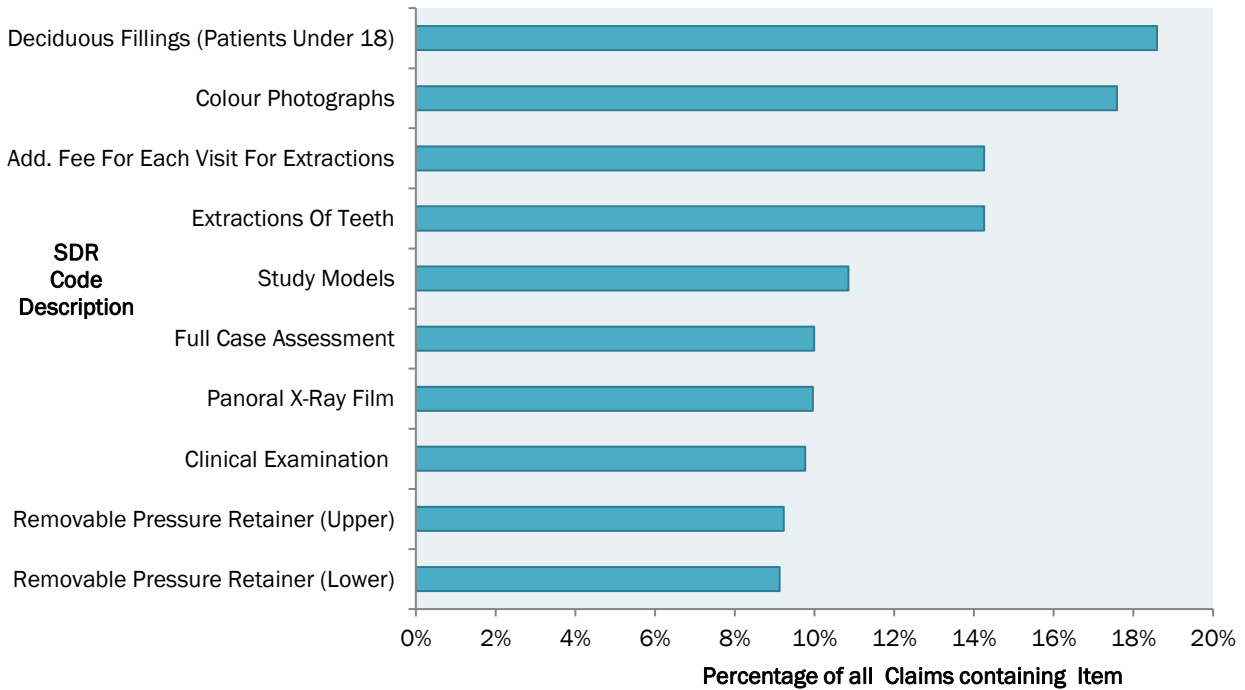
**Table 4.1:** Percentage of Registered Children Who Received At Least One Of The Following Treatments: Filling, Extraction, X-Ray<sup>4</sup>, Ortho, 2013/14 -2021/22. [See Annex Table 1.16.](#)

Treatment claims, in excess of the basic treatments covered under capitation, rose to 98,169, an increase of 54% on last year (63,603), but this figure is still down by 41% when compared to the pre-pandemic levels of 2019/20 (167,378). Breaking this down further into individual SDR IOS<sup>5</sup> treatments, Figure 4.1 shows the top 10 most common type of SDR IOS treatments claimed that were carried out on children in 2021/22. The most common SDR item claimed was for Deciduous Fillings (SDR code 4401), totaling 18,253 claims. Deciduous Fillings were included on 19% of all claims for children, a slight reduction in the proportion compared to 2019/20 when it was around 20% (32,757). Despite a reduction in overall treatment claims from pre-pandemic levels, the proportions of the most common claims have remained relatively consistent. 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 comparing between categories.

<sup>4</sup> X-rays are covered under the basic treatments covered under capitation fees. Fillings, Extractions and Ortho treatments are not covered under these fees.

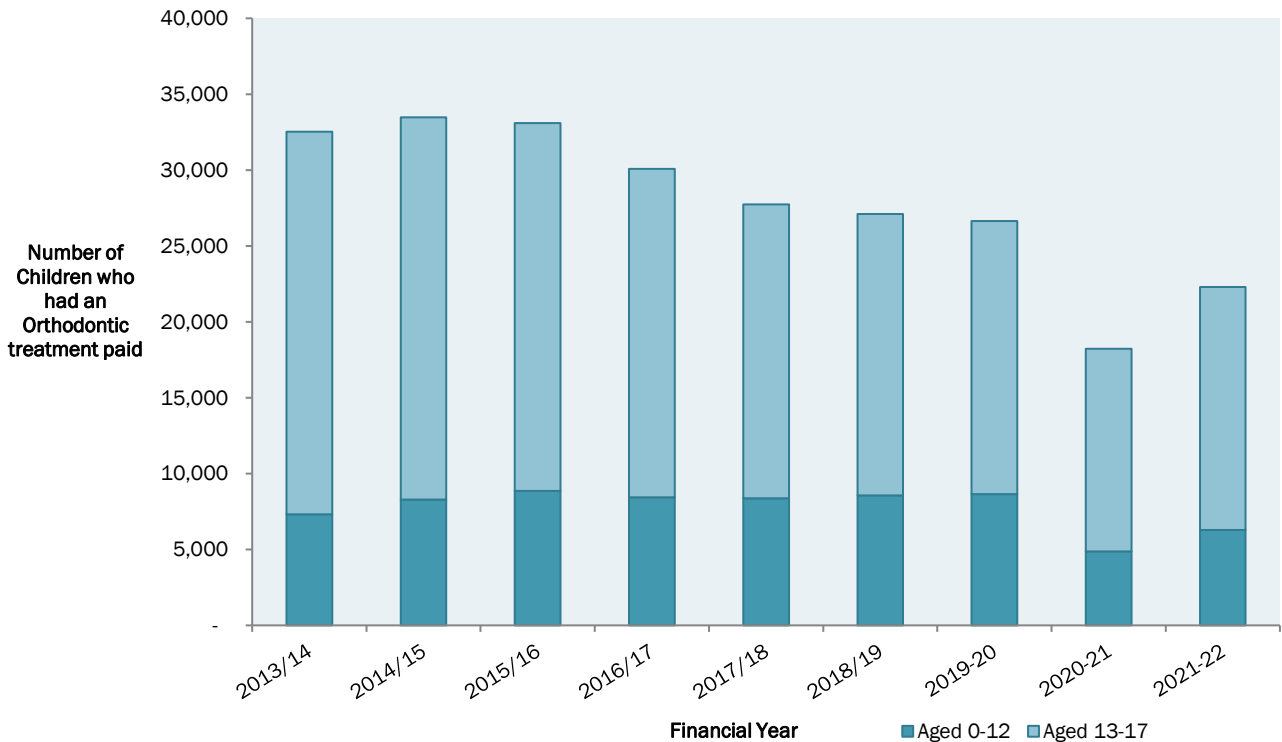
<sup>5</sup> SDR IOS is the Statement of Dental Remuneration Items of Service. Full definition can be found in the [Publication Notes](#).



