

Family Practitioner Services

General Dental Statistics for Northern Ireland

Annual Statistics 2019/20



Published 2 July 2020
(Revised 9 July 2020)

Purpose	The data contained in this publication are presented on a financial year basis during the year ending 31 st March 2020. They are based on claims submitted by primary care dentists to Family Practitioner Services. They do not cover secondary and private dental services including any work carried out by the Community Dental Service. Information is provided on workforce, registrations and dental treatments carried out. Information on the cost of dental services across Northern Ireland and in United Kingdom context is also presented. Data detailed in this publication are also available in spreadsheet format (Microsoft Excel) to aid secondary analysis, at the following link: http://www.hscbusiness.hscni.net/pdf/Annual%202019-20%20Dental%20Tables.xlsx
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Additional information about these statistics is located at the back of this publication.

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Contents

Introduction	4
1. Workforce	5
2. Dental Registrations.....	10
3. Dental Treatments	15
4. Dental Services UK Comparison	23
5. Health Service Dental Service Costs	26
Publication Notes	32

Introduction

This publication was revised on 9 July 2020 to correct the figure stated in the Key Figures relating to the average cost per registered patient. The figure previously quoted (£55.20) was the average cost per resident person, instead it should have been £86.10 for the average cost per registered patient.

This publication provides a statistical overview of general dental activity in Northern Ireland between April 2019 and March 2020. It is based on payment claims submitted by primary care dentists to Family Practitioner Services (FPS) and figures were previously released as part of the [FPS Statistics for NI compendium series](#). This data does not cover private work and secondary care activity including work carried out by the Community Dental Service.

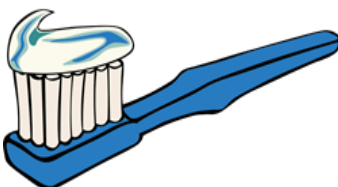
It has been produced by independent statisticians within the FPS Information Unit. They are on secondment from the Northern Ireland Statistics and Research Agency (NISRA). This publication has been compiled in accordance with the Code of Practice for Statistics.

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.

Key Figures



- **There Are 60 Dentists Per 100,000 Residents**
372 dental practices & 1,147 dentists
- **64% Of The Population Are Registered With A Health Service Dentist**
75% of children and 61% of adults



- **21% Of Registered Children Received Treatment For A Filling In 2019/20**
34% of adults. Both rates have been steadily declining for the last 7 years
 - **883,680 Examinations Were Performed On Adults**
With fillings on baby/milk teeth being the most common SDR item claimed for children, making up 9% of children claims
 - **The Net Cost Of Dental Services Was £104.9 Million**
With patient payments making up an additional £26 million. The average cost per registered patient was £86.10.
-

1. Workforce

FPS Dental Services are responsible for the monthly payments to primary care General Dental Practitioners (dentists) for health service treatment provided, the maintenance of the list of patients registered with dentists, examination of patients at centres throughout NI and maintenance of the statutory Dental List. This section of the report provides details of this workforce. All count figures are a snapshot as at 31st March 2020.

1.1 Dental Practitioners

In Northern Ireland, there were 372 dental practices with 1,147 dentists registered to carry out health service treatments at the end of March 2020. The number of dentists registered has increased by 20% over the last decade from 956 in 2011 to 1,147 in 2020 (see Figure 1.1).

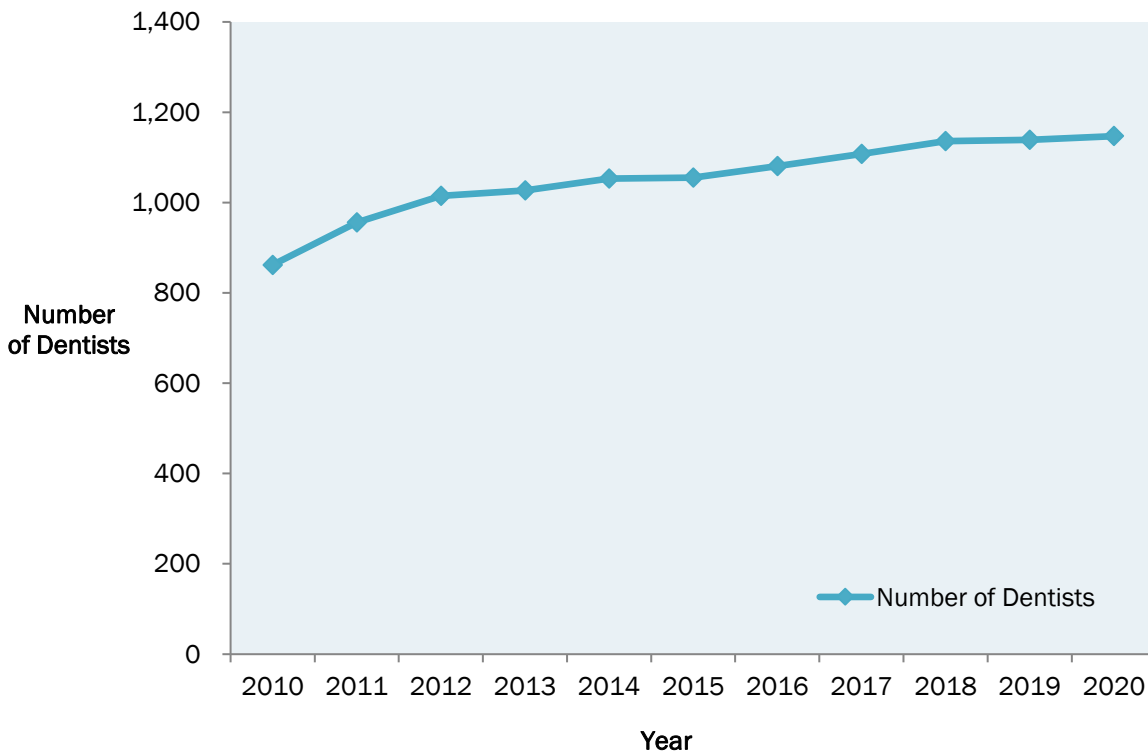


Figure 1.1: Number of dentists as at 31st March, 2010-2020. [See Annex Table 1.1.](#)

