



Business Services  
Organisation

Family Practitioner Services

# GENERAL DENTAL STATISTICS FOR NORTHERN IRELAND ANNUAL STATISTICS

## 2023 - 2024

Published June 2024



**NISRA**

Northern Ireland  
Statistics and Research Agency  
Gníomhaireacht Thuaisceart Éireann  
um Staitisticí agus Taighde



<b>Purpose</b>	The data contained in this publication are presented on a financial year basis for the year ending 31 <sup>st</sup> March 2024. They are based on claims submitted by primary care dentists to Family Practitioner Services. They do not cover secondary care or private dental services including any work carried out by the Community Dental Service. Information is provided on workforce, registrations and dental treatments carried out by General Dental Practitioners. Information on the cost of dental services across Northern Ireland and in United Kingdom context is also presented. Data detailed in this publication are also available in spreadsheet format (Microsoft Excel) to aid secondary analysis and can be found on the <a href="#">BSO website</a> .
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<b>We want your feedback</b>	We welcome any feedback on any aspect of these statistics, which can be provided by email to: <a href="mailto:Info.BSO@hscni.net">Info.BSO@hscni.net</a>

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

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## Introduction

This publication provides a statistical overview of general dental activity in Northern Ireland between April 2023 and March 2024. It is based on payment claims submitted by primary care dentists to Family Practitioner Services (FPS). This data does not cover private work or secondary care activity including work carried out by the Community Dental Service.

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

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

### This is an Accredited Official Statistics publication

Accredited official statistics are called National Statistics in the Statistics and Registration Service Act 2007 – see [here](#) for further explanation of this terminology. These official statistics were independently reviewed by the Office for Statistics Regulation (OSR) in May 2022. They comply with the standards of trustworthiness, quality and value in the [Code of Practice for Statistics](#) and should be labelled ‘accredited official statistics’. All accredited official statistics should comply with all aspects of the Code of Practice for Statistics. The OSR considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate. These statistics were considered as part of a wider assessment of the BSO Family Practitioner Services statistics. Since the assessment, we have continued to comply with the Code of Practice for Statistics, and have made the following improvements this year:



- Quarterly Family Practitioner Services (FPS) General Dental Statistics publication now includes a new HTML format Key Facts with interactive graphics and the ability to automatically download the data presented in the charts.
- Introduction of annual dental activity figures for claims, patients seen, treatment claims and payments (IOS and Support Scheme/PPE payments) in both the quarterly and annual excel tables.

We have developed a series of statements to demonstrate how we meet the Code in our everyday work. These cover our independence, data quality procedures, how we make our statistics accessible whilst protecting your data, engage with you to meet your needs and, when things go wrong, how we make corrections or, should our services fall below the required standard, how you can make a complaint. All of this information is included in our [Statistics Charter](#).

Our statistical practice is regulated by the OSR. You are welcome to contact us directly with any comments about how we meet these standards (contact the responsible statistician listed at beginning of this publication). Alternatively, you can contact OSR by emailing [regulation@statistics.gov.uk](mailto:regulation@statistics.gov.uk) or via the OSR website [here](#).

## **User Engagement**

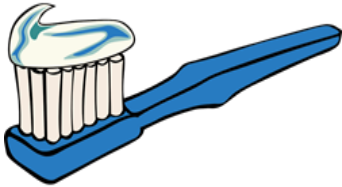
Statisticians in the Information Unit are regularly in contact with key users of the statistics. While previously readership surveys alone were used to provide an overall assessment of whether user needs were being met, the current approach employed is to supplement the surveys with focused consultations with key users on a rolling basis. This approach helps to gain greater insight into how the statistics are used and to identify additional specific requirements. In addition, any ad-hoc requests for information are recorded centrally in a database and these records are used to provide intelligence from a wider set of users in relation to changing requirements. In March 2023 a pilot User Engagement showcase event was held to advise users of the current capabilities and future developments of the statistics and obtain feedback from users. An outline of future developments as a result of user engagement is provided in the [General Dental Services Statistics User Engagement Action Plan](#).

## Key Facts

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- **There are 63 dentists per 100,000 NI residents**  
364 dental practices & 1,195 dentists
- **68% of the population are registered with a Health Service dentist**  
76% of children and 66% of adults
- **In the 18–44 age group, 74% of females are registered with a dentist but only 63% of males**



- **Approximately 543,000 examinations were performed on adults, an increase of 17% compared to 2022/23**
- **193 per 1,000 registered children were treated for a filling, crown or extraction**  
A 1.2% decrease compared to 2022/23



- **The gross cost of dental services was £121.6 million**  
Covid-19 payments made up £2.3 million of this, down from £13.0 million in 2022/23. Patient contributions increased from £20.4 million in 2022/23 to £21.4 million
- **94% of the population live within five miles of a dental practice**
- **Belfast LGD accounts for 24% of the net cost of dental services**  
Average cost per registered patient was £77.20 across Northern Ireland

# 1. Impact of Covid-19 Pandemic on General Dental Services

In March 2020, due to the Covid-19 pandemic, general dental practitioners were instructed to cease all aerosol generating procedures (AGPs) and routine dental treatments were postponed. The provision of face-to-face treatment within general dental practice was restricted to urgent and emergency dental conditions that could not be managed remotely and in which a non-AGP could address the patient's dental need. Five trust-based Urgent Dental Care Centres (UDCCs) were also opened at the beginning of April 2020. The rebuilding of dental services commenced in phases during June and July 2020. To note any activity which took place in a UDCC will not be reflected in this publication.

These restrictions have had an impact on General Dental Service (GDS) item of service (IOS) activity levels and the number of patients seen since March 2020. Individual contractors were provided Financial Support Scheme (FSS) payments to stabilise their IOS payments in 2020/21 and 2021/22. On 8<sup>th</sup> April 2022 the GDS Rebuilding Support Scheme (RSS) was introduced to replace FSS. Dental Practitioners were also provided with PPE Payments. More information on the [Covid-19 support payments \(FSS and PPE\) and rebuilding of services \(RSS\)](#) is available on the BSO website. All other payments such as registration, capitation and other allowances were paid as normal.

Table 1.1 overleaf shows the number of patients seen, claims and treatment claims over the last five years and compares them to the levels seen pre-pandemic.

Financial Year	Patients (Compared to 2019/20)	Claims (Compared to 2019/20)	Treatment Claims (Compared to 2019/20)
2019/20	1,046,478	1,825,754	1,437,442
2020/21	430,217 (41%)	587,191 (32%)	450,951 (31%)
2021/22	621,085 (59%)	903,022 (49%)	700,613 (49%)
2022/23	802,856 (77%)	1,228,244 (67%)	961,529 (67%)
2023/24	821,815 (79%)	1,294,064 (71%)	1,004,740 (70%)

**Table 1.1:** Patients seen, claims and treatment claims by Financial Year 2019/20 – 2023/24. [See Annex Table 1.34.](#)

After large decreases due to pandemic restrictions, patients seen, claims and treatment claims have all stabilized in the last two financial years, but have not returned to pre-pandemic levels of activity. Figure 1.1 shows the number of treatment claims each month over 2019/20 and the last two financial years. Similar trends are visible in the number of patients seen and claims submitted and paid for by BSO.

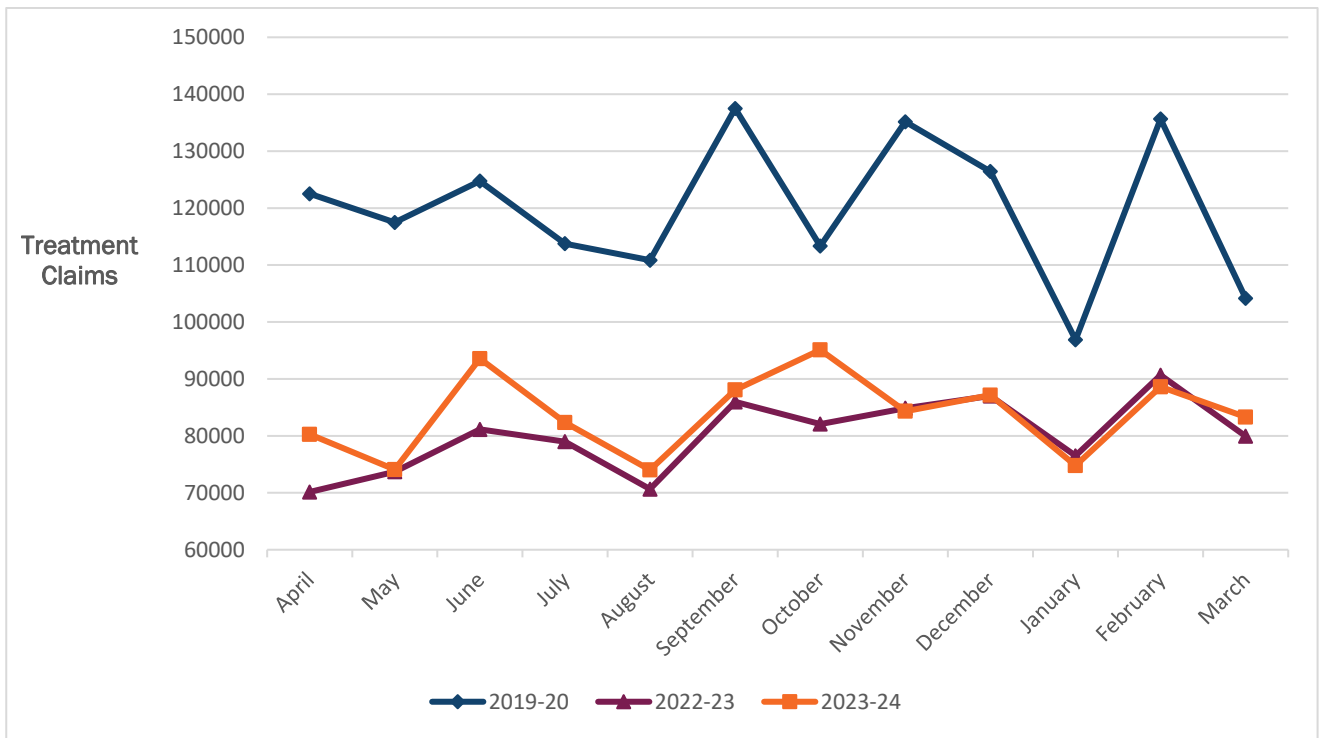


Figure 1.3: Treatment claims in 2019/20, 2022-23 and 2023/24. [See Annex Table 1.34.](#)

Dental registrations due to end between 2020/21 and 2022/23 were extended at various points during these years. As such any registrations due to expire at any point in the last three years have been extended and began to expire at the end of March 2023. In order to avoid the scenario where a large number of patient registrations lapse in one go, the GDS regulations have been amended to add on a specific number of months to three patient registration cohorts, so that registrations are scheduled to lapse at the same rate as they would normally. In addition, the Enhanced Children’s Examination (ECE) Scheme ran from January 2023 to June 2023 as a dedicated scheme to improve access to dental care for unregistered patients aged 0-10 years. The aim was to address the decrease in registration levels for young children over the last three years. Readers should therefore be mindful of this when interpreting the figures over the last four years and comparing to 2019/20.

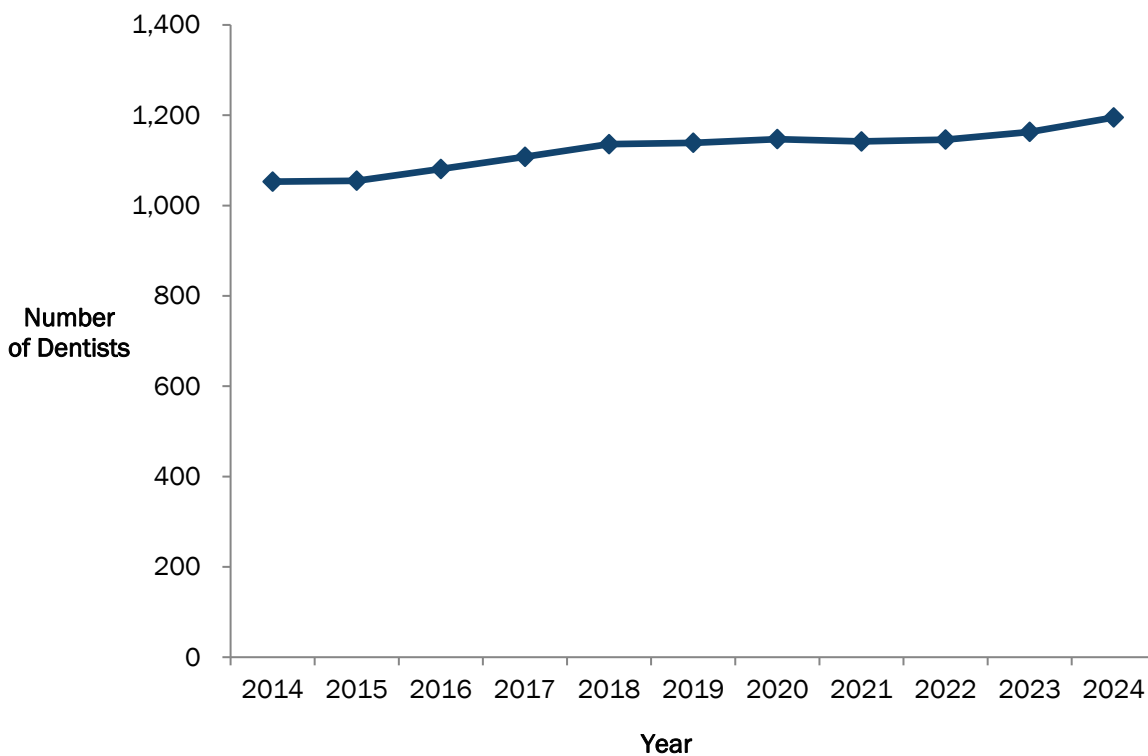


## 2. Workforce

FPS Dental Services are responsible for the monthly payments to primary care General Dental Practitioners (dentists) for health service treatment provided, the maintenance of the list of patients registered with dentists, examination of patients at centres throughout NI and maintenance of the statutory Dental List. This section of the report provides details of the workforce recorded on this list. All count figures are a headcount and a snapshot as at 31<sup>st</sup> March 2024, they will not reflect any change in hours worked.