**Figure 4.1:** Top 10 most common SDR IOS Treatments on Children - Percentage of all Claims with Item; 2021/22. [See SDR Items of Service Claims by item number - Children.](#)

## 4.2 Orthodontic Treatment on Children

The number of orthodontic treatments carried out on children in 2021/22 saw a 37% increase compared to 2020/21. This is primarily due to the relaxation of restrictions put in place due to Covid-19. In the most recent financial year, the number of orthodontic treatments carried out on children is 12% less than the pre-pandemic levels of 2019/20. The number of children who had an orthodontic treatment 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. ([See Annex Tables 1.16 & 1.26](#)).

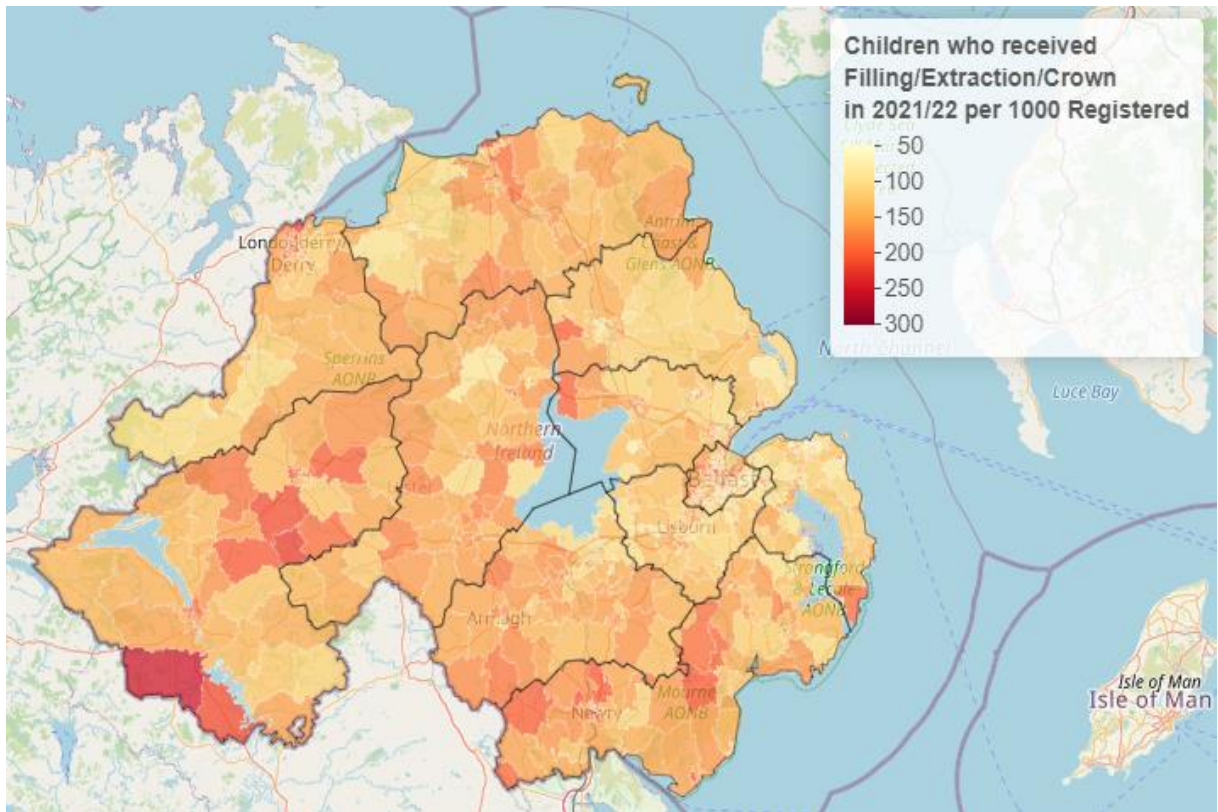


**Figure 4.2:** Number of Children who had an Orthodontic treatment paid per Financial Year; 2013/14 - 2021/22.

[See Ortho CSV.](#)

### 4.3 Dental Treatments on Children by Area

At a Northern Ireland level, 148 per 1,000 registered children were treated for a filling, crown or extraction in 2021/22. This is an increase from 88 per 1,000 registered children last year but is still a 40% reduction when compared with the pre-pandemic figure in 2019/20. At LGD level, Ards and North Down had the lowest rate at 118 per 1,000 registered children with Fermanagh and Omagh having the highest rate at 168 per 1,000 ([see Annex Tables 1.28 & 1.29](#)). All LGDs have seen an increase on last year, up at least 58%, following the relaxation of restrictions. The most noticeable change being Derry City and Strabane LGD which has doubled from 77 treatments per 1,000 registered children in 2020/21 to 156 per 1,000 registered children in 2021/22.



**Figure 4.3:** Interactive chart<sup>6</sup> on the number of individual children who received a filling, extraction or crown per 1,000 registered in 2021/22 by Super Output Area with LGD Boundaries. [See Annex Table 1.29.](#)

#### 4.4 Dental Treatments on Adults

Just over 420,000 adults were seen in 2021/22, an increase of 45% from 2020/21 but still a fall of 43% from 2019/20. All major treatments saw an increase as can be seen in table 4.2.

