

# **Family Practitioner Services Statistics for Northern Ireland 2017/18**



## At a Glance

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Comments and feedback are welcome

## Introduction

### Revision Note

*This publication was revised on the 18th December 2018 replacing the original version released on 30<sup>th</sup> Oct 2018. The revision was necessitated when an inconsistency came to light with how 'joiners' and 'leavers' were being recorded on the Ophthalmic Practitioner list maintained by BSO – see [Revision Note](#) on BSO website for further explanation of this issue. This has affected Table 3.3 (in Table Annex 3), Fig 3.1, and all associated commentary and key points in this summary Annual Report.*

### Business Services Organisation (BSO) - Family Practitioner Services (FPS)

FPS sits within BSO's Operations Directorate and provides a range of essential business services to Health and Social Care (HSC) organisations, primary care contractors & patients and plays a critical role in the payment of over £800m annually to health professionals in the dental, pharmacy, GP and ophthalmic sectors.

FPS maintains the central register of patients registered with General Medical practices in Northern Ireland, which includes issuing medical cards and processing changes such as name, address and doctor. FPS calculates payments made to General Medical and Dental Practitioners, Chemists and Community Optometrists throughout Northern Ireland, 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 Report

This report has been produced by the FPS Information and Registration Unit comprising independent statisticians, on secondment, from the Northern Ireland Statistics and Research Agency (NISRA). These statisticians work closely with the business areas within FPS and also provide a range of analytical support functions to the Health and Social Care Board (HSCB), the Public Health Agency (PHA) and the Department of Health (DoH) as well as facilitating access to health information for research purposes through the Honest Broker Service.

This annual report, produced in accordance with the [Code of Practice for Statistics](#), is intended to present a high level summary of activity within the Northern Ireland FPS. Headline results for each FPS service area, supported by relevant charts, infographics, commentary, and user guidance are included in the main body of the report. The detailed tables which underpin each of the sections, and which provide further trend, demographic and regional breakdowns at Local Government District (LGD) and Local Commissioning Group (Health Trust) level, are included as [Annex Tables](#).

# Introduction (Continued)

## Data Quality Summary

The data have been primarily sourced from the Family Practitioner Payment System (FPPS), in respect of FPS activity and payment information, and the National Health Applications Infrastructure Services (NHAIS) system in respect of GP registrations data. Resident population data have additionally been sourced from official [NISRA demographic statistics](#).

The FPPS as a business critical payment system is subject to periodic audit. Based on the low percentage of all claims that are adjusted following payment, the data quality is generally assessed as very good and has improved over time. As with all administrative data systems, there will inevitably be some incorrect manual entry and, even when fully automated, there will always be a degree of error in the claims information submitted by primary care contractors. However, given the extensive validation that occurs prior to payments being made, coupled with the consistency/variance checks carried out by NISRA statisticians during the compilation of the statistics, we can be confident the data provide a good representation of FPS activity for the years covered by the report.

Similarly, the GP registrations data are subject to rigorous internal validation checks, particularly as registration on the list provides access to the NI healthcare system, and are generally believed to be of good quality. There is known to be some duplication of entries on the central register, and the count of persons on the registered list is currently sitting at around 5% above the NI population total (a phenomenon known as list inflation). However, it still represents a reasonably robust measure of GP workload down to GP practice level. Care needs to be taken, if using the register as a population measure due to the fact that list inflation is variable across age groups and geographies, for example, it can be greater amongst young adults who tend to be more mobile and also in border communities. NHAIS is due to be replaced in the next couple of years and it is anticipated there will be a further list cleaning initiative as part of migrating the data into the new system, improving its quality.

A background data quality report providing detail on sources and quality across each of the FPS service areas is available [here](#).

## Main Uses of the Data

The figures in this report represent the official statistics on BSO FPS activity for the most recent financial year (and earlier years where available on a consistent basis). They provide the definitive source of BSO payments activity and can be used to monitor trends in FPS services over time and across Northern Ireland. It is anticipated the main users of the publication will be health and social care commissioners/providers, central and local government, clinical groups, academics, charitable groups, commercial organisations, media, and members of the public. 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.

## Future Releases

It is intended to supplement this annual report with quarterly tabular updates of the key data series. The quarterly updates will be provisional and will not include any detailed commentary. Figures will then be finalised in the end year compendium. The release calendar for future statistical publications is available on the [BSO website](#).

## Further Information

All of the tables included in this report have been derived from static official statistics datasets created for each of the FPS service areas. Further breakdowns are available on request. Contact: [Info.BSO@hscni.net](mailto:Info.BSO@hscni.net)

## Feedback

The content of this new publication was informed by a wide ranging survey of potential users of FPS data. The findings from this exercise can be found [here](#). We are conscious, however, that it will need to evolve to continue to meet new and changing user needs. The FPS Information and Registration Unit welcomes all feedback relating to any aspect of this publication. In particular we would welcome feedback on the usefulness of the information to different users, the ways in which the information is used and what further information would be of benefit. Feedback can be provided via [Info.BSO@hscni.net](mailto:Info.BSO@hscni.net).



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# Key Facts

## General Medical and Registrations Services

- There were 333 GP practices active at 31<sup>st</sup> March 2018 in Northern Ireland compared with 350 in 2014. As the number of practices has decreased, the average number of registered patients per practice has increased by 8% over the same period to reach 5,926 in 2018.
- Despite the reduction in GP Practices, the number of GPs (excluding locums) has increased by 12% to 1,323 over the same 5 year period. Of these, 55% were female and 45% male, a notable shift in gender profile from 2014 when 46% were female and 54% male.
- There were 1,973,000 individuals on the index of patients registered with a GP practice at 31st March 2018 - comprising of 45,000 new patients registered and 39,000 patient registrations being deducted from the index over the year.
- During 2017/18, BSO processed £245.5m of payments towards the overall cost of GP services in Northern Ireland.

## Ophthalmic Services

- In Northern Ireland there were 271 ophthalmic practices at end of March 2018.
- At year end, there were 680 Ophthalmic Practitioners registered with BSO to provide Ophthalmic Services, of which almost 9 in 10 were Optometrists. (Revision applied 18th December 2018, [see here](#) for more information)
- Just under 464,500 sight tests were provided to patients during 2017/18, with almost two in every three (65%) provided to children aged under 16 or to older persons aged over 65.
- Over the last five years the number of home sight tests increased by 13%, approaching 16,100 in 2017/18.
- In 2017/18, the cost of primary care ophthalmic services in Northern Ireland was just under £23 million. The majority of the ophthalmic spend is on health service optical vouchers, to use towards the cost of buying glasses and lenses, closely followed by sight tests.

## Dental Services

- In Northern Ireland there were 377 dental practices with 1,137 dentists registered to carry out health service treatments at the end of March 2018. Since 2013, the number of female dentists has exceeded males and over a third of dentists are aged under 35 years (34%).
- Just under two-thirds (64%) of the population are registered with a practicing health service dentist, and this has remained relatively unchanged over the last 5 years. Children are more likely to be registered with a health service dentist than adults with registration rates of 75% and 61% respectively.
- Over the last 5 years, the number of health service dental treatments carried out on children aged 15 years and under has reduced despite little variation in their registration rates. Fillings have reduced by over one-fifth (22%), whilst extractions and orthodontic activity are both down by over one-tenth (11% and 12% respectively) during this period.
- In 2017/18, the net cost of primary care dental services in Northern Ireland was just under £97 million; in addition patients in Northern Ireland paid a further £25 million for treatments.

## Pharmaceutical Services

- As at 31st March 2018, there were 532 community pharmacies across Northern Ireland, an increase of 7% from 2008/09, and the equivalent of just over 28 pharmacies per 100,000 population.
- Just over 41.7 million prescription items were dispensed in Northern Ireland in 2017/18, equating to a total ingredient cost of around £436 million. These represent increases of 7% and 6% in items and cost respectively, since 2013/14.
- Prescription items relating to the Central Nervous System accounted for almost one quarter (24%) of the total ingredient cost over the most recent year.
- Belfast and Fermanagh & Omagh LGDs have the highest number of pharmacies per 100,000 resident population, each with 39 as at 31st March 2018, almost double the rate in Lisburn & Castlereagh.



# 1. General Medical and Registration Services



## Good to Know:

- GPs maintain their own clinical information systems, this section therefore does not contain data on the treatment of patients. The section includes details on the number of GPs, GP practices and some high level information about the number of patients registered with GPs.
  - Figures presented for GPs are headcount and refer to Unrestricted Principals or Equivalentents (UPEs) and Salaried GPs.
  - Information on Patient Registrations comes from the National Health Application and Infrastructure Services system (NHAIS). NHAIS is a suite of software implemented across primary care which manages services, patient registration and demographic details for England, Wales and Northern Ireland.
  - In order to access Primary Care Services in Northern Ireland, patients need to register with a GP practice. Each GP practice has a registered list of patients. The total size of this list is combined with key determinants of practice workload to create a more accurate reflection of the service provided by each practice. This weighted list is used for allocation of resources under the General Medical Services Contract.
  - GP practice characteristics vary in terms of number of GPs assigned to a practice, number of sites a practice operates from and number of patients registered to a practice.
  - Patient information presented by Local Commissioning Group (Health Trust) and Local Government District (LGD) is based on the GP registered population as opposed to resident population in an area. While the index of patients registered with a GP practice informs population statistics in Northern Ireland this is not the remit of collecting this data. For Northern Ireland population statistics click [here](#).
  - BSO payment towards GP services refers to the payments that BSO has processed on behalf of HSCB towards the overall cost of GP services in Northern Ireland. This expenditure is the payments processed in a given year and not the cost of the service provided in that year.
- More information can be found in the user guidance which accompanies the [tables](#) for this section.



# 1. General Medical and Registration Services

## FPS Medical Services

FPS Medical Services are responsible for administering payments to General Practitioner (GP) practices for the provision of health care; providing screening services to patients at centres throughout Northern Ireland; maintaining the list of patients registered with a GP; and maintenance of the Primary Medical Performers List.

GPs treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment. Before a patient can be registered with a GP in Northern Ireland, they are assessed to ensure they are entitled to these services.

**333**

GP practices in Northern Ireland at 31st March 2018

**1,323**

GPs in Northern Ireland at 31st March 2018

**1,973,000**

Patients registered with a GP practice in Northern Ireland at 31st March 2018

**45,000**

New patients registered with a GP practice in Northern Ireland, 2017/18

**39,000**

Patient registrations deducted from GP practices in Northern Ireland, 2017/18





# 1. General Medical and Registration Services

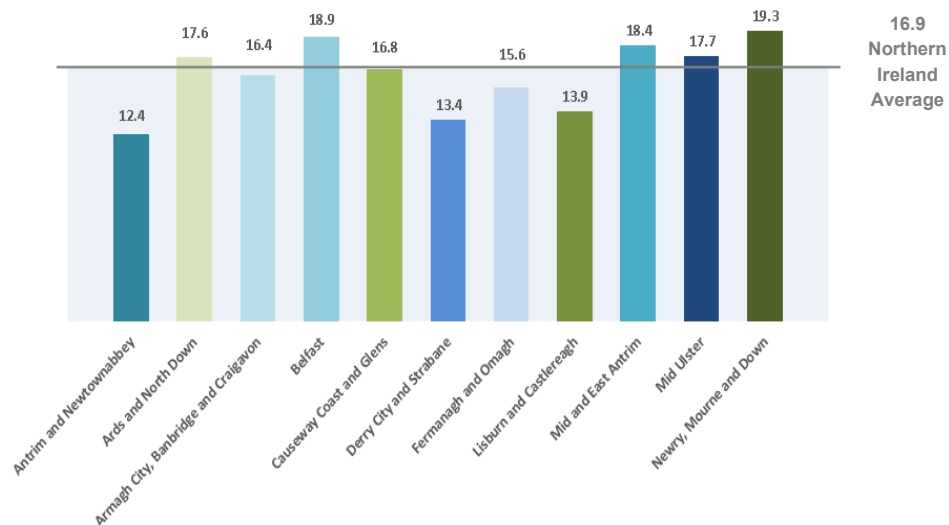
## GP Practices, GPs and Registered Patients

As of 31st March 2018, there were 333 GP practices and 1,323 GPs (headcount) across Northern Ireland. This is a 5% decrease in GP practices from 2014 but a 12% increase in GPs in the same period.

The change in the number of practices is as a result of closures, as well as mergers (where practices have combined). It should be noted that not all GPs work full-time hours so changes in headcount may not always reflect the change in full time GPs. The size of practices, in terms of their patient list sizes, has also changed over time.

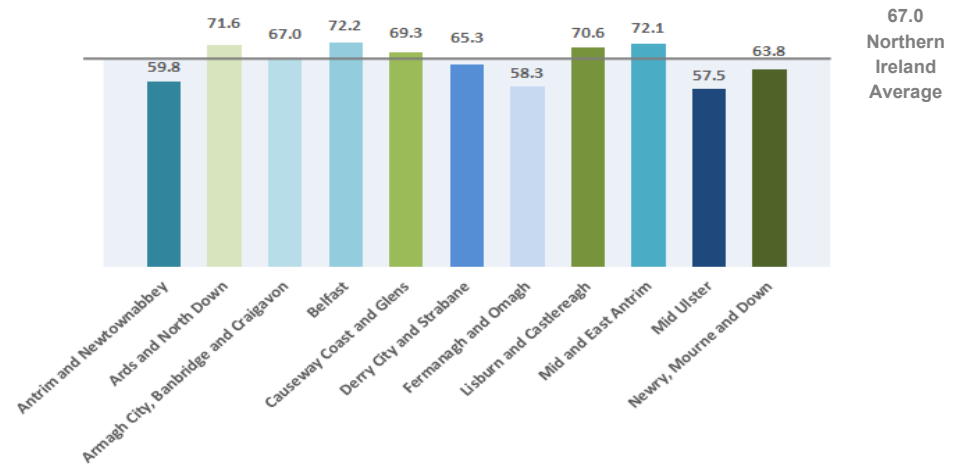
Belfast LGD has the largest number of GP practices (81) while Antrim & Newtownabbey LGD has the smallest number (16).