### 2.1 Dental Practitioners

In Northern Ireland, there were 364 dental practices with 1,195 dentists registered to carry out health service treatments at the end of March 2024. The number of dentists registered has increased by 13% over the last decade from 1,053 in 2014 to 1,195 in 2024 (see Figure 2.1).



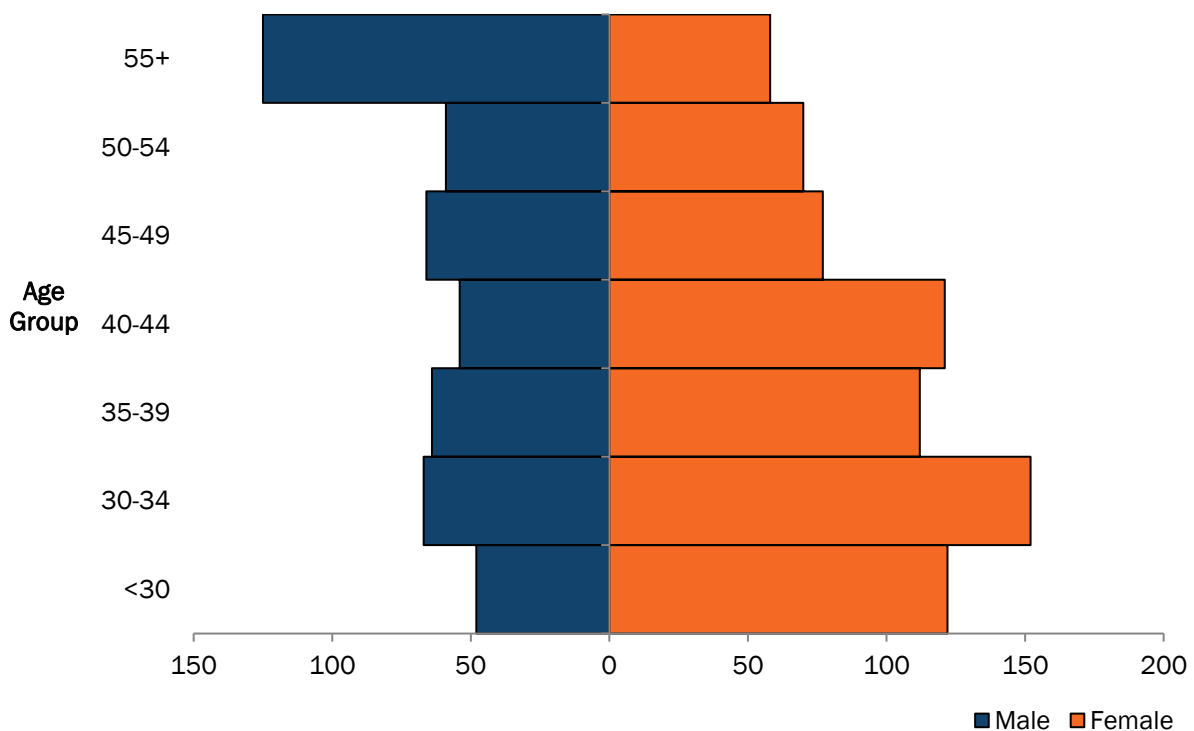
**Figure 2.1:** Number of dentists as at 31<sup>st</sup> March, 2014-2024. [See Annex Table 1.01.](#)

### 2.2 Dental Practitioners by Age and Gender

Dentistry was previously a male dominated profession but that has changed markedly in the last decade. In particular, the majority of new dentists are female, with 70% of dentists aged under

35 being female while the reverse is true in the older age groups with 59% of dentists aged 50 and above being male (see Figure 2.2). Naturally with this pattern, there has been a shift in the overall makeup of the workforce and since 2014, the number of female dentists has exceeded males, with three fifths (60%) of the workforce now being female in 2024 compared to half (51%) in 2014.

There are 312 dentists (26% of the workforce) aged 50 and over in 2024 compared to 200 (19% of the workforce) in 2014. There are 389 under the age of 35 in 2024, equivalent to almost a third of dentists.



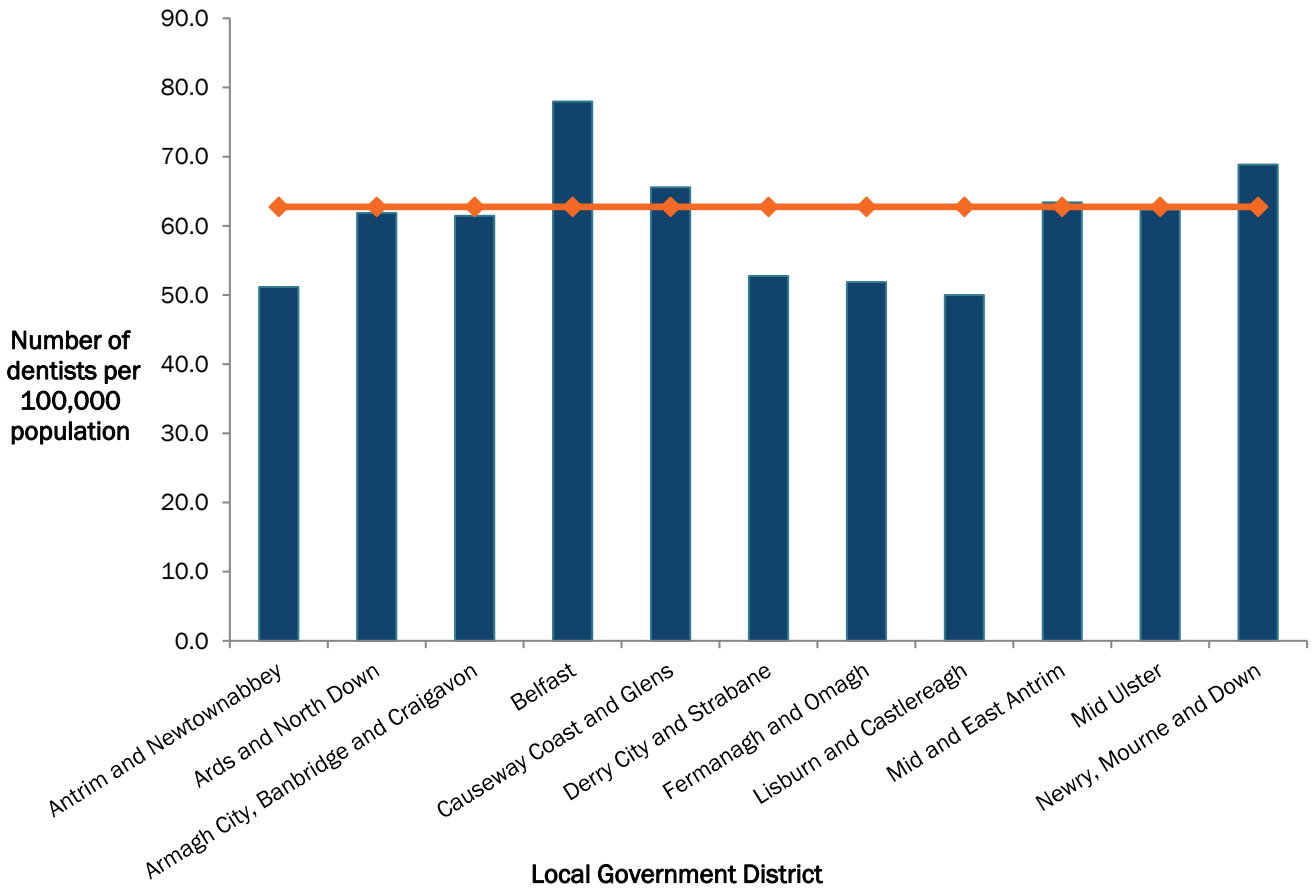
**Figure 2.2:** Number of dentists by age and gender as at 31<sup>st</sup> March 2024. [See Annex Table 1.01.](#)

### 2.3 Dental Practitioners by Area

In Northern Ireland, there are 63 dentists per 100,000 residents. Over time, this proportion has increased – there were 58 dentists per 100,000 population in 2014 (See [Annex Tables 1.06 & 1.07](#)).

Belfast Local Government District (LGD) has the most dentists per capita; having 78 dentists per 100,000 resident population compared to the lowest area, Lisburn & Castlereagh with 50 dentists per 100,000 population (see Figure 2.3). This may not equate to differences in workload

as dentists will treat patients who live outside the council area population.



**Figure 2.3:** Number of dentist practitioners per 100,000 resident population by LGD, 2024. [See Annex Table 1.07.](#)

## 2.4 Dental Practices

There were 364 dental practices carrying out health service dental work across the region in 2024. Since 2014, the number of practices has decreased by 16 (-4%), while the number of dentists has increased by 13% during this time. In March 2024, there were an average of 3.3 dentists per practice, compared with 2.8 in 2014.

Belfast LGD has the most dental practices accounting for almost one quarter (23%) of the service available in Northern Ireland. Belfast LGD also has 24.3 practices per 100,000 resident population, well above the NI average of 19.1. Antrim and Newtownabbey LGD have the lowest number of practices per 100,000 resident population at just 13.7 (see Table 2.1).

Local Government District	Practices per 100,000 resident population
Antrim and Newtownabbey	13.7
Ards and North Down	17.7
Armagh City, Banbridge and Craigavon	15.1
Belfast	24.3
Causeway Coast and Glens	17.6
Derry City and Strabane	17.2
Fermanagh and Omagh	21.4
Lisburn and Castlereagh	16.7
Mid and East Antrim	23.0
Mid Ulster	15.9
Newry, Mourne and Down	22.5
<b>Northern Ireland</b>	<b>19.1</b>

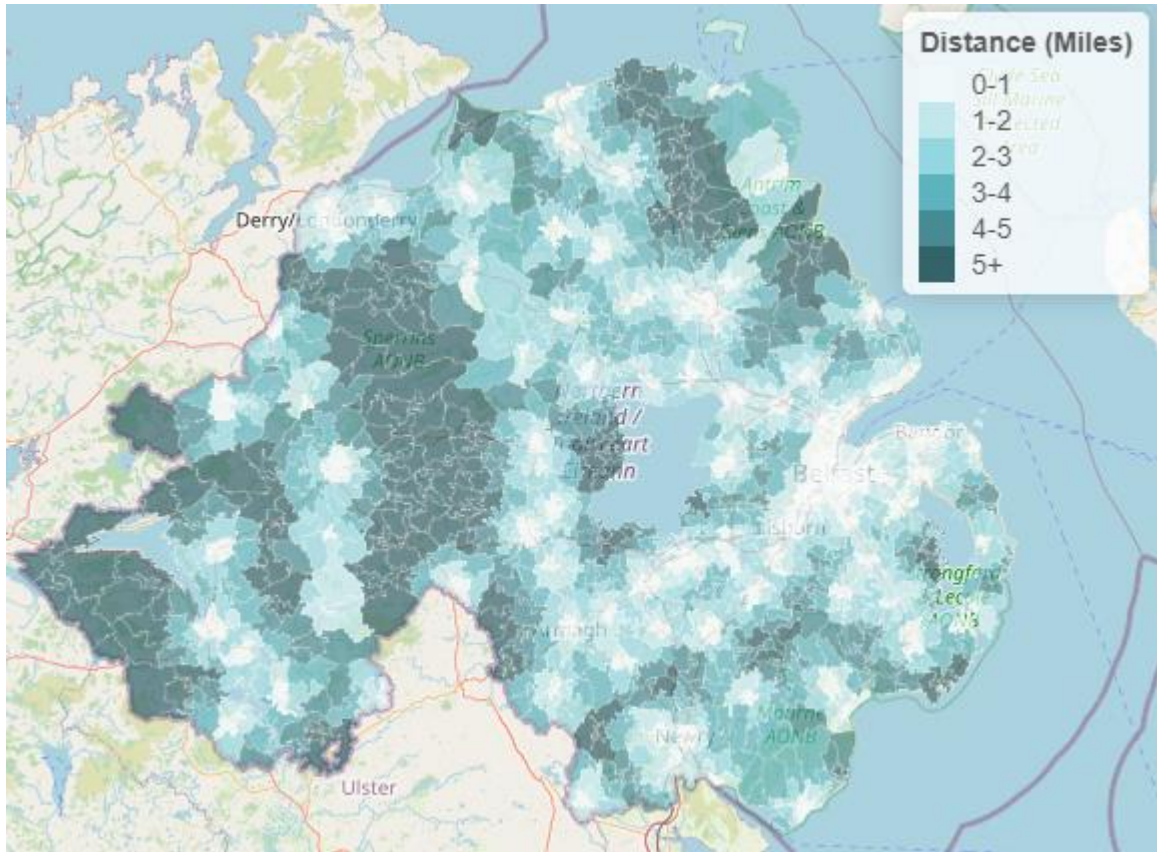
**Table 2.1:** Number of Dental practices per 100,000 population, by Local Government District, 2024. [See Annex Table 1.03.](#)

## 2.5 Distance to Nearest Dentist

At Northern Ireland level, 94% of the population live within five miles<sup>1</sup> of a dental practice.