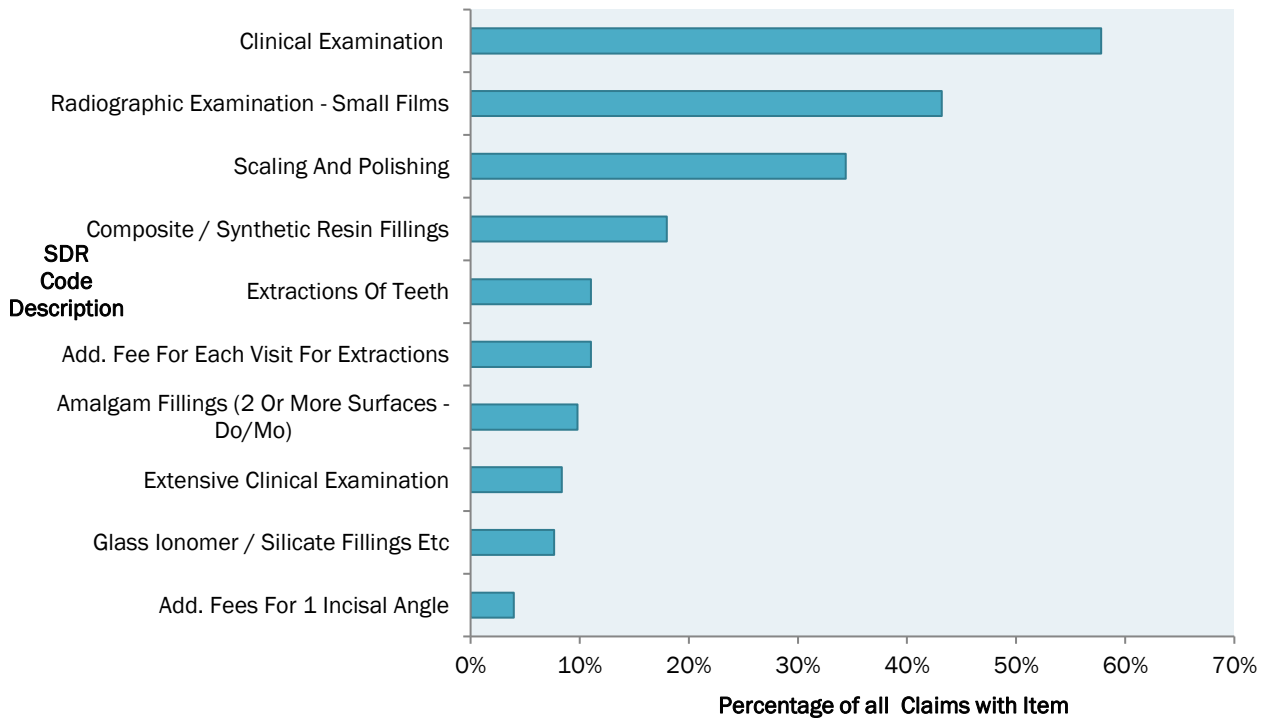
<sup>6</sup> Click on image to open interactive map through web browser, alternatively use following link: [Interactive number of individual children who received a filling, extraction or crown per 1,000 registered by SOA map](#)



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%
2021/22	18.4%	7.1%	24.2%	1.1%

**Table 4.2:** Percentage of Registered Adults Who Received At Least One Of The Following Treatments, Filling, Extraction, X-Ray, Crown, 2013/14 -2021/22. [See Annex Table 1.16.](#)

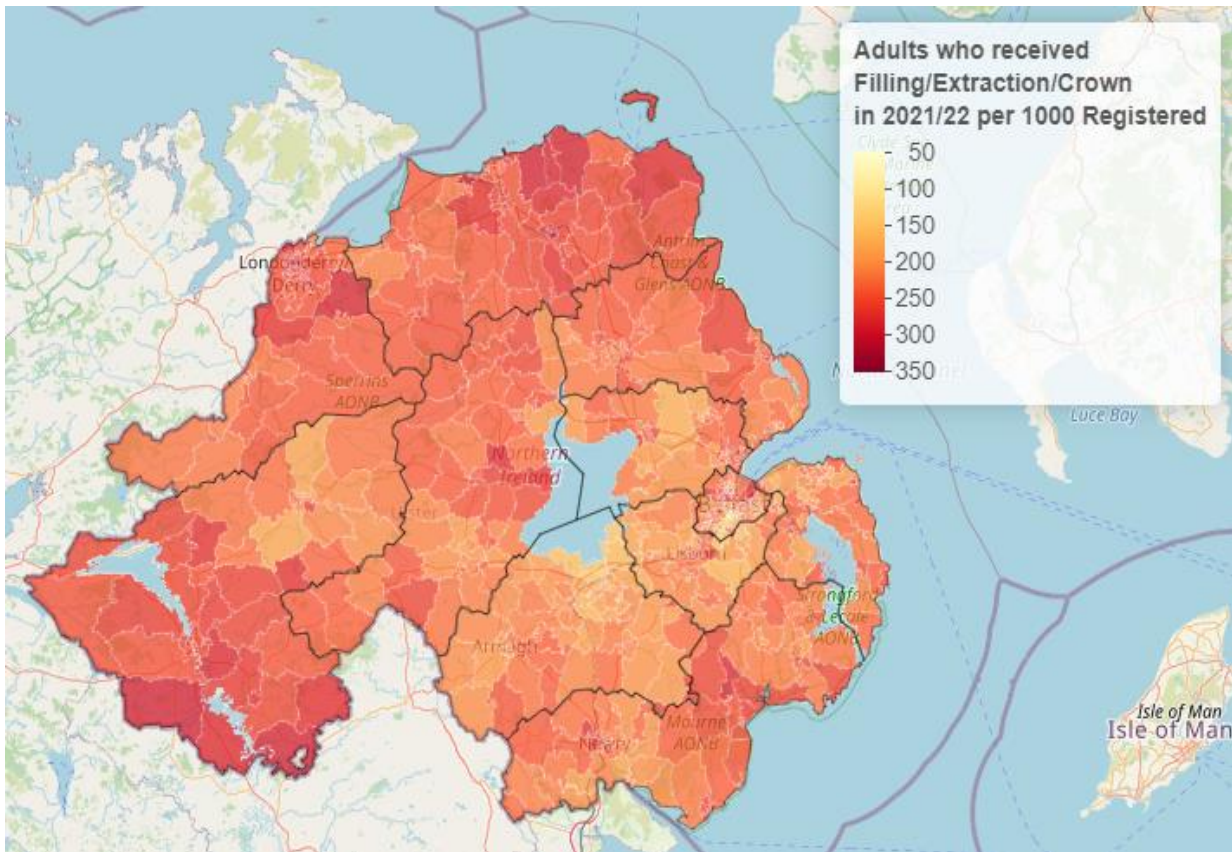
Treatment claims rose to 600,149, an increase of 56% on last year (385,525), but this figure is still down by 52% when compared to the pre-pandemic levels of 2019/20 (1,262,796). Breaking this down further into individual SDR IOS treatments, Figure 4.4 shows the top 10 most common type of SDR IOS treatments claimed (excluding SDR code 3001 for the use of PPE in provision of AGPS) that were carried out on adults in 2021/22. The most common SDR item claimed was for Clinical Examination (SDR code 0101), totaling 346,844 claims (on 58% of all claims). These were carried out on almost 301,000 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; 2021/22 (each claim may have multiple treatments). [See SDR Items of Service Claims by item number - Adults.](#)