**Figure 1.1: GP practices per 100,000 registered patients, by Local Government District, 31st March 2018**



See Annex Table 1.5b

**Figure 1.2: GPs per 100,000 registered patients, by Local Government District, 31st March 2018**



See Annex Table 1.4b

Belfast LGD also has the largest number of GPs (309) and registered patients (428,000) while Fermanagh & Omagh LGD has the smallest number of GPs (71) and Lisburn & Castlereagh LGD has the fewest registered patients (115,000).

Clearly the size of the registered population in any given LGD will have an influence on the service required. Figures 1.1 and 1.2 present the number of GP practices and number of GPs per 100,000 registered patients in order to provide a better indication of service provision. Note, however, this does not take account of the different age profiles or levels of morbidity across areas which will also impact on service requirements.

Newry, Mourne & Down LGD has the highest number of GP practices per 100,000 registered population (19.3), over 55% more than Antrim & Newtownabbey LGD (12.4). Yet when looking at number of GPs per 100,000 registered patients Newry, Mourne & Down has 63.8 compared with 59.8 in Antrim & Newtownabbey meaning that in general GP practices in Antrim & Newtownabbey are larger and have more GPs operating out of them.





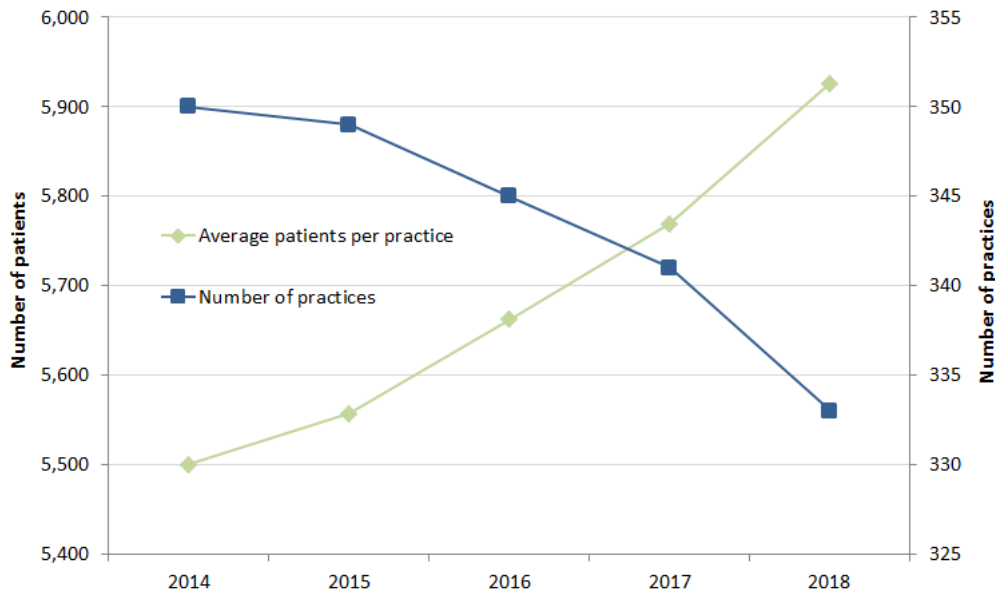
# 1. General Medical and Registration Services

## Practice and Patients per Practice Trend

As shown in Figure 1.3, the number of GP practices has decreased each year from 350 in 2014 to 333 in March 2018. As practices have closed or merged, consequently the number of patients per practice has increased.

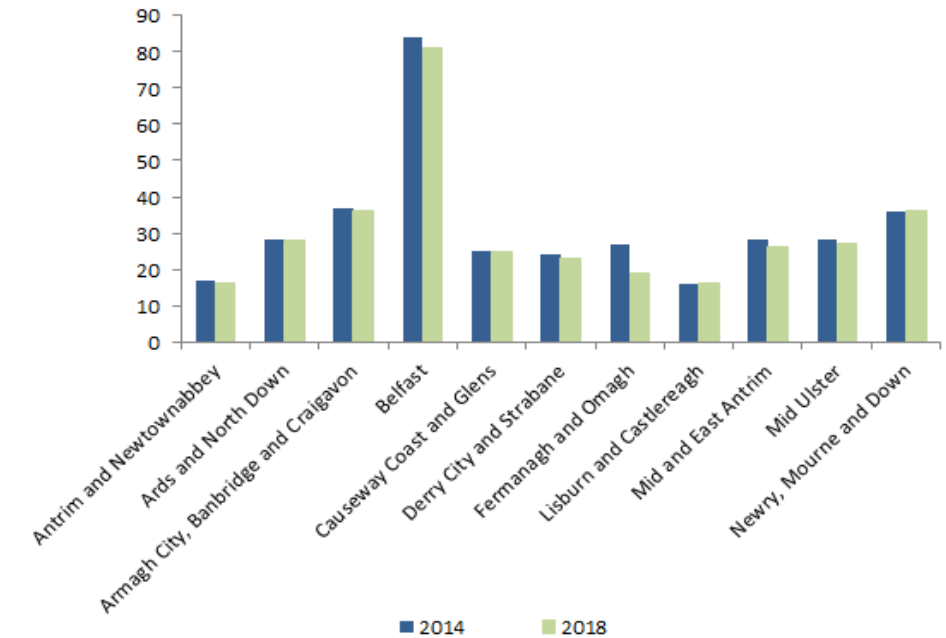
During this time the average number of patients per GP practice in Northern Ireland has increased from 5,500 in 2014 to 5,926 in 2018 (an 8% increase). The largest increase in one year was a rise of 157 patients per GP practice between 2017 and 2018.

**Figure 1.3: Average number of patients per practice and number of GP practices, 5 year trend at 31st March**



See Annex Table 1.3b

**Figure 1.4: Number of GP practices by Local Government District, 31st March 2014 and 31st March 2018**



See Annex Table 1.3a

Fermanagh & Omagh LGD shows the largest proportionate decrease in GP practices between 2014 and 2018 (a fall of 30%). Ards & North Down, Causeway Coast & Glens, Lisburn & Castlereagh and Newry, Mourne & Down have not experienced any decrease in the number of GP practices during this period (see Figure 1.4).

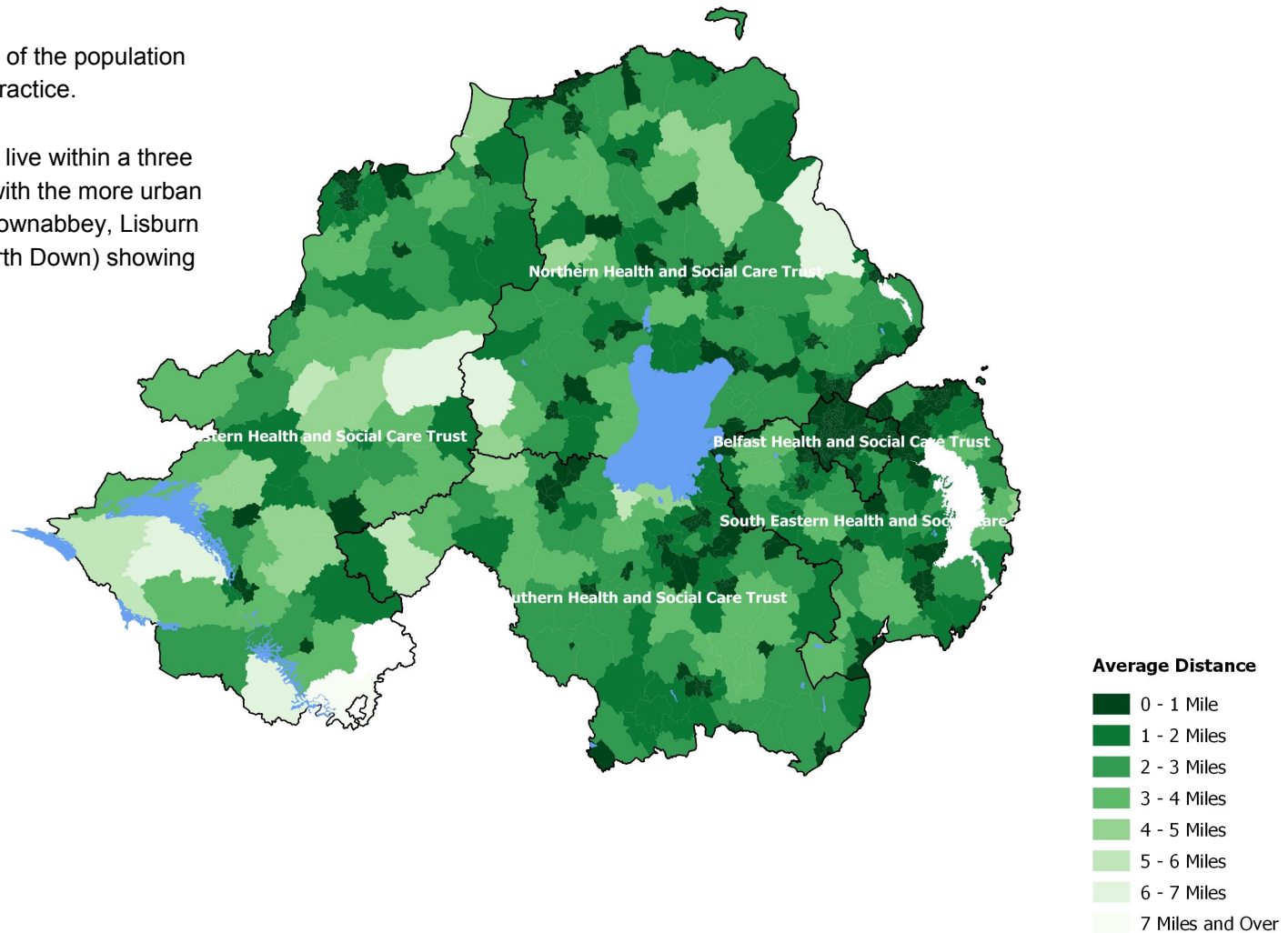
At Local Commissioning Group (Health Trust) level, Western shows the largest proportionate decrease in GP practices between 2014 and 2018 (16%). South Eastern is the only LCG to not have a decrease in the number of GP practices during this period (see Annex Table 1.3a for more detail).



# 1. General Medical and Registration Services

Figure 1.5: Average distance to nearest GP practice by Super Output Area, 31st March 2018

- At Northern Ireland level, 98% of the population live within five miles of a GP practice.
- At least 88% of the population live within a three mile radius of a GP practice; with the more urban LGDs (Belfast, Antrim & Newtownabbey, Lisburn & Castlereagh and Ards & North Down) showing upwards of 92%.



For average distances to nearest GP practice by Local Commissioning Group (Health Trust) and Local Government District refer to [Annex Tables 1.7a and 1.7b](#)





# 1. General Medical and Registration Services

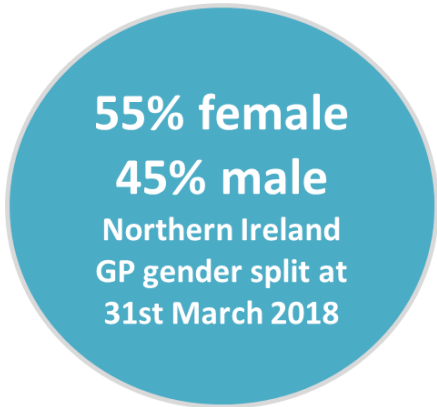
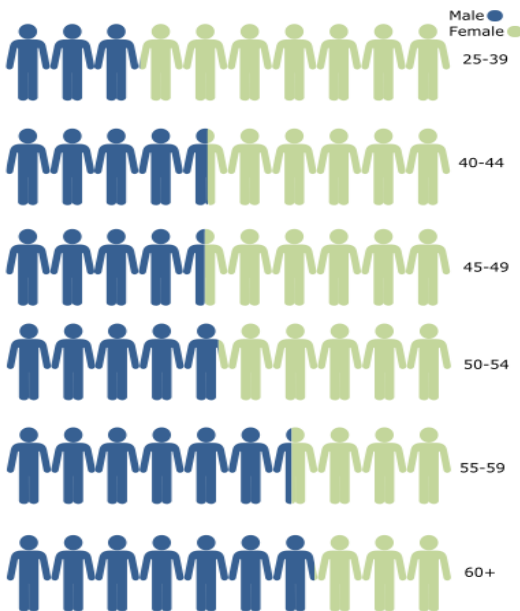


Figure 1.6: GP age bands by gender at 31st March 2018



See Annex Table 1.2a

## GP Workforce

As of 31<sup>st</sup> March 2018, there were 1,323 GP practitioners (headcount) across Northern Ireland. This is a 12% increase from 2014, however it should be noted that not all GPs work full-time hours.

Figure 1.7 shows there has been a general downward trend in the number of male GPs and a corresponding increase in the number of female GPs, with the number of female GPs surpassing the number of male GPs between 2015 and 2016.

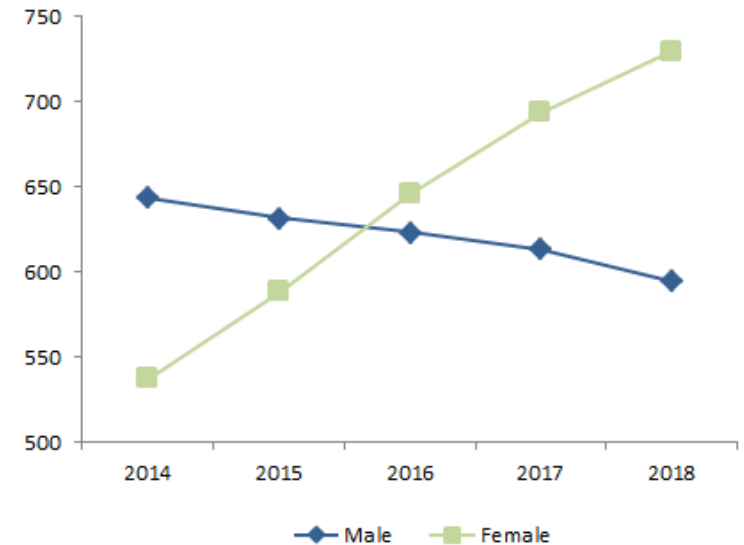
The changing demographics of the GP workforce are reflected in Figure 1.6. Generally the male workforce is ageing while there are more female GPs in the younger age brackets.

