

Family Practitioner Services Statistics for Northern Ireland 2018/19



At a Glance

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Comments and feedback are welcome

Introduction

Revision Note

This publication was revised on the 22nd May 2020 replacing the revised version released on 16th August 2019. The revision was necessitated when a processing error relating to the definition of historical Northern Ireland Primary Care Optometry Enhanced Services outcomes following assessment was identified. The 'Referred To' variable for a patient should have been interpreted as the method of onward referral not their final outcome. Overall table totals did not change but the sub-categories have been revised to reflect the change in definition.

The publication was first revised on the 16th August 2019 replacing the original version released on 27th June 2019. The original revision was necessitated when a data quality issue relating to the recording of some historical pharmacy information came to light. The reallocation of pharmacy identifier codes from previously closed pharmacies resulted in an undercount of pharmacies as well as slight changes to average dispensed item figures for years 2008/09 to 2013/14

See [Revision Note](#) on BSO website for further explanation of both issues.

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 is the second report in the series. It 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](#).

Some comparative UK analyses have also been newly included in this second annual release. It is important that the relevant table notes and user guidance are carefully consulted to help understand differences in service delivery which may exist between countries and which may impact activity levels.

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 Annual and Quarterly Releases

This annual report presents the finalised figures for 2018/19 activity year. The provisional in-year figures released each quarter have also now been finalised for 2018/19 and are available as part of a separate quarterly series [here](#). Quarterly provisional updates of key tables for 2019/20 will be released in Sept 19, Dec 19, and Mar 20 with the finalised annual figures released in Jun 20. 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

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.



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Key Facts

General Medical and Registrations Services

- There were 327 GP practices active at 31st March 2019 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 11% over the same period to reach 6,084 in 2019.
- Despite the reduction in GP Practices, the number of GPs (excluding locums) has increased by 13% to 1,334 over the same period. Of these, over half (56%) are female, a notable shift in gender from 2014 when the majority 54% were male.
- There were just under 1,990,000 individuals on the index of patients registered with a GP practice at 31st March 2019. During the year, there were 52,500 new patients registered (of which 28% were non-UK nationals) and 35,000 patient registrations deducted from the index.
- During 2018/19, BSO processed £258.6m 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 2019 with 634 Ophthalmic Practitioners registered with BSO to provide Ophthalmic Services.
- Almost 470,500 sight tests were provided to patients during 2018/19, with two in every three (66%) provided to children under 16 or to older persons aged over 65.
- Just over 12,850 unique patient assessments took place under the new Northern Ireland Primary Eyecare Assessment and Referral Service (NI PEARS) of which the vast majority 91% were new assessments with the remainder follow-ups.
- During 2016/17, Northern Ireland carried out around 25,600 health service sight tests per 100,000 population, a similar rate to Wales but 9% higher than England. All countries, however, have rates at least over a third lower than Scotland which offers free sight tests to its population every 2 years.
- In 2018/19, the cost of primary care ophthalmic services in Northern Ireland was just over £23.6 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 376 dental practices with 1,139 dentists registered to carry out health service treatments at the end of March 2019, similar to the previous year. Females now make up over half (56%) of the workforce.
- 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.
- Fermanagh & Omagh LGD, despite having a registration rate for children in line with the regional average at 75%, had by far the lowest adult registration rate at 43%.
- Over the last six years the number of children requiring a filling or an extraction in a community setting have both shown a decrease - with falls of 12% and 7% respectively. With extractions, however, this may, in part, reflect an increasing trend to have these carried out in hospital under general anaesthetic.
- In 2018/19, the net cost of primary care dental services in Northern Ireland was £99.5 million; in addition patients here paid a further £25.6 million for treatments.

Pharmaceutical Services

- Around 41.8 million prescription items were dispensed in Northern Ireland in 2018/19 which is broadly comparable to dispensing levels for the last three years. However, the associated total ingredient cost, £421.3m, is over 3% less than the equivalent cost for 2017/18.
- Prior to 2016, Northern Ireland had the highest Net Ingredient Cost (NIC) per Prescription Item when compared to other UK regions. Since then Scotland have had the highest average item cost with latest 2018 figures showing them to have a NIC per item of £11.27 compared to Northern Ireland at £10.11, England at £7.96 and Wales lowest at £7.19.
- Prescription items relating to the Central Nervous System accounted for almost one quarter (24%) of the total ingredient cost over 2018/19, unchanged from the previous year.
- Over the past decade, the average monthly dispensing volume per community pharmacy has increased by 28% from around 5,100 items per pharmacy to just over 6,500 items in 2018/19. The rate of increase, however, has slowed over the last few years. (Revision applied 16th August 2019, see [here](#) for more information)



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), Salaried GPs and Retainers.
- Information on Registered Patients 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.

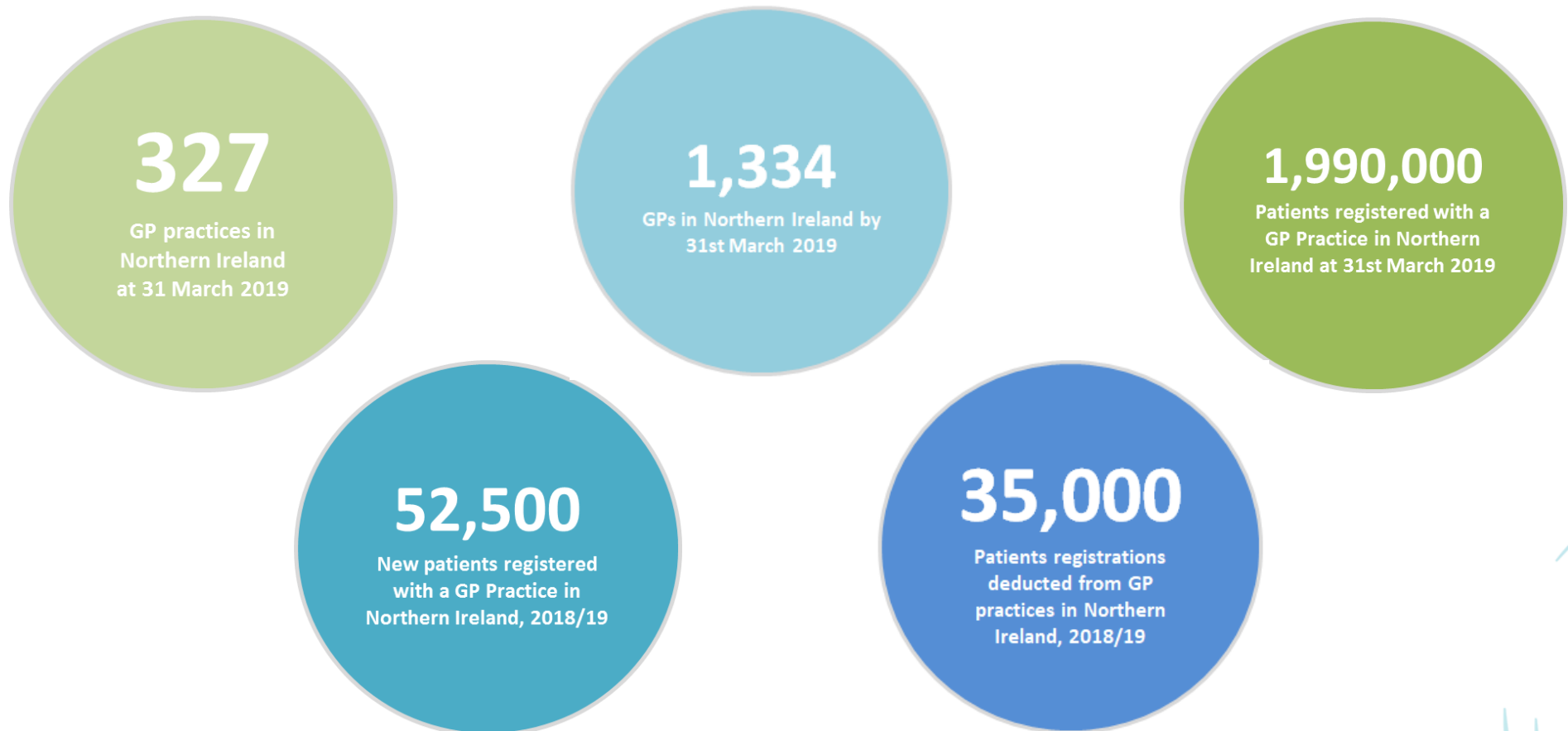


1. General Medical and Registration Services

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.





1. General Medical and Registration Services

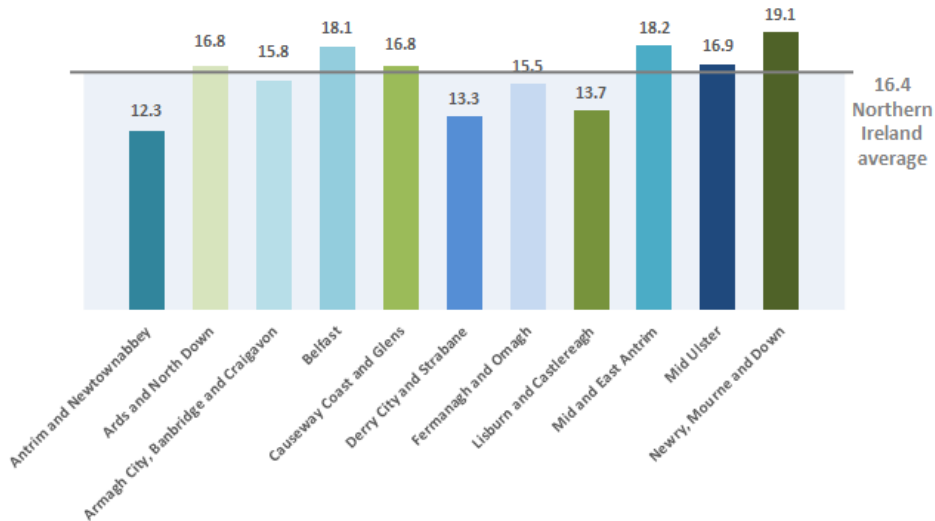
GP Practices, GPs and Registered Patients

As of 31st March 2019, there were 327 GP practices and 1,334 GPs (headcount) across Northern Ireland. The total number of patients registered to a GP practice at 31st March 2019 was 1,989,605.

It should be noted that not all GPs work full-time hours so while figures in this report are presented as headcount, this will not reflect the changing working patterns of GPs. Similarly GP Practices vary in size in terms of number of GPs who operate from them and patients registered to them.

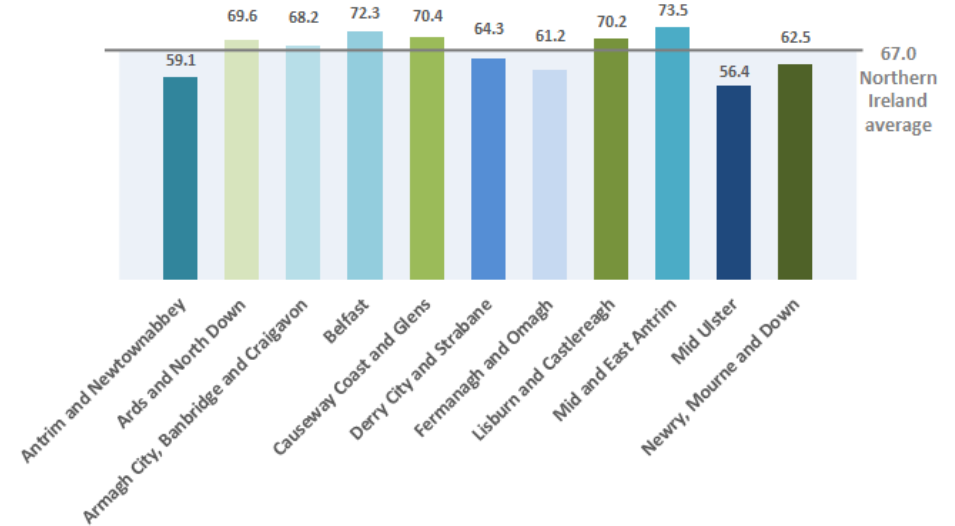
Belfast Local Government District (LGD) has the highest number of GP practices (78) while Antrim & Newtownabbey LGD and Lisburn & Castlereagh LGD have the joint lowest (16).

Figure 1.1: GP Practices per 100,000 patients, by LGD, at 31st March 2019



[See Annex Table 1.5b](#)

Figure 1.2: GPs per 100,000 patients, by LGD, at 31st March 2019



[See Annex Table 1.4b](#)

Belfast LGD also has the largest number of GPs (311) and registered patients (430,000). Fermanagh & Omagh LGD has the lowest number of GPs (75) while Lisburn & Castlereagh LGD has the lowest number of registered patients (117,000).

Clearly the size of the registered population associated with 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 (19.1), approx 55% more than Antrim & Newtownabbey LGD (12.3). However, when looking at number of GPs per 100,000 registered patients, Newry, Mourne & Down have 62.5 compared with 59.1 in Antrim & Newtownabbey meaning that, in general, GP practices in Antrim & Newtownabbey are larger and have more GPs operating out of them, although are still well below the NI average (67.0).



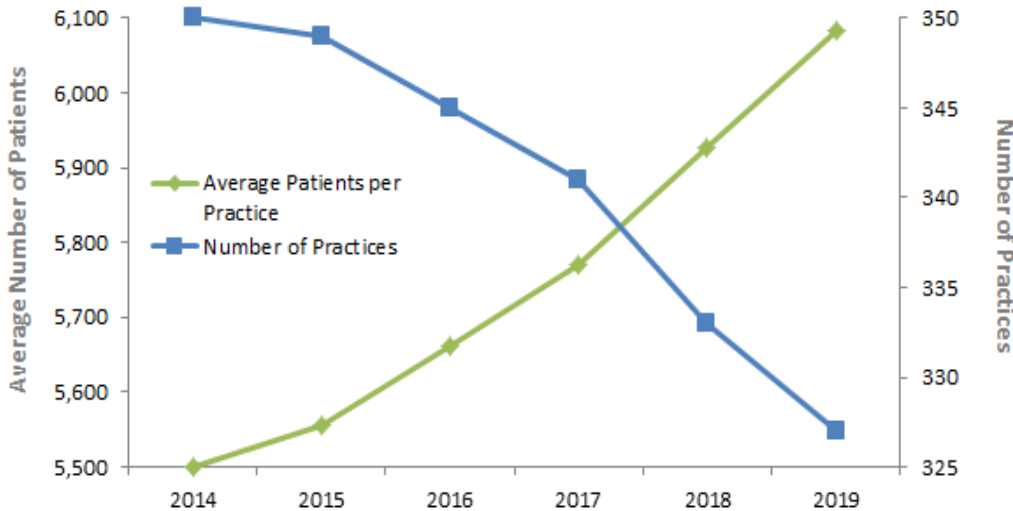
1. General Medical and Registration Services

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 327 in March 2019 (a 7% decrease). As practices have closed or merged, consequently the number of patients per practice has increased.

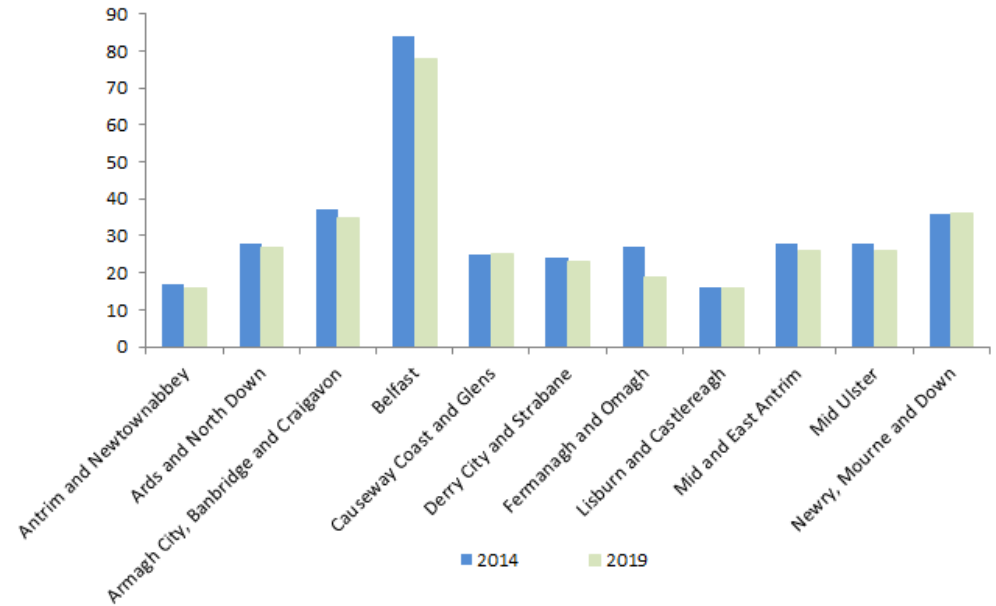
During this time, the average number of patients per GP practice in Northern Ireland has increased from 5,500 in 2014 to 6,084 in 2019 (an 11% increase). The largest increase in any one year was a rise of an average 158 patients per GP practice (3%) between 2018 and 2019, almost identical to the rise of 157 patients per GP practice in the previous year.