#### 4.5 Dental Treatments on Adults by Area

At a Northern Ireland level, 231 per 1,000 registered adults were treated for a filling, crown or extraction in 2021/22. This was 45% higher than the equivalent rate in 2020/21 but still 42% lower than the equivalent rate in 2019/20 (398 per 1,000 registered adults). At LGD level, Armagh City, Banbridge and Craigavon had the lowest rate at 205 per 1,000, while Causeway Coast and Glens had the highest rate at 257 per 1,000 (see Figure 4.5 and [Annex Tables 1.28 & 1.29](#)). Across all LGDs there has been a large increase on last year with the removal of restrictions. All LGDs have seen an increase on last year, up between 38% and 54%, with the relaxation of restrictions.



**Figure 4.5:** Interactive chart<sup>7</sup> on the number of individual adults who received a filling, extraction or crown per 1000 registered in 2021/22 by Super Output Area with LGD Boundaries. [See Annex Table 1.28.](#)

## 4.6 Dental Treatments by Exemption

Health service dentistry is available free to certain groups:

<b>You are entitled to free or reduced cost treatment if you:</b>	
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

<sup>7</sup> Click on image to open interactive map through web browser, alternatively use following link: [Interactive number of individual adults who received a filling, extraction or crown per 1,000 registered by SOA map](#)

**You are entitled to free or reduced cost treatment if you:**

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 increased (up 44%) in 2021/22 compared to 2020/21, the proportion of patients seen for each exemption category remained relatively in line with prior years. Exempt patients make up half of the patients seen by health service dentists but account for 59% of treatment fees. Patients under 18 make up 57% of the exempt patients seen and 2021/22 continued the trend seen in 2020/21 of a higher average treatment cost, at almost £75 per patient from around £53 in the previous 3 pre-pandemic 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 a higher average treatment cost for those under 18. Overall treatment fees increased to £68 per patient, an increase of 16% on last year and returning closer to £71 per patient, the average of the last 3 pre-pandemic years.

Exemption	Patients Seen				
	2017/18	2018/19	2019/20	2020/21	2021/22
Aged 18 in full-time education	17,444	14,874	14,099	3,921	6,569
Expectant mother	14,437	13,941	13,243	4,538	6,993
Full remission - HC2 cert	5,998	5,651	7,442	3,916	6,857
Income base jobseekers allowance	29,111	24,508	20,321	9,117	10,455
Income support	80,121	79,720	77,956	37,397	47,412
Nursing mother	18,846	18,254	18,038	6,517	9,567
Partial remission - HC3 cert	1,904	1,874	1,768	633	905
Patient under 18	306,600	307,954	308,403	110,140	179,918
Pension credit guarantee credit	33,604	32,793	32,021	13,028	17,161
Tax credit exemption certificate	69,258	64,553	58,504	24,236	30,176
Fee paying	507,182	519,036	531,609	224,574	318,745
<b>Total</b>	<b>1,040,515</b>	<b>1,045,014</b>	<b>1,046,478</b>	<b>430,217</b>	<b>621,085</b>

**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 2020/21. The impact of Covid-19 will therefore be extremely evident on figures in this section.

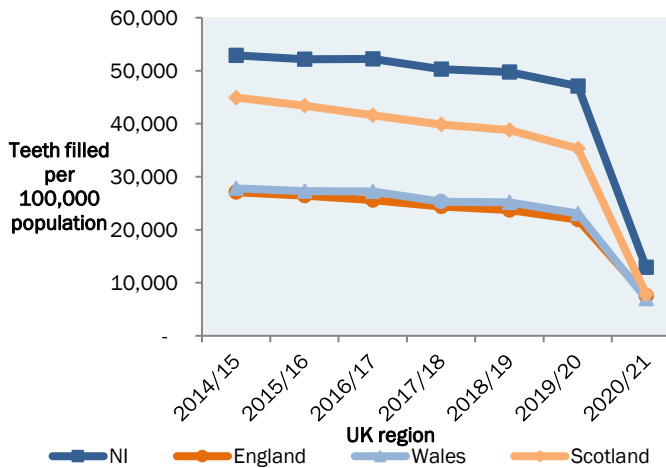
It should be noted that Northern Ireland patients are registered for 24 months, Scotland has lifetime registration while England and Wales do not have registered patients. In the absence of a consistent registered population base in each country, total population has instead been used to provide a context 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

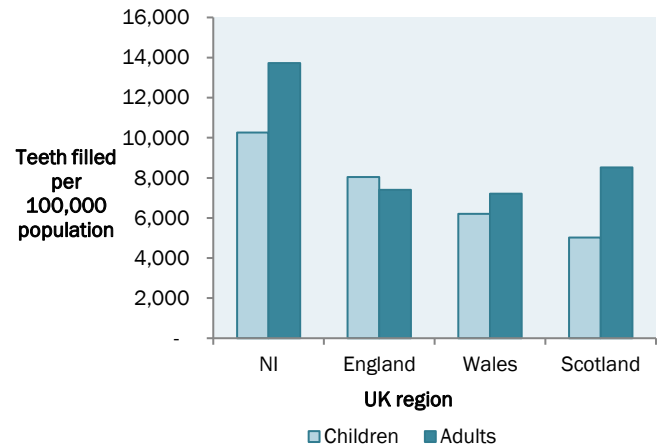
Due to the restrictions put in place during the pandemic in 2020/21, the number of teeth filled by health service dentists<sup>7</sup> per 100,000 population in Northern Ireland decreased by 73%. England, Wales and Scotland had decreases of 66%, 70% and 78% respectively. In 2020/21, NI dentists still filled more teeth (12,924) per 100,000 population than any of the other regions. Between 2014/15 and 2019/20, Northern Ireland has consistently had the highest filling rate in 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 decreases over the same time period with falls of 14% and 18% respectively while Scotland has experienced a larger decrease of 29% 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 adults, the number of teeth filled per 100,000 population NI decreased by 72% between 2019/20 and 2020/21. England, Wales and Scotland had decreases of 64%, 69% and 77% respectively. In the five year period prior to 2020/21, the decrease of 9% in Northern Ireland was considerably lower than in England (21%), Scotland (20%) and Wales (17%).