Almost half of female GPs (44%) are in the 25-39 age band compared to only 24% of male GPs. Currently only 5% of female GPs are aged 60 and over compared to 13% of male GPs.

The 25-39 age bracket is made up of 30% male and 70% female GPs. As age increases, so does the percentage of male GPs until the oldest age bracket (60+) where the figures are reversed at 69% male and 31% female.

Overall, the number of male GPs has decreased by 8% between 2014 and 2018, while the number of female GPs has increased by 36% during the same period.

Figure 1.7: Number of GP practitioners in NI, 5 year trend at 31st March



See Annex Table 1.2a





# 1. General Medical and Registration Services

## BSO Payment towards GP Services



The total BSO payment towards GP services in Northern Ireland for 2017/18 was £245.5 million.

Figure 1.8 presents BSO payment towards GP services by Local Commissioning Group (Health Trust). Northern had the highest payment towards GP services at £57.5 million. South Eastern had the lowest payment towards GP services (£38.9 million).

The average BSO payment towards GP services per registered patient for 2017/18 was £124, as shown in Figure 1.9.

Figure 1.8: BSO payment towards GP services by Local Commissioning Group (Health Trust), 2017/18

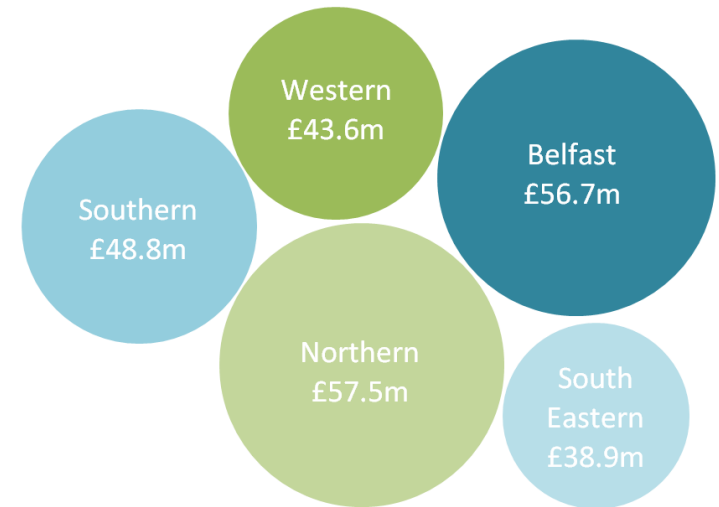


Figure 1.9: BSO payment towards GP services per registered patient by Local Commissioning Group (Health Trust), 2017/18



See Annex Table 1.6a

See Annex Table 1.6a

At Local Commissioning Group (Health Trust) level, the highest average payment towards GP services per registered patient was £133 in Western while the lowest was £117 in Southern.

At LGD level, the highest average payment towards GP services per patient was £135 in Derry City & Strabane while the joint lowest was £115 in Lisburn & Castlereagh as well as in Armagh City, Banbridge & Craigavon (see [Annex Table 1.6b](#)).

Factors that can influence variation in payment towards GP services per patient include age profile of patients, additional services available, deprivation measures, rent and rates variation, locum use, trial programs etc.



## 2. Dental Services



### Good to Know:

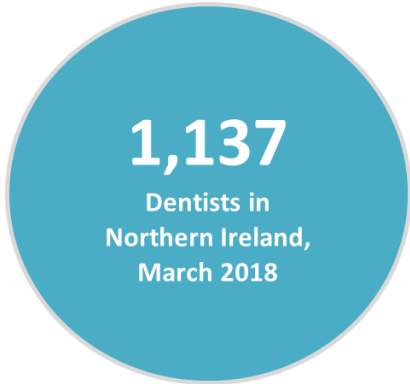
- The dental services section contains information about dentists in Northern Ireland along with the number of registered patients and the treatments they received.
- The data is based on claims provided to the Family Practitioner Service (FPS) by primary care dentists and excludes all private work and work carried out in secondary care.
- Detailed information on registrations and treatments is available over a five year financial period from 2013/14 to 2017/18. Data are based on the payment date of claims and not the service provided in that year.
- Patient information presented at Local Commissioning Group (Health Trust) and Local Government District (LGD) is based on the patients current address according to the GP register.
- Rates are calculated using the NISRA Northern Ireland Population Statistics which can be found [here](#).

More information can be found in the user guidance which accompanies the [tables](#) for this section.





## 2. Dental Services



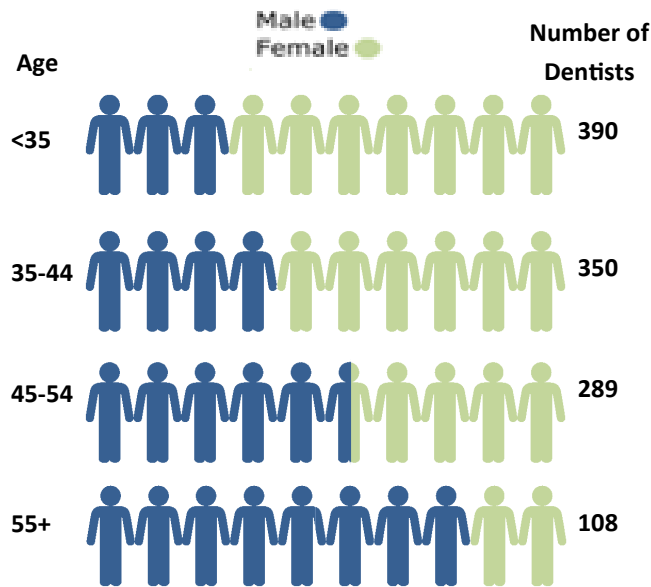
### FPS Dental Services

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.

#### Dental Practices and Dentists

In Northern Ireland there were 377 dental practices with 1,137 dentists registered to carry out health service treatments at the end of March 2018. Since 2013, the number of female dentists has exceeded males and in 2018 over a third of dentists are aged under 35 years (34%).

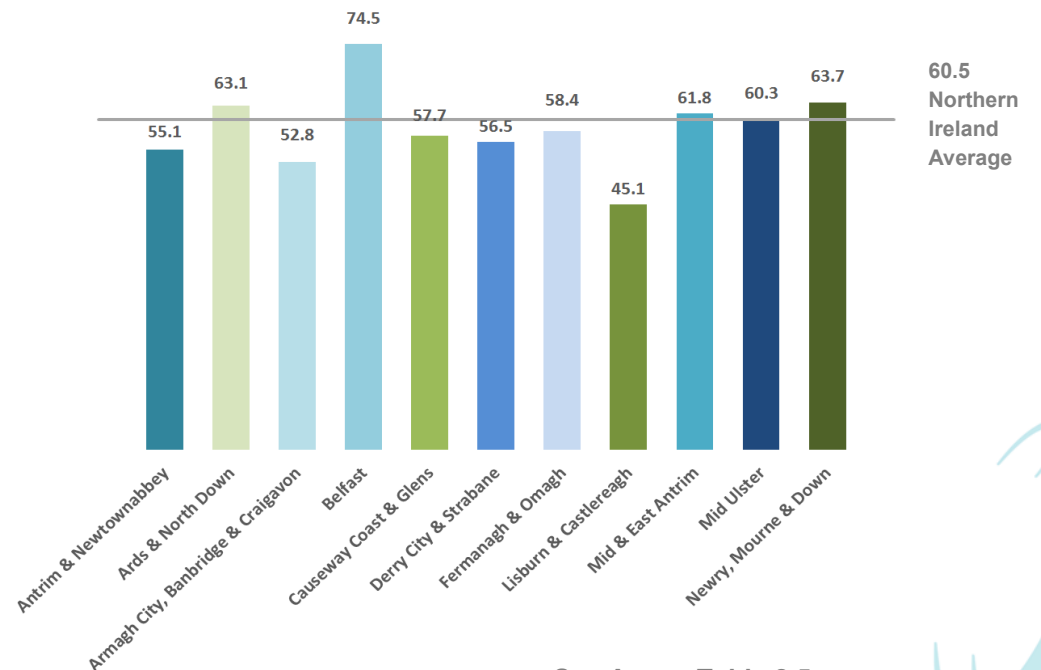
Figure 2.1: Dentist age and gender breakdown, March 2018



Belfast LGD has the most dentists; having 74 dentists per 100,000 resident population compared to the lowest area, Lisburn & Castlereagh having 45 dentists per 100,000 population (see Figure 2.2).

However, Belfast dentists are much more likely to treat patients from outside the area.

Figure 2.2: Number of dentists per 100,000 resident population, by Local Government District, March 2018



See Annex Table 2.1

Providing Support to Health and Social Care

See Annex Table 2.5



## 2. Dental Services

### Dental Registrations



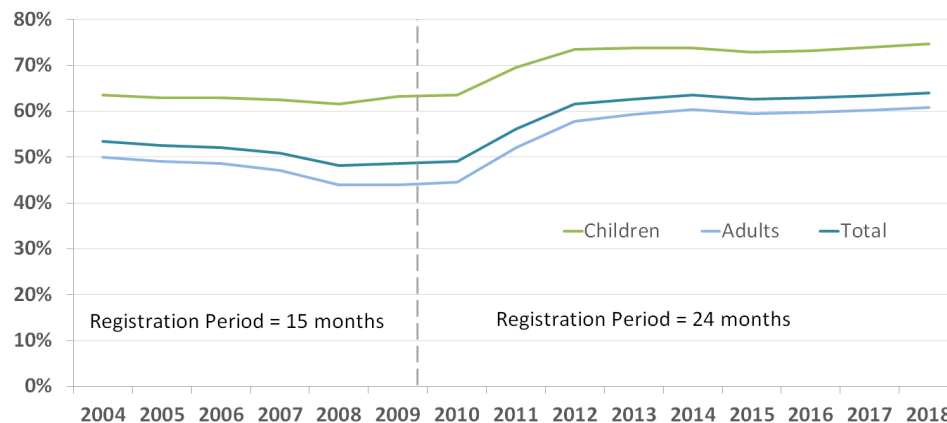
Just under two-thirds (64%) of the Northern Ireland population are registered with a practicing health service dentist. Patients registered with a private dentist are not included in this data. Children are more likely to be registered with a health service dentist than adults (75% compared to 61%).

The percentage of the population registered with a dentist has remained stable at around 63% for the last five 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.

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 from that point onwards (see Figure 2.3).

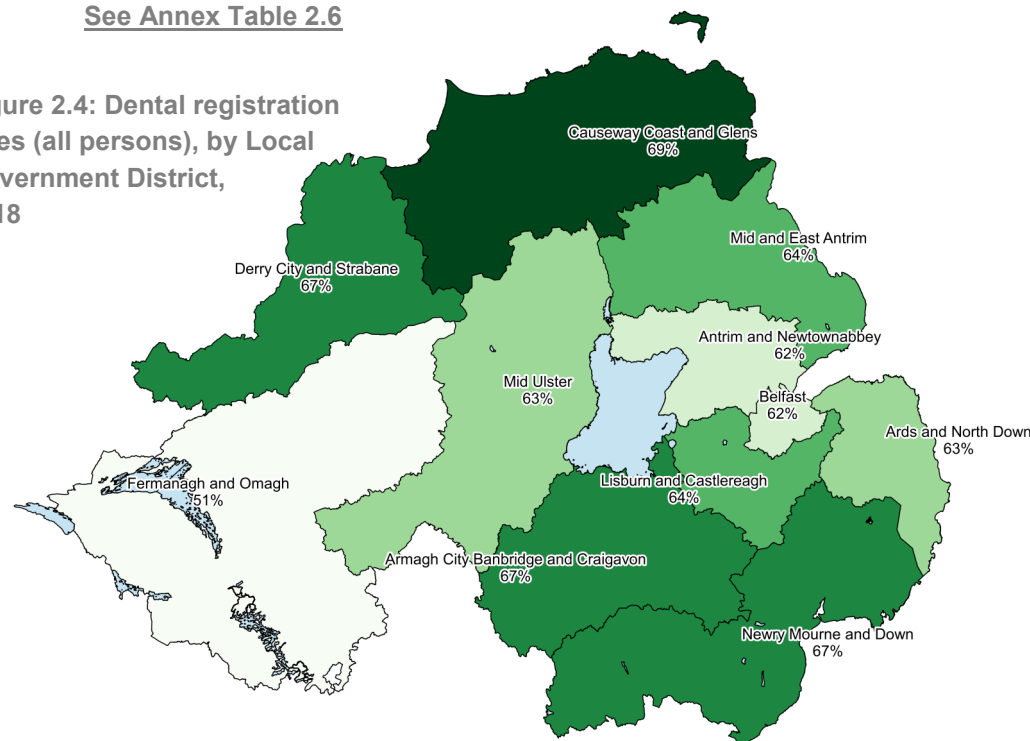
Looking across Northern Ireland, registrations for children aged 0-15 years for all LGDs exceeded 70%, ranging from 70% of the population registered in Belfast LGD to 77% registered in Lisburn & Castlereagh LGD. By contrast, for those aged 16 and over, the percentage of the population registered ranged from a low of 44% in Fermanagh & Omagh LGD to a high of 68% in Causeway Coast & Glens, with the Northern Ireland average being 61%. Variation in registration rates across areas will be partly attributable to accessibility and/or differential rates of private dental uptake.