Figure 1.3: Average number of patients per practice and number of GP practices, trend at 31st March 2019



[See Annex Table 1.3b](#)

Figure 1.4: Number of GP practices by Local Government District, 31st March 2014 and 31st March 2019



[See Annex Table 1.3a](#)

At LGD level, only three councils have maintained their number of GP Practices since 2014 (Causeway Coast and Glens, Lisburn and Castlereagh, and, Newry, Mourne and Down). The rest have shown a decrease ranging from 1 Practice in Ards and North Down to 8 Practices in Fermanagh and Omagh (see Figure 1.4).

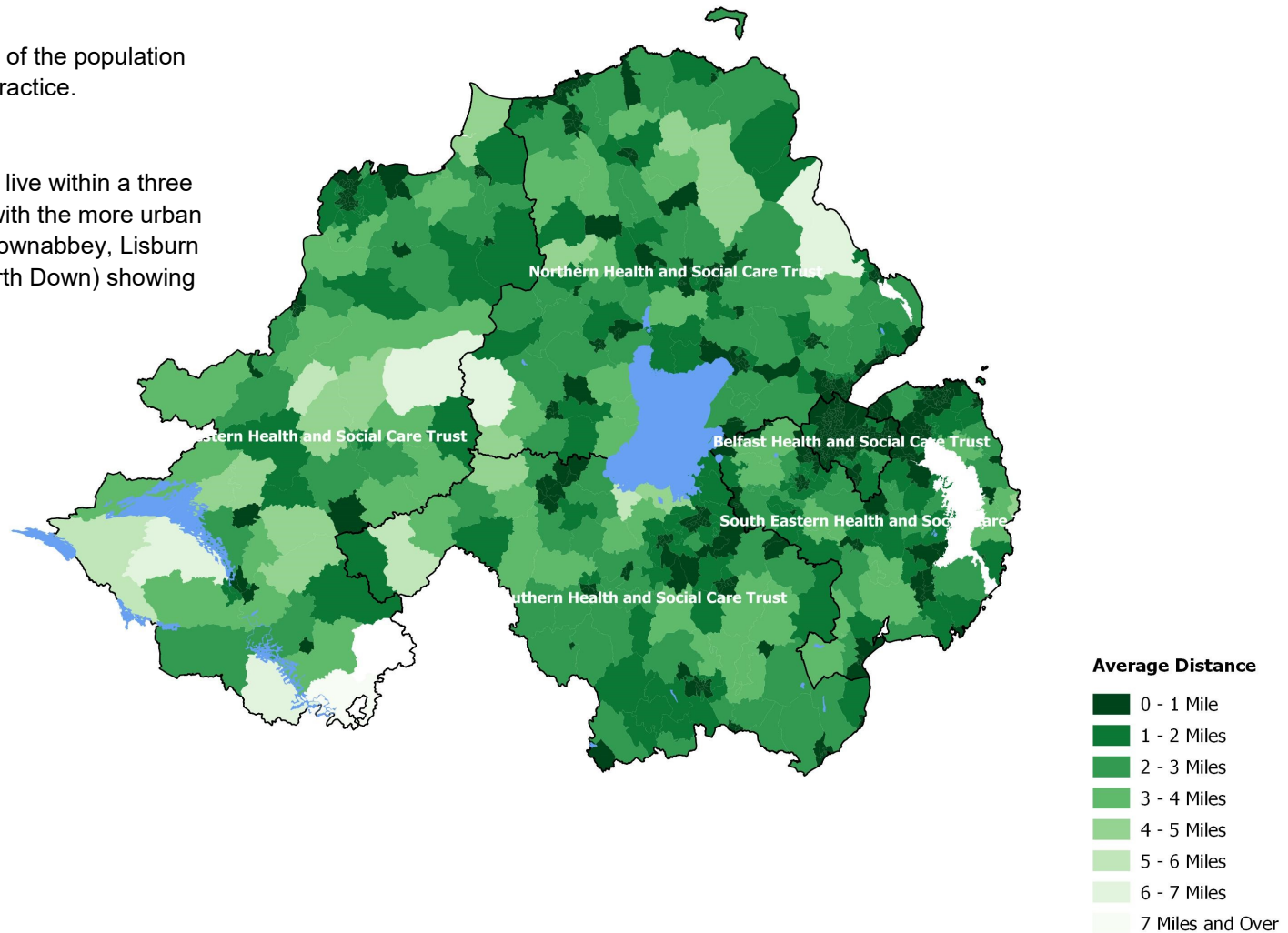
At Local Commissioning Group (Health Trust) level, Western shows the largest proportionate decrease in GP practices between 2014 and 2019 (16%). South Eastern has the smallest decrease in the number of GP practices during this period (2%) (see [Annex Table 1.3a](#) for more detail).



1. General Medical and Registration Services

Figure 1.5: Average distance to nearest GP practice by Super Output Area, 31st March 2019

- 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



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

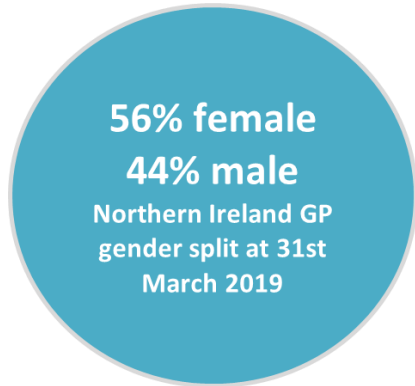
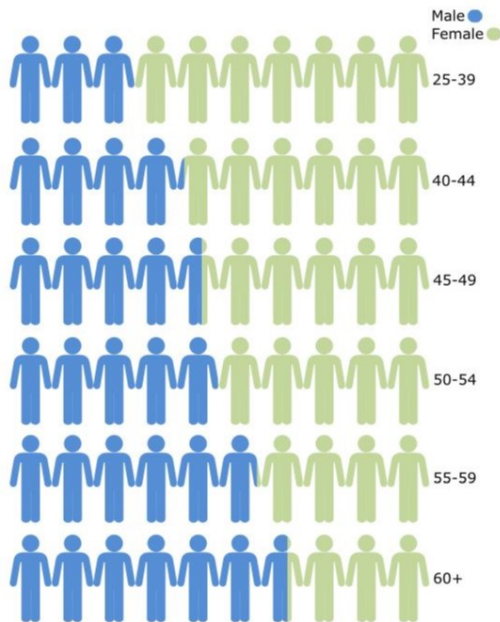


Figure 1.6: GP age bands by gender at 31st March 2019



[See Annex Table 1.2a](#)

GP Workforce

As of 31st March 2019, there were 1,334 GP practitioners (headcount) across Northern Ireland. This is a 13% increase from 2014. Of these, 56% are female and 44% male.

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.

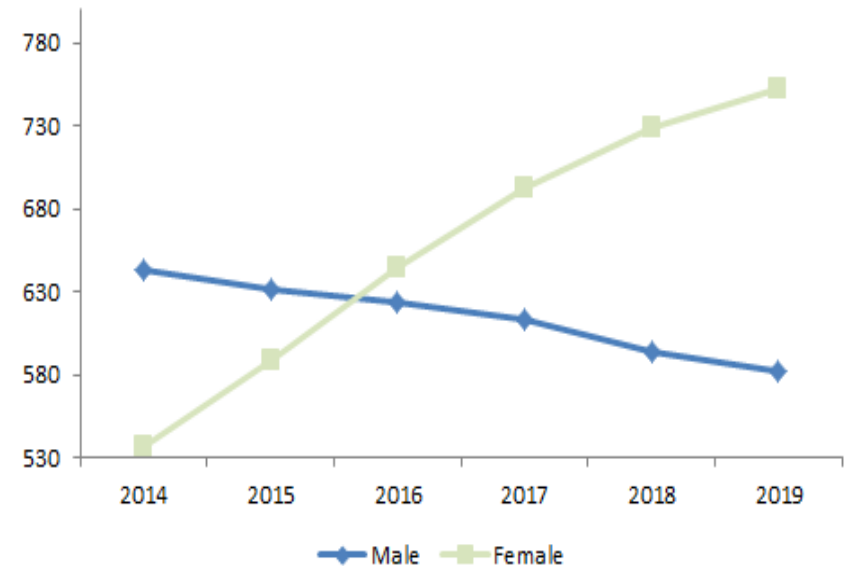
The changing demographics of the GP workforce are reflected in Figure 1.6. Generally the male workforce is ageing while there are more female GPs in the younger age groups.

Over two fifths of female GPs (43%) are in the 25-39 age band compared to over one-fifth (23%) 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 29% male and 71% female GPs. As age increases, so does the percentage of male GPs until the oldest age bracket (60+) where the figures are almost reversed at 66% male and 34% female.

Overall, the number of male GPs has decreased by around 10% between 2014 and 2019, while the number of female GPs has increased by a notable 40% during the same period.

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



[See Annex Table 1.2a](#)





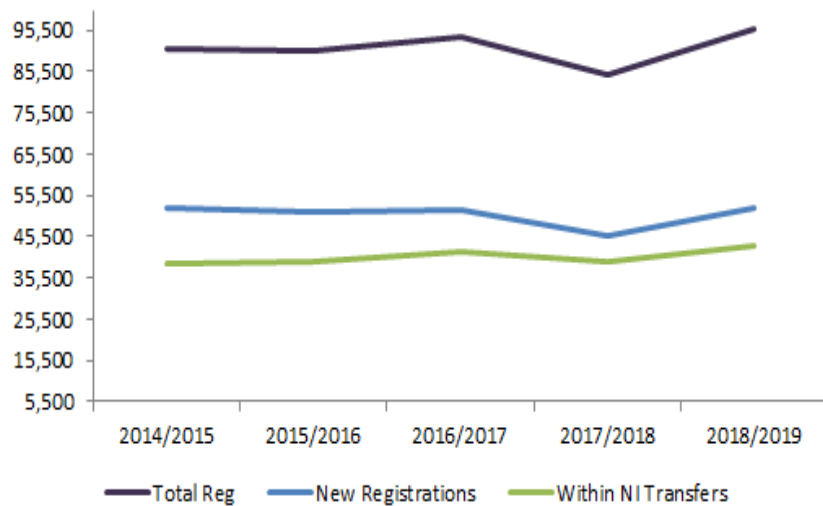
1. General Medical and Registration Services

GP Registrations 2018/2019

During 2018/2019, GP Practices in Northern Ireland registered 96,000 patients. This comprised of 52,500 new patients (first time registrations in NI) and 43,500 patients transferring from another NI GP Practice.

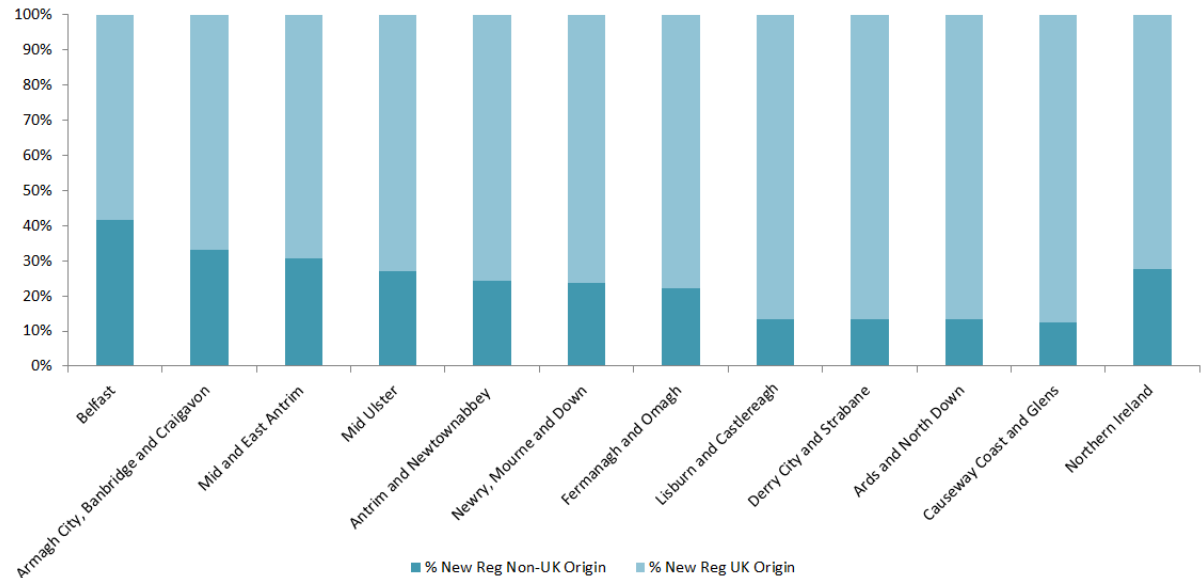
Figure 1.8 shows trend in Registrations over the last five financial years. While it would appear that registrations temporarily dropped in 2017/18 before increasing again in 2018/19, this may be explained by the introduction of a new registration form. Issues with this new form resulted in a backlog building up in 2017/18 that was relieved in 2018/19. As such, total registration counts have remained broadly stable over the five year period.

Figure 1.8: Total GP Registrations 2018/2019



[See Annex Tables 1.1c and 1.1e](#)

Figure 1.9: New (first time in NI) GP Registrations by UK Nationals and Non-UK Nationals, by LGD, 2018/2019



[See Annex Tables 1.1d and 1.1f](#)

At Northern Ireland level, over one in four (28%) of first time GP registrations in 2018/2019 were Non-UK Nationals.

At Local Government District level the proportion of Non-UK National first time registrations ranged from 42% in Belfast to 12% in Causeway Coast and Glens during 2018/2019.

Local Government Districts that were above the Northern Ireland average in terms of proportion of Non-UK National first time registrations were Belfast; Armagh City, Banbridge and Carigavon; and, Mid and East Antrim.



1. General Medical and Registration Services

BSO Payment towards GP Services

The total BSO payment towards GP services in Northern Ireland for 2018/19 was £258.6 million representing an increase of 5% from 2017/18 (£245.5 million).

Figure 1.11 presents BSO payment towards GP services by Local Commissioning Group (Health Trust). Northern had the highest payment towards GP services at £59.9 million. South Eastern had the lowest payment towards GP services at £41.9 million.

The average BSO payment towards GP services per registered patient for 2018/19 was £130, as shown in Figure 1.10., around 5% higher than the equivalent figure for 2017/18.



Figure 1.11: BSO payment towards GP services by



Figure 1.10: BSO payment towards GP services per registered patient by Local Commissioning Group (Health Trust), 2018/19



[See Annex Table 1.6a](#)

At Local Commissioning Group (Health Trust) level, the highest average payment towards GP services per registered patient was £140 in Western, 15% higher than the £122 per patient in Southern.

At LGD level, the highest average payment towards GP services per patient was £144 in Derry City & Strabane, just over one-fifth higher than the lowest payment of £119 in Lisburn & Castlereagh (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, rent and rates variation, locum use, trial programs etc.

[See Annex Table 1.6a](#)





1. General Medical and Registration Services

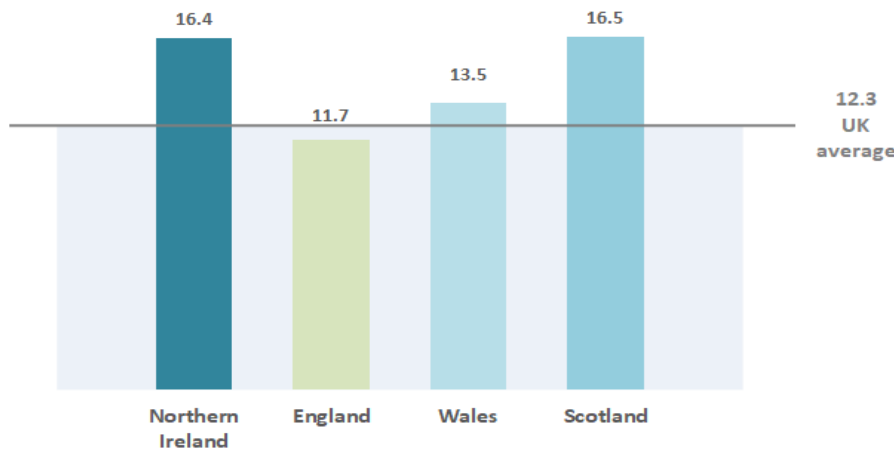
Comparisons with Great Britain (GB)

For 2018/2019, Northern Ireland (16.4) and Scotland (16.5) compare favourably to both England (11.7) and Wales (13.4) in terms of number of GP Practices per 100,000 Registered Patients (Figure 1.12).

It should be noted that GP Practices will vary in size in terms of the number of GPs attached to each and this must be taken into account when considering these figures.