1.2 Dental Practitioner by Age and Gender

Dentistry was previously a male dominated profession but that has changed rapidly in recent years. In particular, the majority of new dentists are female, with 68% of dentists aged under 35 being female while the reverse is true in the older age groups with 67% of dentists aged 50 and above being male. Naturally with this pattern, there has been a shift in the overall makeup of the workforce and since 2013, the number of female dentists has exceeded males with almost three fifths (57%) of the workforce now being female in 2020 (see Figure 1.2).

Dentists are working to an older age, with 276 (24% of the workforce) aged 50 and over in 2020 compared to 117 (14%) in 2010. There are 385 under the age of 35 in 2020, equivalent to a third of dentists (34%).

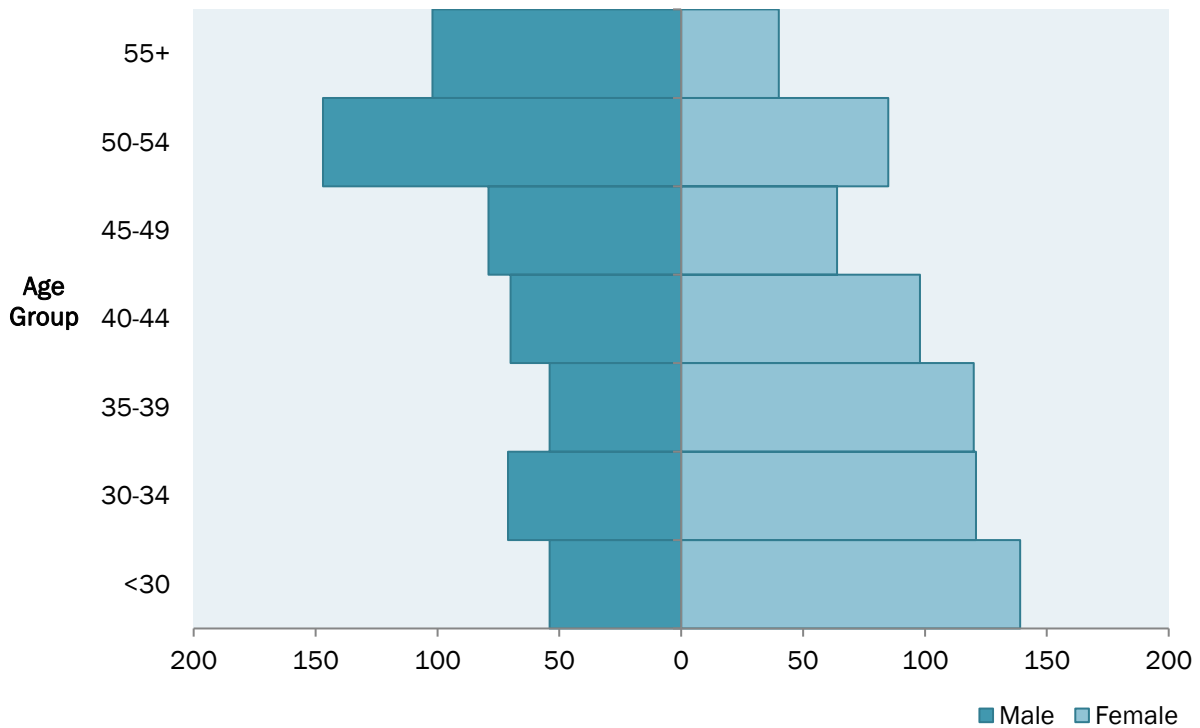


Figure 1.2: Number of dentists by age and gender as at 31st March 2020. [See Annex Table 1.1.](#)

1.3 Dental Practitioners by Area

In Northern Ireland, there are 60 dentists per 100,000 residents. Over time, this proportion has been increasing – there were 57 dentists per 100,000 population in 2014 (See [Annex Tables 1.6 & 1.7](#)).

Belfast Local Government District (LGD) has the most dentists; having 76 dentists per 100,000 resident population compared to the lowest area, Lisburn & Castlereagh with 47 dentists per 100,000 population. Belfast dentists, however, are much more likely to treat patients from outside the council area population (see Figure 1.3).