Figure 2.3: Percentage of the population registered with a health service dentist, 2004 to 2018



See Annex Table 2.6

Figure 2.4: Dental registration rates (all persons), by Local Government District, 2018



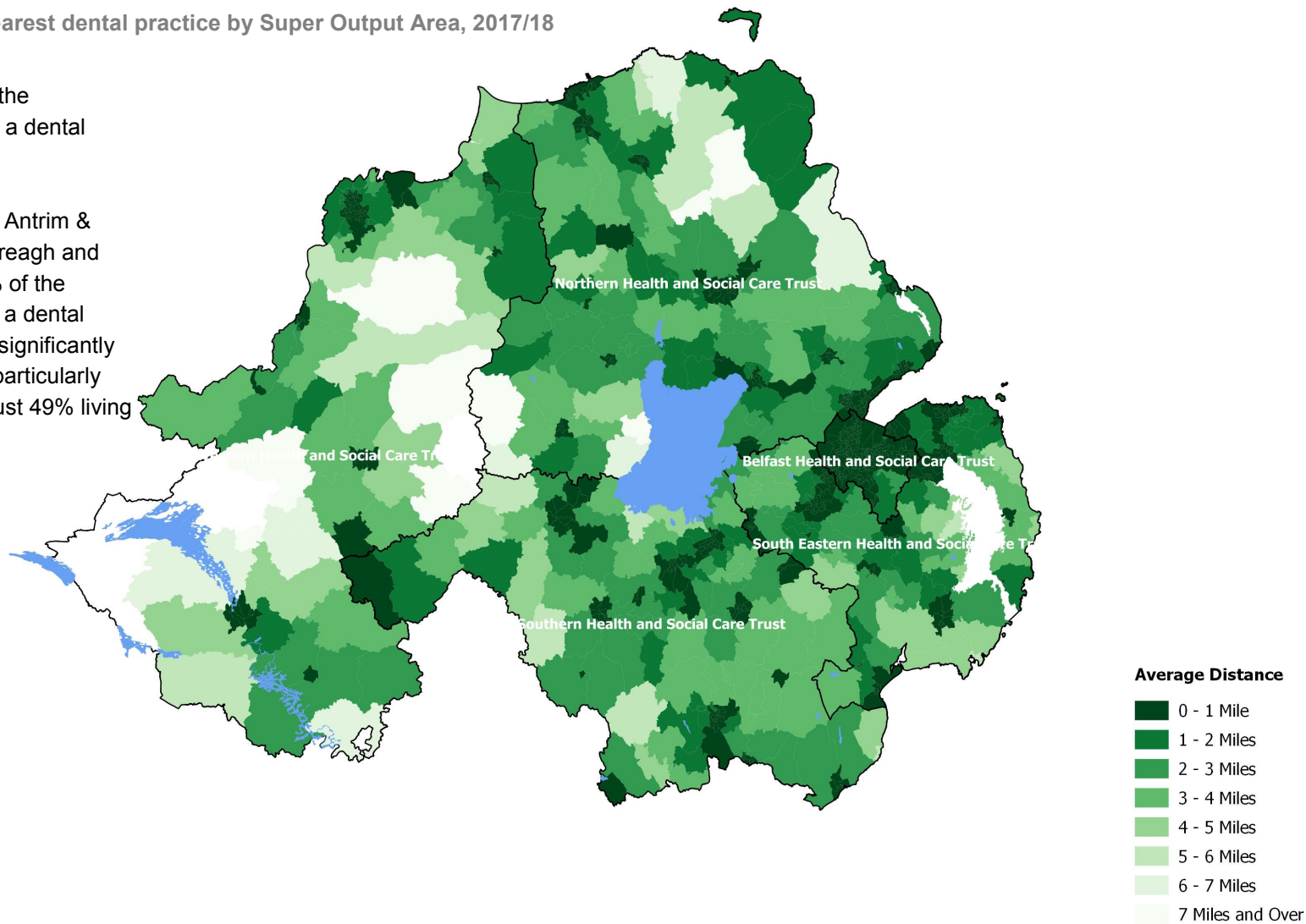
See Annex Table 2.9



## 2. Dental Services

Figure 2.5: Average distance to nearest dental practice by Super Output Area, 2017/18

- At Northern Ireland level, 94% of the population live within five miles 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 49% living within three miles of a dentist.



For average distances to nearest dental practice by Local Commissioning Group (Health Trust) and Local Government District refer to [Annex Tables 2.23 and 2.24](#)





## 2. Dental Services

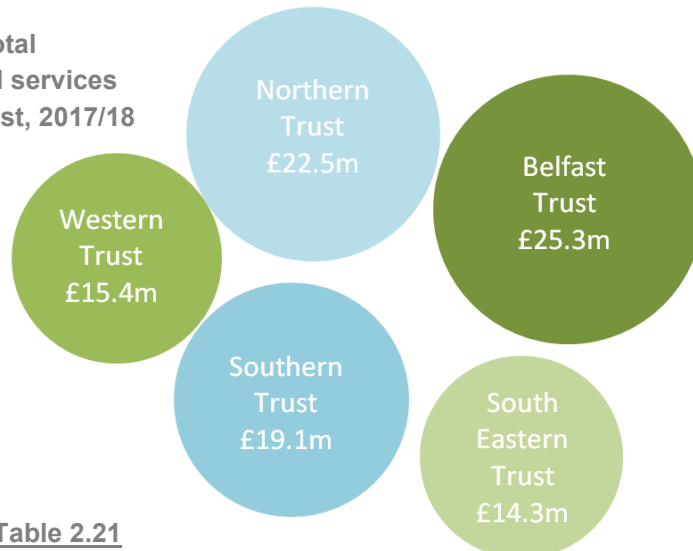
### Dental Costs

In 2017/18, the net cost of primary care dental services in Northern Ireland was just under £97 million; in addition patients in Northern Ireland paid a further £25 million for treatments. The total cost of primary care dental services in Northern Ireland had been increasing year on year but over the last two years it has fallen to, and remained at, around £121 million per year (see Figure 2.6).

The net cost of services differs by area. The variation by Local Commissioning Group (Health Trust) is shown in Figure 2.7. At Local Government District level the highest net cost is seen in Belfast, which accounts for over a quarter of all spend in Northern Ireland. This is mainly due to patients choosing to go to Belfast dentists rather than practices in their home town.

However, Belfast LGD also has the highest cost per registered patient at £97.20 compared to the Northern Ireland average of £80.30 (see Figure 2.8). 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 2.7: Total cost of dental services by Health Trust, 2017/18

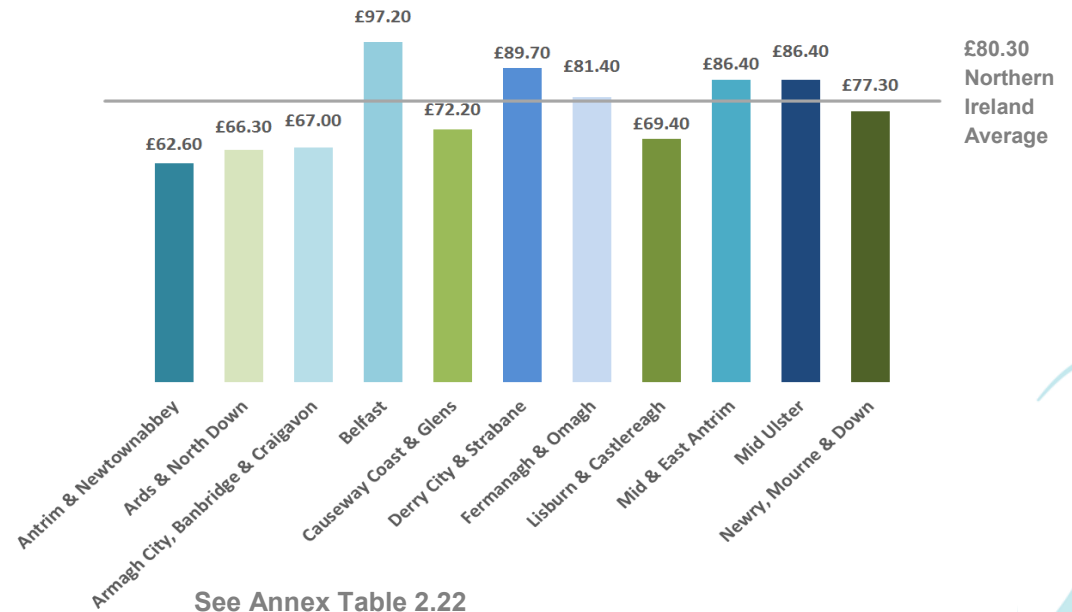


See Annex Table 2.21

Figure 2.6: Payments made for dental services, 2010/11 to 2017/18

£ Millions	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Net cost of service	87.7	93.7	97.7	101.7	101.6	100.4	97.8	96.7
Patient payments	17.4	18.1	19.4	20.2	20.9	22.5	23.6	24.5
<b>Total cost of dental services</b>	<b>105.1</b>	<b>111.9</b>	<b>117.1</b>	<b>121.9</b>	<b>121.9</b>	<b>122.9</b>	<b>121.4</b>	<b>121.2</b>

Figure 2.8: Dental spend per head of registered population, by Local Government District, 2017/18



See Annex Table 2.22



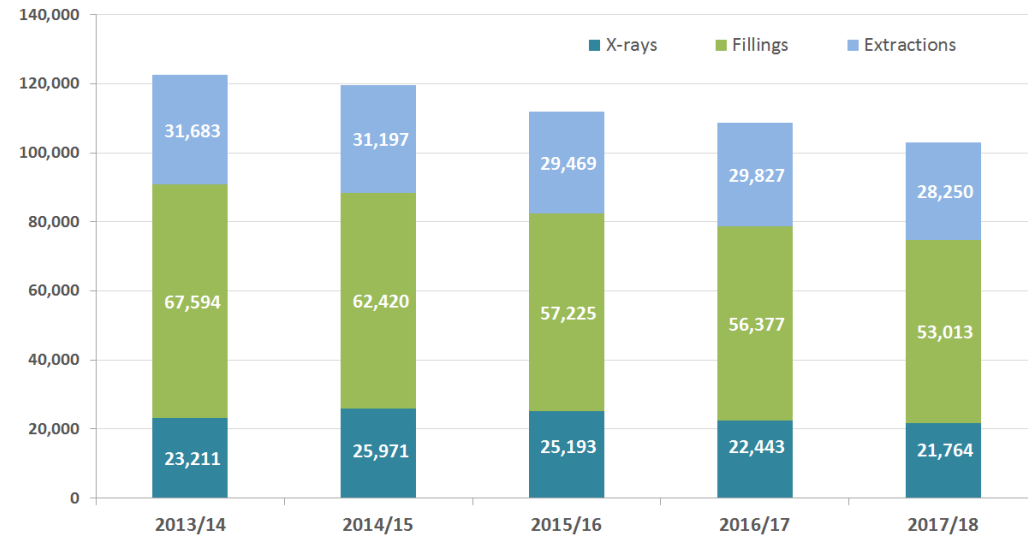
## 2. Dental Services

### Dental Treatments

Over the last five years the number of x-rays, fillings, crowns, extractions and orthodontic work on children aged 15 and under have all shown a decrease (see Figure 2.9).

A similar pattern can be seen for 16-44 year olds although the change is not as pronounced. However all treatments (x-rays, fillings, crowns, extractions and orthodontic work) have seen an increase over the last five years for those aged 45-74 and all treatments except orthodontic work have seen an increase for those aged 75 and over. It is unclear if this points to poorer oral health for the older age groups or if they are just more likely to visit a health service dentist and seek treatment now than they were five years ago.

Figure 2.9: Number of dental treatments to children aged 0-15 year olds, 2013/14 to 2017/18

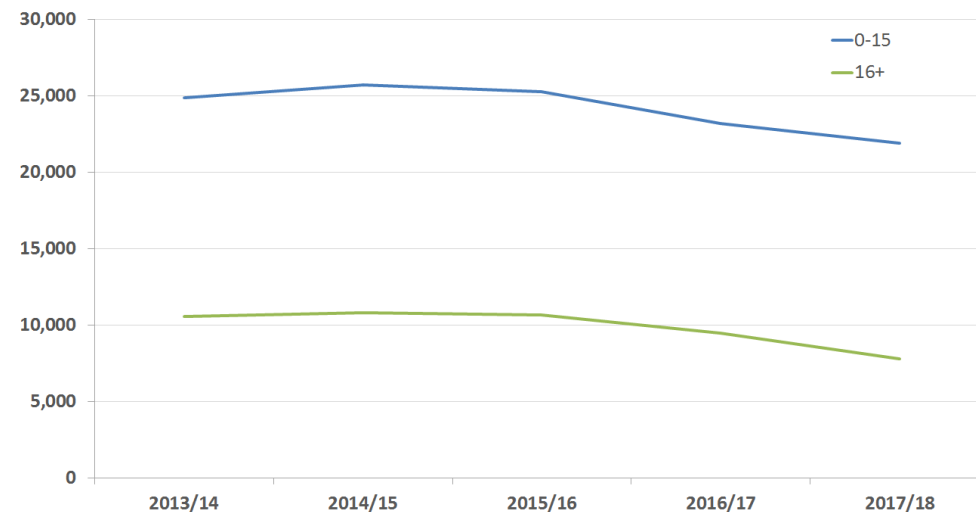


See Annex Tables 2.10 to 2.15

### Orthodontic Treatments

The number of orthodontic treatments carried out has seen a decline in the last few years (see Figure 2.10). 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. This change has seen a drop of 12% in orthodontic treatments for those aged 15 and under and a 26% reduction for those aged 16 over the last five years. 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.

Figure 2.10: Number of orthodontic treatments by patient age, 2013/14 to 2017/18



See Annex Tables 2.18 and 2.19



## 3. Ophthalmic Services



### Good to Know:

- The ophthalmic services section shows information about opticians in Northern Ireland along with the number of ophthalmic services carried out each year.
- The data is based on claims provided to the Family Practitioner Service (FPS) by primary care opticians and excludes all private work and all secondary care activity. It is possible to have multiple sight tests, vouchers or repairs during a financial year, so data does not refer to individual people.
- Not everyone is entitled to free ophthalmic services, see the user guidance which accompanies the [tables](#) for more details.
- Patient Health and Care Numbers (HCNs) are not available in the ophthalmic database at present and therefore a matching exercise with the central GP register was carried out in order to produce statistics by gender and area. Poor matching rates for earlier years, however, has meant only data for 2017-18 is provided in this report.
- The ophthalmic database does record date of birth and so data is provided by age band for the last five financial years, 2013-14 to 2017-18.
- Figures are based on the payment date of claims and not the service provided in that year.