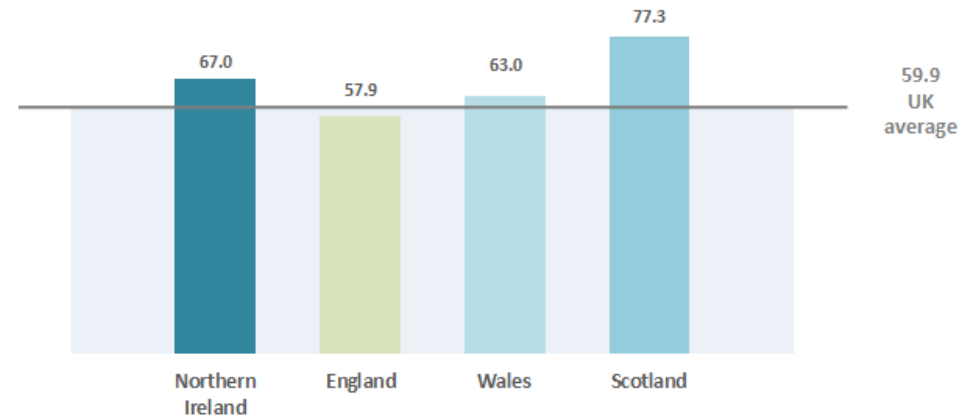
All countries have experienced reductions in their practice to patient ratios since 2016/17, ranging from an 8% reduction in England down to 3% in both Scotland and Wales. NI falls in between with a 5% decrease during the same period.

Figure 1.12: GP Practices per 100,000 patients, by UK Region, 2018/2019



[See Annex Table 1.8c](#)

Figure 1.13: GPs (Headcount) per 100,000 patients, by UK Region, 2018/2019



[See Annex Table 1.8b](#)

At 67.0, Northern Ireland has more GPs (headcount) per 100,000 Registered Patients than Wales (63.0) and England (57.9) but fewer than Scotland (77.3).

The number of GPs per head of population in Northern Ireland has risen by around 1% since 2016/17. This contrasts with Scotland which has remained the same while England (-2%) and Wales (-1%) have both shown small decreases.

Note, however, that GP figures presented are headcount and do not take account of different part-time/full-time working patterns which may exist between countries and which may impact on the observed trends.



2. Dental Services



Good to Know:

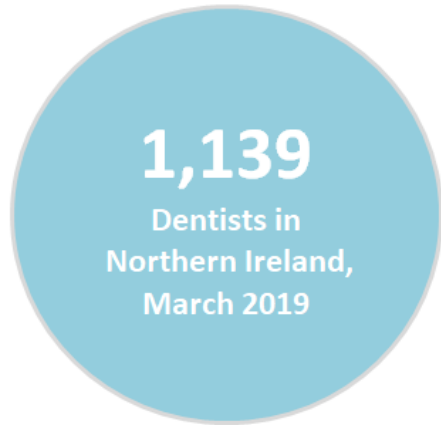
- The dental services section contains information about general dental practitioners in Northern Ireland along with the number of registered patients and the treatments they received.
- The data is based on claims provided to the Family Practitioner Service (FPS) by primary care dentists and **excludes** all private work, work carried out in hospitals and by the Community Dental Service. As it is only part of the overall picture, care should therefore be taken in interpreting any differences in activity as representing differences in oral health status between areas or across time. See <https://digital.nhs.uk/> for the most recent child and adult dental surveys if comparative oral health information is of interest.
- Detailed information on registrations and treatments is available from 2013/14 to 2018/19. 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



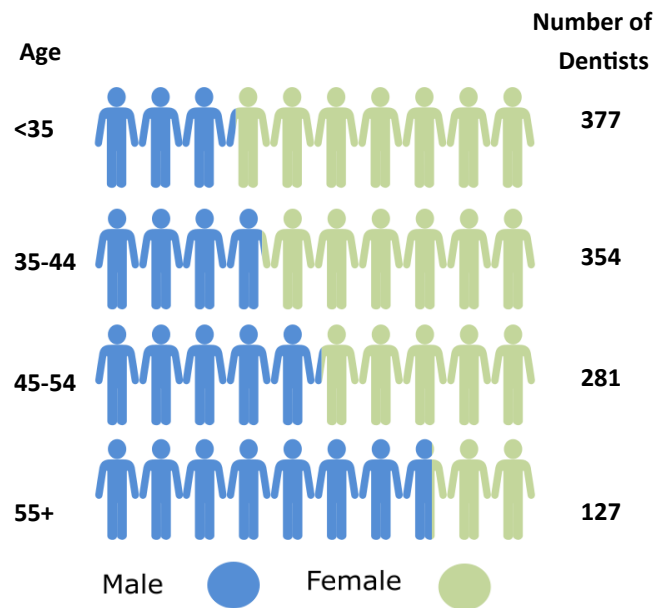
FPS Dental Services

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 376 dental practices with 1,139 dentists registered to carry out health service treatments at the end of March 2019. Since 2013, the number of female dentists has exceeded males and, in 2019, make up 56% of the workforce while a third of dentists were aged under 35 years (33%).

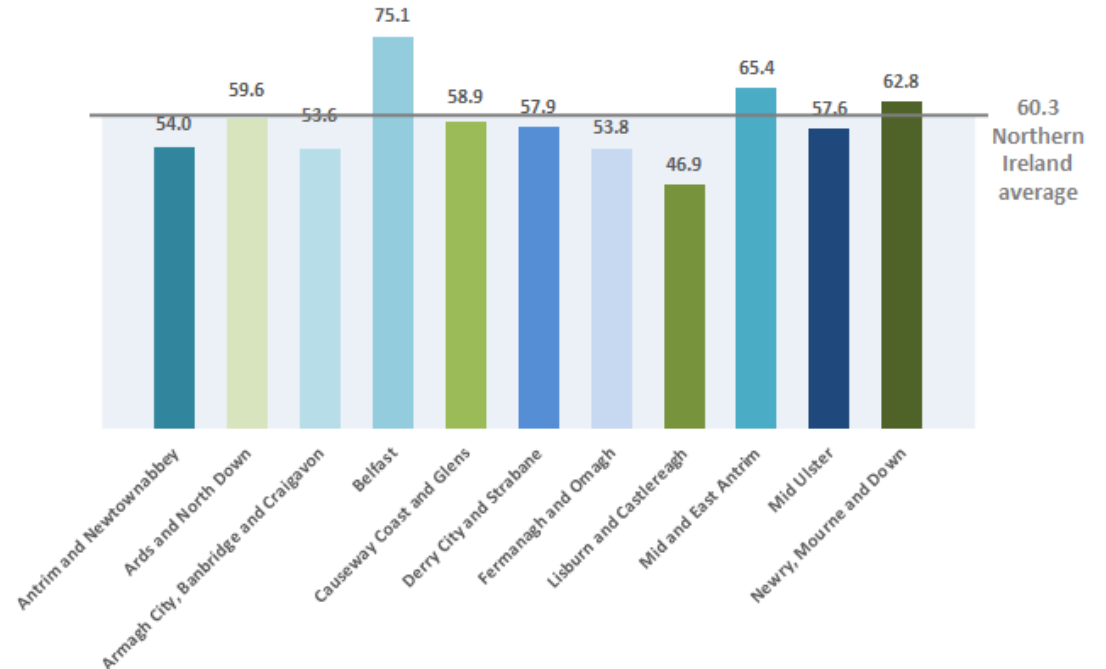
Figure 2.1: Dentist age and gender breakdown, March 2019



Belfast LGD has the most dentists; having 75 dentists per 100,000 resident population compared to the lowest area, Lisburn & Castlereagh with 47 dentists per 100,000 population (see Figure 2.2).

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

Figure 2.2: Number of dentists per 100,000 resident population, by Local Government District, March 2019



[See Annex Table 2.1](#)

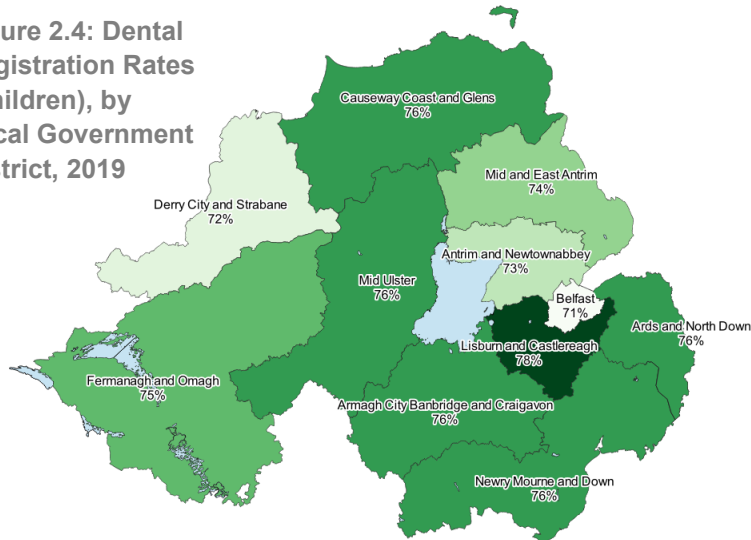
[See Annex Table 2.5](#)



2. Dental Services

Dental Registrations

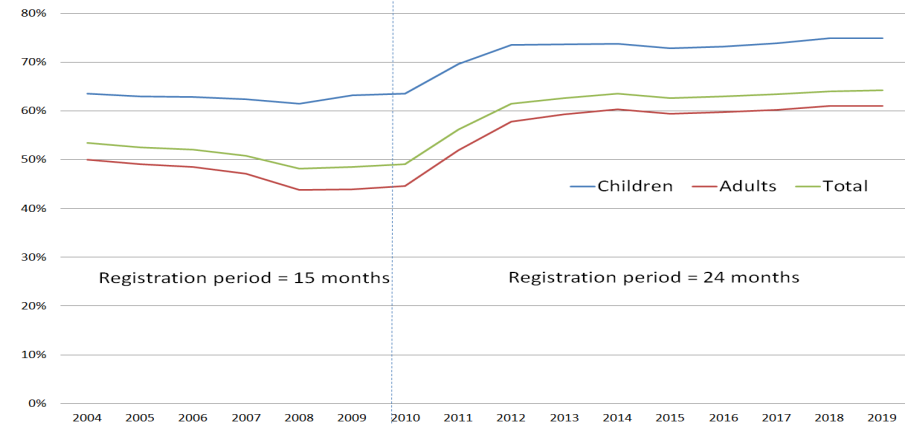
Figure 2.4: Dental Registration Rates (Children), by Local Government District, 2019



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%).



Figure 2.3: Percentage of the population registered with a health service dentist, 2004 to 2019

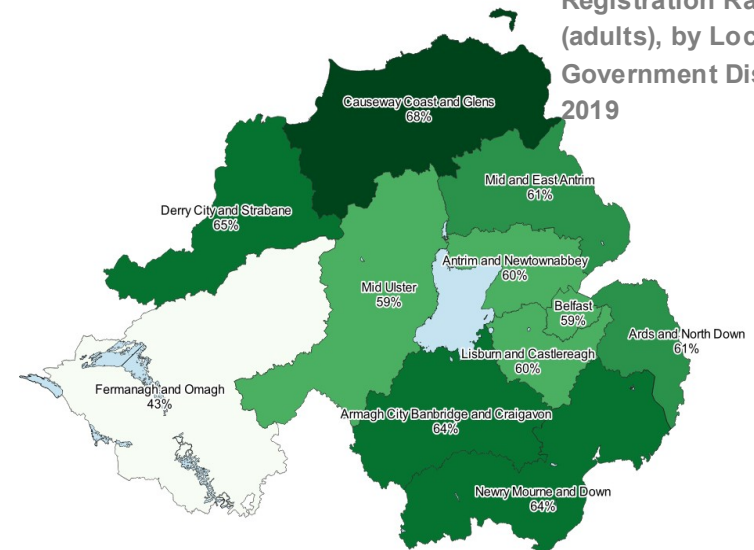


The percentage of the population registered with a dentist has remained stable at around 63% for the last five years. Once registered with a dentist the patient will remain on their dental list for two years unless they visit another dentist. If they do not attend during that 24 month period they will 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 to 2014 at which point it has plateaued (see Figure 2.3).

Looking across Northern Ireland, registrations for children for all LGDs exceeded 70%, with a high of 78% registered in Lisburn & Castlereagh LGD. By contrast, for adults, the percentage of the population registered had a high of 68% in Causeway Coast & Glens well ahead of the Northern Ireland average of 61%. Interestingly, Fermanagh & Omagh LGD, despite having a registration rate for children in line with the regional average at 75%, had by far the lowest adult registration rate at 43%, 18 percentage points below the Northern Ireland figure. Variation in registration rates across areas will be partly attributable to geographical accessibility and/or differential rates of private dental uptake (see Figures 2.4 & 2.5).

Figure 2.5: Dental Registration Rates (adults), by Local Government District, 2019



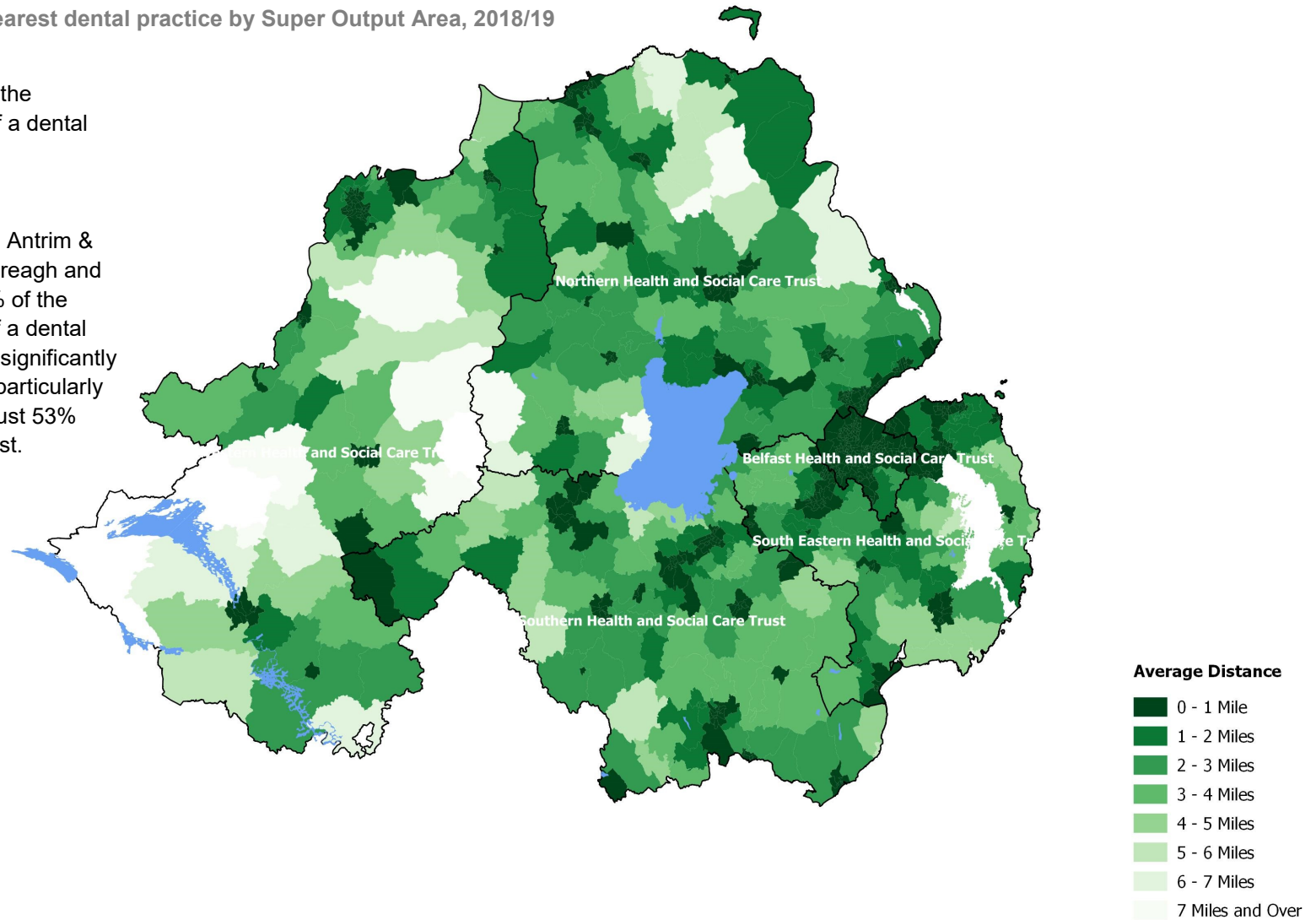
See Annex Table 2.9



2. Dental Services

Figure 2.6: Average distance to nearest dental practice by Super Output Area, 2018/19

- 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 53% 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 2.25 and 2.26](#)



2. Dental Services

Dental Treatments

Over the last six years the number of children requiring fillings, crowns and extractions have all shown a decrease (see Figure 2.7) - with falls of 12%, 60% and 7% respectively. Note, however, that these decreases relate 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, there is an increasing trend for children to have extractions carried out in hospital under general anaesthetic.

The number of adults receiving these types of treatment have remained relatively steady by comparison although the number having fillings increased to a high in 2016/17 before reducing again to currently sit just below their 2013/14 level.