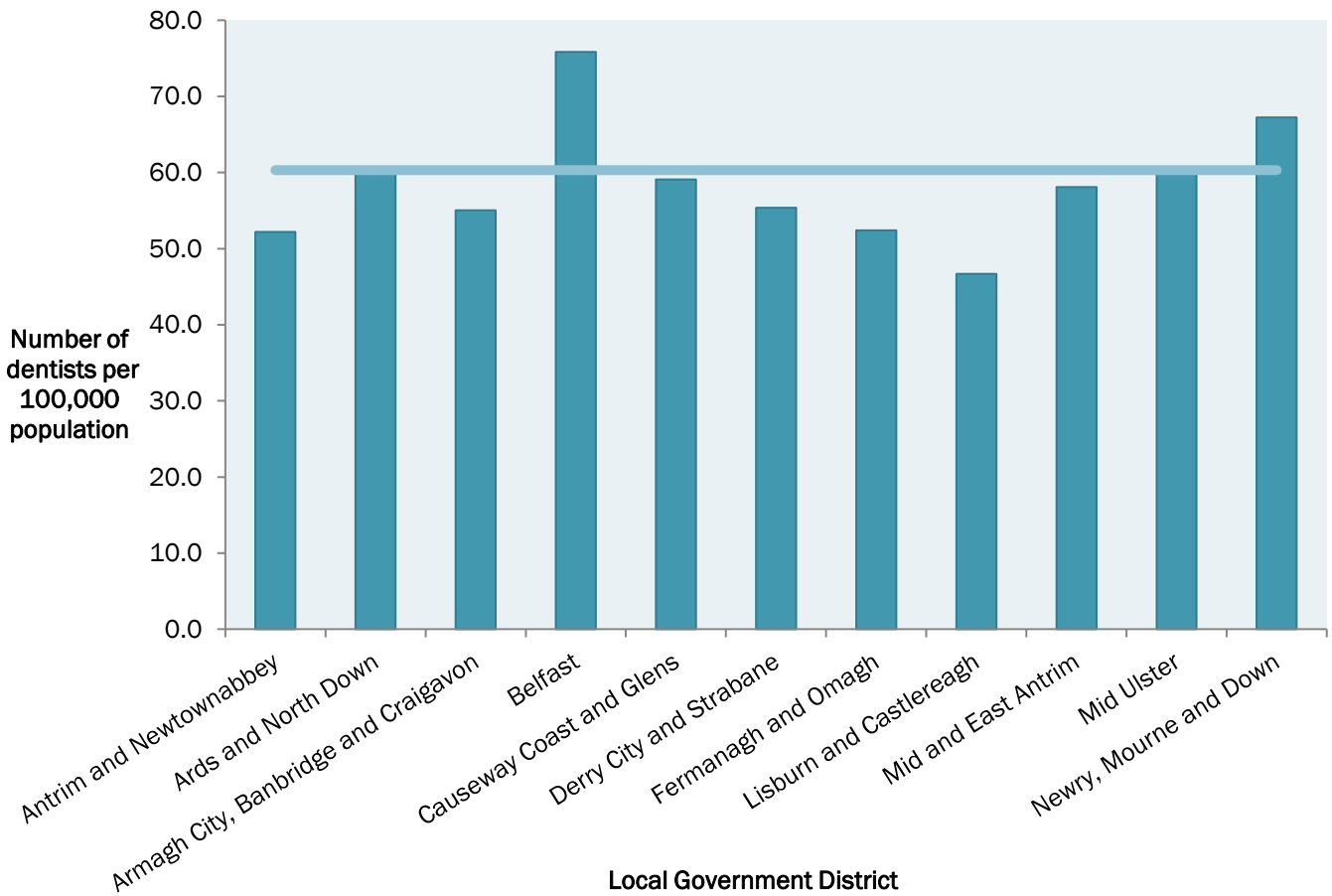


Figure 1.3: Number of dentist practitioners per 100,000 population by LGD, 2020. [See Annex Table 1.7.](#)

1.4 Dental Practices

There were 372 dental practices carrying out health service dental work across the region in 2020. Since 2014, the number of practices has decreased by 8 (-2%) while the number of dentists has increased by 9% during this time and in March 2020 there were an average of 3.1 dentists per practice.

Belfast LGD has the most dental practices accounting for 23% of the Northern Ireland total. Belfast LGD also has 25 practices per 100,000 population, well above the NI average of 19.6. Fermanagh & Omagh LGD and Mid and East Antrim LGDs are just behind, with both having 23 practices per 100,000 population. Antrim and Newtownabbey LGD has the lowest number of practices per 100,000 population at just 14 (see Table 1.1).

Local Government District	Practices per 100,000 population
Antrim and Newtownabbey	13.9
Ards and North Down	18.5
Armagh City, Banbridge and Craigavon	15.6
Belfast	25.3
Causeway Coast and Glens	17.3
Derry City and Strabane	18.5
Fermanagh and Omagh	22.9
Lisburn and Castlereagh	16.3
Mid and East Antrim	22.9
Mid Ulster	16.7
Newry, Mourne and Down	21.9
Northern Ireland	19.6

Table 1.1: Number of Dental practices per 100,000 population, by Local Government District, 2020. [See Annex Table 1.3.](#)

1.5 Distance to Nearest Dentist

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

In the more urban LGDs (Belfast, Antrim & Newtownabbey, Lisburn & Castlereagh and Ards & North Down), at least 88% of the population is within three miles of a dental practice with that figure dropping significantly in some of the more rural areas, particularly Fermanagh & Omagh LGD with just 53% (See Figure 1.4 & [Annex Tables 1.4 & 1.5](#)).