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

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



**Figure 2.4:** Interactive chart<sup>2</sup> on the distance to nearest dental practice in miles by Small Area with LCG Boundaries, 2023/24. [See Annex Tables 1.05.](#)

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

## 3. Dental Registrations

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

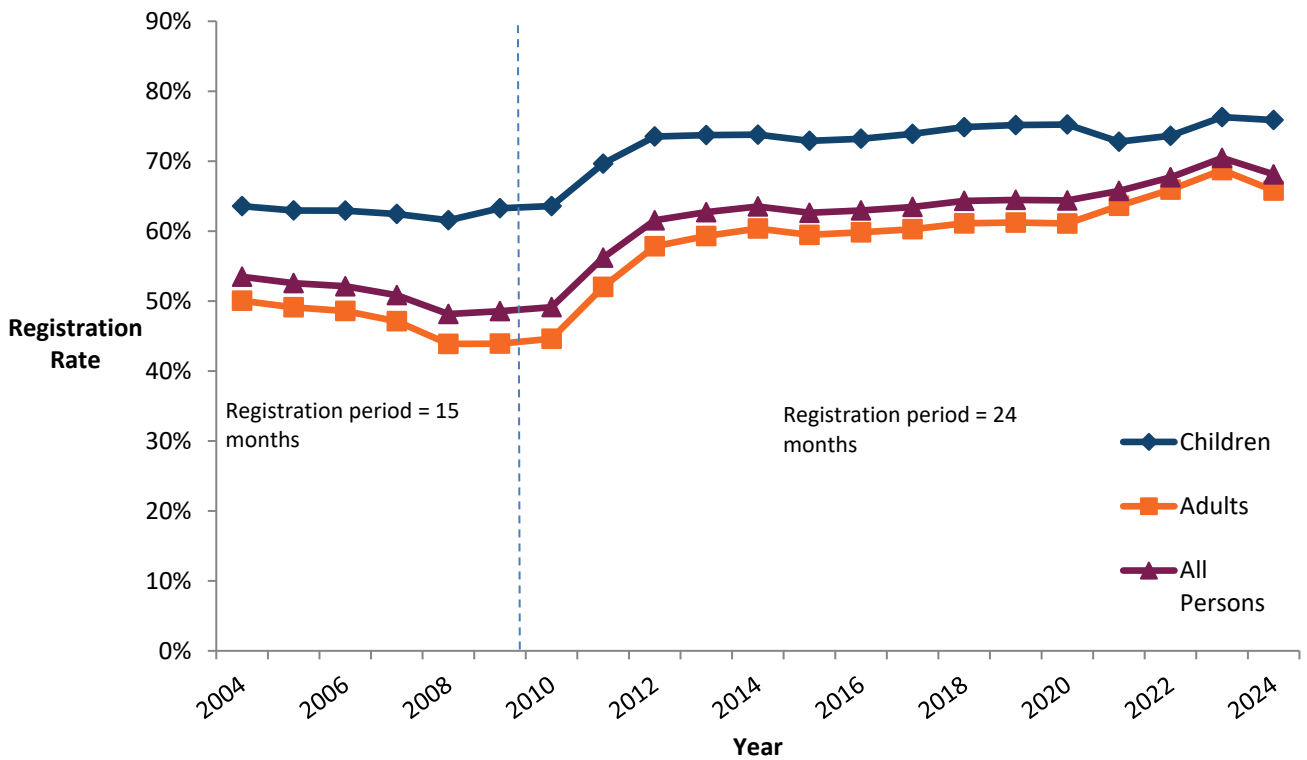
### 3.1 Dental Registrations Summary

Over two-thirds (68%) of the Northern Ireland population are registered with a practising health service dentist. Children are more likely to be registered with a health service dentist than adults (76% compared to 66%).

The percentage of the population registered with a dentist remained stable at around 64% between 2014 and 2021, increasing to 70% by 2023, however 2024 saw a decrease to 68%.

Once registered with a dentist, the patient will remain on their dental list for two years unless they visit another dentist. If they do not attend during that 24-month period they will become deregistered. Due to the Covid-19 pandemic, all registrations that were due to expire during 2020/21 and 2022/23 were extended throughout these years. The first set of patients expired at the end of March 2023. In order to avoid the scenario where a large number of patient registrations lapse in one go, the GDS regulations were amended to add a specific number of months on to three patient registration cohorts, so that registrations are scheduled to lapse at the same rate as they would normally.

The registration period before deregistration was 15 months up until August 2009 before it increased to 24 months. As a result, the percentage of the total population registered increased markedly between 2010 and 2012 before growing much more gradually to 2014 then plateauing until 2020. Increases in the following three years, coinciding with registration extensions during the pandemic, have ceased with a reduction of 2 percentage points in the registration rate observed in 2024 (see Figure 3.1). The increase since 2020 was initially driven by an increase in adult registrations, whereas child registrations decreased during the pandemic. However, in the last two years child registrations have returned to pre-pandemic levels while adult registrations continued to increase until the drop seen in this latest year. It is important to note that a scheme to enhance dental access and prevention of dental decay scheme in children aged 0-10 years in Northern Ireland ran from the 1<sup>st</sup> January 2023 to 30<sup>th</sup> June 2023.

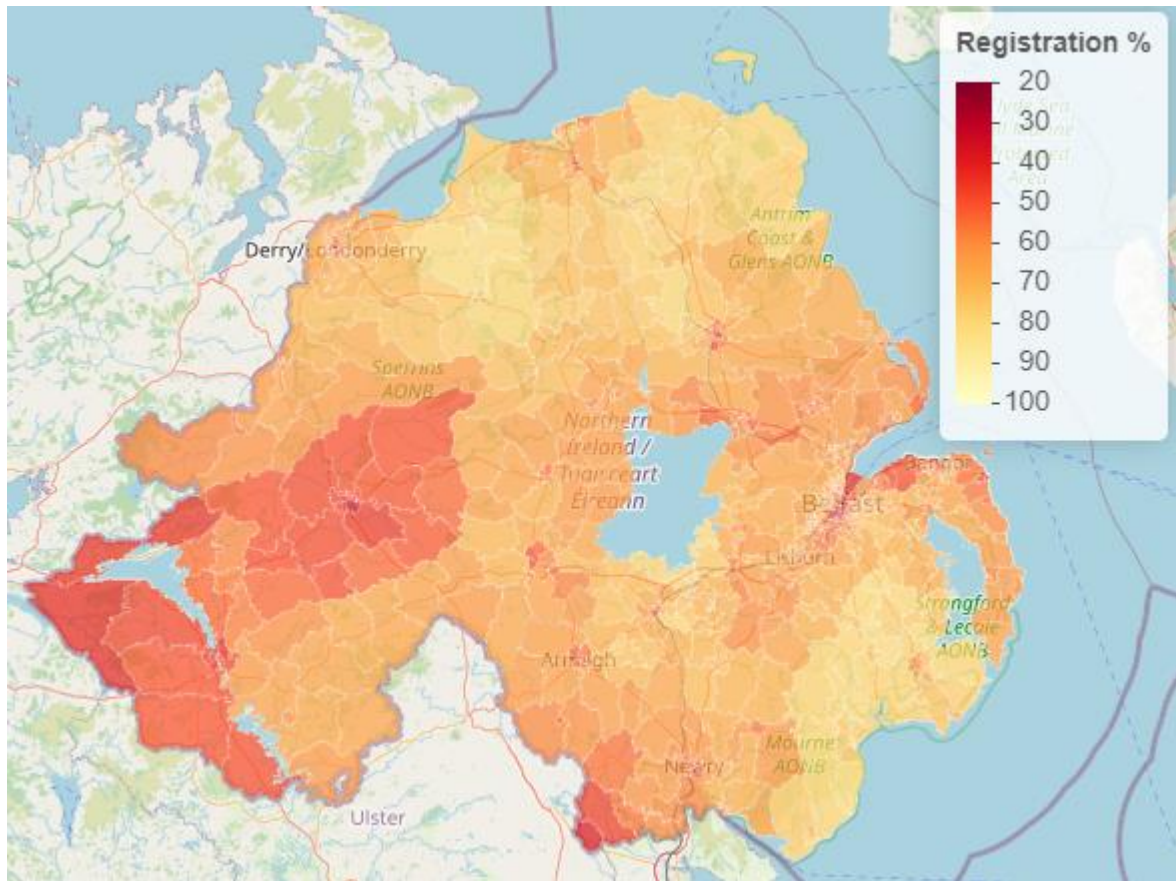


**Figure 3.1:** Percentage of the population registered with a health service dentist, 2004 to 2024. [See Annex Table 1.08.](#)

### 3.2 Dental Registrations by Area

Looking across Northern Ireland, registrations for children (those under 18) for all LGDs were at least 72%, with a high of 80% registered in Newry, Mourne and Down. By contrast, for adults, the percentage of the population registered had a high of 75% in Causeway Coast & Glens, well ahead of the Northern Ireland average of 66%. Interestingly, Fermanagh & Omagh LGD, despite having a registration rate of 78% for children, above the regional average at 76%, had by far the lowest adult registration rate at 49%, 17 percentage points below the Northern Ireland average. Variation in registration rates across areas will be partly attributable to geographical accessibility and/or differential rates of private dental uptake (see Figure 3.2).





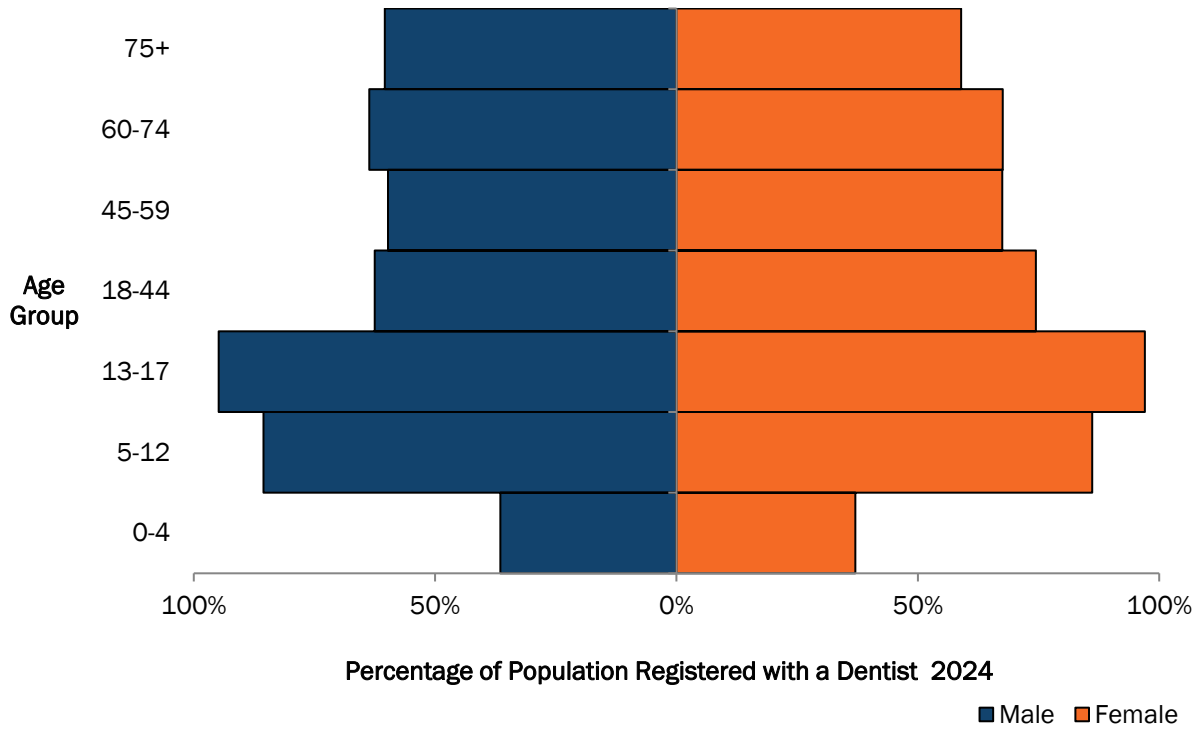
**Figure 3.2:** Interactive chart<sup>3</sup> on the percentage of the population registered with a health service dentist by Super Output Areas with LGD Boundaries, 2024. [See Annex Table 1.11.](#)

### 3.3 Registrations by Age and Gender

Females are more likely to be registered with a dentist than males (71% compared to 65%), this difference is particularly striking in the 18-44 age group with 74% of females registered compared to just 63% of males. Differences in registration rates between the genders are much smaller for those under 18 or those aged 60 and over (see Figure 3.3).

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





**Figure 3.3:** Percentage of the population registered with a health service dentist by age group and gender, 2024. [See Annex Table 1.09.](#)

The Covid-19 pandemic resulted in fewer young children (0-4 years old) being brought to the dentist, particularly those going for the first time. This year has seen another small upturn in the registration rate, rising from 34% in 2023 to 37% in 2024. The 5-12, 18-44 and 45-59 age groups have seen a decrease in registration rates since last year, while all other age groups have maintained their registration rates.

### 3.4 Dental Registrations by Deprivation

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

Looking at the number of patients registered in 2024, there are noticeable differences across patients living in the most and least deprived areas (see Figure 3.4).