X-rays, fillings, crowns and extractions have all seen an increase over the last six years for those aged 45 and over and especially for those aged 75 and over. Several factors could be contributing to this such as increased oral health awareness and therefore actively visiting a health service dentist. In addition patients may have more natural teeth now than in the past and therefore require more dental treatments.

Orthodontic Treatments

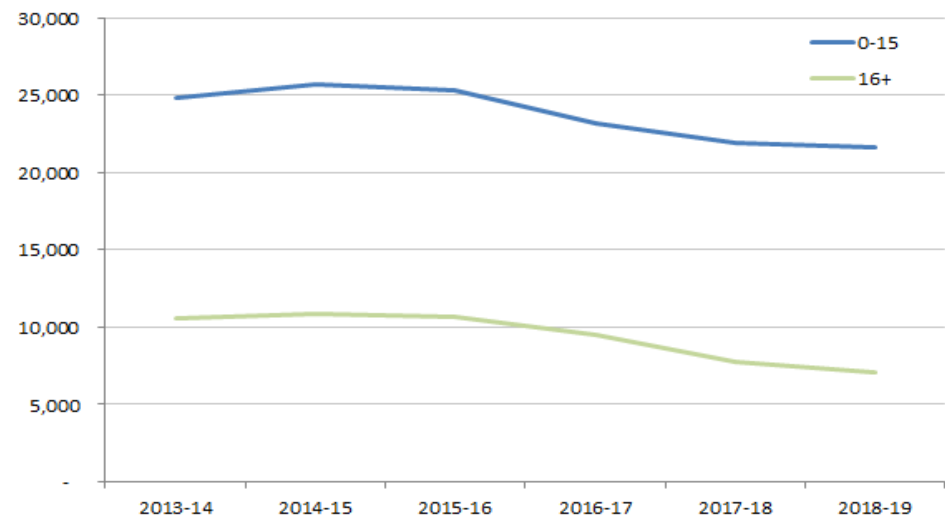
The number of orthodontic treatments carried out has seen a decline in the last few years (see Figure 2.8). This was following a change introduced on 1st April 2014 whereby only patients with an Index of Orthodontic Treatment Need (IOTN) score of 3.6 or higher would be eligible for health service orthodontic treatment. This change has contributed to a drop of 16% in orthodontic treatments for those aged 15 and under and a more marked 35% 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 2.7: Number of Individual Patients Receiving Dental Treatment by Type, 2013/14 to 2018/19

Year	Children			Adults		
	Fillings	Extractions	Crowns	Fillings	Extractions	Crowns
2013/14	83,320	20,592	438	317,768	86,855	28,790
2014/15	79,368	20,090	288	318,002	85,374	28,111
2015/16	75,799	19,161	256	320,034	82,099	28,364
2016/17	75,127	19,883	213	322,481	83,933	29,457
2017/18	72,291	19,242	192	318,094	84,356	28,549
2018/19	72,909	19,126	177	316,411	85,642	28,125

[See Annex Tables 2.10 to 2.19](#)

Figure 2.8: Number of Orthodontic Patients by Age, 2013/14 to 2018/19



[See Annex Tables 2.20 and 2.21](#)



2. Dental Services

Dental Services UK Comparison

Figure 2.9 provides a comparison of general dental service activity relative to the population in each UK region. The latest comparable information for all 4 regions is 2017/18.

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 are of greater relevance in this regard.

Looking at the number of teeth filled per 100,000 population over the last 5 years, Northern Ireland has consistently remained the highest throughout the UK although there has been a notable 18% drop in the number of teeth filled in NI children per 100,000 population over that time (see Annex Table 2.11) Scotland has also seen a drop in the number of fillings carried out in recent years, particularly to children which experienced a 27% decrease during the period. This could partly be attributable to the introduction of a number of schemes there with a specific focus on preventative treatment.

Figure 2.9: Teeth Filled per 100,000 population by UK region, 2017/18

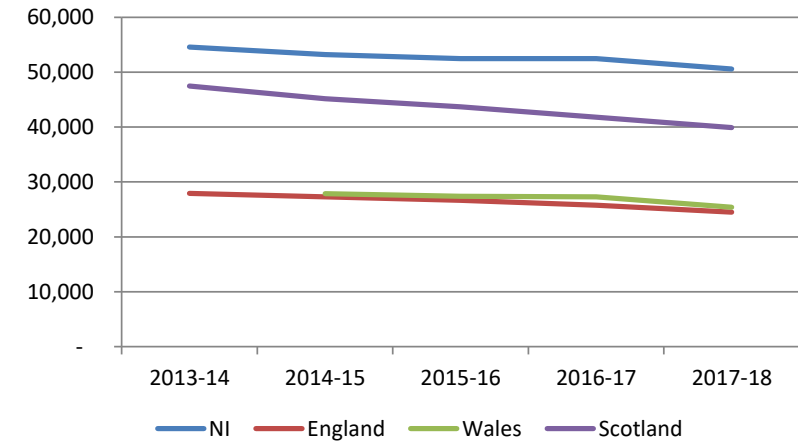


Figure 2.10: Teeth Extracted per 100,000 population by UK region, 2017/18

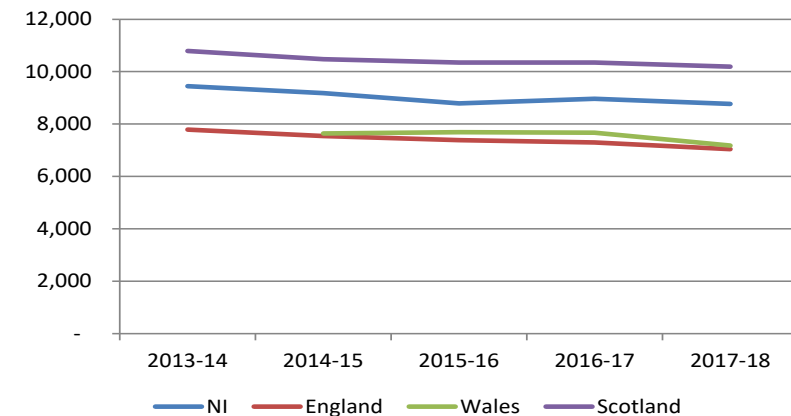
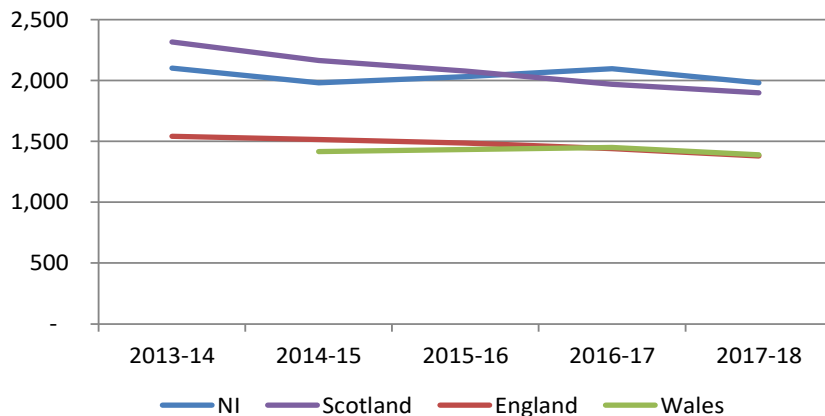


Figure 2.11: Teeth Crowned per 100,000 population by UK



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

[See Annex Tables 2.11](#)



2. Dental Services

Health Service Dental Service Costs

In 2018/19, the net cost of primary care dental services in Northern Ireland was £99.5 million; in addition patients in Northern Ireland paid a further £25.6 million for treatments. The total cost of primary care dental services in Northern Ireland has increased by 3% compared to 2017/18. Prior to this, the total cost remained consistently around £122 million per year for the previous 4 years (see Figure 2.12).

The net cost of services differs by area. The variation by Local Commissioning Group (LCG) is shown in Figure 2.13. At LCG 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.

Belfast LGD also has the highest cost per registered patient at £99.70 compared to the Northern Ireland average of £82.02 (see Figure 2.14). 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 2.12: Payments made for Dental Services in £ Millions, 2010/11 to 2018/19

Financial Year	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Net Cost of Dental Service	87.7	93.7	97.7	101.7	101.6	100.4	97.8	96.7	99.5
Patient Payments	17.4	18.1	19.4	20.2	20.9	22.5	23.6	24.5	25.6
Total Costs of Dental Services	105.1	111.9	117.1	121.9	122.5	122.9	121.4	121.2	125.1

Figure 2.14: Dental spend per head of registered population, by Local Government District, 2018/19

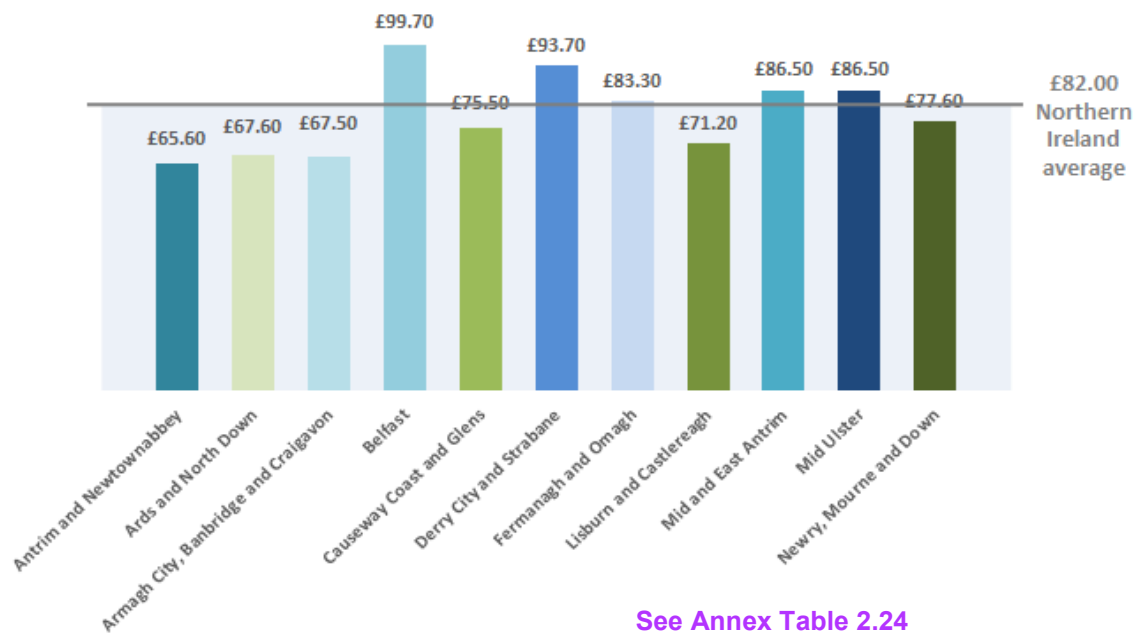
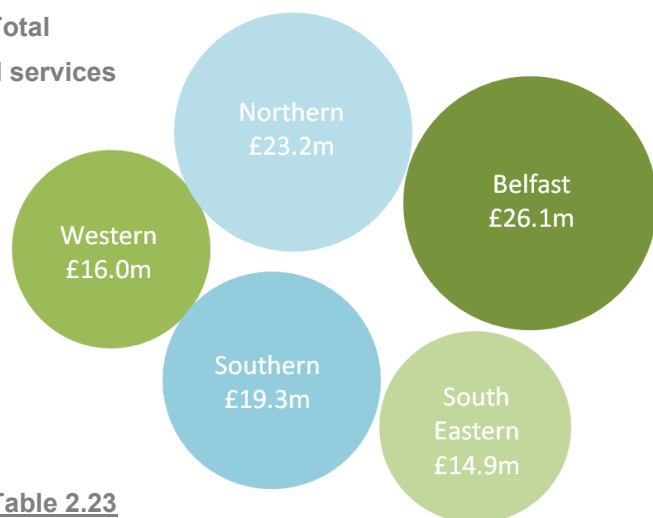


Figure 2.13: Total cost of dental services by LCG, 2018/19



See Annex Table 2.23

See Annex Table 2.24

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 from 2017-18 onwards is provided in this report.
- The ophthalmic database does record date of birth and so data is provided by age band for the last six financial years, 2013-14 to 2018-19.
- 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.



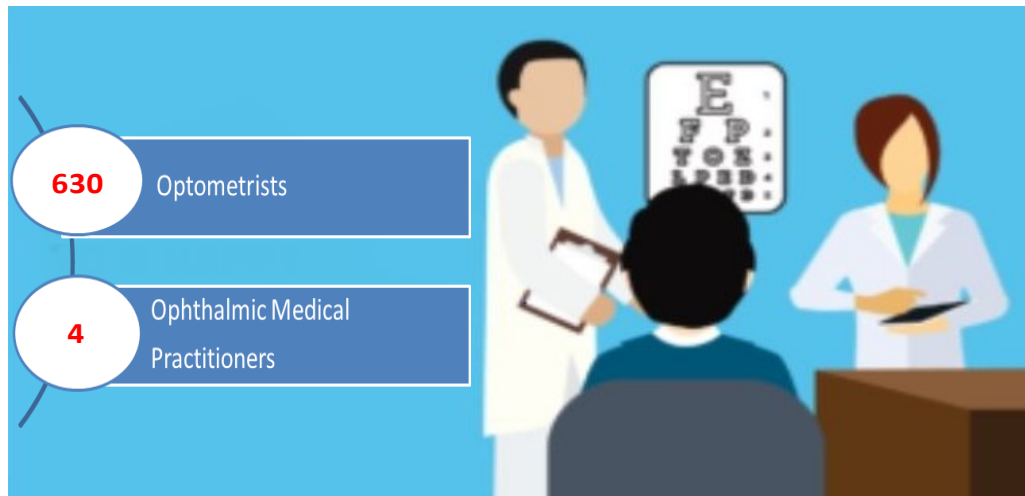
3. Ophthalmic Services

FPS Ophthalmic Practices and Practitioners

In Northern Ireland there were 271 ophthalmic practices with 634 primary care ophthalmic practitioners registered to carry out health service eye tests in 2019.

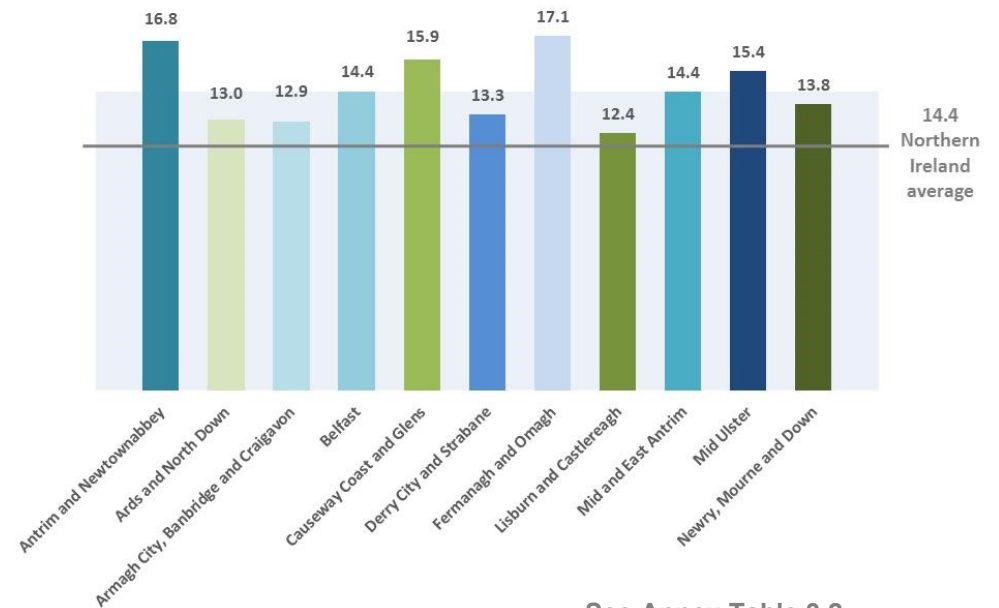
The number of ophthalmic practitioners registered with BSO has increased by 3% from 615 in 2018 to 634 in 2019. The overwhelming majority of ophthalmic practitioners registered are Optometrists however there are a small number of Ophthalmic Medical Practitioners. Ophthalmic Medical Practitioners are medically qualified doctors specialising in eye care. Like optometrists they examine eyes, test sight, diagnose abnormalities and prescribe suitable corrective lenses.