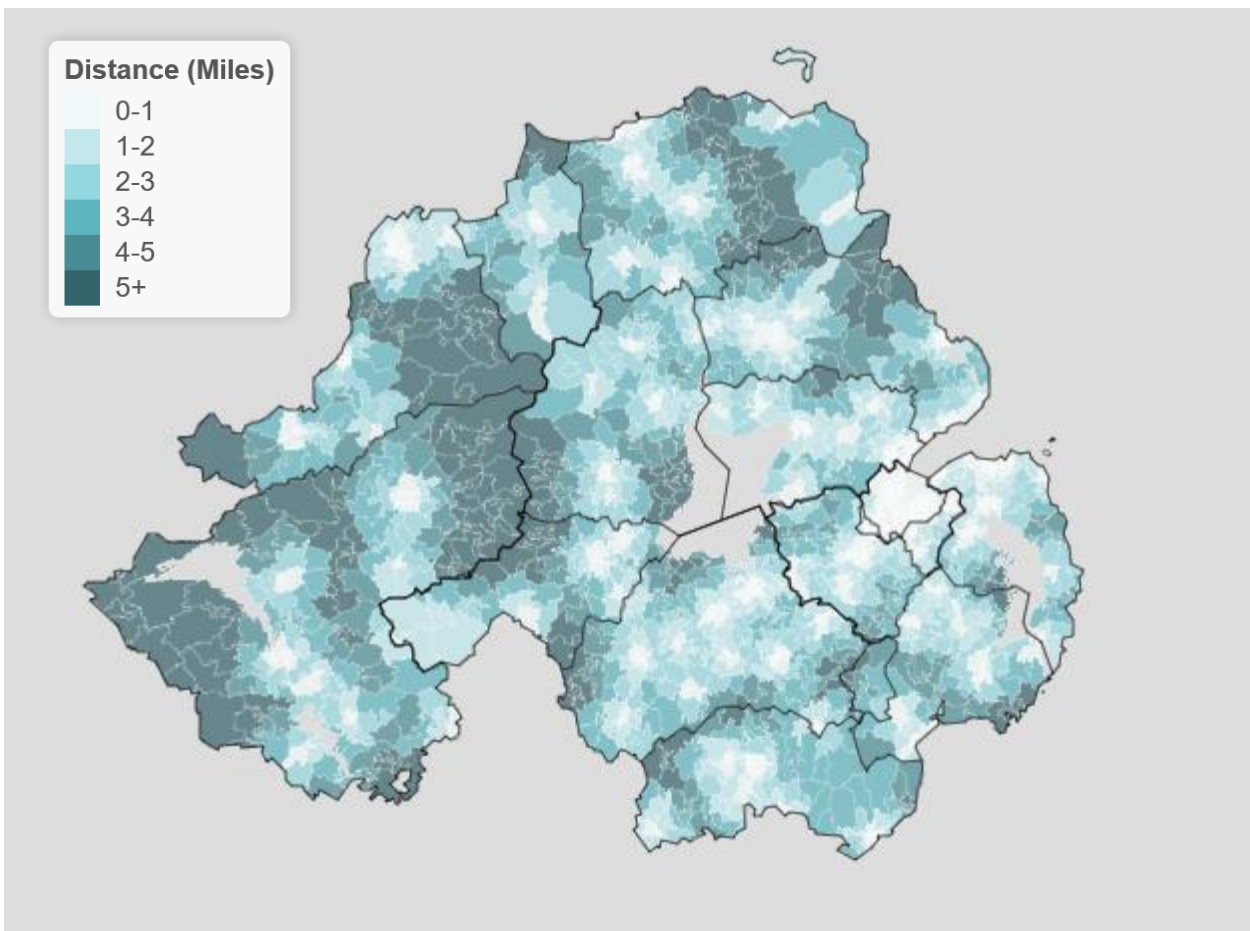


Figure 1.4: Distance to nearest dental practice in miles by Small Area, 2019/20. [See Annex Tables 1.5.](#)

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

2. Dental Registrations

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

2.1 Dental Registrations Summary

Just under two-thirds (64%) of the Northern Ireland population are registered with a practicing health service dentist. Children are more likely to be registered with a health service dentist than adults (75% compared to 61%).

The percentage of the population registered with a dentist has remained stable at around 63% for the last eight years. Once registered with a dentist the patient will remain on their dental list for two years unless they visit another dentist. If they do not attend during that 24 month period they will become deregistered. 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 2.1).



Figure 2.1: Percentage of the population registered with a health service dentist, 2004 to 2020. [See Annex Table 1.8.](#)

2.2 Dental Registrations by Area

Looking across Northern Ireland, registrations for children (those under 18) for all LGDs in 2020 exceeded 70%, with a high of 78% registered in Ards and North Down 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 74%, had by far the lowest adult registration rate at 43%, 18 percentage points below the Northern Ireland figure in 2020. Variation in registration rates across areas will be partly attributable to geographical accessibility and/or differential rates of private dental uptake (see Figure 2.2).