For children, the proportion of the population registered with a dentist in March 2024 broadly increases as deprivation decreases, from 65% registered in NIMDM decile 1 to 79% for NIMDM decile 10.

For adults, there is a similar pattern with a fairly consistent, but less steep, rise from 56% registered in NIMDM decile 1 to 63% in NIMDM decile 8 but which then drops off to 60% in the least deprived decile 10, possibly due to increased use of private dentists. Note registration information, and hence this analysis, is only available in respect of those registered with a health service dentist and excludes private dentistry. All children are entitled to free health service treatments but only certain groups of adults qualify for treatment based on being in receipt of particular ‘passport’ benefits (see [Publication Notes](#) for further details on entitlement). For adults this means an increased entitlement for free dental treatment in the lower NIMDM deciles and, consequently, a likely lower use of private dentistry.

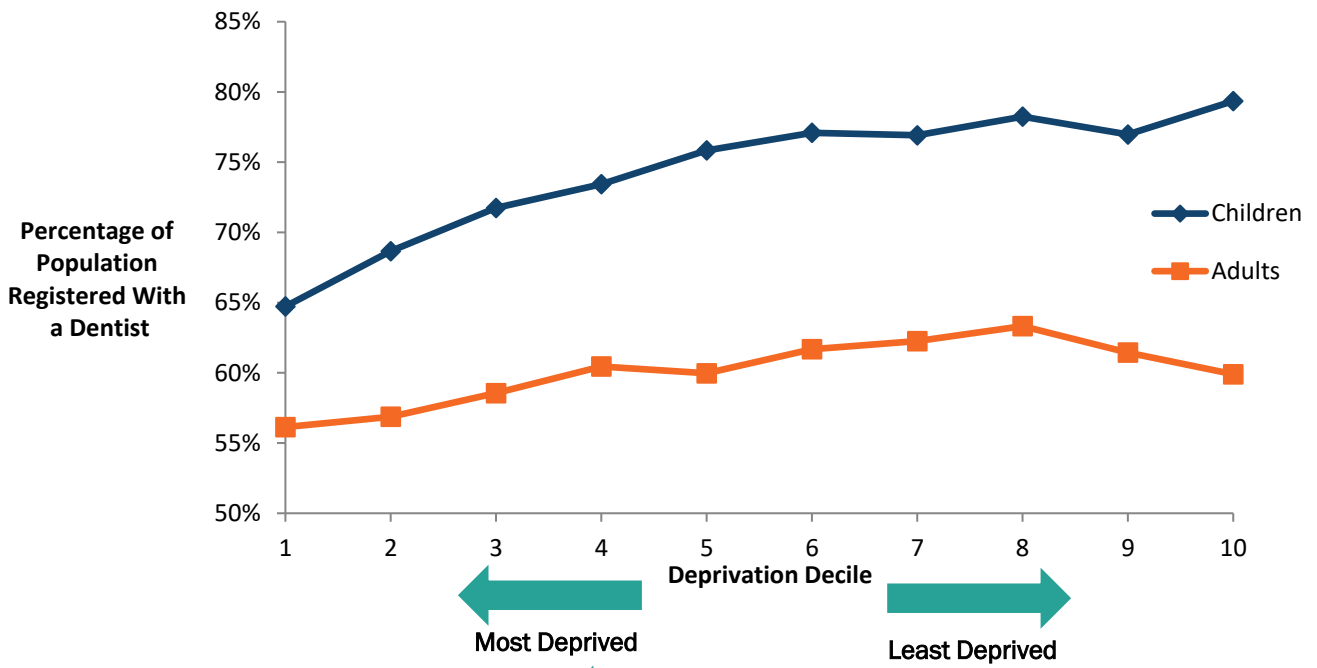


Figure 3.4: Percentage of patients registered by NIMDM, 2024. [See Annex Table 1.13.](#)

## 4. Dental Treatments

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

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

The number of dental treatments carried out in 2023/24 has increased compared to last year. Patients seen were up by 2.4% compared to 2022/23, with children increasing by 4.3% and adults increasing by 1.6%.

### 4.1 Dental Treatments on Children

Approximately 97,000 children received dental treatment in excess of the basic treatments covered under capitation, a decrease of 0.3% on last year. You can see the changes in the rates of some of the common groups of treatments since 2014/15 in table 4.1.

Financial Year	Percentage of Registered Children Who Received At Least One Of The Following Treatments			
	Filling	Extraction*	X-Ray	Ortho
2014/15	25.1%	6.2%	6.6%	9.9%
2015/16	23.8%	5.8%	6.5%	9.6%
2016/17	23.3%	5.7%	5.6%	8.6%
2017/18	22.1%	5.4%	5.3%	7.8%
2018/19	22.1%	5.2%	5.2%	7.5%

Financial Year	Percentage of Registered Children Who Received At Least One Of The Following Treatments			
	Filling	Extraction*	X-Ray	Ortho
2019/20	21.0%	5.2%	5.1%	7.4%
2020/21	6.6%	2.8%	2.4%	5.4%
2021/22	12.0%	4.2%	3.6%	6.5%
2022/23	16.6%	4.8%	4.3%	6.6%
2023/24	16.1%	4.9%	4.6%	6.6%

\* Following a review of the treatment codes for extractions, codes 2211 (Fraenectomy) and 2221 (Other oral surgery and more complex operations justifying higher fees) have been removed. Figures for all years have been updated to reflect this change. [See Annex Tables for more information.](#)

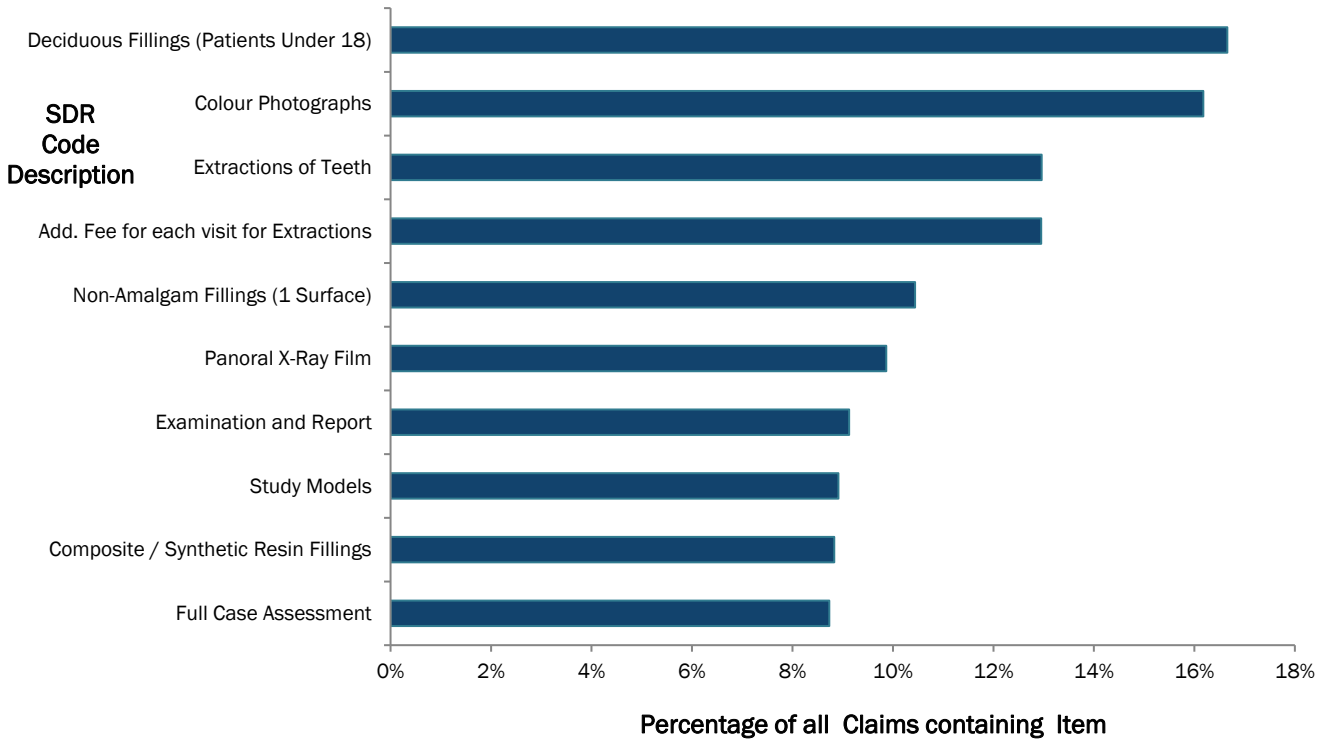
**Table 4.1:** Percentage of Registered Children Who Received At Least One Of The Following Treatments: Filling, Extraction, X-Ray<sup>4</sup>, Ortho, 2014/15-2023/24. [See Annex Table 1.16.](#)

Treatment claims, in excess of the basic treatments covered under capitation, rose to 129,720, a slight increase of 0.2% on last year (129,504). Breaking this down further into individual SDR IOS<sup>5</sup> treatments, Figure 4.1 shows the top 10 most common type of SDR IOS treatments claimed that were carried out on children in 2023/24. The most common SDR item claimed was for Deciduous Fillings (SDR code 4401), totaling 21,606 claims. Deciduous Fillings were included on 17% of all claims for children, a slight reduction in the proportion compared to 2022/23 when it was around 18% (22,998). The proportions of the most common claims have remained relatively consistent from the last financial year. Full details on counts of claims, children and teeth/items for each SDR IOS item can be found [here](#).

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

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

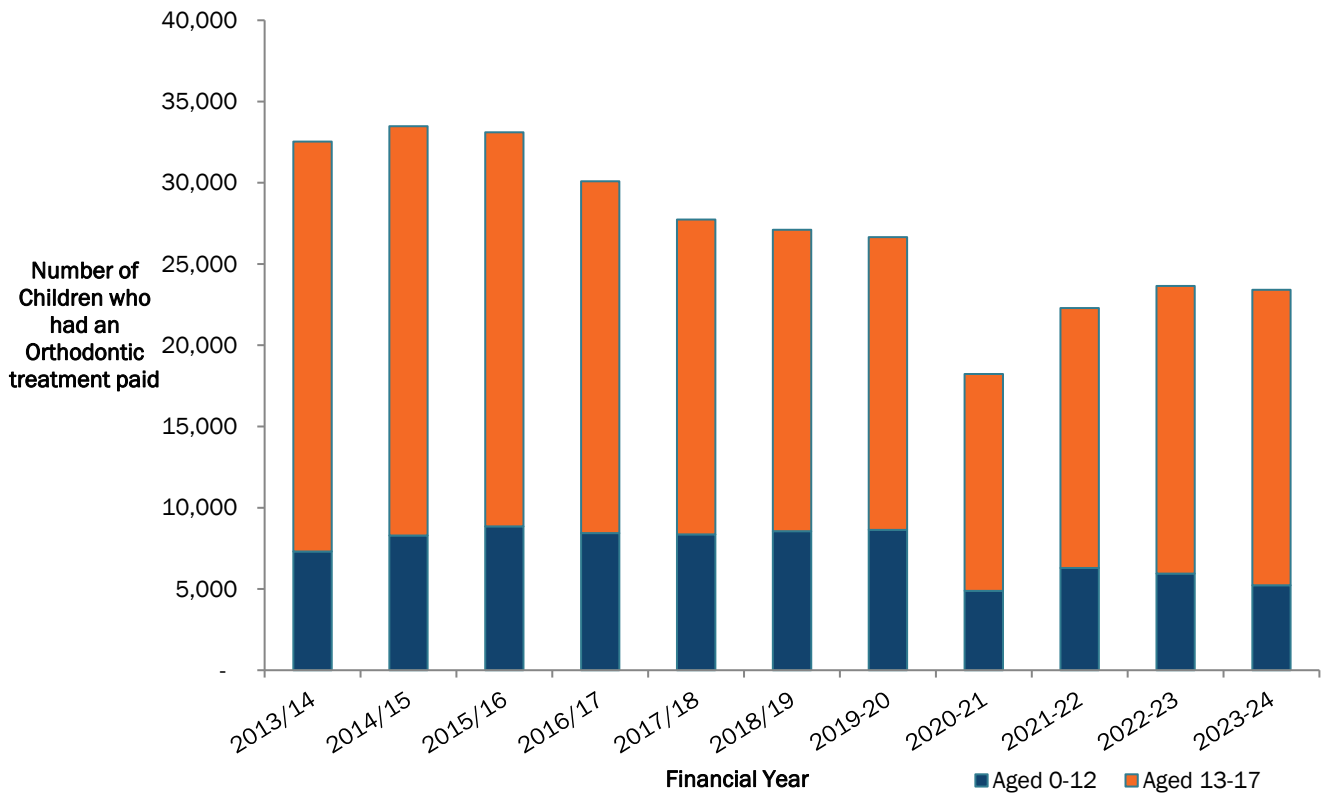
<sup>5</sup> SDR IOS is the Statement of Dental Remuneration Items of Service. Full definition can be found in the [Publication Notes](#).