For comparative oral health information, the Dental Health Surveys carried out for both Children and Adults in England, Wales and Northern Ireland are accessible at the following links: [Child](#)

[Dental Health Survey, England, Wales & Northern Ireland, Adult Dental Health Survey - Summary report and thematic series](#). These typically run every 10 years with the last Children's survey carried out in 2013 and Adults' survey in 2009.



**Figure 5.1** Number of teeth filled by health service dentists per 100,000 population by UK regions: 2014/15 to 2020/21

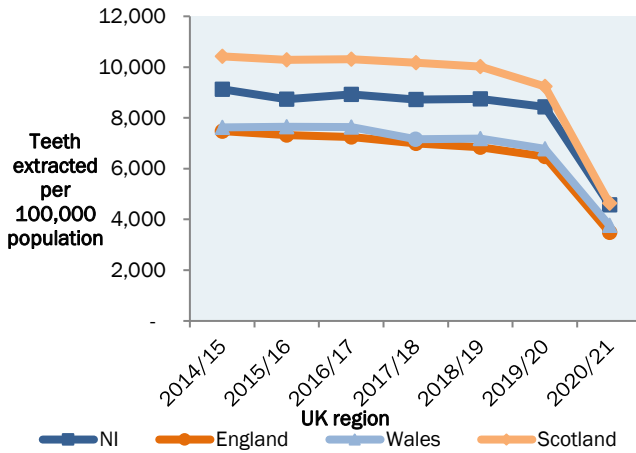


**Figure 5.2** Number of teeth filled by health service dentists per 100,000 population by UK regions and Children/ Adults: 2020/21

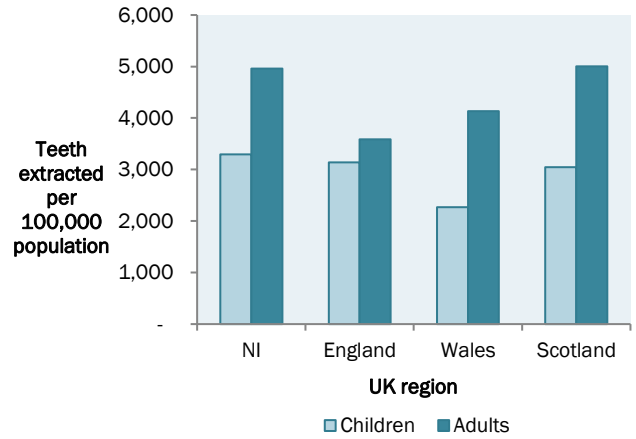
## 5.2 Extractions

Looking at the number of teeth extracted in 2020/21 by health service dentists<sup>8</sup> per 100,000 population, in Northern Ireland it was 46% lower than in the previous year. England, Wales and Scotland had significant decreases of 46%, 44% and 50% respectively, all attributable to pandemic restrictions. Between 2014/15 and 2019/20, Northern Ireland had the second highest extraction rate 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 6% decrease in NI adults. The largest drop in extraction rate between 2014/15 and 2019/20 was 20% as observed among children in Scotland. England has seen a 13% decrease overall in the number of extractions carried out in the same period, with drops of 12% for children and 14% for adults over that 5 year period (see Figures 5.3 & 5.4 and [Annex Table 1.17](#)).

<sup>8</sup> Analysis only includes work carried out by primary care dentists.



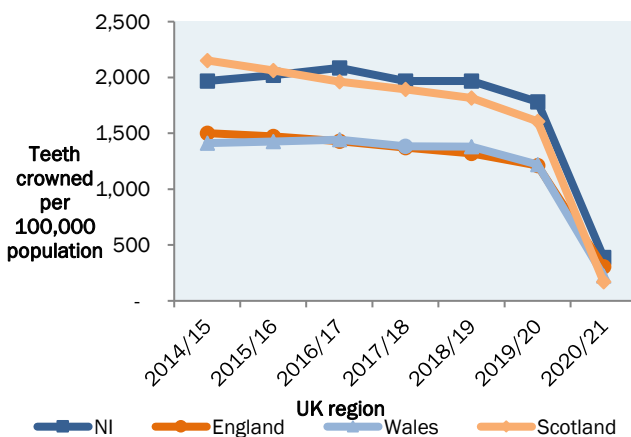
**Figure 5.3** Number of teeth extracted by health service dentists per 100,000 population by UK regions: 2014/15 to 2020/21



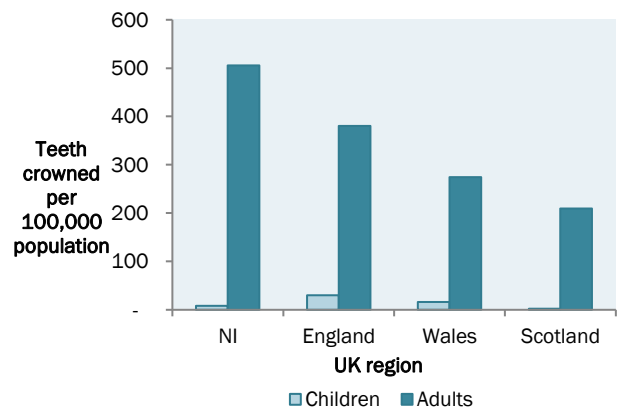
**Figure 5.4** Number of teeth extracted by health service dentists per 100,000 population by UK regions and Children/ Adult: 2020/ 21

### 5.3 Crowns

Looking at the number of teeth crowned in 2020/21 by health service dentists<sup>9</sup> per 100,000 population, in Northern Ireland it decreased by 78% from the previous year. England, Wales and Scotland had significant decreases of 75%, 82% and 89% respectively, all attributable to pandemic restrictions. In the last 5 pre-pandemic years (since 2014/15), the number of teeth crowned in NI per 100,000 population had fallen by 9%. Scotland, England and Wales have seen decreases of 25%, 19% and 14% 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 2020/21



**Figure 5.6** Number of teeth crowned by health service dentists per 100,000 population by UK regions and Children/Adult: 2020/21

<sup>9</sup> 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 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.

### 6.1 Dental Services Cost Summary

2021/22 was another year where the Covid-19 pandemic impacted health service dentistry. Dentists continued to face restrictions on seeing patients and incurred additional costs. Because of this, additional support payments were made to dentists in 2021/22 to support them during periods of 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 £87.0 million with an additional £13.1 million in patient contribution for treatments. Both these figures are down from pre-pandemic 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 in 2021/22 were £43.7 million, bringing the total gross cost of services in that year to £143.8 million, a 9% rise on the previous year (see Table 6.1). Excluding patient payments, the cost in 2021/22 was 5% higher than in 2020/21.