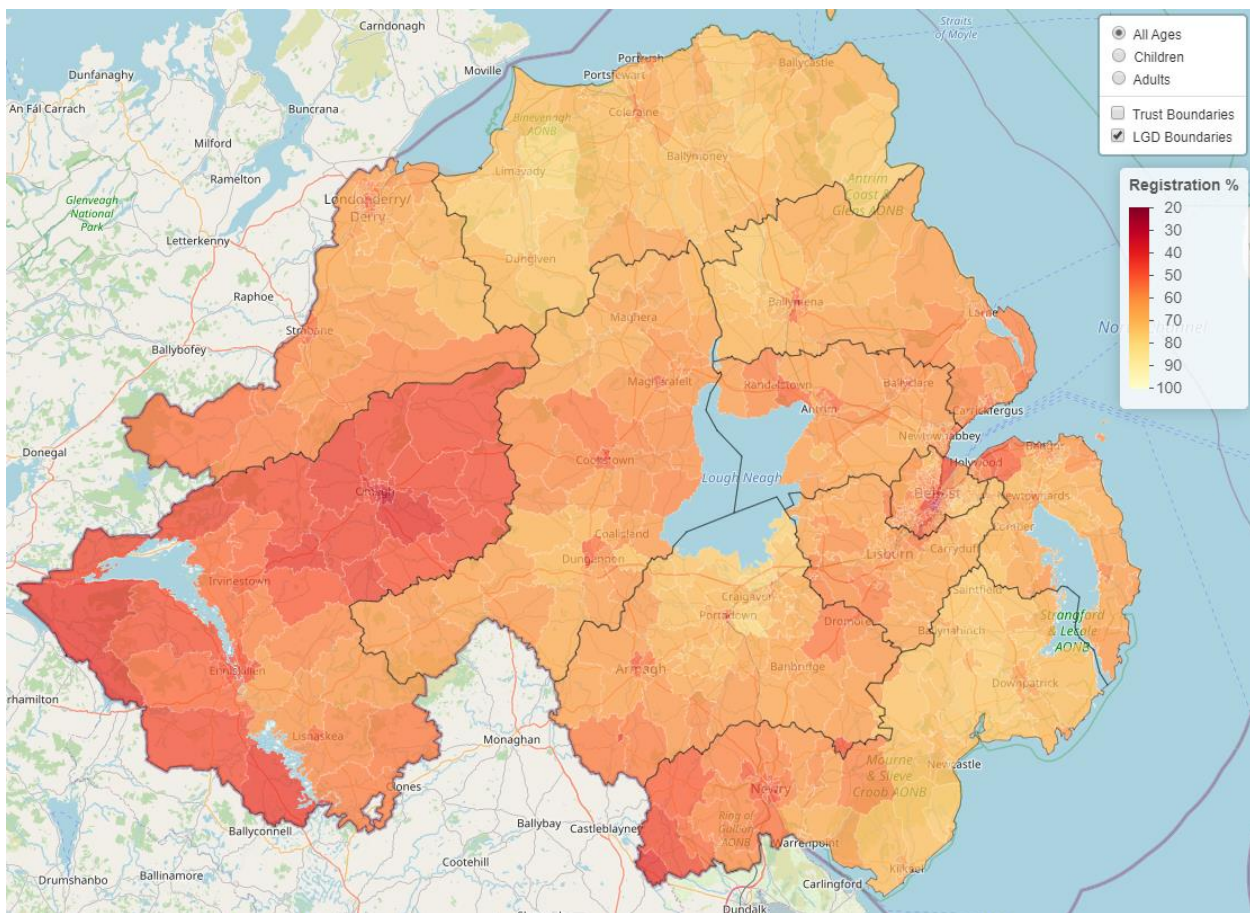


Figure 2.2: Interactive chart² on the percentage of the population registered with a health service dentist by Super Output Areas with LGD Boundaries, 2020. [See Annex Table 1.12.](#)

² Click on image to open interactive map through web browser, alternatively use following link: <https://maps.hscni.net/maps/DentalRegSOAMar20.html>

2.3 Registrations by Age and Gender

Females are more likely to be registered with a dentist (67% compared to 61%), this difference is particularly striking in the 18-44 age group with 71% of females registered compared to just 55% of males. Differences in registration rate between the genders are minimal for those under 18 or those aged 60 and over (see Figure 2.3).

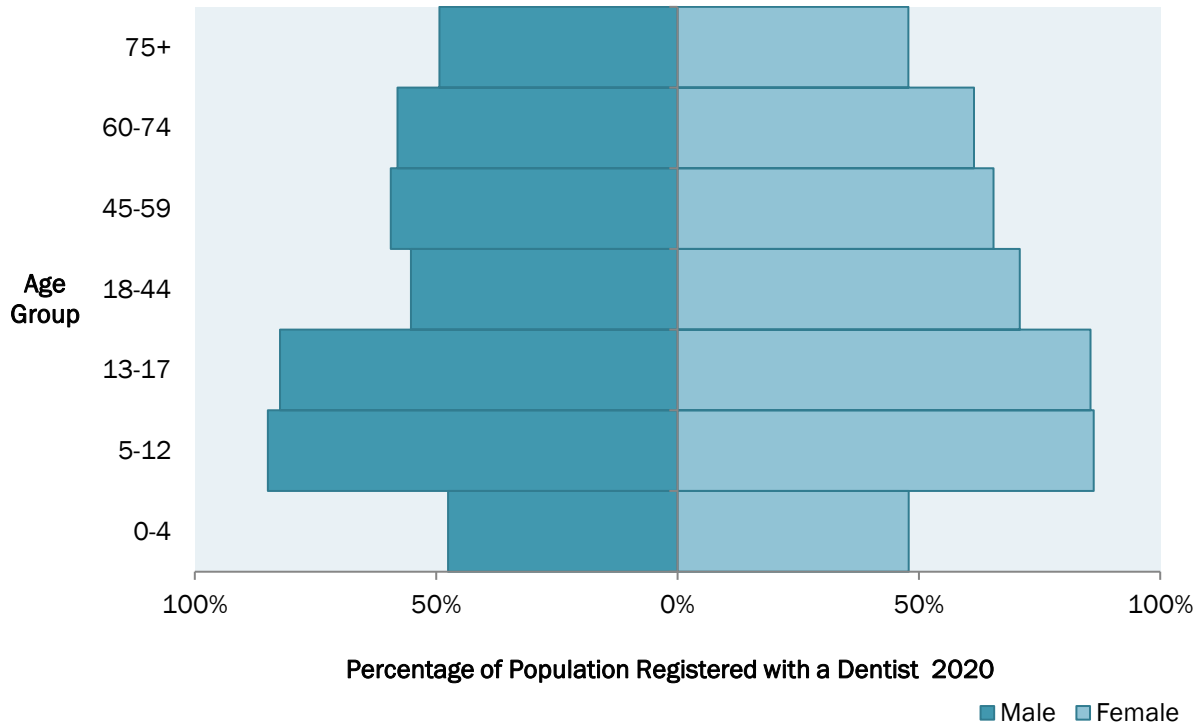


Figure 2.3: Percentage of the population registered with a health service dentist by age group and gender, 2020. [See Annex Table 1.11.](#)