**Figure 4.1:** Top 10 most common SDR IOS Treatments on Children - Percentage of all Claims with Item; 2023/24. [See SDR Items of Service Claims by item number - Children.](#)

## 4.2 Orthodontic Treatment on Children

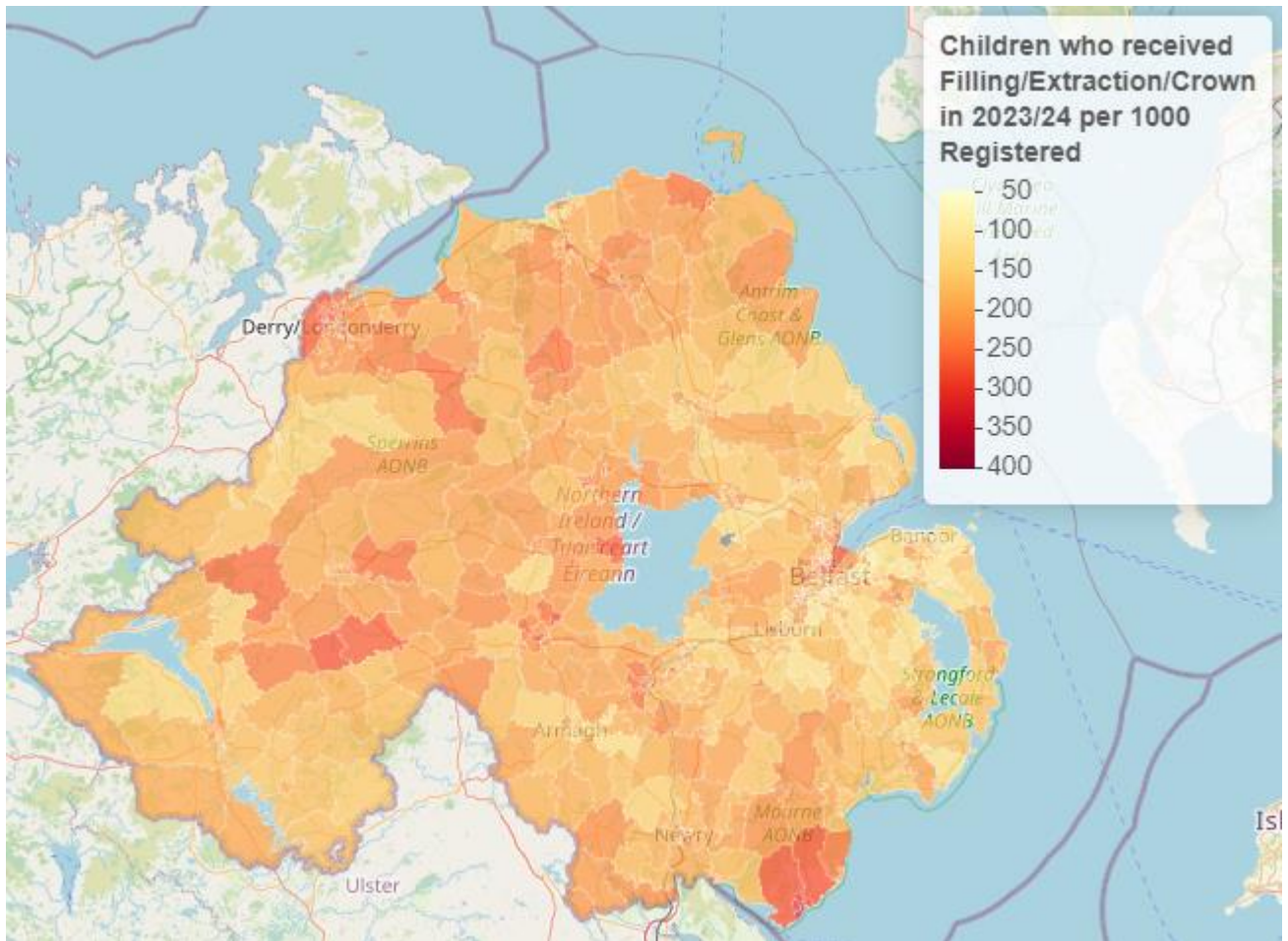
The number of orthodontic treatments carried out on children in 2023/24 saw a 1% decrease compared to 2022/23. The number of children who had an orthodontic treatment carried out declined gradually from 2014/15 to 2019/20 (see Figure 4.2). This was following a change introduced on 1st April 2014 whereby only patients with an Index of Orthodontic Treatment Need (IOTN) score of 3.6 or higher would be eligible for health service orthodontic treatment. There was a delay in the impact of this change being reflected in the numbers due to the nature of orthodontic work, which can take several years to complete. Due to the Covid-19 pandemic, the number of children treated decreased further in 2020/21 before recovering somewhat over the past three years to just under 22,000 children being treated ([See Annex Tables 1.16 & 1.26](#)).



**Figure 4.2:** Number of Children who had an Orthodontic treatment paid per Financial Year; 2013/14 - 2023/24. [See Ortho CSV.](#)

### 4.3 Dental Treatments on Children by Area

At a Northern Ireland level, 193 per 1,000 registered children were treated for a filling, crown or extraction in 2023/24. This is a decrease from 196 per 1,000 registered children last year. At LGD level, Ards and North Down had the lowest rate at 159 per 1,000 registered children with Derry City and Strabane having the highest rate at 221 per 1,000 ([see Annex Tables 1.28 & 1.29](#)). The biggest increase at LGD level was in Ards and North Down (7.3%) and the biggest decrease was in Newry, Mourne and Down (7.5%)



**Figure 4.3:** Interactive chart<sup>6</sup> on the number of individual children who received a filling, extraction or crown per 1,000 registered in 2023/24 by Super Output Area with LGD Boundaries. [See Annex Table 1.29.](#)

#### 4.4 Dental Treatments on Adults

Just under 560,000 adults were seen in 2023/24, an increase of 2% from 2022/23. All major treatments saw a decrease as can be seen in table 4.2.

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

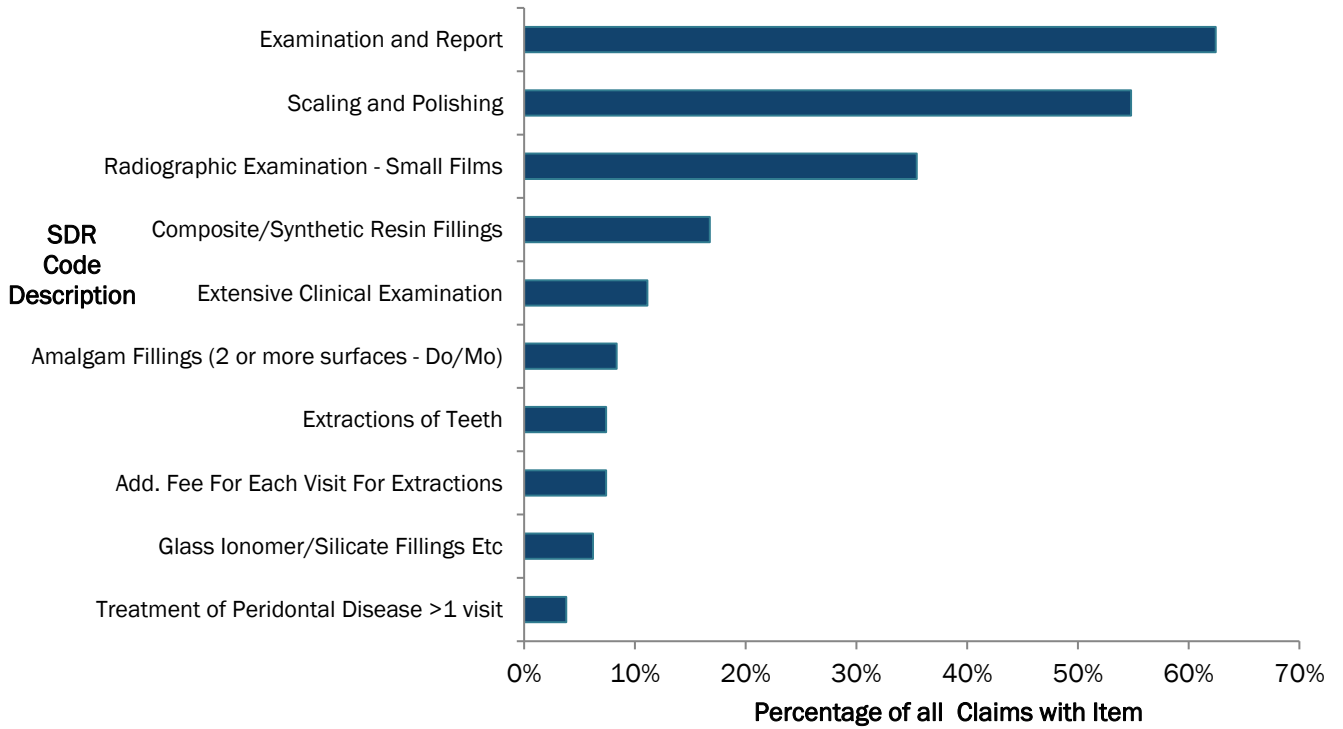
Financial Year	Percentage of Registered Adults Who Received At Least One Of The Following Treatments			
	Filling	Extraction*	X-Ray	Crown
2014/15	37.7%	10.1%	34.6%	3.3%
2015/16	37.5%	9.6%	35.3%	3.3%
2016/17	37.3%	9.7%	36.9%	3.4%
2017/18	36.3%	9.6%	37.4%	3.3%
2018/19	35.8%	9.7%	38.2%	3.2%
2019/20	34.4%	9.3%	37.9%	2.9%
2020/21	11.6%	5.6%	15.1%	0.7%
2021/22	18.4%	7.0%	24.2%	1.1%
2022/23	23.3%	7.4%	30.9%	1.5%
2023/24	23.2%	7.1%	28.7%	1.4%

\* Following a review of the treatment codes for extractions, codes 2211 (Fraenectomy) and 2221 (Other oral surgery and more complex operations justifying higher fees) have been removed. Figures for all years have been updated to reflect this change. [See Annex Tables for more information.](#)

**Table 4.2:** Percentage of Registered Adults Who Received At Least One Of The Following Treatments, Filling, Extraction, X-Ray, Crown, 2014/15-2023/24. [See Annex Table 1.16.](#)

Treatment claims rose to 869,294, an increase of 5.0% on last year (827,521). Breaking this down further into individual SDR IOS treatments, Figure 4.4 shows the top 10 most common type of SDR IOS treatments claimed that were carried out on adults in 2023/24. The most common SDR item claimed was for Examination and Report (SDR code 0101), totaling 542,832 claims (on 62% of all claims). These were carried out on almost 431,000 adults. Full details on counts of claims, adults and teeth/items for each SDR IOS item can be found [here](#).

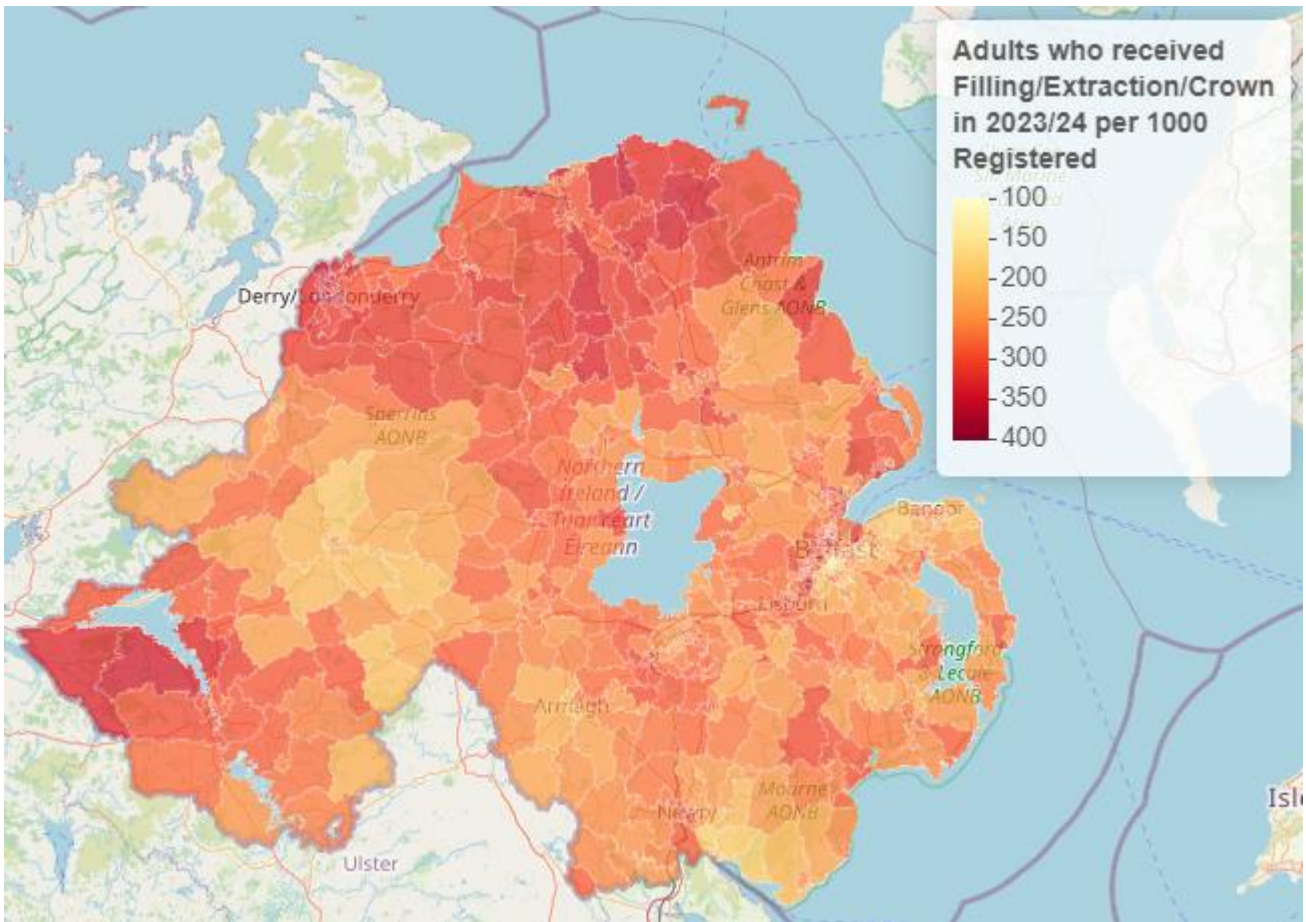




**Figure 4.4:** Top 10 most common SDR IOS Treatments on Adults - Percentage of Claims with Item; 2023/24 (each claim may have multiple treatments). [See SDR Items of Service Claims by item number - Adults.](#)