Financial Year	Net Cost of Dental Service (£ Millions)	Patient Payments (£ Millions)	Covid-19 Payments <sup>10</sup> (£ 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

<sup>10</sup> 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.

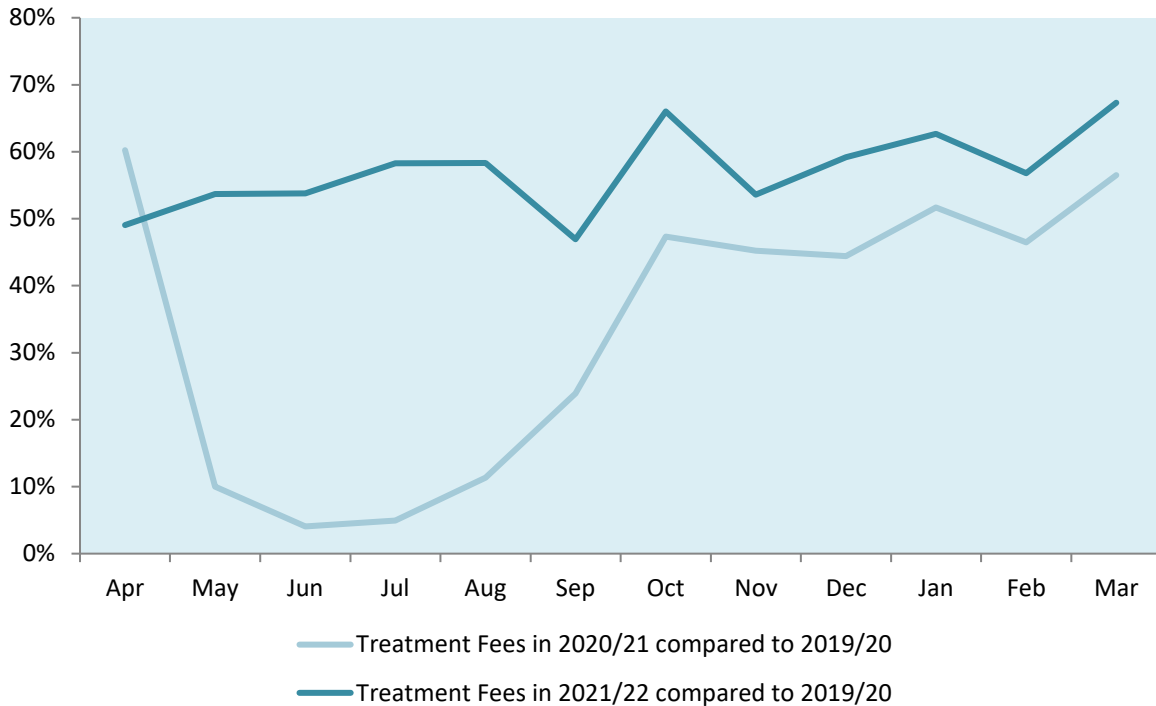


Financial Year	Net Cost of Dental Service (£ Millions)	Patient Payments (£ Millions)	Covid-19 Payments <sup>10</sup> (£ Millions)	Total Costs of Dental Services (£ Millions)
2012/13	£97.7	£19.4	n/a	£117.1
2013/14	£101.7	£20.2	n/a	£121.9
2014/15	£101.6	£20.9	n/a	£122.5
2015/16	£100.4	£22.5	n/a	£122.9
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
2021/22	£87.0	£13.1	£43.7	£143.8

**Table 6.1:** Payments made for Dental services, 2004/05 to 2021/22. [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 2020/21 and 2021/22, Figure 6.1 below compares the Item of Service (IOS) treatment fees (including patient charges) for 2021/22 and 2020/21 with the figures for 2019/20. Across the whole of 2021/22, on average treatment fees are at 57% of pre-pandemic levels. There has been considerably less fluctuation in treatments compared to 2020/21, consistent with the monthly pattern of pandemic restrictions. The figures are on an upward trend but activity claimed in the more recent months is still just under 70% of 2019/20 levels.



**Figure 6.1:** Percentage of Item of Service Treatment Fee in 2020/21 and 2021/22 compared to same month in 2019/20. [See Annex Table 1.34.](#)

### 6.3 Local Commissioning Group Level<sup>11</sup>

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. In 2021/22, patient payments were still reduced compared to pre-pandemic levels and dentists were compensated for this by BSO. As a result, the cost to the health service rose and can be seen in the increased cost per patient in 2020/21 and 2021/22 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, in combination with generally higher cost orthodontic referrals, rather than practices in their home area. Belfast LCG had the highest average spend (£83.70) per resident population with South Eastern having the lowest (£52.40).

<sup>11</sup> When referring to cost, LCG is based on the location of the dental practice



Figure 6.2: Cost of Dental services by LCG, 2021/22. [See Annex Table 1.31.](#)

#### 6.4 Local Government District Level<sup>12</sup>

At Local Government District (LGD) level, Belfast LGD accounts for 23% of the net cost of Dental Services, whilst Fermanagh & Omagh and Lisburn & Castlereagh LGDs each account for just 5% each of spend for Northern Ireland. Belfast LGD also has the highest cost per resident population at £86.00 compared to the Northern Ireland average of £68.10 (see Figure 6.3).