Figure 3.1: Number of ophthalmic practitioners registered with BSO at 31st March 2019



[See Annex Table 3.3](#)

Figure 3.2: Number of ophthalmic practices per 100,000 population, by Local Government District, 2019



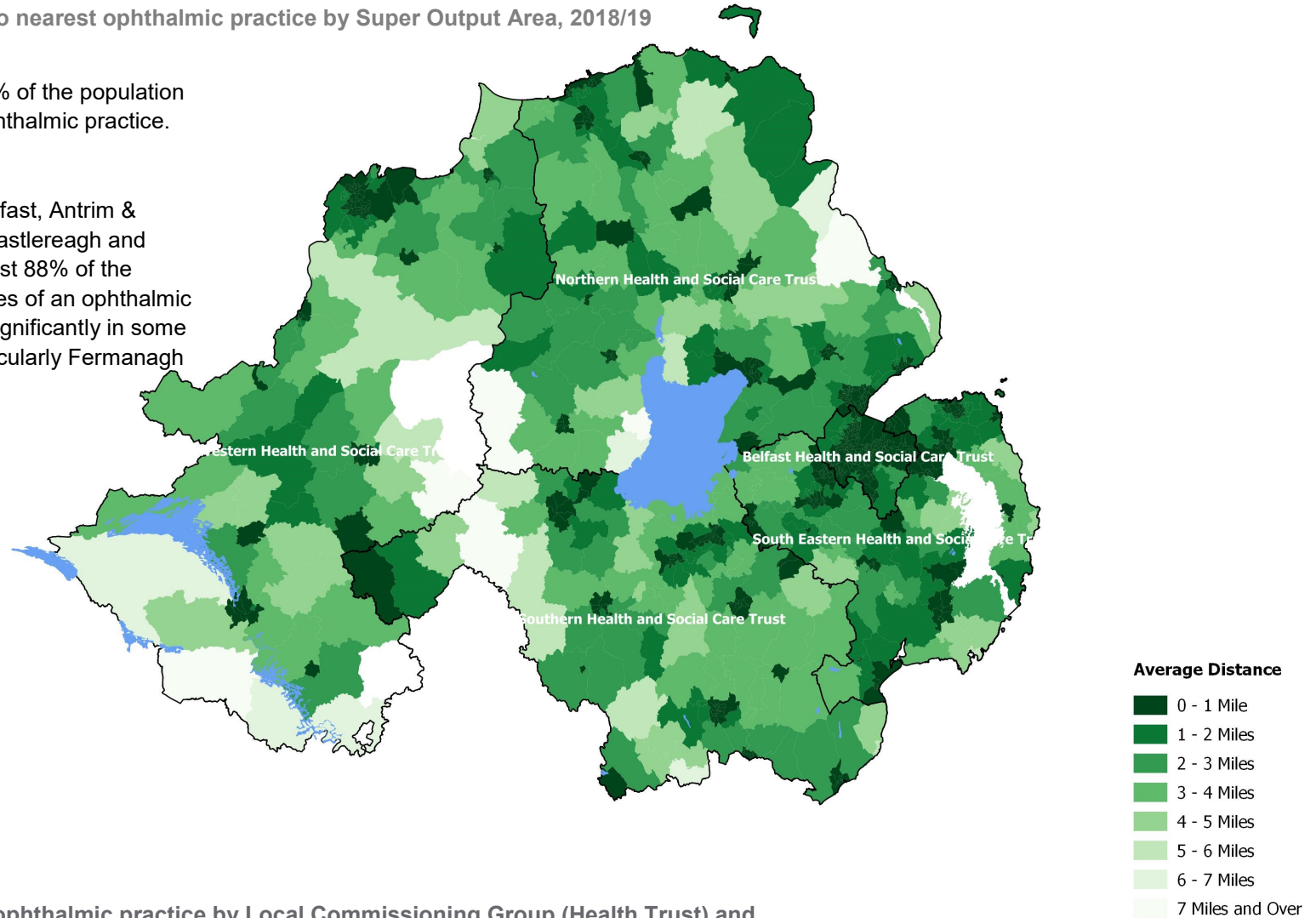
[See Annex Table 3.2](#)

Belfast Local Government District has the most high street ophthalmic practices accounting for 18% 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 16.8, while Lisburn & Castlereagh LGD has the lowest number of ophthalmic practices per 100,000 population at just 12.4 (see Figure 3.2).

3. Ophthalmic Services

Figure 3.3: Average distance to nearest ophthalmic practice by Super Output Area, 2018/19

- 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 Derry City & Strabane) at least 88% 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 3.21 and 3.22](#).



3. Ophthalmic Services

Health Service Sight Tests



The number of health service sight tests has increased year on year over the last decade, until 2017/18 when the numbers temporarily dipped. However the number increased again in 2018/19 with almost 470,500 sight tests provided to patients in Northern Ireland, an increase of 5,963 (1%) from 2017/18 and representing a rise of almost one-fifth (19%) since 2008/09.

Two in every three (66%) 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 since 2013/14, however 2018/19 saw a 5% decrease from 15,562 in 2017/18 to 14,768 in 2018/19. Domiciliary visits account for just over 3% of all sight tests each year and over the last five years the number of home sight tests has increased by 7%.

[See Annex Tables 3.4 and 3.5](#)

Providing Support to Health and Social Care

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 Income-related Employment and Support Allowance	✓ are aged 16, 17 or 18 and in full time education
✓ are included in an award for Income-based Jobseeker's Allowance	✓ are aged 60 years or over
✓ are included in an award for Pension Credit Guarantee Credit	✓ are diagnosed diabetic
✓ are entitled to or named on a valid NHS Tax Credit Exemption Certificate	✓ are diagnosed as having glaucoma
✓ are named on a valid HC2 Certificate	✓ are aged 40 or over and have a parent, brother, sister, son or daughter with glaucoma
✓ are named on a valid HC3 Certificate (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, reaching its highest number in 2016/17 at almost 212,000. Since then the number of vouchers processed has decreased by 5% to now sit at just under 201,000. This change in trend may be due to Universal Credit which was rolled out in Northern Ireland on a phased basis from September 2017 and may have impacted on the numbers eligible to receive a voucher.

Comparing sight tests against vouchers processed gives an indication of the prescribing rate in Northern Ireland. Just over two fifths of all sight tests result in a prescription for a voucher(s) towards glasses/contact lenses. The prescribing rate has been falling over the last number of years. In 2018/19 the prescribing rate had fallen to 43% (see Figure 3.4).

Figure 3.4: Sight tests, vouchers and prescribing rate, 2008/09 to 2018/19

Year	Heath Service Sight Tests	Number of Optical Vouchers Processed	Prescribing Rate
2008/09	396,633	181,424	46%
2009/10	415,491	187,700	45%
2010/11	422,830	191,688	45%
2011/12	434,399	198,285	46%
2012/13	437,701	203,618	47%
2013/14	445,757	205,901	46%
2014/15	453,714	206,983	46%
2015/16	468,117	207,457	44%
2016/17	476,423	211,814	44%
2017/18	464,466	205,864	44%
2018/19	470,429	200,703	43%

Health Service Repair or Replacement Vouchers

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. Historically the number of repairs and replacements has fluctuated year on year, however from 2015/16 this number has steadily increased (2018/19 is 13% higher than 2015/16) with almost all repairs and replacements for children aged 15 and under (approximately 99%).

[See Annex Tables 3.4 and 3.5](#)





3. Ophthalmic Services

Northern Ireland Primary Care Optometry Enhanced Services¹

These services are designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential, core, General Ophthalmic services and other Primary care Optometry enhanced Services.

Intra Ocular Pressure Repeat Measures (Level I ES)

The Intra Ocular Pressure Repeat Measures service (LES I) was introduced to reduce the numbers of false positive referrals for ocular hypertension (OHT).

The number of assessments at LES I dropped by 40% between 2016/17 and 2018/19. This decrease is due to new glaucoma guidance (issued November 2017) from the National Institute for Health and Care Excellence (NICE) which increased the threshold for referrals to LES I from an inner eye pressure of >21 mmHg to ≥24 mmHg.

In 2018/19, approximately 3 out of 4 assessments (77%) resulted in the patient having no onward referral to a Health Service Provider.

Figure 3.6: Outcome following assessment at LES I and LES II, 2018/19

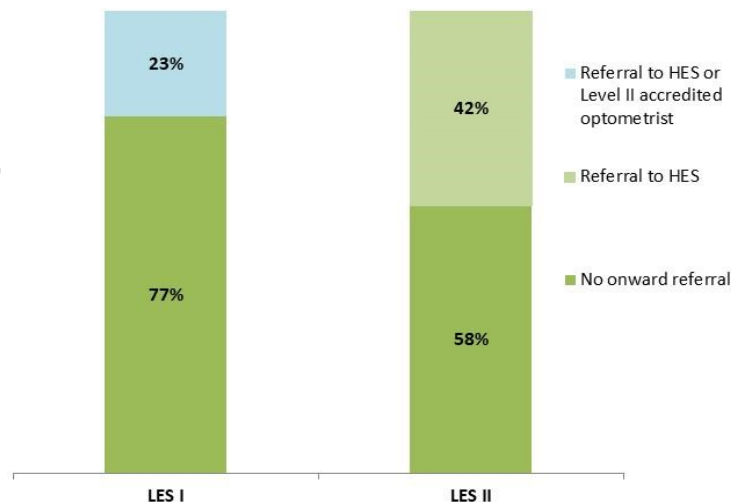


Figure 3.5: Number of assessments at LES I and LES II, 2014/15 to 2018/19

Enhanced Services	2014/15	2015/16	2016/17	2017/18	2018/19
LES I	2,223	1,923	1,907	1,627	1,151
LES II	n/a	n/a	151	651	341

Note: LES II only commenced in June 2016

Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II ES)

The Glaucoma and Ocular Hypertension Enhanced Case Finding Service (Level II) funds contractors with accredited and listed optometrists/OMPs to perform a defined set of clinical tests with the intention of producing an enhanced case finding for glaucoma, suspect glaucoma or ocular hypertension. These tests are performed in primary care optical practices and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination.

The number of assessments at LES II has almost halved (48%) between 2017/18 and 2018/19. This decrease is due to a change in NICE approved glaucoma guidelines in November 2017.

In 2018/19, over half (58%) of LES II assessments resulted in the patient being discharged with no onward referral to a Health Service Provider.

[See Annex Tables 3.14 and 3.15](#)

¹ The sub categories for the outcome following an assessment have been revised in Fig 3.6 and associated text – see [revision note](#) for further information



3. Ophthalmic Services

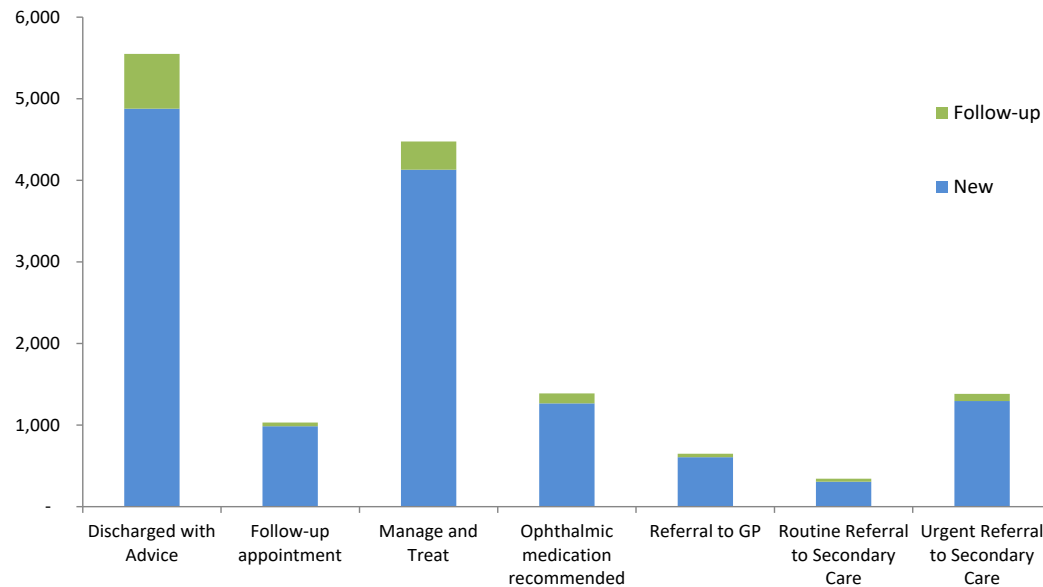
Northern Ireland Primary Eyecare Assessment and Referral Service (NI PEARS)

This enhanced service funds ophthalmic contractors in primary care to provide an acute eye care intervention service for patients across Northern Ireland. It facilitates accredited optometrists to investigate and manage, or triage for onward referral, patients presenting with acute, sudden onset, mainly anterior and non- sight threatening, eye conditions who may otherwise visit their GP or Hospital Eye Services.

During 2018/19, a total of 12,852 unique patient assessments took place at NI PEARS. Of those assessments, 91% (11,641) were new assessments, with the remaining 9% (1,211) being follow-up assessments. This equated to a new to review ratio of 10:1, meaning that for approximately every 10 patients that attend a new assessment, only 1 attends a follow-up assessment.

**11,641 new
1,211 follow-up
assessments at
NI PEARS in 2018/19**

Figure 3.7: Outcomes following assessment at NI PEARS, 2018/19



Patients that attend NI PEARS can have multiple outcomes following assessment.

Of the 11,641 that had a new assessment at NI PEARS in 2018/19, there was 13,480 outcomes following assessment. Two-thirds (67%) of outcomes resulted in patients being discharged with advice or managed and treated by the NI PEARS service. Only 12% resulted in an urgent or routine referral to a Health Service Provider, with 4 out of 5 of these being an urgent referral.

During 2018/19, there was 1,340 outcomes for follow-up assessments (1,211) at an NI PEARS assessment. Half (50%) of the outcomes resulted in patients being discharged with advice, with a further 26% managed and treated by the NI PEARS service. Only 9% resulted in an urgent or routine referral to a Health Service Provider.

[See Annex Tables 3.14 and 3.15](#)

3. Ophthalmic Services

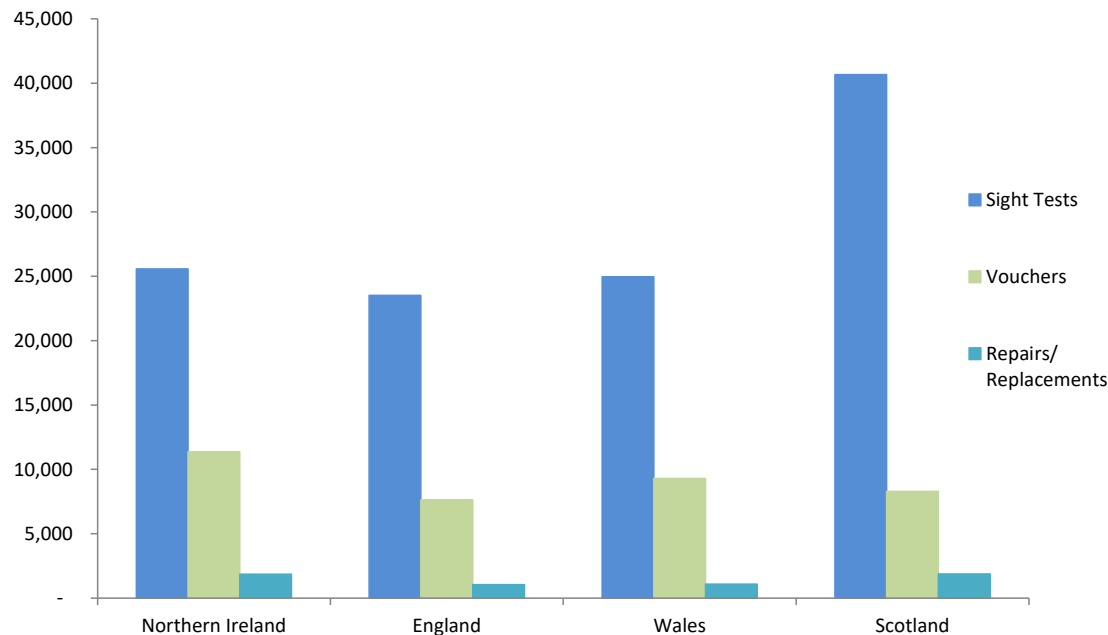
Ophthalmic Services UK Comparison

Figure 3.8 shows the number of sight tests, vouchers and repairs or replacements per 100,000 population per UK region. Due to Wales now only publishing ophthalmic activity every two years, the latest comparable information for all 4 regions is 2016/17.

During 2016/17, Northern Ireland carried out 25,585 health service sight tests per 100,000 population, a similar rate to England and Wales, with 23,514 and 24,953 sight tests respectively. Northern Ireland shows a considerably lower rate (over a third, 37%) than compared to Scotland (40,676). However, when comparing such rates across UK regions, it should be noted that Scotland offers free sight tests to its population every 2 years (aged between 16 and 59 years) with some categories of patients eligible for a sight test annually.



Figure 3.8: Ophthalmic Services per 100,00 Population by UK region, 2016/17



Northern Ireland had the highest number of vouchers processed per 100,000 population during 2016/17 with 11,375, over one-fifth (22%) greater than Wales, the next highest UK region. Comparing the sight tests against vouchers processed gives a prescribing rate of 44% for Northern Ireland compared to 37% in Wales, 32% in England and 20% in Scotland. It should be borne in mind, however, that the much lower Scottish rate will partly reflect that, unlike in the other countries, entitlement to a free sight test in Scotland does not automatically guarantee eligibility to a voucher if the patient is subsequently found to be in need of glasses/lenses.