More information can be found in the user guidance which accompanies the [tables](#) for this section.



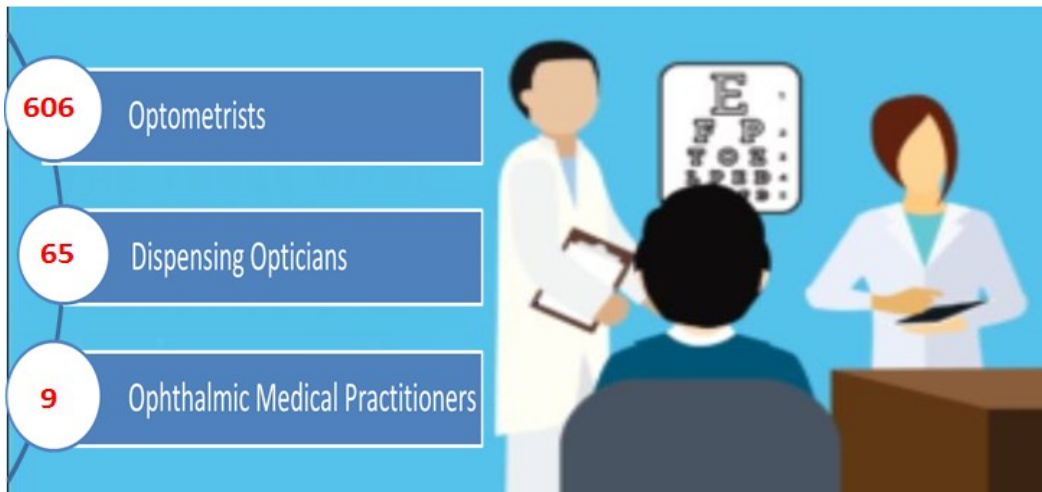
# 3. Ophthalmic Services

## FPS Ophthalmic Practices and Practitioners<sup>1</sup>

In Northern Ireland there were 271 ophthalmic practices with 680 primary care ophthalmic practitioners registered to carry out health service eye tests in 2018. This means there are 36.2 practitioners per 100,000 population.

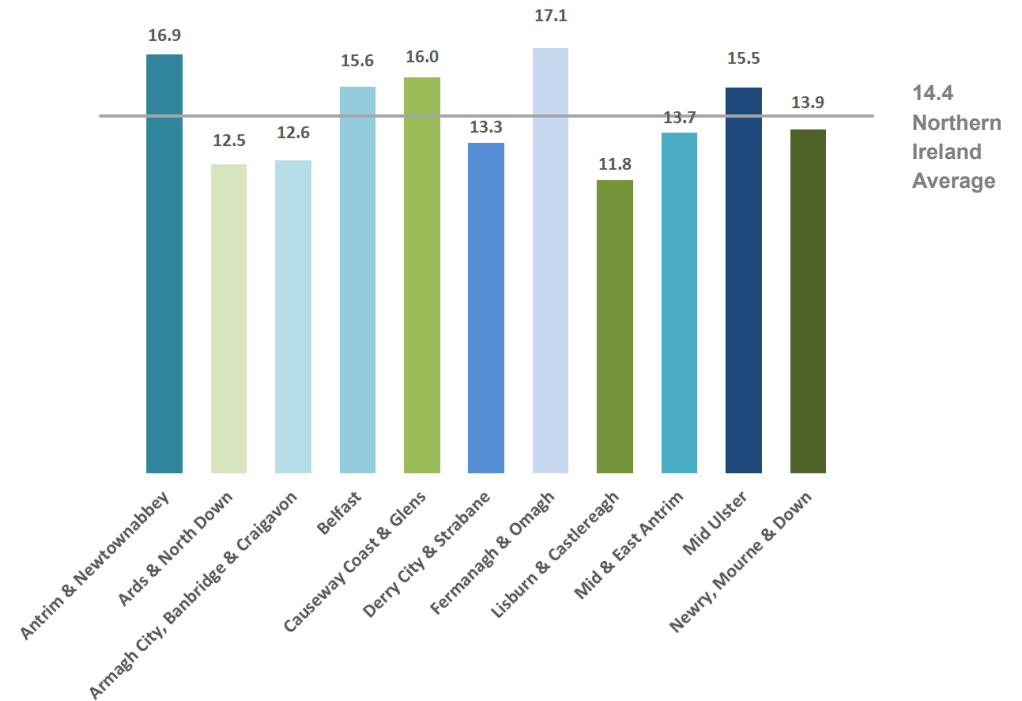
The number of ophthalmic practitioners registered with BSO has increased by almost 2% from 669 in 2017 to 680 in 2018. The majority of ophthalmic practitioners registered are Optometrists, they account for just under 90% of all practitioners, while the number of Dispensing Opticians and Ophthalmic Medical Practitioners are much smaller.

Figure 3.1: Number of ophthalmic practitioners registered with BSO at 31st March 2018



See Annex Table 3.3

Figure 3.2: Number of ophthalmic practices per 100,000 population,



See Annex Table 3.2

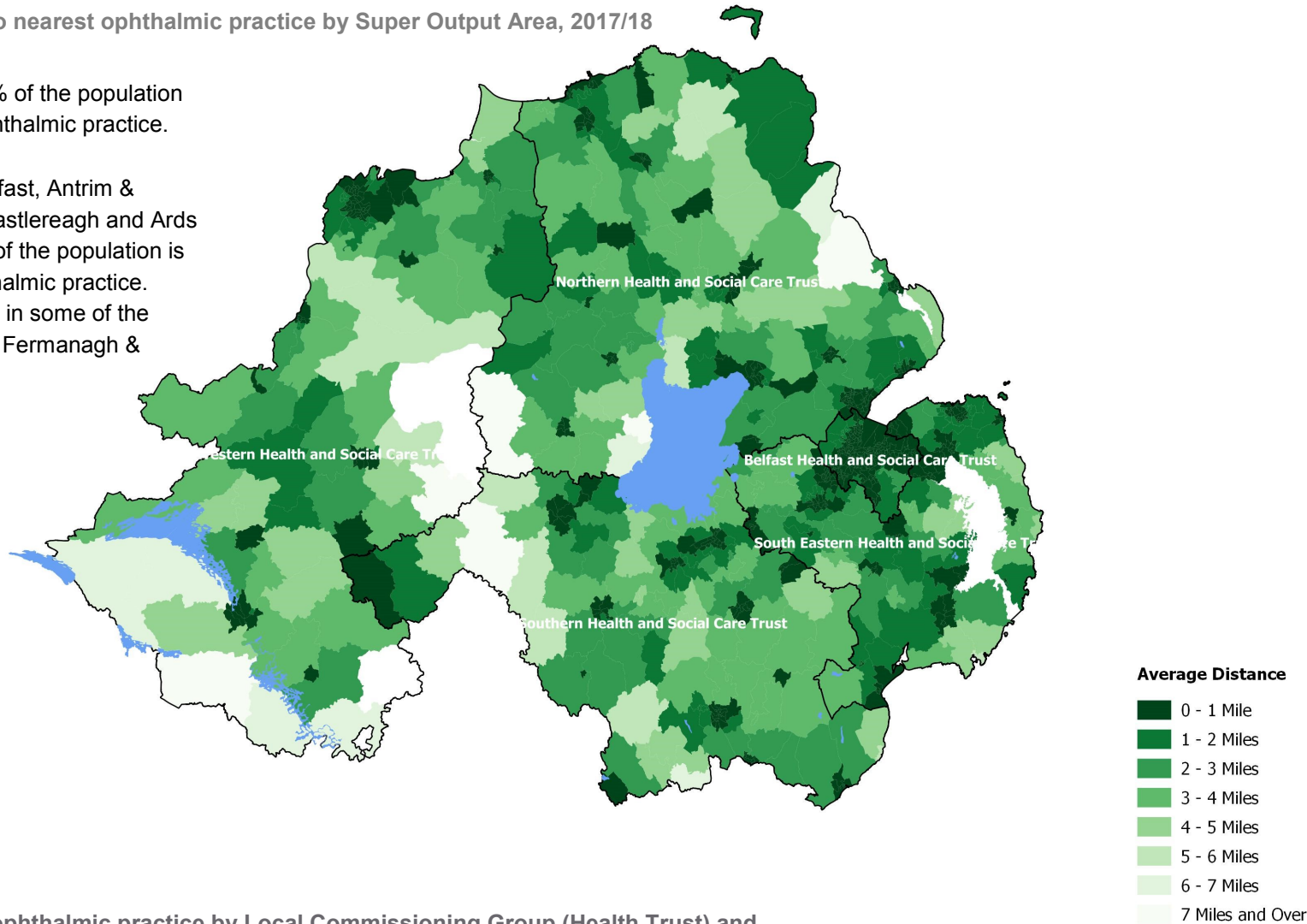
Belfast Local Government District has the most high street ophthalmic practices accounting for 20% of the Northern Ireland total. However looking at ophthalmic practices per 100,000 population, Fermanagh & Omagh LGD comes out top with 17.1 practices per 100,000 population closely followed by Antrim & Newtownabbey LGD at 16.9, while Lisburn & Castlereagh LGD has the lowest number of ophthalmic practices per 100,000 population at just 11.8 (see Figure 3.2).

<sup>1</sup> Ophthalmic Practitioner figs have been revised in Fig 3.1 and associated text – see [revision note](#) for further information

# 3. Ophthalmic Services

Figure 3.3: Average distance to nearest ophthalmic practice by Super Output Area, 2017/18

- At Northern Ireland level, 95% of the population live within five miles of an ophthalmic practice.
- In the more urban LGDs (Belfast, Antrim & Newtownabbey, Lisburn & Castlereagh and Ards & North Down) at least 87% of the population is within three miles of an ophthalmic practice. This figure drops significantly in some of the more rural areas, particularly Fermanagh & Omagh at just 52%.



For average distances to nearest ophthalmic practice by Local Commissioning Group (Health Trust) and Local Government District refer to [Annex Tables 3.17 and 3.18](#).



# 3. Ophthalmic Services



The number of health service sight tests had been increasing year on year over the last decade, however 2017/18 saw the first dip in numbers. Just under 464,500 sight tests were provided to patients in Northern Ireland, a decrease of 12,000 (3%) from 2016-17.

65% of health service sight tests were provided to those aged under 16 or those aged 65 and over.



Those who qualify for a health service sight test but are unable to leave home unaccompanied are entitled to a free sight test in their own home. This group usually include older and/or people with disabilities. The number of domiciliary visits has been slowly increasing each year and accounts for just over 3% of all sight tests each year. Over the last five years the number of home sight tests increased by 13% from 13,809 in 2013/14 to 15,562 in 2017/18.

Health service sight tests are only available free to certain groups:

### Who is entitled?

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

✓ are included in an award for Income Support	✓ are under 16 years of age
✓ are included in an award for <b>Income-related</b> Employment and Support Allowance	✓ are aged 16, 17 or 18 and in <b>full time</b> education
✓ are included in an award for <b>Income-based</b> Jobseeker's Allowance	✓ are aged 60 years or over
✓ are included in an award for Pension Credit <b>Guarantee Credit</b>	✓ are diagnosed diabetic
✓ are entitled to or named on a <b>valid NHS Tax Credit Exemption Certificate</b>	✓ are diagnosed as having glaucoma
✓ are named on a <b>valid HC2 Certificate</b>	✓ are aged 40 or over and have a parent, brother, sister, son or daughter with glaucoma
✓ are named on a <b>valid HC3 Certificate</b> (offering partial assistance with charges)	✓ are registered blind or partially sighted
	✓ have been prescribed complex lenses





# 3. Ophthalmic Services

## Health Service Optical Vouchers

After a health service sight test is carried out, the patient may be given a health service optical voucher which they can use towards the cost of buying glasses, having lenses fitted to their current frames or getting contact lenses. The number of vouchers processed had been increasing year on year but, as with sight tests, saw a decrease in 2017/18. The reason for this apparent change in trend is unclear.

Comparing sight tests against vouchers processed gives an indication of the prescribing rate in Northern Ireland. Approximately just under half of all sight tests result in a prescription for a voucher(s) towards glasses/contact lenses. The prescribing rate had been gradually falling but has stabilised in the last three years at just over 44% (see Figure 3.4).

Figure 3.4: Sight tests, vouchers and prescribing rate, 2008/09 to 2017/18

Year	Health service sight tests	Number of optical vouchers processed	Prescribing rate
2008/09	396,633	181,424	45.7%
2009/10	415,491	187,700	45.2%
2010/11	422,830	191,688	45.3%
2011/12	434,399	198,285	45.6%
2012/13	437,701	203,618	46.5%
2013/14	445,757	205,901	46.2%
2014/15	453,714	206,983	45.6%
2015/16	468,117	207,457	44.3%
2016/17	476,423	211,814	44.5%
2017/18	464,466	205,864	44.3%

## Health Service for Repair or Replacement

A repair or replacement voucher should only be issued when there is no reason to believe there has been a change of an eye prescription. Children under 16 are eligible for repairs or replacements in cases of loss or damage without prior approval by the Family Practitioner Service (FPS). In line with the General Ophthalmic Services discretionary payments protocol glasses belonging to adults (including students aged 16-18 years) should only be repaired or replaced when FPS is satisfied the breakage or loss was due to illness, or in very exceptional circumstances of major hardship. The number of repairs and replacements fluctuates year on year, but is, on average, 33,000 per annum with almost all repairs and replacements for children aged 15 and under (approximately 98%).