2.4 Dental Registrations by Urban/Rural Area

Registration rates for children at March 2020 differ amongst those in urban/rural areas with urban areas having a lower rate of registration at 72% compared to 78% in rural areas. In the adult population, this difference is minimal with a rate of 57% in rural compared to 56% in urban (see Figure 2.4).

Note that this does not take into consideration deprivation, which is also potentially a factor influencing this difference and is looked at in more detail in [Section 2.5.](#)

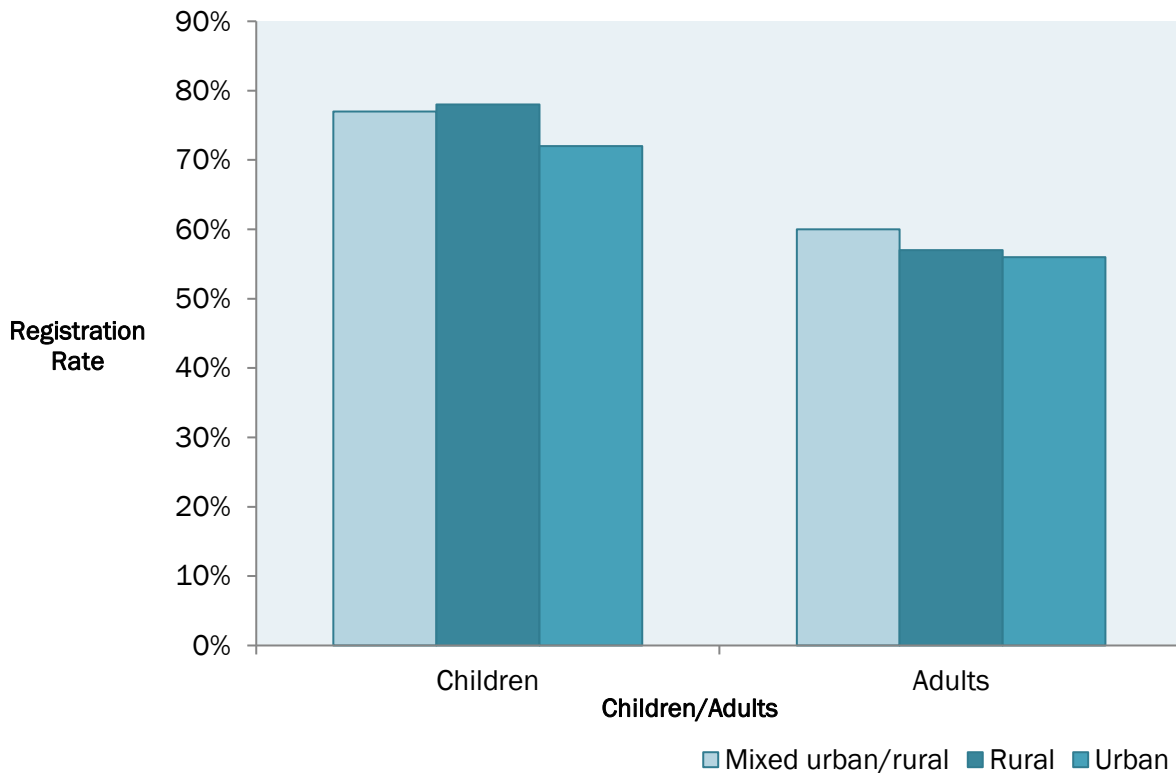


Figure 2.4: Percentage of the population registered by urban/rural area,2020. [See Annex Table 1.13.](#)

2.5 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 most affluent areas.

Looking at the number of patients registered in 2020, there are noticeable differences across patients living in the most and least deprived areas (see Figure 2.5).

For children, the proportion of the population registered with a dentist in March 2020 consistently increases as deprivation decreases, from 65% registered in NIMDM decile 1 to 80% for NIMDM decile 10.

For adults, there is a similar pattern with a consistent rise from 53% registered in NIMDM decile 1 to 61% in NIMDM decile 8 but then a small decrease to 58% in the least deprived decile 10, presumably 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.