Figure 3.8 shows that Northern Ireland and Scotland have a very similar repairs and replacements rate per 100,000 population with 1,854 and 1,890 respectively. The number of repairs/replacements per 100,000 population in England and Wales are approximately 40% less than in Northern Ireland.

[See Annex Tables 3.17](#)



3. Ophthalmic Services

Health Service Ophthalmic Service Costs

In 2018/19, the cost of primary care ophthalmic services in Northern Ireland was just over £23.6 million. The total cost of ophthalmic services in Northern Ireland had been increasing year on year except for 2017/18 when there was a 3% decrease compared to 2016/17. The total cost in 2018/19 has since returned to a similar level of that in 2016/17 (see Figure 3.9). The majority of the ophthalmic spend is on vouchers closely followed by sight tests.

Figure 3.9: Payments made for ophthalmic services, 2013/14 to 2018/19

£ Millions	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Total cost of ophthalmic services	21.8	22.2	22.6	23.5	22.9	23.6

The cost of ophthalmic services differs by area. The variation by Local Commissioning Group (Health Trust) is shown in Figure 3.10.

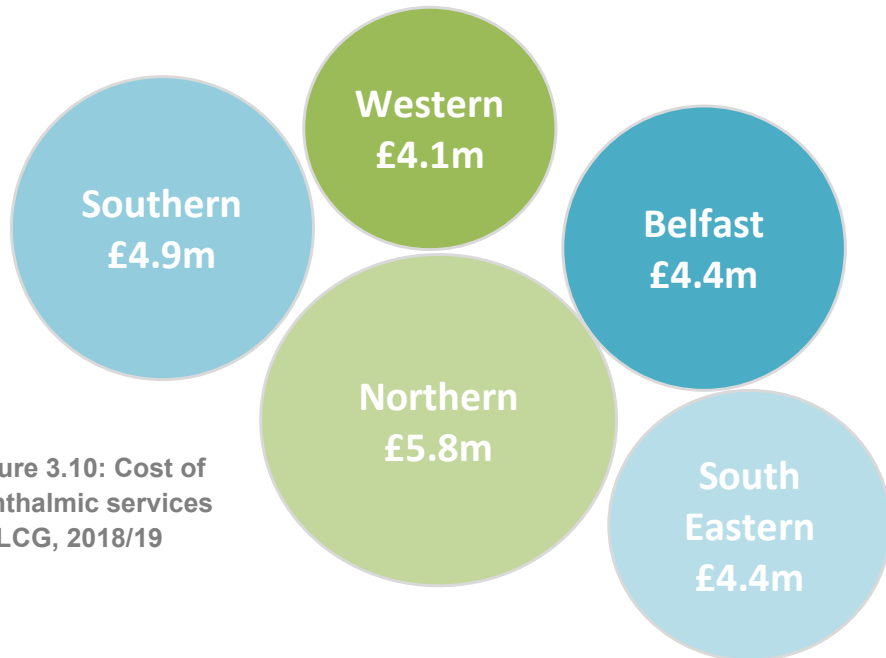
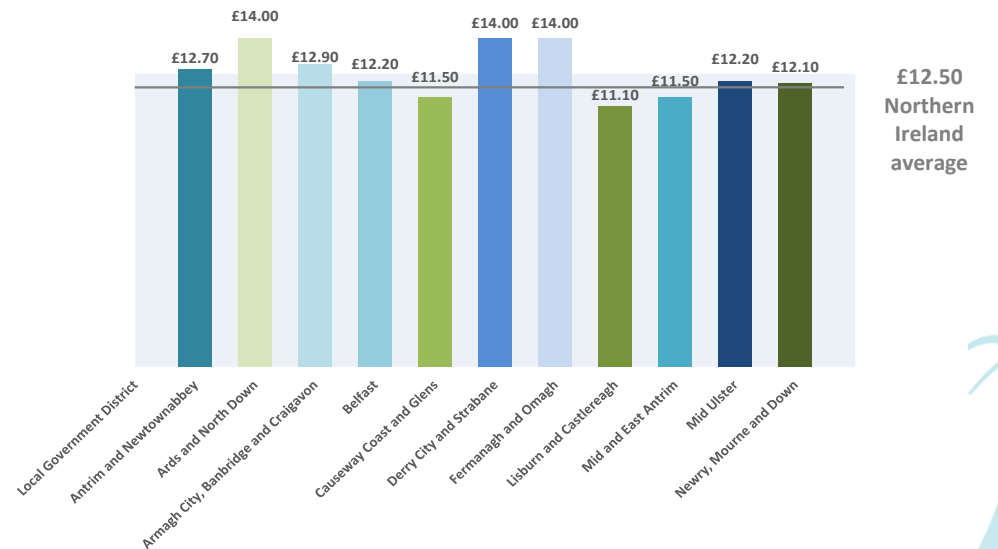


Figure 3.10: Cost of ophthalmic services by LCG, 2018/19

[See Annex Table 3.18](#)

At Local Government District level, Belfast LGD accounts for 18% of all primary care spend, whilst Lisburn & Castlereagh LGD accounts for just 7% of spend for Northern Ireland. Looking at the spend per head of population Ards & North Down, Fermanagh & Omagh and Derry City & Strabane LGDs all had the highest spend (£14.00) with Lisburn & Castlereagh LGD (£11.10) having the lowest (see Figure 3.11).

Figure 3.11: Health service ophthalmic spend per head of population, by Local Government District, 2018/19



[See Annex Table 3.19](#)



4. Pharmaceutical Services



Good to Know:

- The data only contains information on prescriptions that have been dispensed in the community. 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 variable in recent years with around 75% scanned in 2018/19, 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 six year financial period from 2013/14 to 2018/19.
- Information at community pharmacy level is available over a 11 year financial period from 2008/09 to 2018/19.

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





4. Pharmaceutical Services

Community Pharmacies

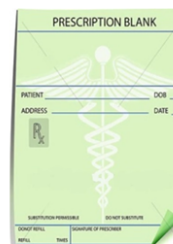
Community pharmacies, also called chemists, are one-stop health shops, offering services ranging from dispensing prescription medicines, selling medicines over the counter, giving advice on minor ailments, to providing services to help you to stop smoking and manage conditions such as asthma.



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.

During 2018/19, **each month** FPS Pharmaceutical Services:



Process on average

1.94 million

prescription forms

Equating to around

3.5 million

prescription items



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

£35.1 million





4. Pharmaceutical Services

Pharmacies¹

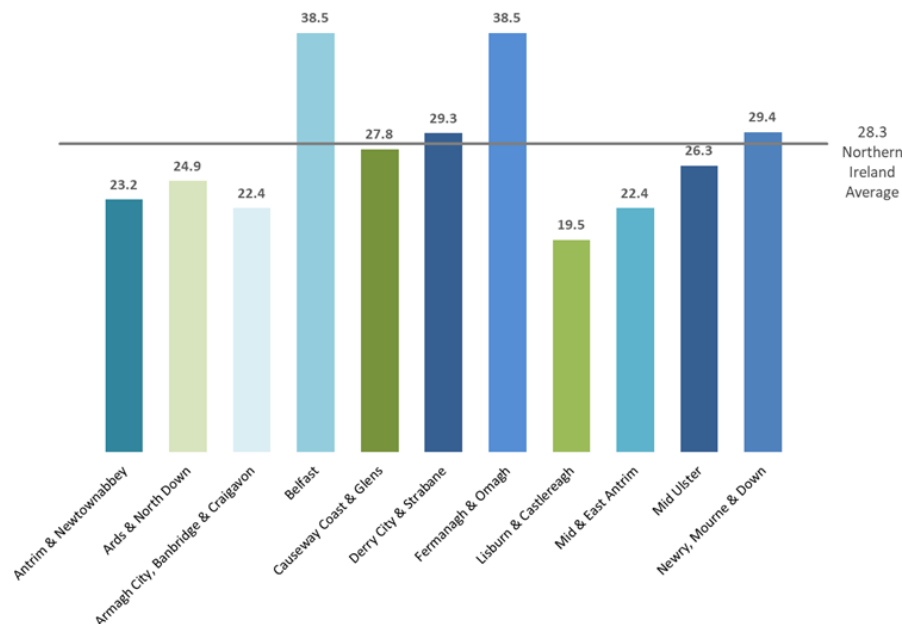
As at 31st March 2019, there were 532 community pharmacies across Northern Ireland. This represents only a small 2% increase in pharmacies from 2008/09 and numbers have remained unchanged over the last 3 years.

At LGD level, Fermanagh & Omagh and Causeway Coast & Glens show the largest proportionate increase in pharmacy numbers at 10% and 8%.

In Northern Ireland, the number of pharmacies per 100,000 population has remained relatively stable at around 28 to 29 since the beginning of the series although there has been a slight decreasing trend since 2011/12, primarily driven by population growth and unchanged pharmacy numbers (see Figure 4.1 for figures for 2018/19).

The Belfast and Fermanagh & Omagh LGDs have the highest number of pharmacies per 100,000 resident population, each with nearly 39, almost double the rate in Lisburn & Castlereagh, which has the least.

Figure 4.1: Pharmacies per 100,000 resident population, by Local Government District, 2018/19



¹ Text relating to historical pharmacy figures has been revised - see [here](#) for more information.

[See Annex Tables 4.11 and 4.12](#)





4. Pharmaceutical Services

Pharmacies Dispensing Activity – Monthly Dispensing Volumes¹

The average monthly dispensing volume per pharmacy has increased by over 28% from 5,071 items in 2008/09 to 6,512 items in 2018/19, although the rate of increase has slowed over the last two years.

This trend is reflected in the increased proportion of pharmacies dispensing over 6,000 items per month which has risen from just less than one-third (30%) in 2008/09 to almost one half (49%) in 2018/19 (see Figure 4.2).

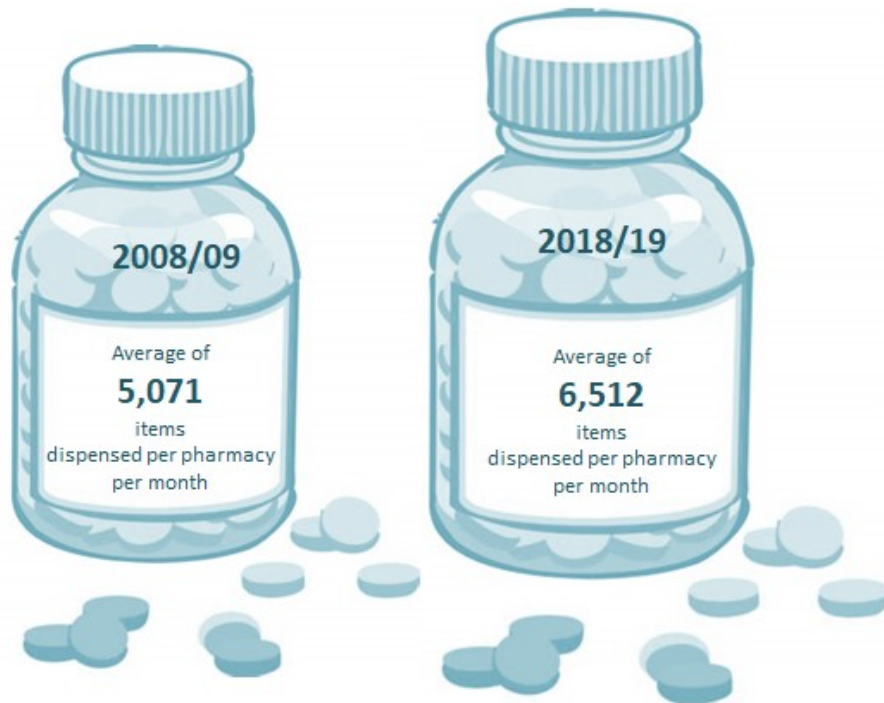
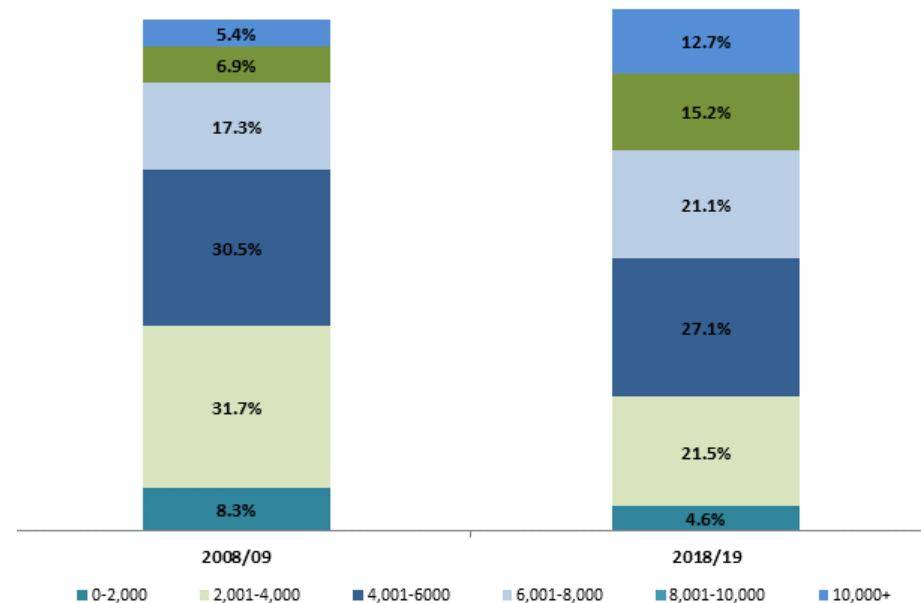


Figure 4.2: Comparison of average monthly pharmacy dispensing 2008/09 and 2018/19



[See Annex Table 4.13](#)

¹ Average monthly prescription item dispensing figures have been revised in the graphic, Fig 4.2 and associated text - see [here](#) for more information.



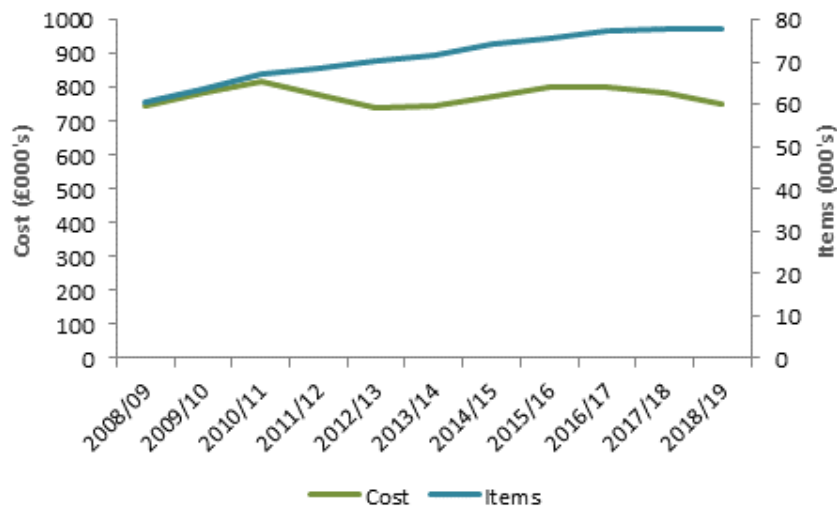
4. Pharmaceutical Services

Pharmacies Dispensing Activity – Annual Dispensing Volumes and Costs¹

The average annual volume of dispensed items has shown a steady annual increase from 2008/09, rising by 29% in this time, however this trend is not reflected in the associated ingredient costs. From the beginning of the series, average annual ingredient costs have fluctuated over time with more recent average costs showing a decreasing trend for the third year running (see Figure 4.3). This could reflect reduced item costs and/or a different profile of items being dispensed over time.

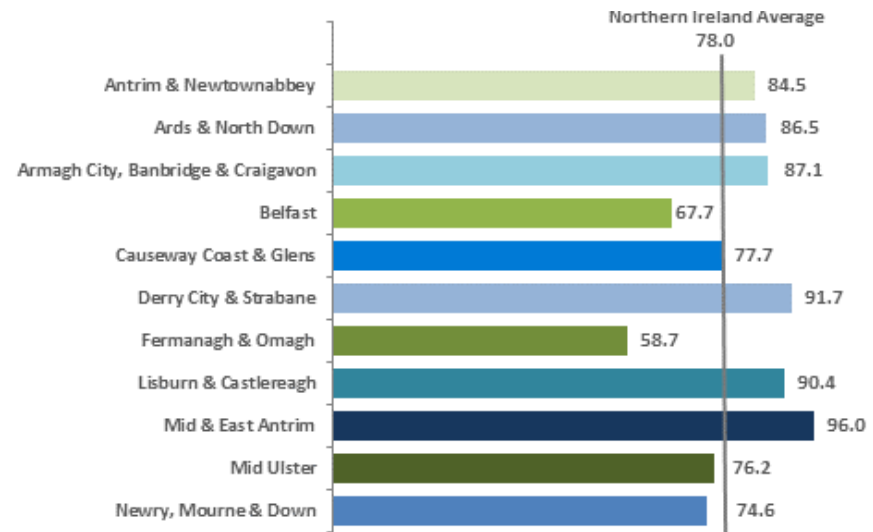
From the beginning of the series, the lowest levels of average annual dispensing of items per pharmacy have been seen in Fermanagh & Omagh and Belfast LGDs with the latest volumes being around 59,000 and 68,000 items respectively. This compares to Mid & East Antrim LGD which, with an average of 96,000 items, was almost a quarter (23%) higher than the Northern Ireland average (see Figure 4.4 below).