### 3. Ophthalmic Services

#### Health Service Ophthalmic Service Costs

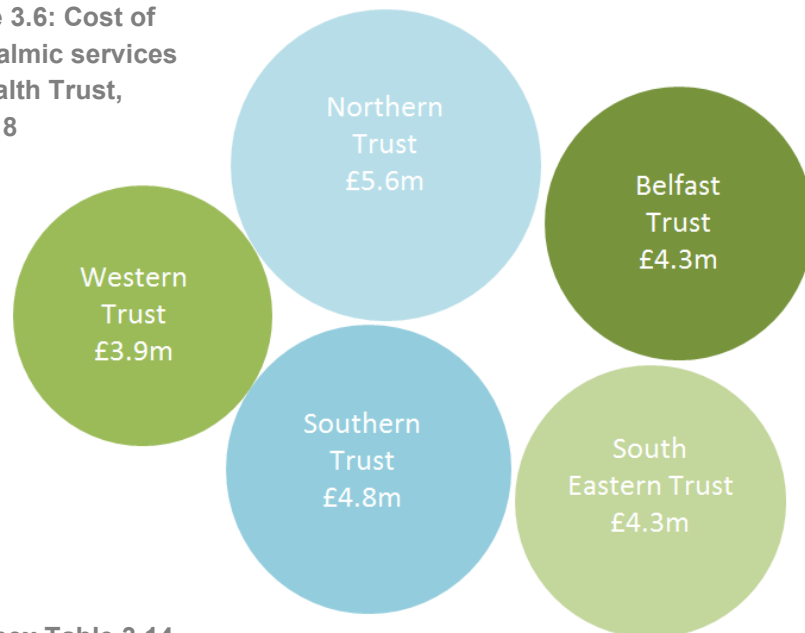
In 2017/18, the cost of primary care ophthalmic services in Northern Ireland was just under £23 million. The total cost of ophthalmic services in Northern Ireland had been increasing year on year but decreased by 3% in 2017/18 (see Figure 3.5). The majority of the ophthalmic spend is on vouchers closely followed by sight tests.

Figure 3.5: Payments made for ophthalmic services, 2013/14 to 2017/18

£ Millions	2013/14	2014/15	2015/16	2016/17	2017/18
<b>Total cost of ophthalmic services</b>	21.8	22.2	22.6	23.5	22.9

The cost of ophthalmic services differs by area. The variation by Local Commissioning Group (Health Trust) is shown in Figure 3.6.

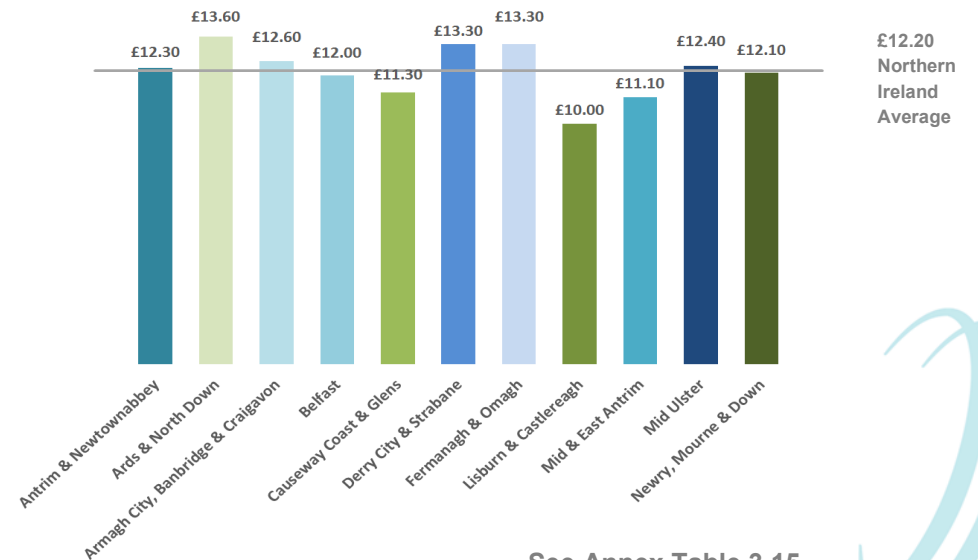
Figure 3.6: Cost of ophthalmic services by Health Trust, 2017/18



See Annex Table 3.14

At Local Government District level Belfast LGD accounts for 18% of all primary care spend, whilst Lisburn & Castlereagh LGD accounts for just 6% of spend for Northern Ireland. Looking at the spend per head of population Ards & North Down (£13.60), Fermanagh & Omagh (£13.30) and Derry City & Strabane LGDs (£13.30) have the highest spend with Lisburn & Castlereagh LGD (£10.00) having the lowest (see Figure 3.7).

Figure 3.7: Health service ophthalmic spend per head of population, by Local Government District, 2017/18



See Annex Table 3.15





## 4. Pharmaceutical Services



### Good to Know:

- The data only contains information on prescriptions that have been dispensed. Information from prescriptions that have initially been prescribed by a GP or nurse but not subsequently taken to a pharmacy for dispensing is not available.
- Dispensed item ingredient cost is based on the gross cost before discounts and will not necessarily reflect the actual amount paid.
- The allocation of patient profile (age, gender, geographical location) to prescription items is dependent upon the auto-scanning rates of prescriptions during the payment process. Although these rates have been decreasing in recent years with around 75% scanned in 2017/18, the data are still considered to be representative of patient prescribing patterns across Northern Ireland (see [Background Quality Report](#) for further information on this issue). The “missing” data do, however, need to be taken into account if considering absolute numbers or trends across time. Note that this limitation only applies to those analyses which relate to patient demographic or geographic breakdowns - overall NI-level analyses, or geographic analyses based on pharmacy location, are not impacted.
- Information at dispensed item level is available over a five year financial period from 2013/14 to 2017/18.
- Information at community pharmacy level is available over a 10 year financial period from 2008/09 to 2017/18.

More information can be found in the user guidance which accompanies the [tables](#) for this section.





# 4. Pharmaceutical Services

## Community Pharmacies

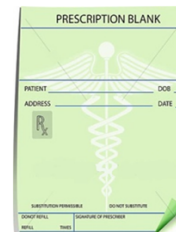
Community pharmacies, also called chemists, are one-stop health shops, offering services ranging from dispensing prescription medicines, selling medicines over the counter, giving advice on minor ailments, to providing services to help you to stop smoking and manage conditions such as asthma.



## FPS Pharmaceutical Services

FPS Pharmaceutical Services process prescriptions and other payment claims submitted on a monthly basis by pharmaceutical contractors, appliance contractors, dispensing doctors and oxygen concentrator contractors. In addition to calculation of payments to contractors, Pharmaceutical Services provide information on dispensing, prescribing and other statistics.

On a monthly basis, FPS Pharmaceutical Services:



Process on average

**1.93 million**

prescription forms

Equating to around

**3.5 million**

prescription items



Resulting in the reimbursement of items with a total ingredient cost of

**£36.4 million**





## 4. Pharmaceutical Services

### Pharmacies

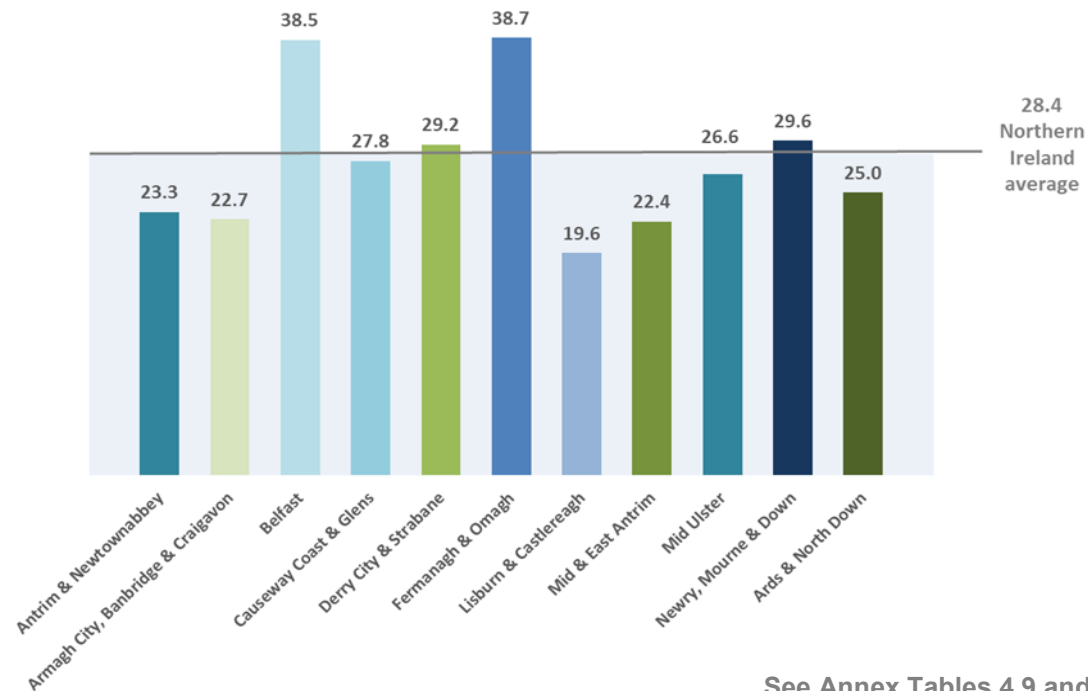
As at 31st March 2018, there were 532 community pharmacies across Northern Ireland. This represents a 7% increase in numbers from 2008/09.

At LGD level, Newry, Mourne & Down, Causeway Coast & Glens and Fermanagh & Omagh show the largest proportionate increase in pharmacy numbers at 18%, 14% and 13% respectively.

In Northern Ireland, the number of pharmacies per 100,000 population has remained relatively stable at around 28 to 29 over the last 10 years (see Figure 4.1 for data for 2017/18).

The Belfast and Fermanagh & Omagh LGDs have the highest number of pharmacies per 100,000 resident population, each with 39 as at 31st March 2018, almost double the rate in Lisburn & Castlereagh.

Figure 4.1: Pharmacies per 100,000 resident population, by Local Government District, 2017/18



See Annex Tables 4.9 and 4.10





## 4. Pharmaceutical Services

### Pharmacies Dispensing Activity – Monthly Dispensing Volumes

The average monthly dispensing per pharmacy has increased by over one-fifth (22%) from 5,325 items in 2008/09 to 6,495 items in 2017/18.

This trend is reflected in the increased proportion of pharmacies dispensing over 6,000 items per month which has risen from around one-third (33%) in 2008/09 to almost one half (48%) in 2017/18 (see Figure 4.2).

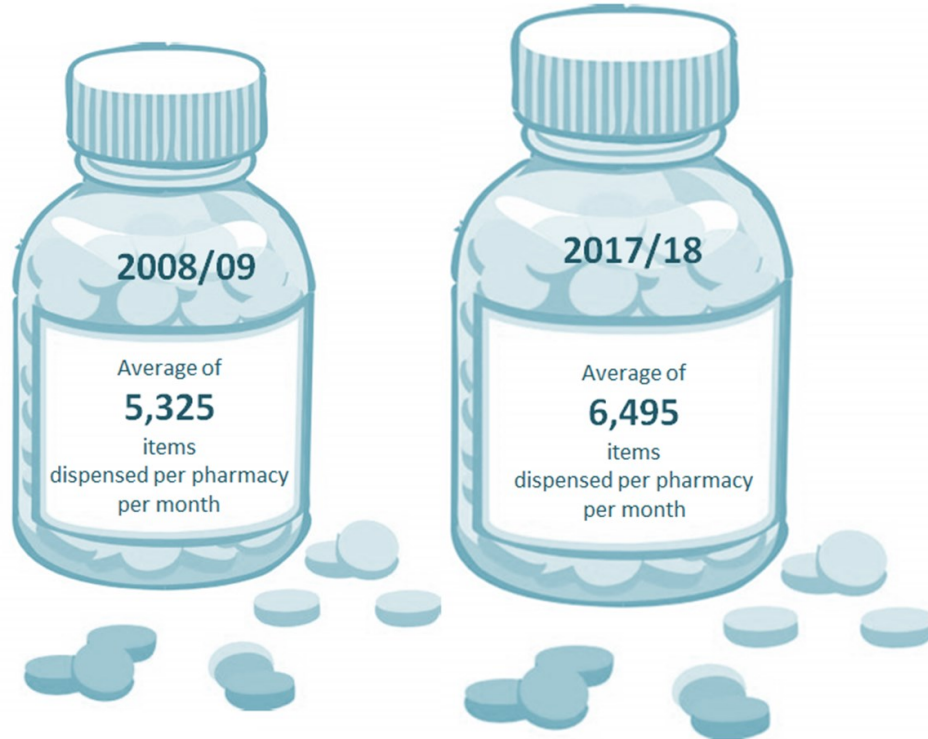
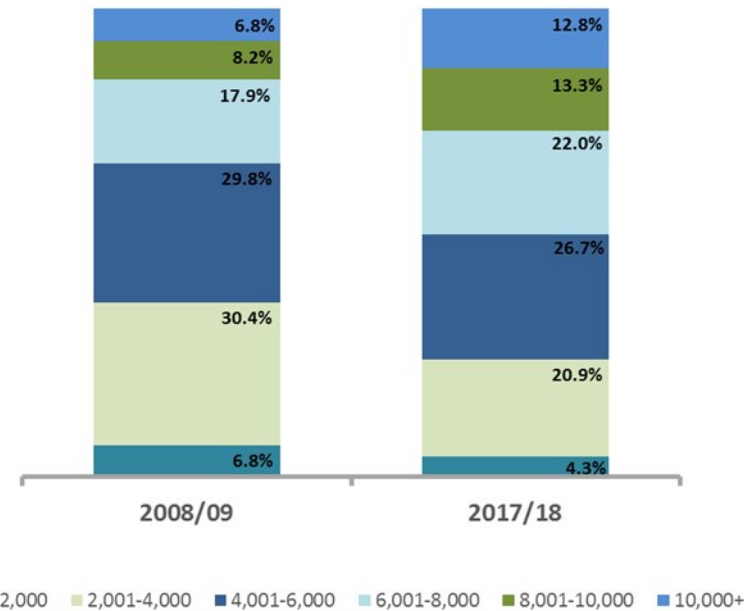


Figure 4.2: Comparison of average monthly pharmacy dispensing 2008/09 and 2017/18