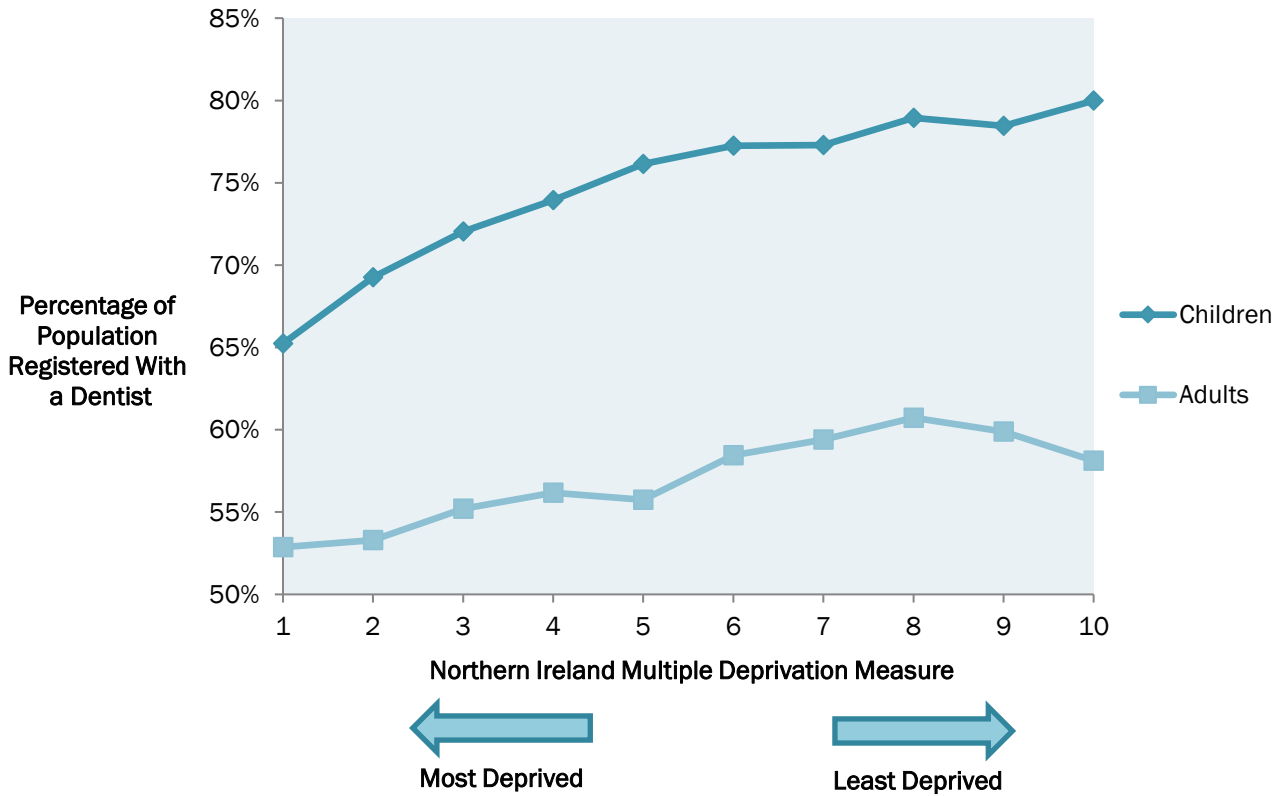


Figure 2.5: Percentage of patients registered by NIMDM, 2020. [See Annex Table 1.14.](#)

3. Dental Treatments

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

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

3.1 Dental Treatments on Children

Looking at common types of dental treatments, the number of children requiring fillings and extractions over the last 7 years have both shown a decrease with falls of 16% and 9% respectively (see [Annex Table 1.15](#)). This decrease can be seen both in absolute terms as well as in the proportion of the registered population. There has been a steady decline in the number of patients who had a filling or extraction carried out in the year relative to the registered population (see Table 3.1).

There has also been a steady drop in the number of fillings and extractions on those children who had the work carried out. With an average of 2.61 teeth filled per child treated in 2019/20 down from 2.74 in 2013/14 and similarly for those children who had a tooth extracted, there was a fall to 1.66 teeth extracted down from 1.72 over the same period (see [Annex Table 1.15](#)).

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

Table 3.1: Percentage of Registered Children Who Received At Least One Of The Following Treatments, Filling, Extraction, X-Ray, Ortho, 2013/14 -2019/20. [See Annex Table 1.15.](#)

Just over 120,500 children received dental treatment in excess of the basic treatments covered under capitation when looking at the 167,000 unique claims submitted and paid by BSO in 2019/20.

Breaking this down further into individual SDR IOS³ treatments, Figure 3.1 shows the top 10 most common type of SDR IOS treatments claimed that were carried out on children in 2019/20. The most common SDR item claimed was for Deciduous Fillings (SDR code 4401), totaling 32,757 claims (9% of all SDR items claimed). These were carried out on 57,179 teeth for almost 26,000 children.

The second most common item claimed was Colour Photographs (SDR code 301) making up 7% (23,828) of all SDR items claimed for children. These were carried out on 22,001 children. Full details on counts of claims, children and teeth/items for each SDR IOS item can be found [here](#).

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

³ SDR IOS is the Statement of Dental Remuneration Items of Service. Full definition can be found in the [Publication notes](#).