Figure 4.3: Average annual dispensing volumes and costs per pharmacy, 2008/09 to 2018/19



[See Annex Table 4.15a](#)

Figure 4.4: Average annual dispensing (000's) per pharmacy, by Local Government District, 2018/19



[See Annex Table 4.16a](#)

It should be noted that 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.

¹ Annual prescription item dispensing figures have been revised in the Figs 4.3, 4.4 and associated text - see [here](#) for more information.

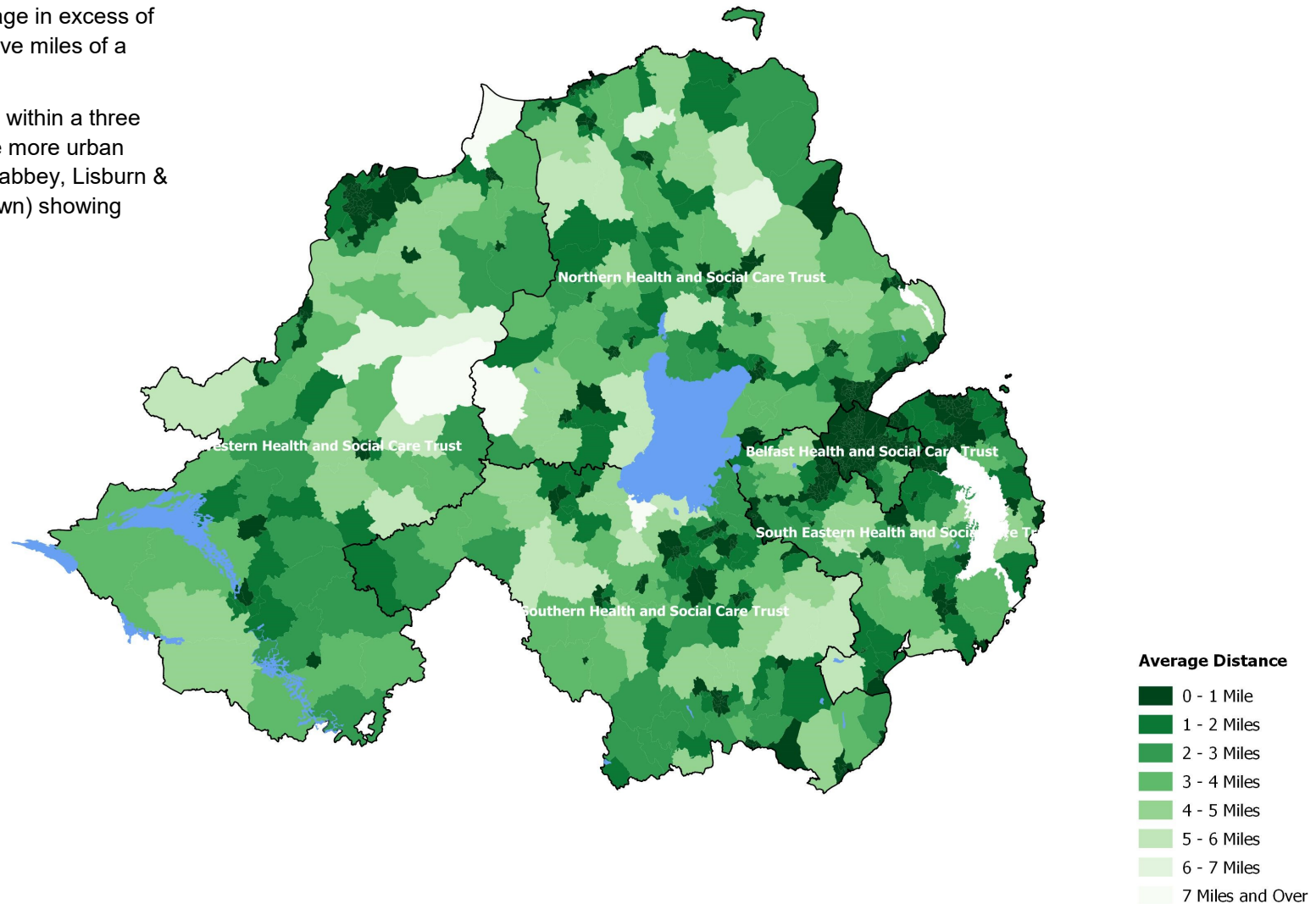


4. Pharmaceutical Services

Figure 4.5: Average distance to nearest pharmacy by Super Output Area, 2018/19

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 4.17 for details](#)



4. Pharmaceutical Services

Pharmaceutical Services UK Comparison¹

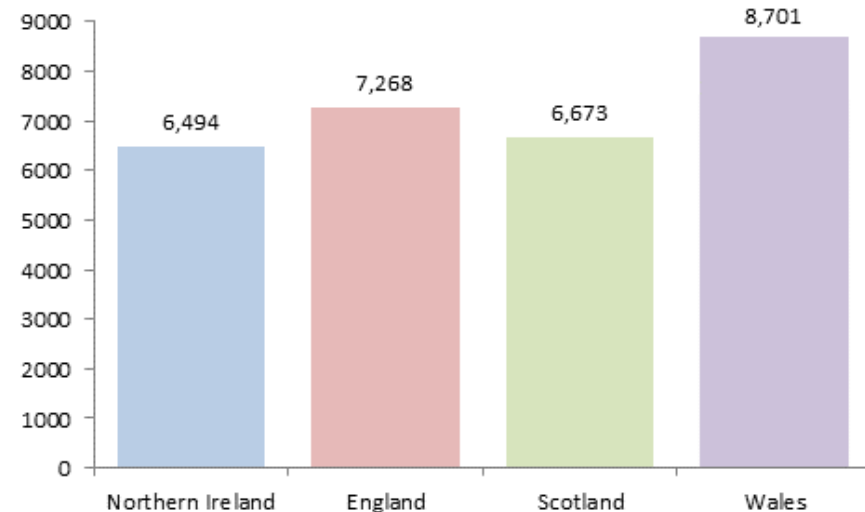
Figure 4.6: Pharmacies per 100,000 Population by UK Region, 2017/18



Using latest available comparative information, figure 4.6 shows the number of community pharmacies per 100,000 population per UK region during 2017/18. Northern Ireland shows a considerably higher rate than the other UK regions with 28.4, over a third (36%) higher than England. However, when comparing such rates across the UK, consideration should be given to the number of Dispensing GP practices in each region. GPs in Dispensing practices are authorised to dispense prescriptions to patients meeting certain criteria, such as living remotely from a community pharmacy. England, Wales and Scotland have 1,023, 77 and 99 dispensing practices respectively, accounting for around 7% of annual dispensed medicines. Northern Ireland only has 4 dispensing practices which account for around 0.2% of its annual dispensed medicines.

Using latest available comparative information, figure 4.7 shows that during 2017/18, Northern Ireland and Scotland had similar levels of average monthly dispensing volume per pharmacy of around 6,600 items. The Welsh and English volumes were around one-third and one-tenth higher than this respectively. This may be explained by a number of potential factors including differences in prescribing practice which can exist between countries. For example, in both NI and Scotland, GPs and authorised prescribers can issue instructions to pharmacists for single items to be split and dispensed at set intervals in the interests of patient safety (but still counted as a single item in figures). In England and Wales, the practice may instead be to prescribe a greater number of items but at a reduced quantity. See [User Guidance](#) for further details.

Figure 4.7: Average Monthly Dispensing of Prescription Items per Pharmacy by UK Region, 2017/18



[See Annex Table 4.18](#)

¹ Average monthly prescription item dispensing figure has been revised in the Fig 4.7 and associated text for further clarity on comparator information - see [here](#) for more information.



4. Pharmaceutical Services

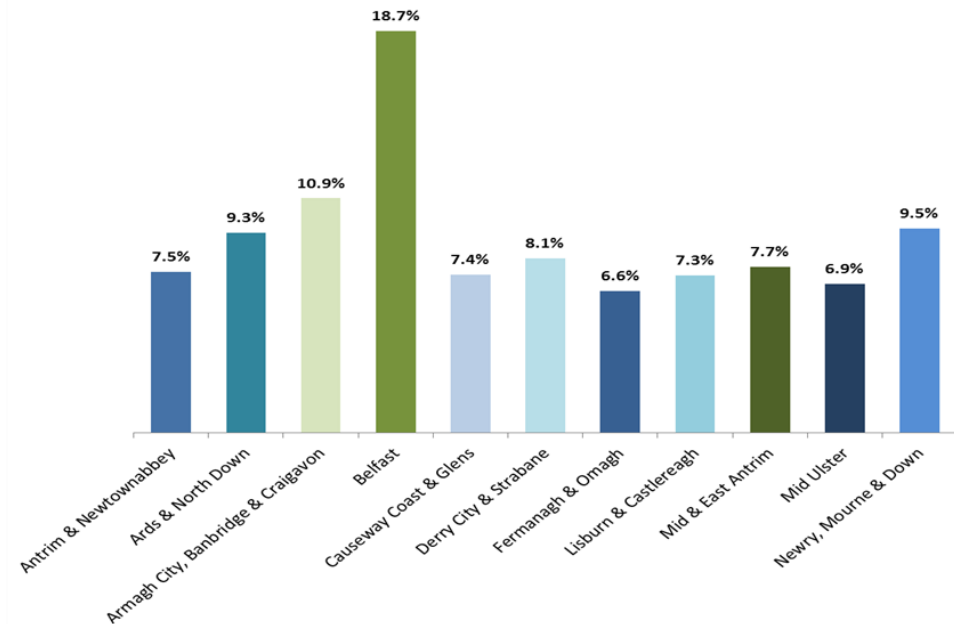
Cost of Prescriptions



The total ingredient cost of prescriptions in Northern Ireland is 2% higher than in 2013/14. However, this amount is 4% lower than the series high in 2015/16 and 3% lower than 2017/18 when the cost was £436.3m.

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 4.8).

Figure 4.8: Proportion of ingredient cost by Local Government District, 2018/19



[See Annex Table 4.2](#)

Figure 4.9: Items, average cost per item and average cost per head of population, 2013/14 to 2018/19

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
No of Prescription Items	38.8m	40.1m	40.7m	41.6m	41.7m	41.8m
Average Cost per Item	£10.61	£10.63	£10.84	£10.57	£10.46	£10.07
Average Cost per Head of Population	£225.19	£231.36	£238.25	£235.99	£233.19	£224.15

The average cost per item in Northern Ireland has shown around a 5% reduction since 2013/14, with the largest drop experienced from last year, approaching 4% (see Figure 4.9). The average cost per head of population has reached a series low, again with the largest reduction (4%) experienced from last year. More information is provided in [Annex Tables 4.1 and 4.2](#).



4. Pharmaceutical Services

Prescription Items and Costs by Age Group and Gender

32%
of cost in 2018/19
was attributed to
the 45-64 age
group

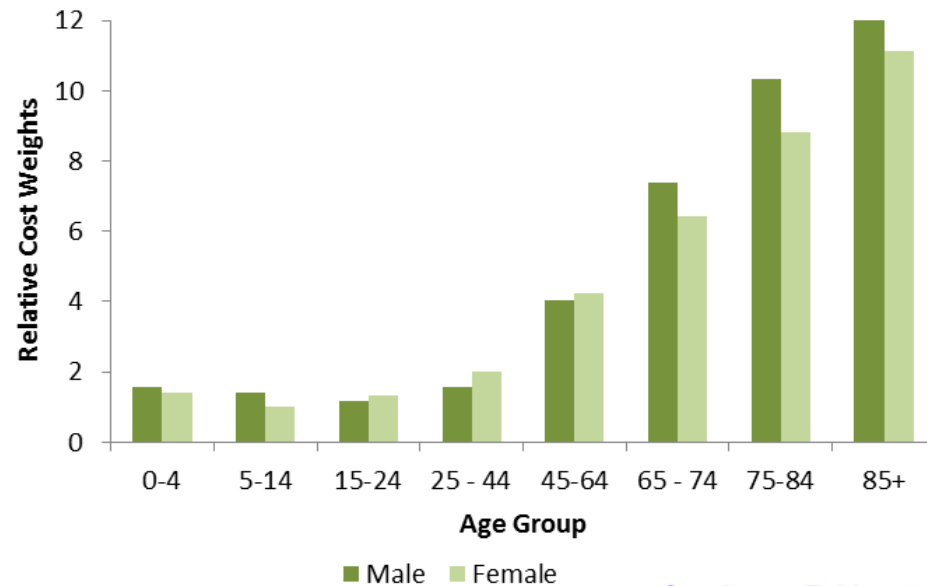
The demographic analysis presented in this section is based on a representative sample (c75%) of the 41.8 million prescription items dispensed in 2018/19. More information on this is provided in the User Guidance which accompanies the [tables](#) for this section.

Females accounted for 57% of the 31.3 million sample items while males accounted for 43%. This was generally reflected across Northern Ireland with the lowest proportion prescription items dispensed to females occurring in Fermanagh & Omagh LGD (55%) and the highest proportion in Antrim & Newtownabbey LGD (58%). More information is provided in [Annex Tables 4.6 and 4.7](#).

Figure 4.10 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, reflecting the generally poorer health status found in older males.

More information can be found in [Annex Table 4.9](#).

Figure 4.10: Prescribing cost index by age and gender, 2018/19



[See Annex Table 4.9](#)

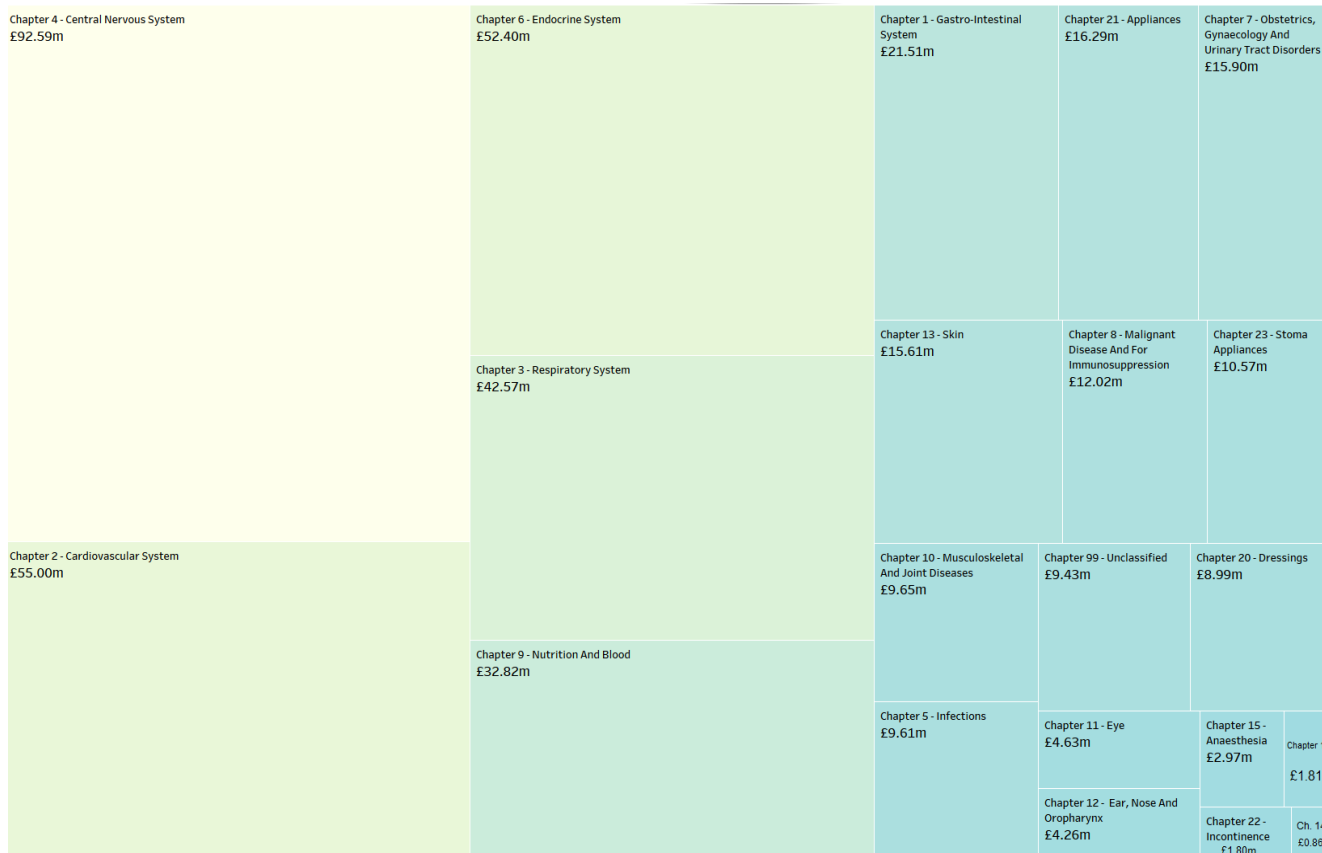


4. Pharmaceutical Services

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 4.11: Prescription costs by BNF chapter, 2018/19



The highest spend for the NI population relates to Central Nervous System prescriptions (£93m) as shown in Figure 4.11, significantly higher than the spend on the next two highest chapters, namely Cardiovascular (£55m) and Endocrine Systems (£52m).