See Annex Table 4.11



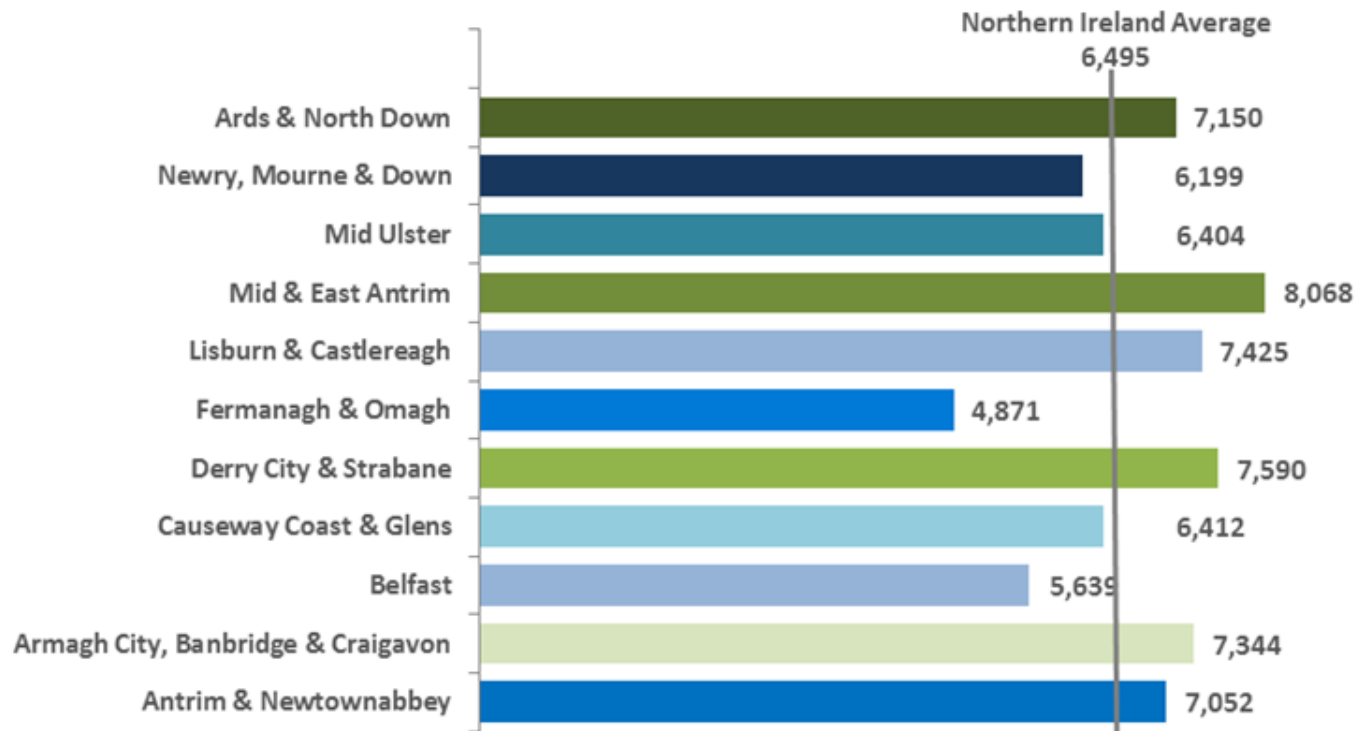
## 4. Pharmaceutical Services

### Pharmacies Dispensing Activity – Annual Dispensing Volumes and Costs

During 2017/18, pharmacies in Fermanagh & Omagh LGD and Belfast LGD had the lowest levels of average monthly dispensing with 4,871 and 5,639 items respectively. This compared to Mid & East Antrim LGD which, with an average of 8,068 items, was almost a quarter (24%) higher than the Northern Ireland average (see Figure 4.3).

Some of the factors which can influence prescribing levels between pharmacies are proximity to other pharmacies, range of other services available within the premises, proximity to GP practices and other health care services, the age/gender profile of the customer base and its underlying morbidity.

Figure 4.3: Average monthly dispensing per pharmacy, by Local Government District, 2017/18



[See Annex Table 4.12](#)





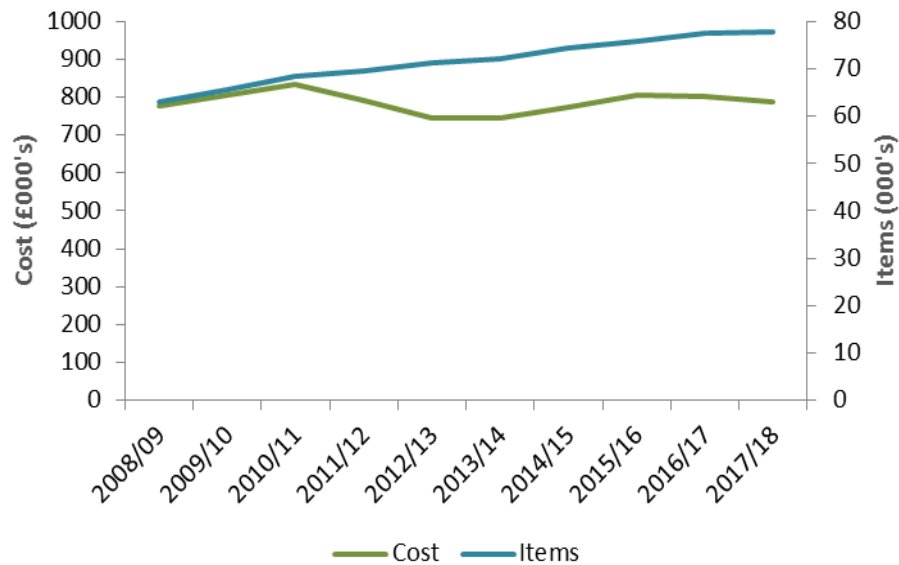
## 4. Pharmaceutical Services

Although the average volume of dispensed items have shown a steady increase over the last 10 years, the associated ingredient costs have fluctuated slightly over time with recent average prescribing costs being broadly comparable to that of 10 years ago (see Figure 4.4). This could reflect reduced item costs and/or a different profile of items being dispensed over time.

At LGD level over the last 10 years, the highest increase in annual dispensing volumes were experienced in Lisburn & Castlereagh (41%), Derry City & Strabane (31%) and Armagh City, Banbridge & Craigavon (31%). This will partly be a function of service provision and demographic change across areas.

Figure 4.5 shows the average annual prescription costs per pharmacy over the last 10 years. Lisburn & Castlereagh LGD showed the highest increase with +17% with Fermanagh & Omagh LGD showing the largest reduction with -12%.

Figure 4.4: Average annual dispensing volumes and costs per pharmacy, 2008/09 to 2017/18



See Annex Table 4.13a

Figure 4.5: Change in average annual prescription volumes and costs per pharmacy between 2008/09 and 2017/18 by Local Government District

	Volume	Cost
Antrim & Newtownabbey	+28.1%	+1.1%
Armagh City, Banbridge & Craigavon	+30.6%	+6.2%
Belfast	+19.2%	-0.8%
Causeway Coast & Glens	+29.2%	+1.6%
Derry City & Strabane	+30.8%	+8.9%
Fermanagh & Omagh	+9.7%	-12.4%
Lisburn & Castlereagh	+41.0%	+17.3%
Mid & East Antrim	+29.2%	+0.1%
Mid Ulster	+17.0%	-5.0%
Newry, Mourne & Down	+17.7%	-0.8%
Ards & North Down	+26.1%	+3.0%
<b>Northern Ireland</b>	<b>+23.9%</b>	<b>+1.1%</b>

See Annex Table 4.14



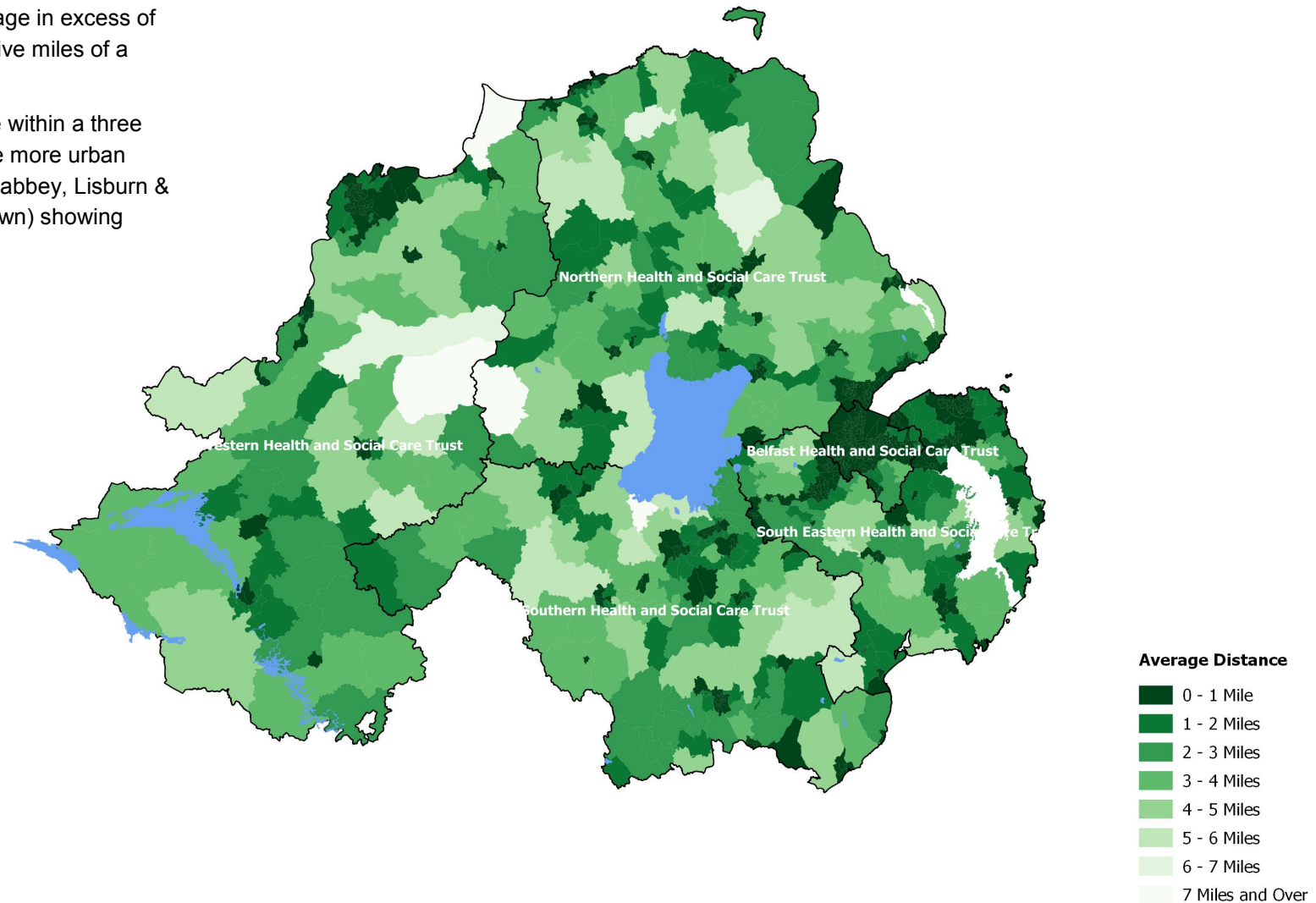


## 4. Pharmaceutical Services

Figure 4.6: Average distance to nearest pharmacy by Super Output Area, 2017/18

At Northern Ireland level, on average in excess of 99% of the population live within five miles of a pharmacy.

At least 80% of the population live within a three mile radius of a pharmacy with the more urban LGDs (Belfast, Antrim & Newtownabbey, Lisburn & Castlereagh and Ards & North Down) showing upwards of 95%.



[See Annex Table 4.15 for details](#)



## 4. Pharmaceutical Services

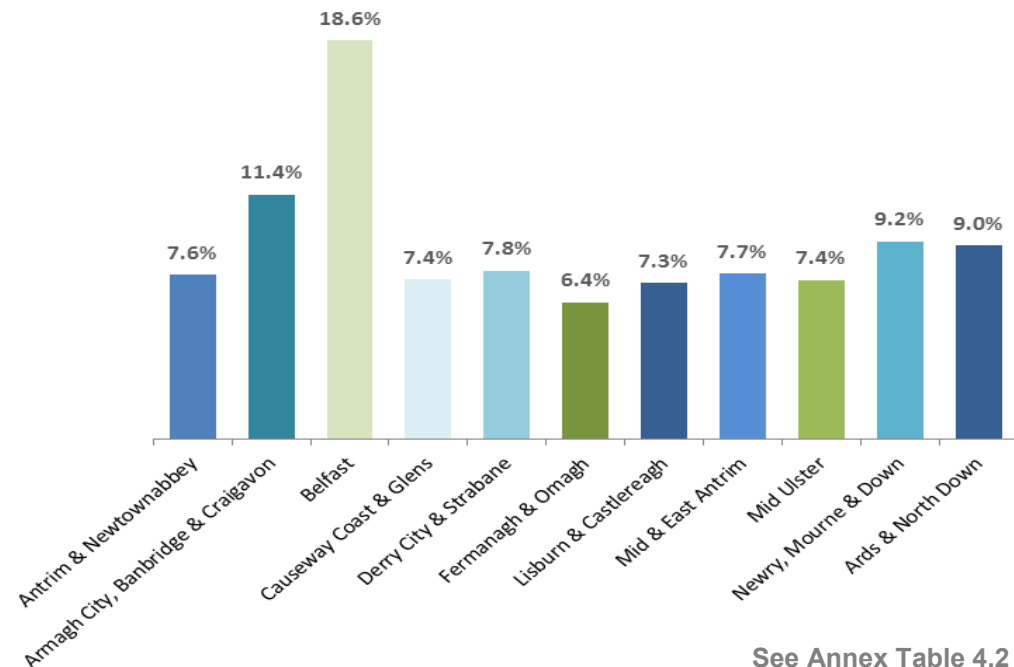
### Cost of Prescriptions



The total ingredient cost of prescriptions in Northern Ireland is 6% higher than in 2013/14. However, this amount is 1% lower than the series high in 2015/16 where the cost peaked at £441.1m.