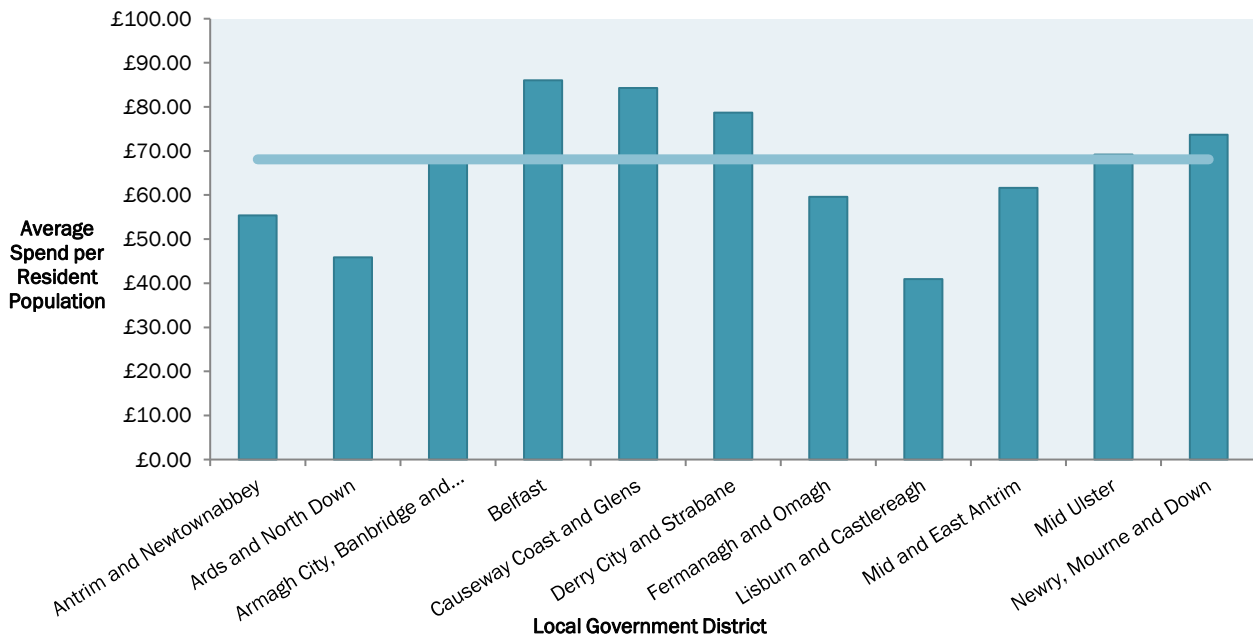


Figure 6.3: Health service dental spend per registered patient by Local Government District, 2021/22. [See Annex Table 1.32.](#)

<sup>12</sup> When referring to cost, LGD is based on the location of the dental practice

## 6.5 GDS Fees<sup>13</sup>

In 2021/22, just under £115 million of GDS fees<sup>13</sup> were paid, £10.7 million more than 2020/21. GDS Fees include Registration fees, Item of Service fees (including patient charges), Bulk Adjustments and, for 2021/22, FSS and PPE payments. GDS fees had increased each year since 2014/15 until 2019/20, with the 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 amounted to almost £29 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 2021/22, Bulk adjustments amounted to £1.91 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 2021/22 totalling £43.5 million, a reduction of 14% compared to 2020/21 as services continued to rebuild following the pandemic ([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, readers should be mindful of this when interpreting results in the following sections on Children (Capitation) Fees and Adult (Continuing Care) Fees.

### 6.5.1 Children (Capitation) Fees<sup>14</sup>

In 2021/22, £29.8 million in child GDS fees was paid (including registration fees and treatments carried out). Child GDS fees remained relatively stable between 2013/14 and 2019/20 ranging between £31.6 million and £33.2 million, however this dropped to £24.4 million in 2020/21 due to the pandemic. The number of children registered and attending GDS rose by 5% between 2014/15 and 2019/20 before falling by 3% during 2020/21 and

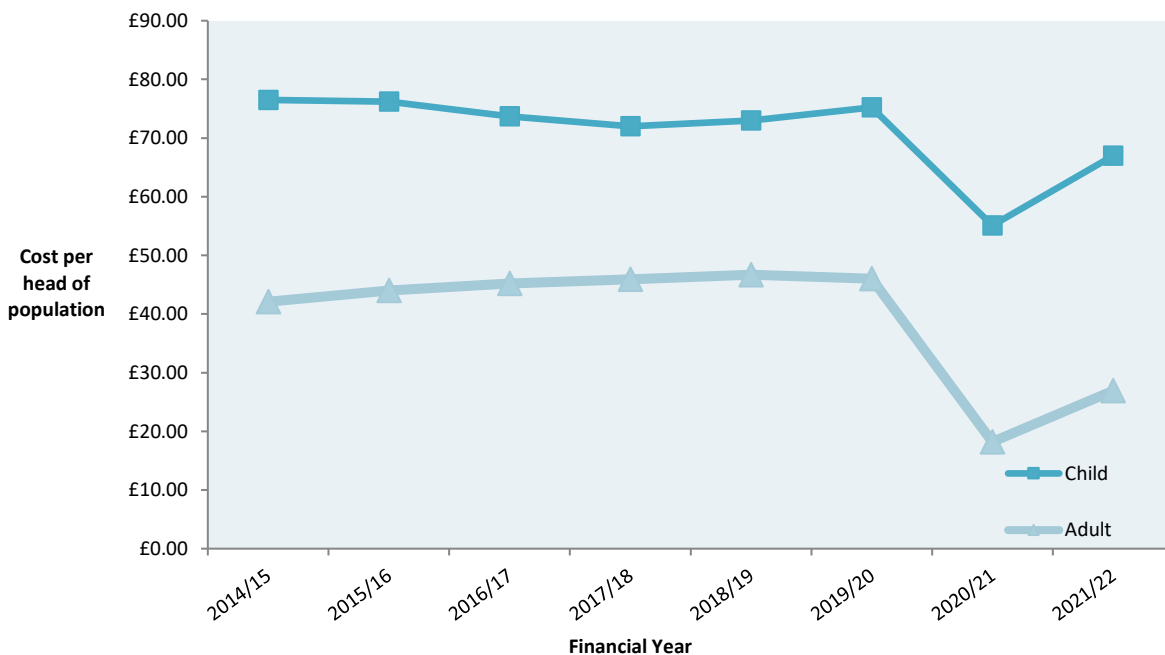
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<sup>13</sup> GDS Fees include Registration fees, Item of Service fees (including patient charges), Bulk Adjustments and for 2020/21 and 21/22 FSS and PPE payments

<sup>14</sup> Child GDS fees include registrations fees and SDR Item of Service (IOS) fees. All children aged 18 and under are entitled to free dental treatment.