#### 4.5 Dental Treatments on Adults by Area

At a Northern Ireland level, 275 per 1,000 registered adults were treated for a filling, crown or extraction in 2023/24. This was 0.9% lower than the equivalent rate in 2022/23. At LGD level, Ards and North Down had the lowest rate at 247 per 1,000, while Derry City and Strabane had the highest rate at 315 per 1,000 (see Figure 4.5 and [Annex Tables 1.28 & 1.29](#)). The biggest increase at LGD level was in Mid and East Antrim (4.0%) and the biggest decrease was in Newry, Mourne and Down (6.6%)



**Figure 4.5:** Interactive chart<sup>7</sup> on the number of individual adults who received a filling, extraction or crown per 1000 registered in 2023/24 by Super Output Area with LGD Boundaries. [See Annex Table 1.28.](#)

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

## 4.6 Dental Treatments by Exemption

Health service dentistry is available free to certain groups:

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

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

While numbers of patients seen increased (up 2.4%) in 2023/24 compared to 2022/23, when analysed by exemption category, the proportion of patients seen for most of the exemption categories has remained relatively in line with prior years. The biggest increase compared to 2022/23 was seen in "Full remission – HC2 cert" (37%) and the biggest decrease was seen in "Tax credit exemption certificate" (14%). This change in trend may be due to the Universal Credit implementation phase which started in October 2023 and initially focused on moving claimants who had tax credit exemptions onto Universal Credit. Those in receipt of Universal Credit are only eligible for free dental treatment in conjunction with a valid HC2 certificate which is provided through the NHS Low Income Scheme to cover the full cost of health services and as such are recorded now under the HC2 exemption. Exempt patients make up just under half of the patients seen by health service dentists but account for 53% of treatment fees. Patients under 18 make up 61% of the exempt patients seen, with an average treatment cost of over £64 per patient compared to almost £66 per patient in 2022/23. Overall, average treatment fees increased to £74.80 per patient, an increase of 2% on last year and surpassing £71 per patient, the average of the last 3 pre-pandemic years.

Exemption	Patients Seen				
	2019/20	2020/21	2021/22	2022/23	2023/24
Aged 18 in full-time education	14,099	3,921	6,569	9,683	10,738
Expectant mother	13,243	4,538	6,993	8,848	8,642
Full remission - HC2 cert	7,442	3,916	6,857	11,049	15,158
Income based jobseekers allowance	20,321	9,117	10,455	11,656	10,176
Income support	77,956	37,397	47,412	56,168	54,615
Nursing mother	18,038	6,517	9,567	12,483	11,908
Partial remission - HC3 cert	1,768	633	905	1,300	1,481
Patient under 18	308,403	110,140	179,918	242,382	252,647
Pension credit guarantee credit	32,021	13,028	17,161	20,914	21,247
Tax credit exemption certificate	58,504	24,236	30,176	33,907	29,152
Fee paying	531,609	224,574	318,745	416,448	429,483
<b>Total</b>	<b>1,046,478</b>	<b>430,217</b>	<b>621,085</b>	<b>802,856</b>	<b>821,835</b>

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

## 5. Dental Services UK Comparison

This section of the report details activity on the number of teeth filled, teeth extracted and teeth crowned per 100,000 population per UK region. The latest comparable information for all regions is 2022/23. The impact of Covid-19 could therefore still be evident on figures in this section however to a lesser degree than previous years.

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

### 5.1 Fillings

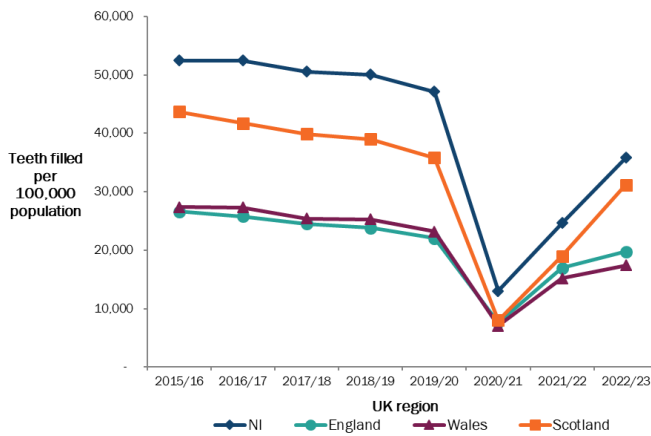
Due to the relaxation of the restrictions put in place during the pandemic, in 2022/23 the number of teeth filled by health service dentists<sup>8</sup> per 100,000 population in Northern Ireland increased by 46% from 2021/22. For England and Wales, the number of teeth filled per 100,000 population increased by 17% and 15% respectively, while Scotland increased by 64% compared to 2021/22. In 2022/23, NI dentists still filled more teeth (35,843) per 100,000 population than any of the other regions. Between 2014/15 and 2022/23, Northern Ireland consistently had the highest filling rate for children in the UK although there was a notable 33% drop in the number of teeth filled in NI children per 100,000 population over that time. In the same period, Wales and Scotland saw larger percentage decreases of 42% and 36%, respectively, while the decrease in England was 17% (see Figures 5.1 & 5.2 and [Annex Table 1.17](#)). It is worth noting that the NI filling rate for children increased by 60% in the 2022/23 year compared with increases of 30% in England, 24% in Wales and 76% in Scotland. Considering adults, the number of teeth filled per 100,000 population in NI increased by 42% between 2021/22 and 2022/23. England and Wales showed a much smaller increase, with the number of teeth filled per 100,000 adult population increasing by 12% and 13% respectively compared to the previous year. Scotland however saw an increase of 62% in the same time period. Between 2014/15 and 2022/23,

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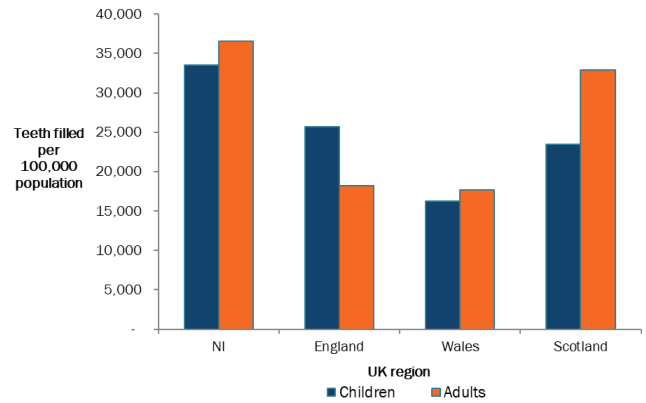
<sup>8</sup> Analysis only includes work carried out by primary care dentists.

Northern Ireland had seen a decrease of 33% compared to decreases of 31% in England, 36% in Wales and 30% in Scotland. In 2022/23 Northern Ireland still had the highest number of teeth filled for children and adults combined per 100,000 population when compared to the other regions, 82% more than England, 106% more than Wales and 15% more than Scotland.

For comparative oral health information, the Dental Health Surveys carried out for both Children and Adults in England, Wales and Northern Ireland are accessible at the following links: [Child Dental Health Survey, England, Wales & Northern Ireland](#), [Adult Dental Health Survey - Summary report and thematic series](#). These typically run every 10 years with the last Children's survey carried out in 2013 and Adults' survey in 2009.



**Figure 5.1** Number of teeth filled by health service dentists per 100,000 population by UK regions: 2015/16 to 2022/23



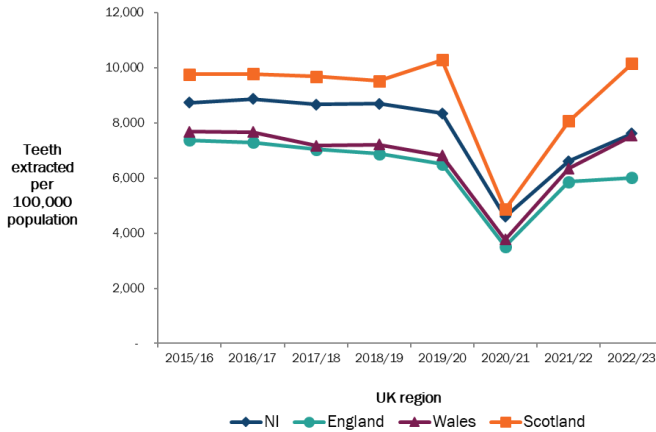
**Figure 5.2** Number of teeth filled by health service dentists per 100,000 population by UK regions and Children/ Adults: 2022/23

## 5.2 Extractions

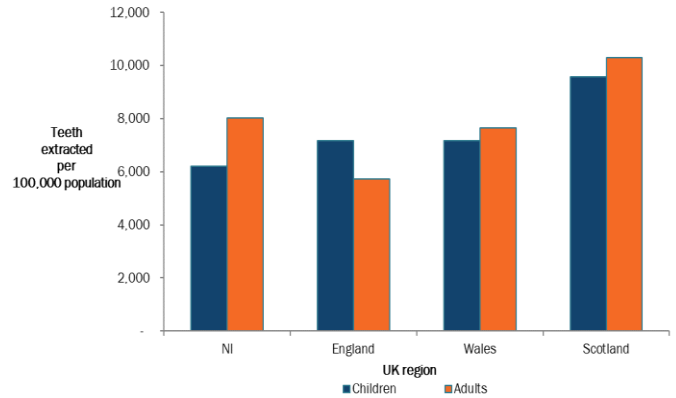
Looking at the number of teeth extracted in 2022/23 by health service dentists<sup>9</sup> per 100,000 population, in Northern Ireland it was 15% higher than in the previous year. England, Wales and Scotland had increases of 3%, 19% and 26% respectively, all attributable to the relaxation of pandemic restrictions. Between 2014/15 and 2022/23, Northern Ireland had the second highest extraction rate after Scotland, followed then by Wales and England respectively. There was a notable 22% drop in the number of teeth extracted in NI children per 100,000 population over that time compared to a 16% decrease in NI adults, equating to an overall decrease of 17%. In comparison, England has seen a 20% decrease overall in

<sup>9</sup> Analysis only includes work carried out by primary care dentists.

the number of extractions carried out in the same period, with reductions of 1% in Wales and an increase of 3% in Scotland. In 2022/23 Northern Ireland had 26% more teeth extracted per 100,000 population when compared to England, 1% more than Wales but 25% less than Scotland (see Figures 5.3 & 5.4 and [Annex Table 1.17](#)).



**Figure 5.3** Number of teeth extracted by health service dentists per 100,000 population by UK regions: 2015/16 to 2022/23



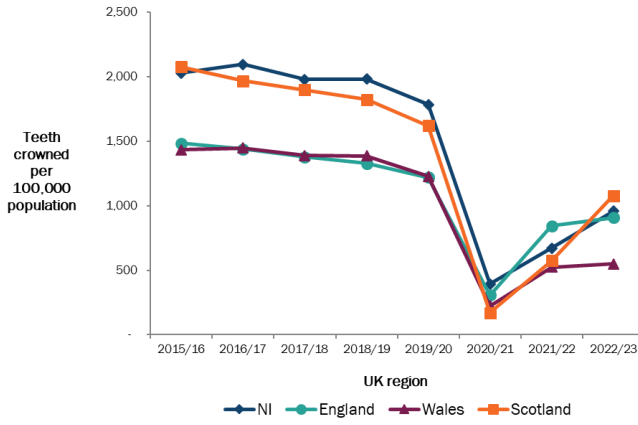
**Figure 5.4** Number of teeth extracted by health service dentists per 100,000 population by UK regions and Children/ Adult: 2022/23

### 5.3 Crowns

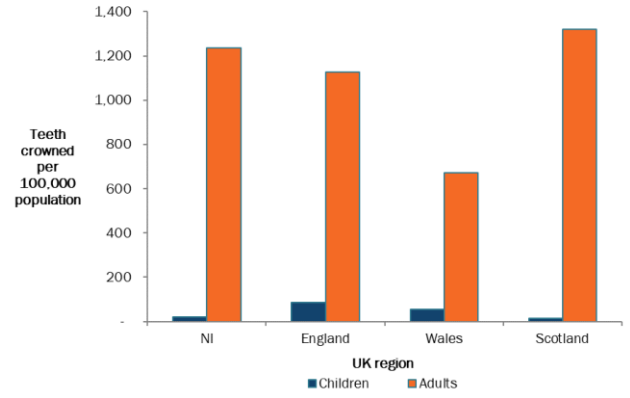
Looking at the number of teeth crowned in 2022/23 by health service dentists<sup>10</sup> per 100,000 population, in Northern Ireland it increased by 43% from the previous year. England and Wales saw increases of 8% and 5% respectively with Scotland having a notable increase of 88%, all attributable to the relaxation of pandemic restrictions. Between 2014/15 and 2022/23, the number of teeth crowned in NI per 100,000 population had fallen by 52%. Over the same period, Wales, Scotland and England saw decreases of 61%, 50% and 40% respectively for the number of teeth crowned per 100,000 population. In 2022/23, Northern Ireland had 5% more teeth crowned per 100,000 population when compared to England and 75% more than Wales but 11% less than in Scotland (see Figures 5.5 & 5.6 and [Annex Table 1.17](#)).