Of the prescriptions that could be attributed to a geographical location, almost one-fifth (19%) of the ingredient cost could be attributed to Belfast LGD. This is largely in line with its population share. (See Figure 4.7).

Figure 4.7: Proportion of ingredient cost by Local Government District, 2017/18



See Annex Table 4.2

Figure 4.8: Items, average cost per item and average cost per head of population, 2013/14 to 2017/18

	2013/14	2014/15	2015/16	2016/17	2017/18
No of Prescription Items	38.8m	40.1m	40.7m	41.6m	41.7m
Average Cost per Item	£10.61	£10.63	£10.84	£10.57	£10.46
Average Cost per Head of Population	£225.19	£231.36	£238.25	£235.99	£233.19

The average cost per item in Northern Ireland has shown little change since 2013/14, only decreasing by 1% (see Figure 4.8). The percentage change in average cost per head of population has, however, increased by 4% over the same five year period. More information is provided in [Annex Tables 4.1 and 4.2](#).





## 4. Pharmaceutical Services

### Prescription Items and Costs by Age Group and Gender

**34%**  
of cost in 2017/18  
was attributed to  
the 45-64 age  
group

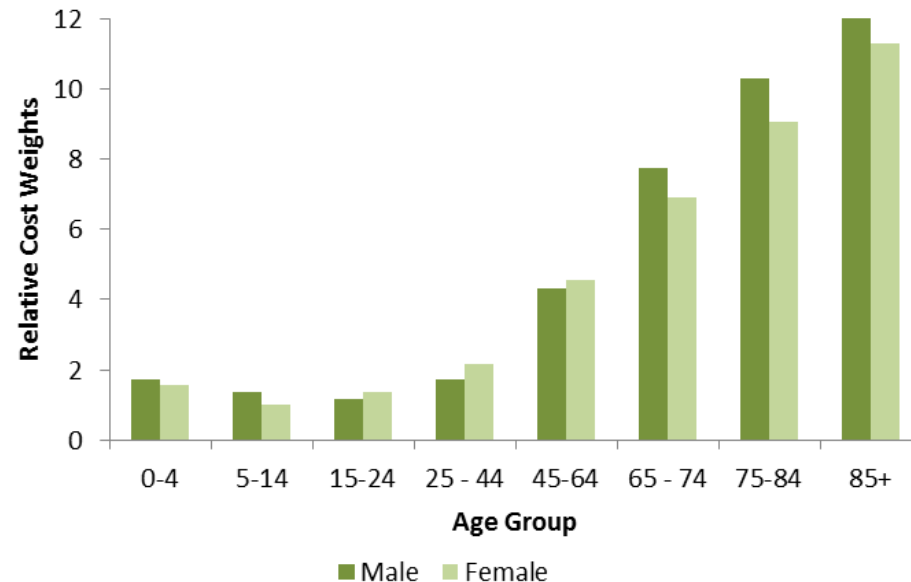
The demographic analysis presented in this section is based on a representative sample (c75%) of the 41.7 million prescription items dispensed in 2017/18. More information on this is provided in the User Guidance which accompanies the [tables](#) for this section.

Females accounted for 57% of the 31.4 million sample items while males accounted for 43%. This was generally reflected across Northern Ireland with the lowest proportion of females attributed to prescription items in Fermanagh & Omagh LGD (55%) and the highest proportion in Antrim & Newtownabbey LGD (58%). More information is provided in [Annex Tables 4.5 and 4.6](#).

Figure 4.9 shows the relationship between age/gender and prescribing cost in the form of a 'relative cost index'. As might be expected, this shows higher prescribing costs for pre-school children compared to older children and young adults, which then progressively increase with age. For example, an elderly male aged 85+ will typically have a prescribing cost of just over 12 times more than a female aged 5-14. It is also interesting that, for the youngest age groups and then in older age, males tend to cost more than their female counterparts, markedly so for those aged 65 years or greater.

More information can be found in [Annex Table 4.8](#).

Figure 4.9: Prescribing cost index by age and gender, 2017/18



[See Annex Table 4.8](#)



## 4. Pharmaceutical Services

### Dispensing by BNF Chapter

The British National Formulary (BNF) is a reference source published jointly by the British Medical Association and the Royal Pharmaceutical Society offering professional guidelines relating to the uses of medicines. BNF chapters are presented in therapeutic groups providing an indication of the ailment or condition for which they have generally been prescribed.

Figure 4.10: Prescription costs by BNF chapter, 2017/18

Chapter 4 - Central Nervous System £105.6m	Chapter 6 - Endocrine System £55.4m	Chapter 1 - Gastro-Intestinal System £21.1m	Chapter 13 - Skin £17.9m	Chapter 7 - Obstetrics, Gynaecology And Urinary Tract Disorders £17.8m
	Chapter 3 - Respiratory System £46.8m	Chapter 8 £11.6m	Chapter 5 - Infections £10.3m	Chapter 20 - Dressings £9.7m
Chapter 2 - Cardiovascular System £55.9m		Chapter 23 - Stoma Appliances £9.6m	Chapter 21 - Appliances £7.1m	Chapter 11 - Eye
	Chapter 9 - Nutrition And Blood £33.6m	Chapter 99 - Unclassified £9.5m		
		Chapter 10 - Musculoskeletal And Joint Diseases £9.3m	Chapter 12 £4.4m	
			Chapter 15 £2.9m	

The highest spend for the NI population relates to central nervous system prescriptions (£105.6m) as shown in Figure 4.10.

The highest proportion of spend for persons aged 65 and over is for prescriptions relating to cardiovascular conditions (20%).

Over half (56%) of the total spend in the 0-4 age group is for nutrition & blood products.

The highest average cost per BNF classified item at Northern Ireland level is for stoma appliances (£77.00) followed by items relating to malignant disease and immunosuppression (£69.00).

At LGD level, Ards & North Down showed the highest average cost per item at £11.30. Derry City & Strabane had the lowest average cost per item at £9.00.

More information is provided in [Annex Tables 4.4 to 4.7](#).



## 4. Pharmaceutical Services

### Dispensing by BNF Chapter

Looking at the proportion of items dispensed by LGD and BNF Chapter:



Figure 4.11 shows Fermanagh & Omagh LGD had the highest proportion of cardiovascular items dispensed (24%) with Belfast having the lowest (20%).



Figure 4.12 shows Derry City & Strabane LGD and Belfast LGD had the highest proportion of respiratory system items dispensed, at over 8% each, while Ards & North Down LGD had the lowest, just in excess of 7%.



Figure 4.13 shows Belfast LGD accounted for the highest proportion of central nervous system items dispensed (29%) followed by Antrim & Newtownabbey LGD (27%).

More information can be found in [Annex Tables 4.3 and 4.4](#).

Figure 4.12: Proportion of respiratory system items dispensed by LGD, 2017/18

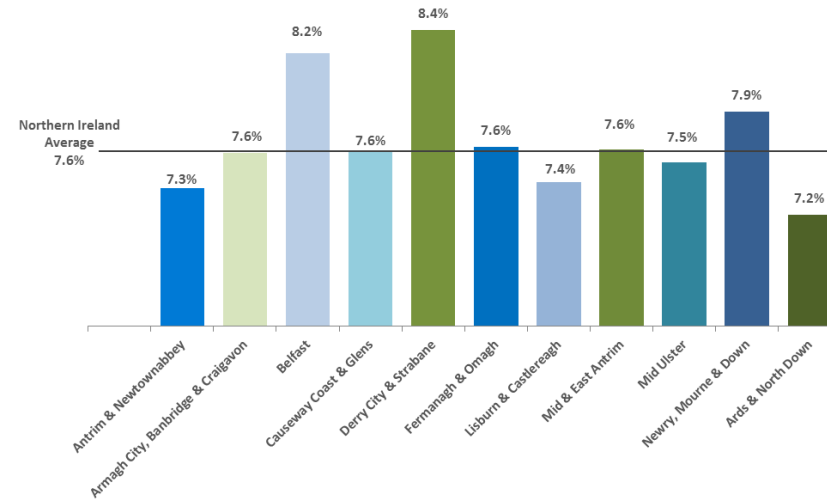


Figure 4.11: Proportion of cardiovascular system items dispensed by LGD, 2017/18

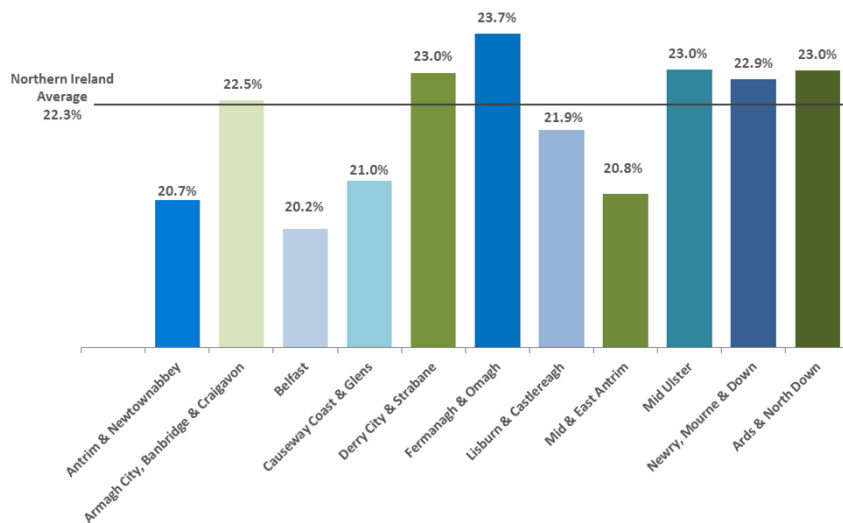
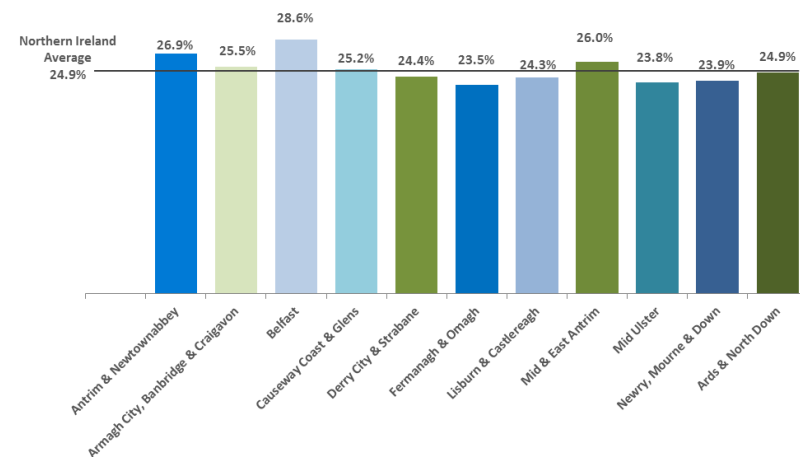


Figure 4.13: Proportion of central nervous system items dispensed by LGD, 2017/18



## Useful Links

BSO Publish GP Prescribing data on the Open Data Northern Ireland website: <https://www.opendatani.gov.uk/group/health>

BSO Publish data on Pharmacy Services on the HSC, BSO website: <http://www.hscbusiness.hscni.net/services/1806.htm>

Department of Health publish information relating to Community Pharmacists on their website: <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/pharmacists-statistics>

BSO Publish Quarterly GP Practice List Sizes on the Open Data Northern Ireland website: <https://www.opendatani.gov.uk/dataset/gp-practice-list-sizes>

NISRA publish demographic statistics on the population of Northern Ireland, including mid year estimates and population projections: <https://www.nisra.gov.uk/statistics/population>

The Honest Broker Service Provide Access to Health Care Data to internal HSCNI and External Researchers: <http://www.hscbusiness.hscni.net/services/2454.htm>

## Comparable Data

### General Medical and Registration Services

England Patient Registration data with Practice, Clinical Commissioning Group, gender and age-group breakdowns: <https://www.england.nhs.uk/publication/nhs-england-allocations-2016-17-to-2020-21-registrations-by-gp-practice-and-ccg-october-2015/>

England General Practice Bulletins including GP Headcount Figures with gender and age-group breakdown: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/final-31-march-and-provisional-30-june-2018-experimental-statistics>

### Dental

England dental statistics on activity, patients seen and workforce: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2017-18-annual-report>

Wales dental statistics on patients treated, patient charges, activity and workforce: <https://gov.wales/statistics-and-research/nhs-dental-services>

Scotland information on dental fees and treatments, primary care dentistry and registration and participation: <http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/> and at: <http://www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables2017.asp?id=2229#2229>

**Note:** Please refer to [Background Quality Report](#) for comparability of Family Practitioner Services Statistics with above sources of information



## Comparable Data (continued)

### Ophthalmic

England ophthalmic statistics on activity and workforce: <https://digital.nhs.uk/data-and-information/publications/statistical/general-ophthalmic-services-activity-statistics> and <https://digital.nhs.uk/data-and-information/publications/statistical/general-ophthalmic-services-workforce-statistics>

Wales ophthalmic statistics on activity and workforce:

<https://gov.wales/statistics-and-research/?topics=Health+and+social+care&subtopics=Ophthalmology&view=Search+results&lang=en>

Scotland information on ophthalmic activity and workforce: <http://www.isdscotland.org/Health-Topics/Eye-Care/>

### Pharmaceutical

England statistics on General Pharmaceutical Services on a financial year basis: <https://digital.nhs.uk/data-and-information/publications/statistical/general-pharmaceutical-services/in-england-2007-08-to-2017-18/content>

Wales annual Community Pharmacy Services statistics: <https://gov.wales/statistics-and-research/community-pharmacy-services/?lang=en>

Scotland annual data on remuneration and reimbursements: <http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Community-Dispensing/Pharmacy-Services>

**Note:** Please refer to [Background Quality Report](#) for comparability of Family Practitioner Services Statistics with above sources of information