The highest proportion of spend for persons aged 65 and over is for prescriptions relating to cardiovascular conditions accounting for just over one-fifth (21%) of their spend.

Over half (57%) 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 malignant disease and immunosuppression (£68 per item) followed by items relating to stoma appliances (£61 per item).

The 0-4 years age group shows the highest average cost per BNF classified item for malignant disease and immunosuppression items (£106 per item).

More information is provided in [Annex Tables 4.3 to 4.5 and 4.8](#).



4. Pharmaceutical Services

Dispensing by BNF Chapter by LGD

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



Just over 24% of items dispensed in Fermanagh & Omagh LGD related to Chapter 2 Cardiovascular System with Belfast having the lowest corresponding proportion at just over 20% (figure 4.12).



For respiratory items dispensed, Derry City & Strabane (figure 4.13) had the highest proportion with just over 8%, while Ards & North Down and Antrim & Newtownabbey both had the lowest at just under 7%.



Central Nervous System items accounted for almost 29% of items dispensed in Belfast LGD which was almost 4 percentage points higher than the overall Northern Ireland proportion.

More information is provided in [Annex Tables 4.3 to 4.5 and 4.8](#).

Figure 4.12: LGD proportion of Cardiovascular System items dispensed, 2018/19

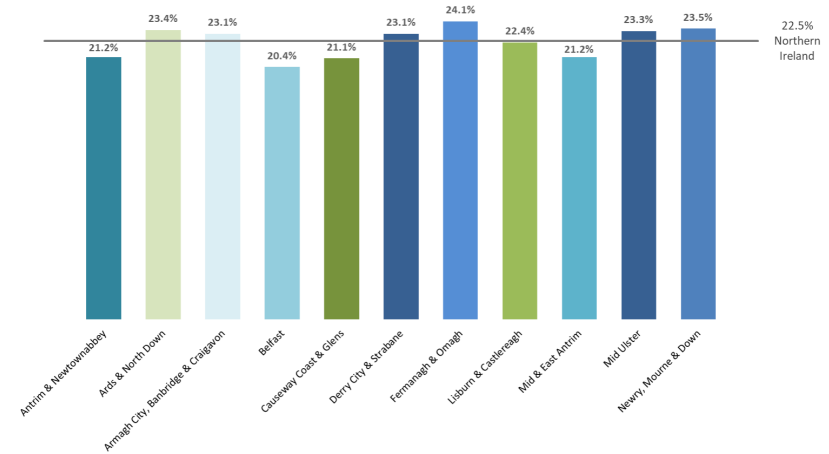


Figure 4.13: LGD proportion of Respiratory System items dispensed, 2018/19

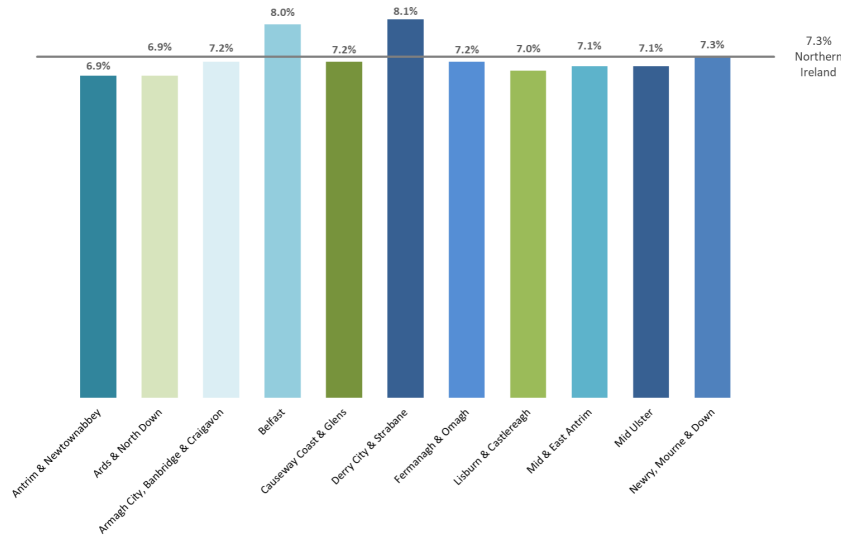
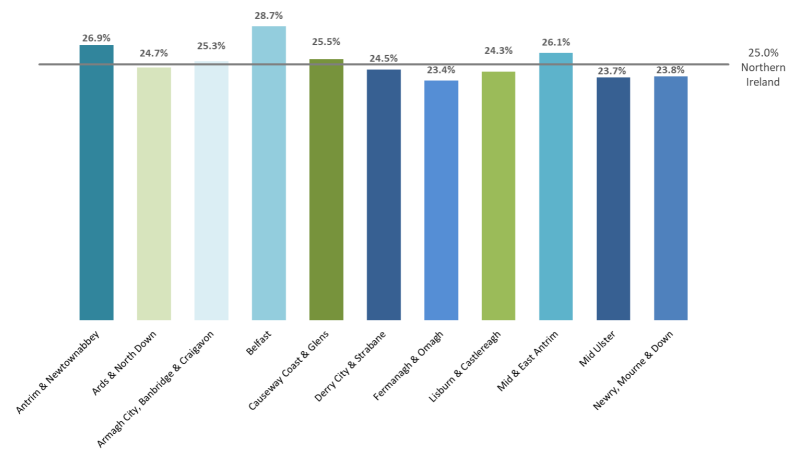


Figure 4.14: LGD proportion of Central Nervous System items dispensed, 2018/19





4. Pharmaceutical Services

Dispensing by BNF Chapter by Age and LGD

Figure 4.15: LGD proportion of Cardiovascular System items dispensed to persons aged 65+ years, 2018/19

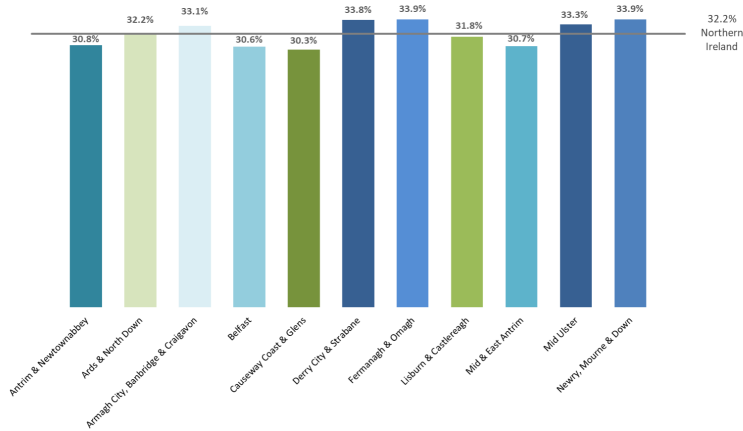


Figure 4.16: LGD proportion of Central Nervous System items dispensed to persons aged 0 to 14 years, 2018/19

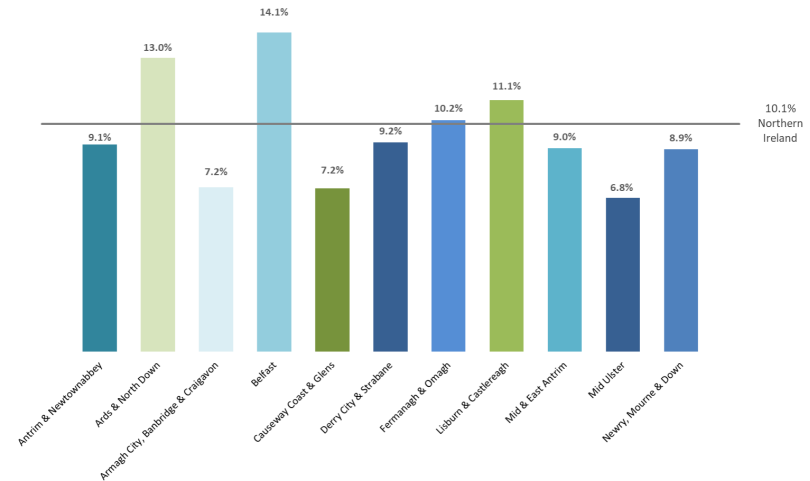


Figure 4.17: LGD proportion of Infection items dispensed to persons aged 0 to 14 years, 2018/19

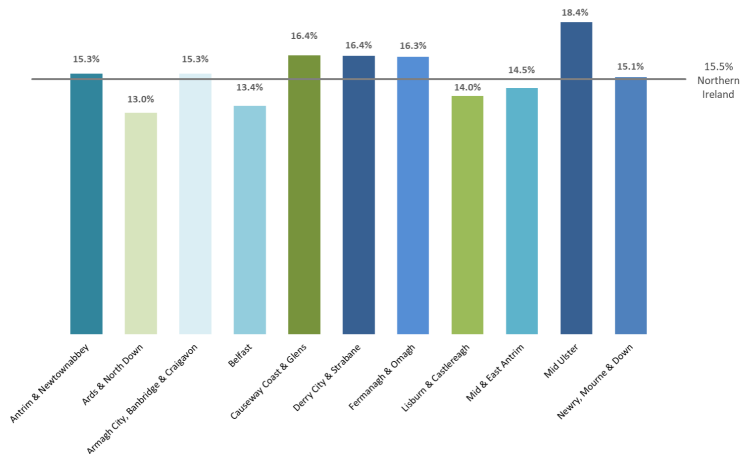


Figure 4.15 shows that of the proportion of items dispensed to persons aged 65 and over, almost one-third (32%) related to Cardiovascular System items with the lowest proportion seen in Causeway Coast & Glens LGD (30%) and the highest (34%) in Fermanagh & Omagh and Newry, Mourne & Down LGDs.



Comparing the proportions of items dispensed to persons aged 0 to 14 years, around 10% related to Central Nervous System items. Mid Ulster had the lowest proportion with almost 7% whilst Belfast had double this at just over 14%.



Continuing with items dispensed to persons aged 0 to 14 years, the proportion of Infections items dispensed ranged from a high of over 18% in the Mid Ulster LGD to 13% in Ards and North Down.

More information is provided in [Annex Tables 4.3 to 4.5 and 4.8.](#)



4. Pharmaceutical Services



UK Comparisons

Figure 4.18 shows the Net Ingredient Cost (NIC) per head of population over the last 5 years for each of the four UK regions. Northern Ireland has consistently shown the highest NIC per head of population over the last 5 years and was around 43% higher than England in 2018. After peaking at almost £240 per head of population in 2015, the Northern Ireland figure has been showing a reducing trend similar to England and Wales. In contrast to this, Scotland's NIC per head has been steadily rising with a notable 18% increase to almost £215 in 2018.

Figure 4.18: Net Ingredient Cost (NIC) per head of population

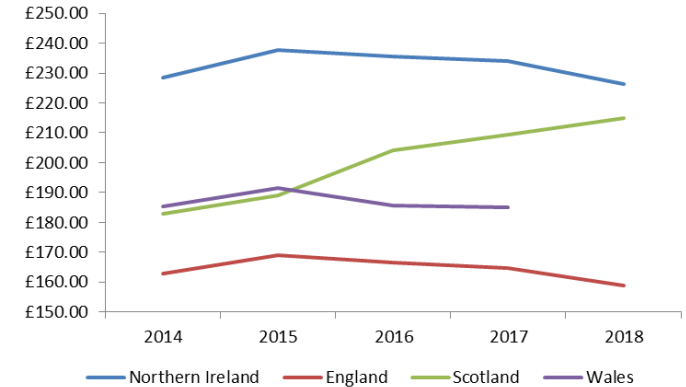
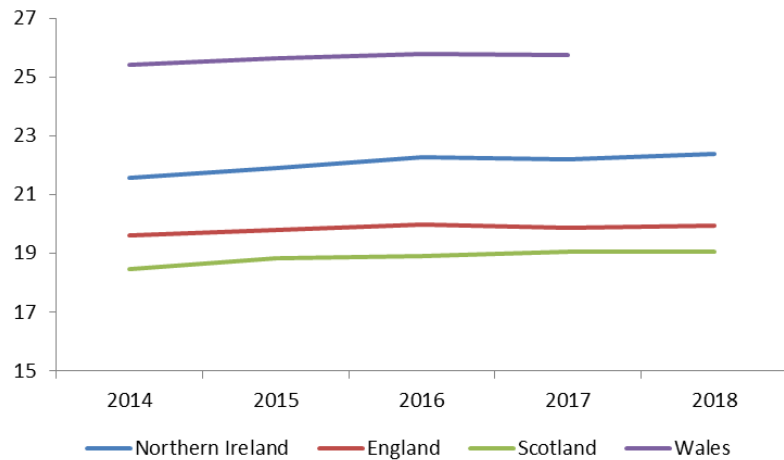


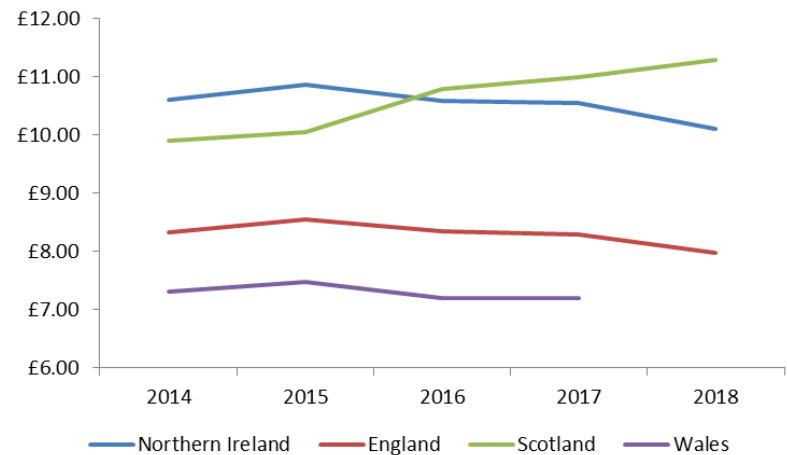
Figure 4.19: Prescription items dispensed per head of population



A different common trend can be seen when looking at numbers of prescription items dispensed per head of population (Figure 4.19) with a slight gradual increase apparent across all regions. Wales have the highest number of dispensed items per head of population, at 35% higher than Scotland in 2017, but this may be partially explained by Welsh prescribing intervals being shorter than other UK regions resulting in lower item quantities per script but, consequently, relatively more scripts and items.

Figure 4.20 shows trends for the NIC per dispensed prescription item and can be seen to be a key driver of the per capita cost trends depicted in Fig 4.18. Interestingly, Northern Ireland had the highest NIC per prescription item until 2016 when it was overtaken by Scotland, the only region to show an increasing trend. Scotland now has the highest NIC per prescription item at £11.27, followed by £10.11 in Northern Ireland, £7.96 in England and £7.19 from the most recent information for Wales.

Figure 4.20: Net Ingredient Cost (NIC) per prescription item



It should be noted that England, Wales and Northern Ireland use the same remuneration drug tariff whilst Scotland have their own separate tariff.



Statistical Notation used in Report and Tables

* = value suppressed due to small cell counts

N/A = Not Available; n/a = Not Applicable

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 publish quarterly [General Practice Bulletins](#) which include GP Headcount Figures with gender and age-group breakdown available, Registered Patient counts and Practice counts.

StatsWales publish [General practitioners, registrars, retainers and average list size by local health board and year](#) which include GP Headcount Figures with, Registered Patient counts, Practice (Partnership) counts and average list sizes.

NHS National Services Scotland publish [General Practice Data tables](#) which include GP Headcount Figures, Registered Patient counts and Practice counts.

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: <https://digital.nhs.uk/data-and-information/publications/statistical/general-pharmaceutical-services/in-england-2007-08-to-2017-18/content>

Prescription Cost Analysis: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/prescription-cost-analysis-pca-data>

Wales

Statistics on General Pharmaceutical Services: <https://gov.wales/sites/default/files/statistics-and-research/2018-12/181031-community-pharmacy-services-2017-18-en.pdf>

Prescription Cost Analysis: <https://gwedhill.gov.wales/docs/statistics/2018/180523-prescriptions-dispensed-community-2017-en.pdf>

Scotland

Statistics on General Pharmaceutical Services: <https://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Community-Dispensing/Dispenser-Remuneration/>

Prescription Cost Analysis: <https://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Community-Dispensing/Prescription-Cost-Analysis/>

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