<sup>10</sup> Analysis only includes work carried out by primary care dentists.





**Figure 5.5** Number of teeth crowned by health service dentists per 100,000 population by UK regions: 2015/16 to 2022/23



**Figure 5.6** Number of teeth crowned by health service dentists per 100,000 population by UK regions and Children/Adult: 2022/23



## 6. Health Service Dental Service Costs

This section of the report details the cost of primary dental services in Northern Ireland. It is based on General Dental Services payments as processed by the BSO during the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024.

### 6.1 Dental Services Cost Summary

The 2023/24 financial year saw the Covid-19 pandemic continue to have an impact on the cost of health service dentistry, however to a much lesser degree than previous years. Support payments continued to be made to dentists in 2023/24 to fund additional costs incurred, for example PPE. However, the GDS Rebuilding Support Scheme (RSS) payments ceased following the July 2023 payment. The net cost of primary care dental services in Northern Ireland not including these additional support payments was £97.9 million with an additional £21.4 million in patient contribution for treatments. The net cost is down 2% from last year (£100.0 million), but the patient contribution has increased by 5% (£20.4 million). The additional Covid-19 payments in 2023/24 were £2.3 million, down 82% from 2022/23, bringing the total gross cost of services in 2023/24 to £121.6 million, a 9% decrease on the previous year (see Table 6.1). Excluding patient payments, the cost in 2023/24 was 11% lower than in 2022/23.

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

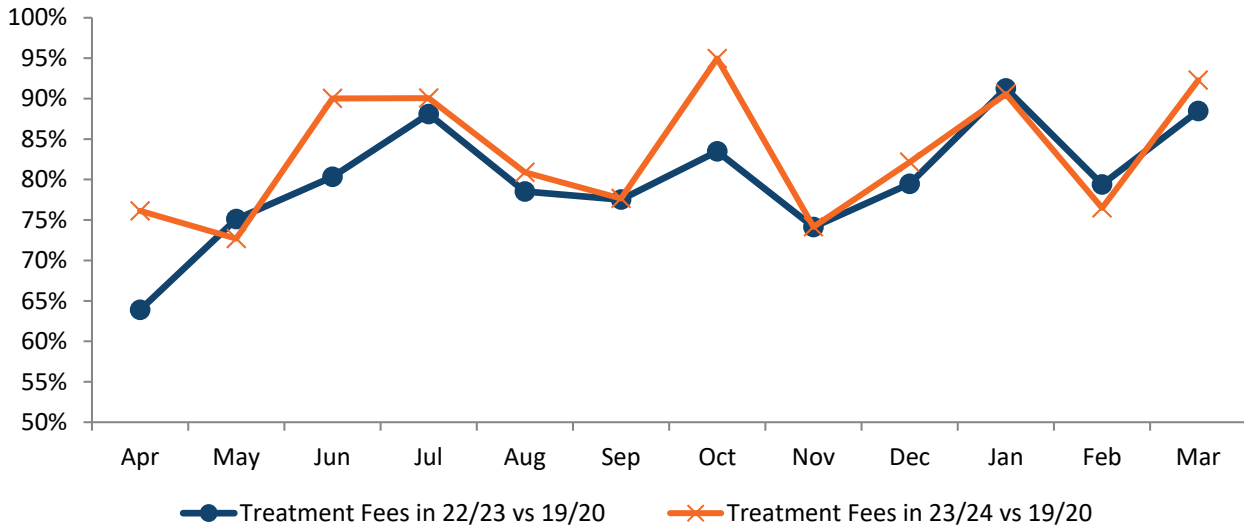
<sup>11</sup> Covid-19 Payments include Rebuilding Support Scheme (RSS), Personal Protective Equipment (PPE), fit testing, Urgent Dental Care Centres and extension on trainer and trainee payments.

Financial Year	Net Cost of Dental Service (£ Millions)	Patient Payments (£ Millions)	Covid-19 Payments <sup>11</sup> (£ Millions)	Total Costs of Dental Services (£ Millions)
2014/15	£101.6	£20.9	n/a	£122.5
2015/16	£100.4	£22.5	n/a	£122.9
2016/17	£97.8	£23.6	n/a	£121.4
2017/18	£96.7	£24.5	n/a	£121.2
2018/19	£99.5	£25.6	n/a	£125.1
2019/20	£104.9	£26.0	n/a	£130.9
2020/21	£72.7	£7.1	£51.9	£131.7
2021/22	£87.0	£13.1	£43.7	£143.8
2022/23	£100.0	£20.4	£13.0	£133.4
2023/24	£97.9	£21.4	£2.3	£121.6

Table 6.1: Payments made for Dental services, 2004/05 to 2023/24. [See Annex Table 1.30.](#)

## 6.2 Monthly Breakdown

Figure 6.1 below compares the Item of Service (IOS) treatment fees (including patient charges) for each of the last two years with the figures for 2019/20. Across the whole of 2023/24, on average treatment fees are at 83% of pre-pandemic levels, an increase of 4% on last year. The figures indicate a stabilisation in the last two financial years with activity claimed in the last three months being 86% of 2019/20 levels, just like it was in 2022/23.



**Figure 6.1:** Percentage of Item of Service Treatment Fees in 2022/23 and 2023/24 compared to same month in 2019/20. [See Annex Table 1.34.](#)

### 6.3 Local Commissioning Group Level<sup>12</sup>

To note the following includes Covid-19 support payments in the net cost of service. The variation by Local Commissioning Group (LCG) is shown in Figure 6.2. In 2023/24, patient payments were up by 5% compared to last year. As a result of this, and the removal of the Rebuilding Support Scheme in July 2023, the cost to the health service has decreased. The cost per registered patient has decreased this year compared to 2022/23 (8%). At LCG level, the highest net cost is seen in Northern followed by Belfast, which both account for 24% of all spend in Northern Ireland. This is despite Belfast making up only 19% of the NI population. This is mainly due to the greater propensity of patients choosing to go to Belfast dentists, in combination with generally higher cost orthodontic referrals, rather than practices in their home area. Belfast LCG had the highest average spend (£64.90) per resident with South Eastern having the lowest (£41.80) with all LCG average spends per resident decreasing by between 9% and 12% compared with last year.

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

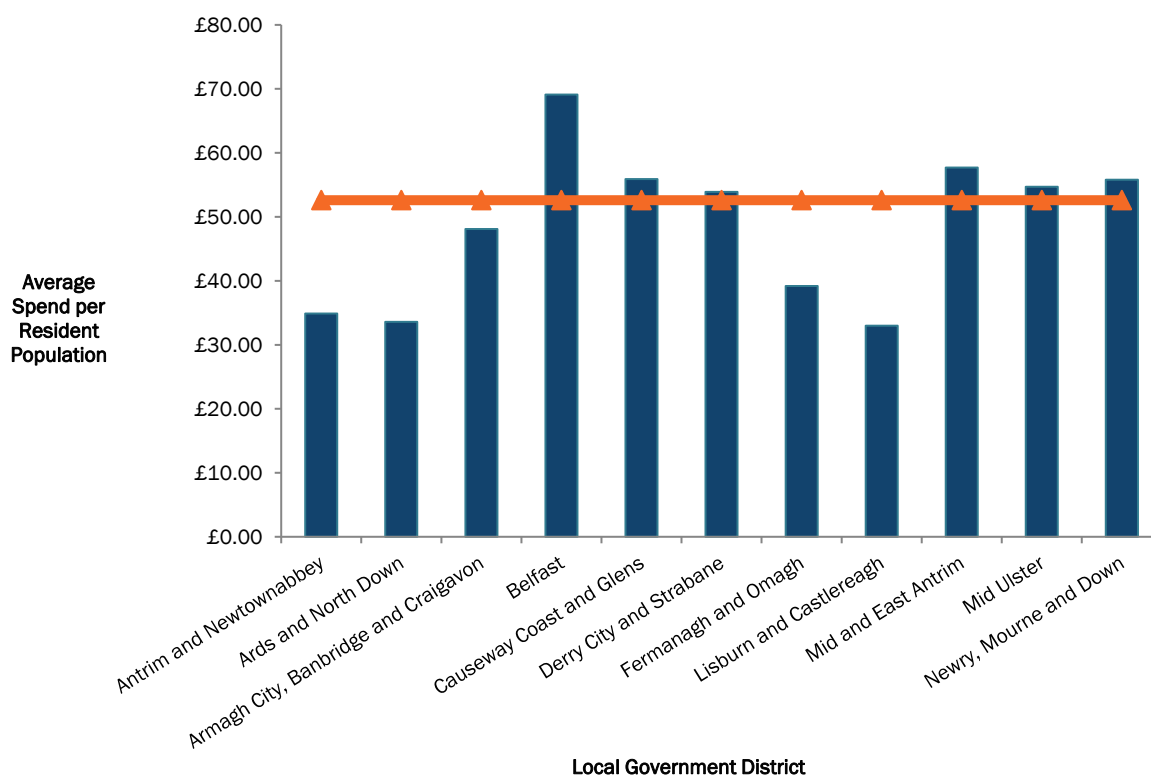


**Figure 6.2:** Cost of Dental services by LCG, 2023/24. [See Annex Table 1.31.](#)

#### 6.4 Local Government District Level<sup>13</sup>

At Local Government District (LGD) level, Belfast LGD accounts for 24% of the net cost of Dental Services, whilst Antrim & Newtownabbey, Ards & North Down, Fermanagh & Omagh and Lisburn & Castlereagh LGDs each account for just 5% each of spend for Northern Ireland. Belfast LGD also has the highest cost per resident population at £69.10 compared to the Northern Ireland average of £52.60 (see Figure 6.3).

<sup>13</sup> When referring to cost, LGD is based on the location of the dental practice



**Figure 6.3:** Health service dental spend per registered patient by Local Government District, 2023/24. [See Annex Table 1.32.](#)

### 6.5 GDS Fees<sup>14</sup>

In 2023/24, just under £96 million of GDS fees were paid, £10.4 million less than 2022/23. GDS Fees include Registration fees, Item of Service fees (including patient charges), Bulk Adjustments and, for 2023/24, RSS and PPE payments. GDS fees had increased each year since 2014/15 until 2019/20, with the largest increase between 2017/18 to 2018/19. Over time, there will have been increases made to the payments relating to the SDR IOS which will have an impact on the changes over time in the value of GDS fees reported. Excluding IOS and RSS & PPE, the remaining fees/allowances paid to dentists as part of the GDS Fees in 2023/24 amounted to £32.1 million. Further detail on the type of other payments received can be found in the [Definitions section in Publication Notes](#).

To note, Bulk adjustments (including Arrears, Scale Addition Arrears, Treatment Adjustments, Advances, GDS Pilot Paid Treatments) have been authorised each year with the total ranging between a recovery of £3,000 in 2016/17 and additional payments

<sup>14</sup> GDS Fees include Registration fees, Item of Service fees (including patient charges), Bulk Adjustments and for 2020/21 and 2021/22 FSS and PPE payments and for 2022/23 and 2023/24 RSS and PPE payments

amounting to £3.26 million in 2019/20. In 2023/24, Bulk adjustments amounted to £1.10 million. Due to the way the data is held on BSO's payment system, it is not possible to establish if these payments relate to children or adult activity. Rebuilding Support Scheme payments and PPE payments were made in 2023/24 totalling £2.3 million, a reduction of 82% compared to 2022/23 (when the RSS scheme was in place for the full year) ([See Annex Table 1.33](#)). Due to the nature of, and how these payments were provided to dentists, it is not possible to proportion these out against children and adults. As a result, readers should be mindful of this when interpreting results in the following sections on Children (Capitation) Fees and Adult (Continuing Care) Fees.