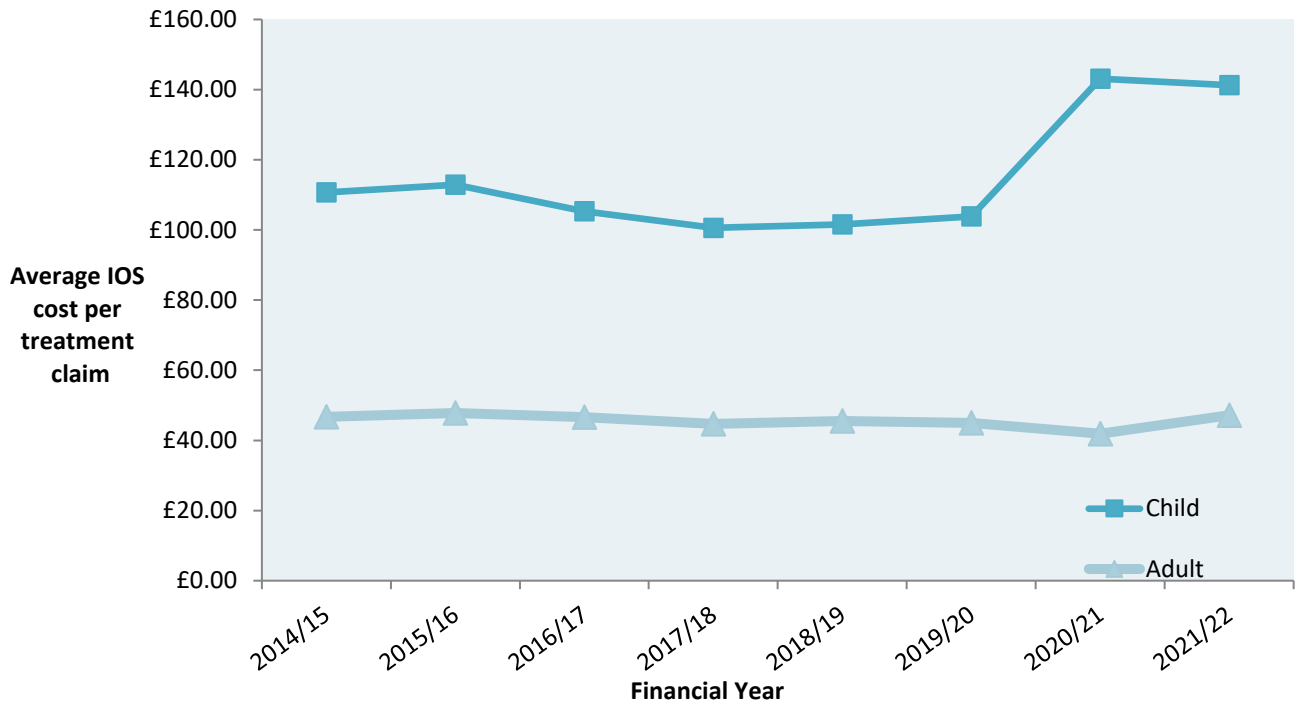
2021/22. This has contributed to a rise of 22% in capitation registration payments between 2014/15 and 2021/22. In the same timeframe there has been a decrease of 31% in SDR IOS payments for treatments carried out although the drops in 2020/21 and 2021/22 can be attributed to the pandemic. Dentists have received ongoing FSS and PPE payments throughout these two years which cannot be proportioned out against children and adults ([see Annex Table 1.33](#)).

Looking at the cost per head of child population, this was £67 in 2021/22, up from £55 in 2020/21. Both these years, have seen a lower cost per head of population due to the drop in the IOS Fees proportion of the GDS Fees. Prior to that rates had remained fairly stable between 2014/15 and 2019/20 fluctuating between a low of £72 in 2017/18 and a high of £77 in 2014/15 (see Figure 6.4 and [Annex Table 1.33](#)).



**Figure 6.4:** Cost per head of population by Adult/Child, 2014/15 – 2021/22. [See Annex Table 1.33](#)

Looking at the average IOS cost per treatment claim for a child, this was just over £141 in 2021/22, down slightly from £143 in 2020/21. Prior to this, the average IOS cost per treatment claim ranged between £101 (2017/18) and £113 (2015/16). The increase in the average IOS cost per treatment claim for a child in the last two years is likely attributable to Orthodontic treatments being impacted less by the pandemic and these would tend to be higher value claims (see Figure 6.5).



**Figure 6.5:** Average IOS cost per treatment claim by Adult/Child, 2014/15 – 2021/22. [See Annex Table 1.33](#)

### 6.5.2 Adult (Continuing Care) Fees<sup>15</sup>

In 2021/22, £39.7 million in adult GDS fees was paid (including registration fees and treatments carried out). Adult GDS fees had increased by 12% between 2014/15 and 2019/20 before falling to £26.7 million in 2020/21 due to the pandemic. The number of adults registered and attending GDS has risen by 15% since 2014/15. This has contributed to a rise of 30% in continuing care registration payments. In the same timeframe, there has been a decrease of 44% in SDR IOS payments although the drops in 2020/21 and 2021/22 can be attributed to the pandemic. Dentists have received ongoing FSS payments throughout these two years which cannot be proportioned out against children and adults ([see Annex Table 1.33](#)).

Looking at the cost per head of adult population, this was almost £27 in 2021/22, up from £18 in 2020/21. Prior to that costs had increased by 9% from £42 in 2014/15 to £46 in 2019/20 ([see Annex Table 1.33](#)). Both 2020/21 and 2021/22 have seen lower cost per head of population due to the drop in the IOS Fees proportion of the GDS Fees (see Figure 6.4).

Looking at the average IOS cost per treatment claim for an adult, this was just over £47 in

<sup>15</sup> Adult GDS fees include registrations fees and SDR Item of Service (IOS) fees (including patient charges).

2021/22, up from £42 in 2020/21. Prior to this, the average IOS cost per treatment claim had remained fairly stable between 2014/15 and 2019/20 fluctuating between a low of £45 in 2017/18 and a high of £48 in 2015/16 (see Figure 6.5).

## 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 2023. 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 and 2021/22 were extended at various points during these two years and as such any registrations due to expire have been extended and are currently set to expire at the end of September 2022. 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 £9.26. If the person is not entitled to free treatment then the patient charge would be £7.41 and the Health Service would pay the remaining £1.85.

### 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 2022.

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 [Child Dental Health Survey, England, Wales & Northern Ireland](#), [Adult Dental Health Survey - Summary report and thematic series](#) 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, 2021 and 2022 mid-year estimates were unavailable. 2018 based population projection for 2021 and 2022 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 Trusts in Northern Ireland, senior staff in Strategic Planning and Performance Group, health professionals, academics, HSC Stakeholders, the media and the general public.

### Main usages

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

It 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 is available. Additional details are in the [FPS Quality Assurance of Administrative Data report](#).

### 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](#)

#### Wales

- [Statistics on activity and workforce](#)

#### Scotland

- [Statistics on activity](#)

### Further Information

Further information about Northern Ireland and its health services, which may assist readers in interpreting this publication, is available on the [BSO Website](#).

**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>**