### 6.5.1 Children (Capitation) Fees<sup>15</sup>

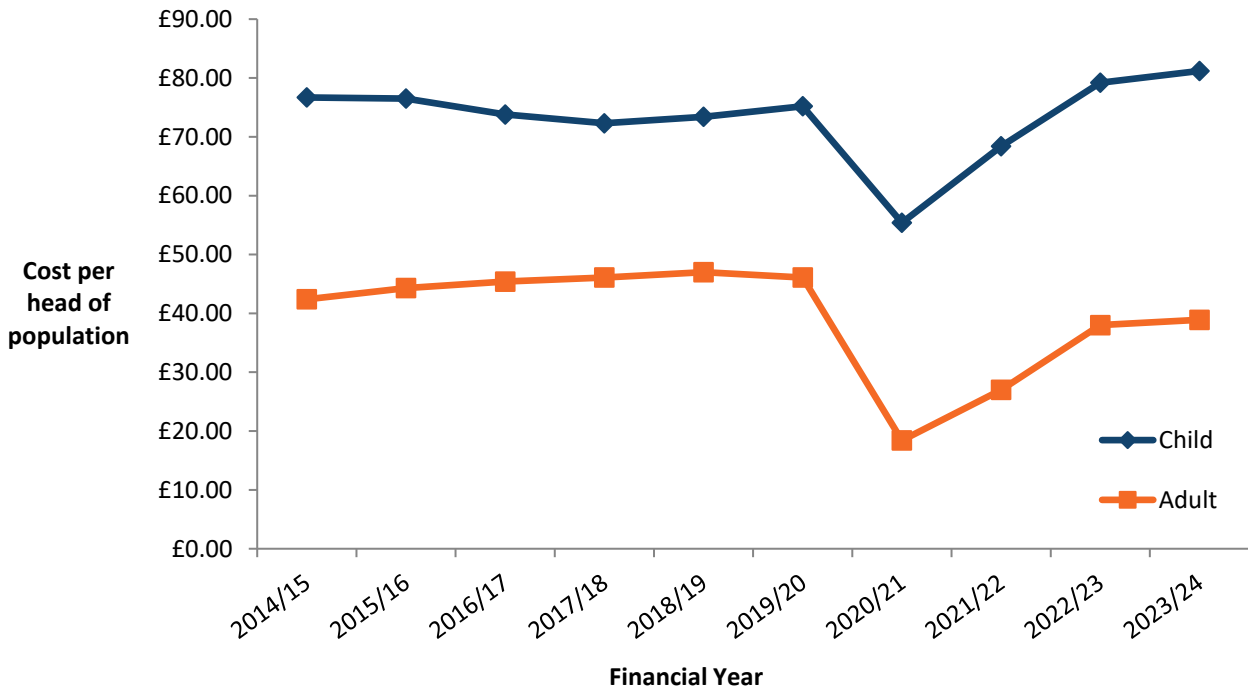
In 2023/24, £35.3 million in child GDS fees was paid (including registration fees and treatments carried out), an increase of 2.5% on 2022/23. The number of children registered and attending GDS rose by 5% between 2014/15 and 2019/20 before falling by 3% during 2020/21 and 2021/22. In 2023/24 the number of children registered has decreased (0.5%) compared to 2022/23. In contrast, there has been a rise of 38% in capitation registration payments between 2014/15 and 2023/24. In the same timeframe there has been a decrease of 14% in SDR IOS payments for treatments carried out although the lower amounts in the last four years can be attributed to the downturn in IOS activity compared to 2019/20.

Due to the Covid-19 pandemic, all registrations that were due to expire between 2020/21 and 2022/23 were extended throughout these years. However, largely due to children moving into the adult category, the number registered actually fell. Increases in capitation fees have resulted in an increase in child registration fees of 15% since 2019/20. SDR IOS payments for treatments for children are down by 1% over the same time-period, while overall child GDS Fees have increased by 6%. It is important to note that the Enhanced Children's Examination (ECE) Scheme ran from January 2023 to June 2023 as a dedicated scheme to improve access to dental care for unregistered patients aged 0-10 years. Data relating to this scheme are included in the 2022/23 and 2023/24 registration fees. Dentists have received FSS/RSS and PPE payments during these years which cannot be proportioned out against children and adults ([see Annex Table 1.33](#)).

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<sup>15</sup> Child GDS fees include registrations fees and SDR Item of Service (IOS) fees. All children aged 18 and under are entitled to free dental treatment.

Looking at the cost per head of child population, this is £81.20 in 2023/24, up from £79.20 in 2022/23. This increased cost per head of population is due to an increase in both the Registration Fees and IOS Fees that make up the child GDS Fees. Prior to the pandemic, rates had remained fairly stable between 2014/15 and 2019/20 fluctuating between a low of £72.30 in 2017/18 and a high of £76.70 in 2014/15 (see Figure 6.4 and [Annex Table 1.33](#)).



**Figure 6.4:** Cost per head of population by Adult/Child, 2014/15 – 2023/24. [See Annex Table 1.33](#)

Looking at the average IOS cost per treatment claim for a child, this was almost £133 in 2023/24, up 4% from £128 in 2022/23. Prior to the pandemic, the average IOS cost per treatment claim ranged between £101 (2017/18) and £113 (2015/16). The higher level of the average IOS cost per treatment claim for a child in the last four years is likely attributable to Orthodontic treatments being impacted less by the pandemic and these would tend to be higher value claims (see Figure 6.5).

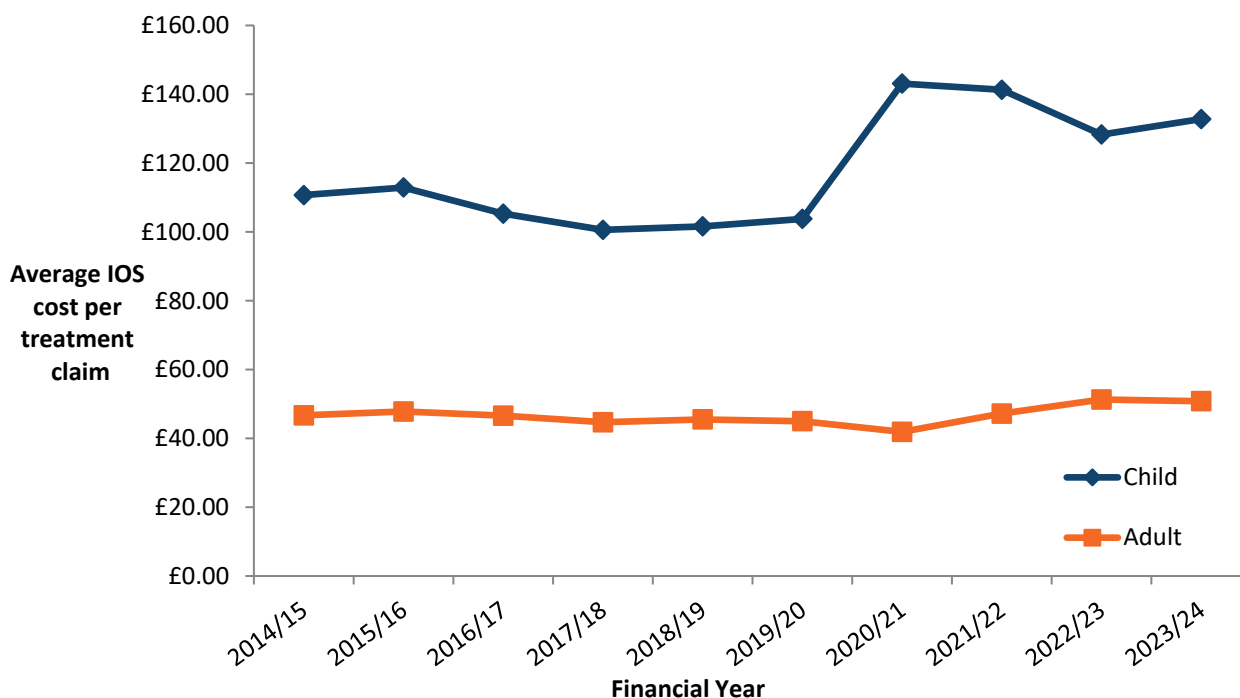


Figure 6.5: Average IOS cost per treatment claim by Adult/Child, 2014/15 – 2023/24. [See Annex Table 1.33](#)

### 6.5.2 Adult (Continuing Care) Fees<sup>16</sup>

In 2023/24, £57.2 million in adult GDS fees was paid (including registration fees and treatments carried out). Adult GDS fees had increased by 12% between 2014/15 and 2019/20 before falling to a low of £26.7 million in 2020/21 due to the pandemic. The number of adults registered has risen by 15% since 2014/15. This has contributed to a rise of 49% in continuing care registration payments over the same period. Also, in the same timeframe, there has been a decrease of 13% in SDR IOS payments although the drops in the last four years can be attributed to the pandemic and downturn in activity. Compared to last year, the number of adults registered has dropped by 4%, with a 3% drop recorded in adult registration payments. SDR IOS payments have increased by 4% since last year. Dentists have received FSS/RSS payments during these four years which cannot be proportioned out against children and adults ([see Annex Table 1.33](#)).

Looking at the cost per head of adult population, this was almost £39 in 2023/24, up from £38 in 2022/23. Prior to that costs had increased by 9% from £42 in 2014/15 to £46 in 2019/20 ([see Annex Table 1.33](#)). The post pandemic years have seen lower cost per head of population due to the drop in the total GDS Fees, in particular IOS Fees (see Figure 6.4).

<sup>16</sup> Adult GDS fees include registrations fees and SDR Item of Service (IOS) fees (including patient charges).



Looking at the average IOS cost per treatment claim for an adult, this was almost £51 in 2023/24, down by 1% compared to 2022/23. Prior to this, the average IOS cost per treatment claim had remained fairly stable between 2014/15 and 2019/20, fluctuating between a low of £45 in 2017/18 and 2019/20 and a high of £48 in 2015/16 (see Figure 6.5).

## 7. Publication Notes

### Family Practitioner Services

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

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

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

### About this publication

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

### Next edition

This publication is issued annually. It is expected that the next edition shall be published in June 2025. In the interim, quarterly tables are published separately [here](#). The quarterly figures are provisional until the annual publication for that year issues, at which point they are finalised. The release calendar for future statistical publications is available on the [BSO website](#).

## Data Sources

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

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

## Definitions

### Dentists

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

### Registration

Dentists are paid a monthly fee for each registered patient. These payments cease if the patient deregisters or registers with a different dentist. Patient registration payments lapse after a period of 24 months if the patient did not attend the dental practice. Due to the Covid-19 pandemic, all registrations that were due to expire during 2020/21 and 2022/23 were extended throughout these years. The first set of patients expired at the end of March 2023. In order to avoid the scenario where a large number of patient registrations lapse in one go, the GDS regulations were amended to add a specific number of months on to three patient registration cohorts, so that registrations are scheduled to lapse at the same rate as they

would normally. The registration payments are based on the patient's age, and can be weighted by home address as a proxy measure for deprivation which is closely associated with oral health need; and additionally whether or not they have certain special needs to remunerate for the additional time to provide care and treatment.

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

### **Statement of Dental Remuneration Items of Service (SDR IOS)**

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

### **Claim**

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

### **Number of Teeth**

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

### **Orthodontic Treatment**

Orthodontics is a specialist area of dentistry concerned with the growth and development of the teeth and jaws and the prevention and treatment of abnormalities of this development,

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

### **Dental charges eligibility**

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

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

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

### **HSCNI Payments for Dental Services**

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

Payment figures are based on the annual assurance information supplied by the FPS to the SPPG for each financial year. Not all payments are made on the dental payment system, which is used for all the analysis in this report, additional payments can be made e.g. probity

recoveries so it's not possible to take the information directly from the payment system and assign to geographical areas in Northern Ireland. As such these off system payments are now captured in a separate 'Unknown' row.

## Patient Charges

If a patient is not entitled to free treatment or help with the treatment cost, they need to pay for some Health Service dental treatment. The charge is 80 per cent of the dentist's fee up to £380. For example, a basic clinical examination, advice, charting and report per course of treatment, has a dentist fee of £9.95. If the person is not entitled to free treatment then the patient charge would be £7.96 and the Health Service would pay the remaining £1.99.

## GDS Fees

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

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

*Child GDS Fees = SDR IOS earnings + capitation registration payments*

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

## Other Fees/Allowances

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

- Practice Allowance
- Trainee Salary
- Maternity/Sick Pay
- Seniority
- Rates Reimbursement
- Clinical waste
- Relief of Pain
- Relief of Pain Expenses
- Probity Recovery
- CPDA
- CPDA Expenses
- Levy
- Clinical audit
- Peer Review
- Trainers Grant
- QA Grant
- Employers National insurance
- Charter Mark
- Arrears
- PG Qualification Allowance
- Other
- Oral Surgery Pilot

## Community Dental Services

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

## Data Coverage

### Coverage

Data in this report are published by the financial year (01 April – 31 March) in which the claim was paid. This is not necessarily the same year as when the activity took place. As such, it will include some activity undertaken towards the end of the previous financial year and exclude some activity carried out towards the end of this reporting year which was not submitted for payment by March 2024.

The data is based on claims provided to the Family Practitioner Service (FPS) by primary care dentists and excludes all private work, work carried out in hospitals and by the Community Dental Service. As it is only part of the overall picture, care should therefore be taken in interpreting any differences in activity as representing differences in oral health status between areas or across time. See [Child Dental Health Survey, England, Wales & Northern Ireland, Adult Dental Health Survey - Summary report and thematic series](#) for the most recent child and adult dental surveys if comparative oral health information is of interest.

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

## Patient Demographics

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

## Population

NISRA population figures are used in this release. At the time of creation, mid-year estimates were not available for 2022 (at LCG level) and 2023 for Northern Ireland. In March 2024, NISRA published rebased 2021 mid-year estimates for Northern Ireland and sub-Northern Ireland level geographies. Population based figures for 2021/22 have been revised to reflect this. For consistency within the 2022/23 and 2023/24 Northern Ireland-level and sub-Northern Ireland level calculations, the rebased 2021 mid-year estimates were used for these years. This is because, in the absence of more up to date population estimates, this is a more accurate reflection of the current population, than using the 2018-based population projections which were developed prior to the 2021 Census. These estimates are published on the [NISRA](#) website.



## Technical Notes

### Target Audience

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

### Main usages

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

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

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

### Data Quality Summary

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

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

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

errors within the claims submitted by primary care contractors.

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

A [background data quality report](#) for this publication is available. Additional details are in the [FPS Quality Assurance of Administrative Data report](#).

### National/International comparisons

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

#### England

- [Statistics on activity and workforce](#)

#### Wales

- [Statistics on activity and workforce](#)

#### Scotland

- [Statistics on registrations](#)
- [Statistics on activity](#)

### Further Information

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

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

**<https://bso.hscni.net/directorates/operations/family-practitioner-services/information-unit/>**