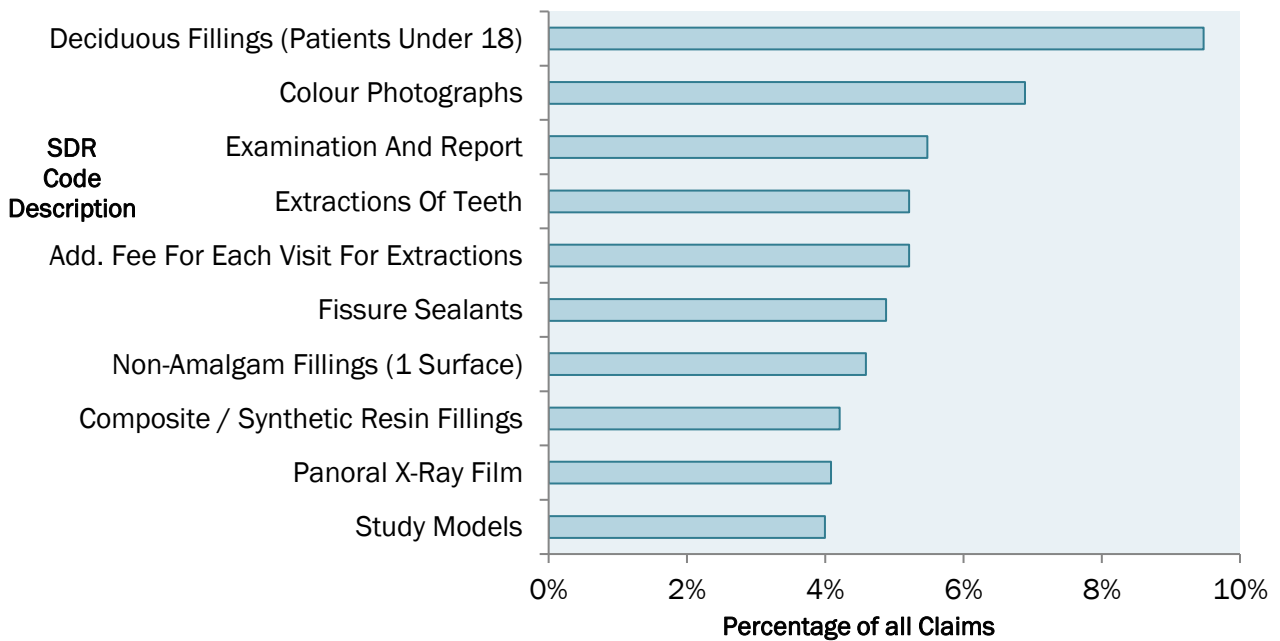


Figure 3.1: Top 10 most common SDR IOS Treatments on Children - Percentage of all Claims; 2019/20. [See SDR Items of Service Claims by item number and Children/Adults.](#)

3.2 Orthodontic Treatment on Children

The number of orthodontic treatments carried out has seen a decline in the last few years (see Figure 3.2). 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. This change has contributed to a noticeable drop off with around 7.4% of registered children receiving orthodontic work in the last financial year compared to 9.5% in 2013/14 and in particular a drop of 29% in orthodontic treatments for those aged 13-17 since 2013/14. 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. However even with this change of rules, there has been an increase in younger children receiving orthodontic work with a rise of 18% for under 13s (see [Annex Tables 1.15 & 1.25](#)).

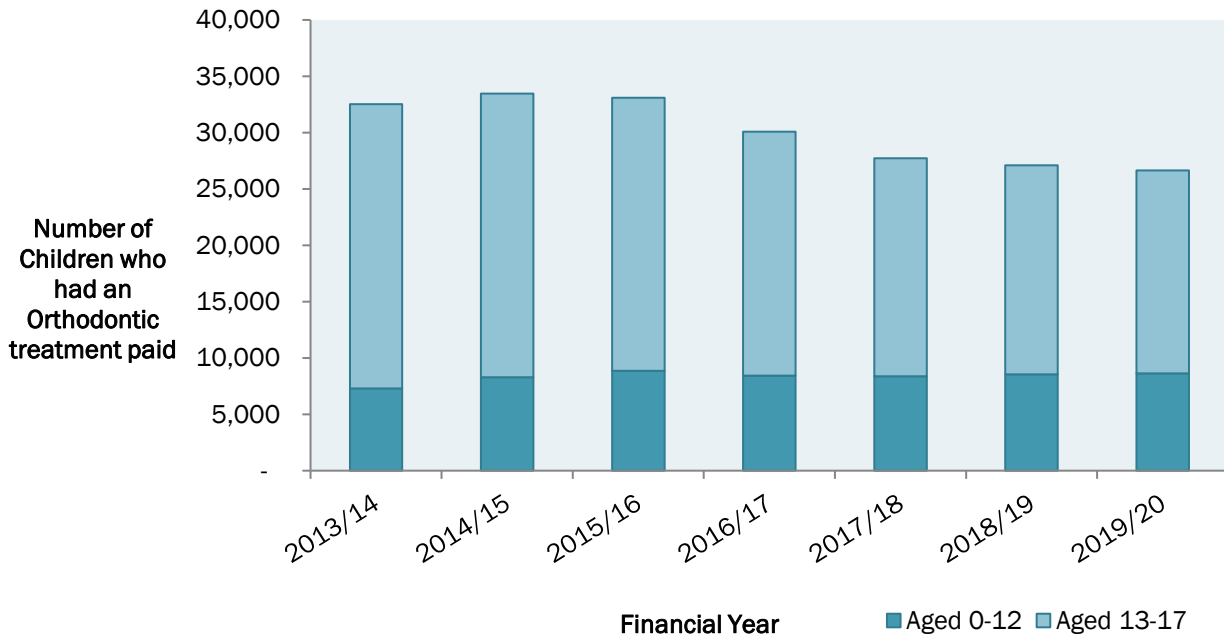


Figure 3.2: Number of Children who had an Orthodontic treatment paid per Financial Year; 2013/14 - 2019/20.

[See Annex Table 1.25.](#)

3.3 Dental Treatments on Children by Area

At a Northern Ireland level, 246 per 1000 registered children were treated for a filling, crown or extraction in 2019/20. Looking across LGDs, Ards and North Down LGD had the lowest rate at 203 per 1000 registered children with Derry City and Strabane having the highest rate at 282 per 1000 (see [Annex Tables 1.27 & 1.28](#)).

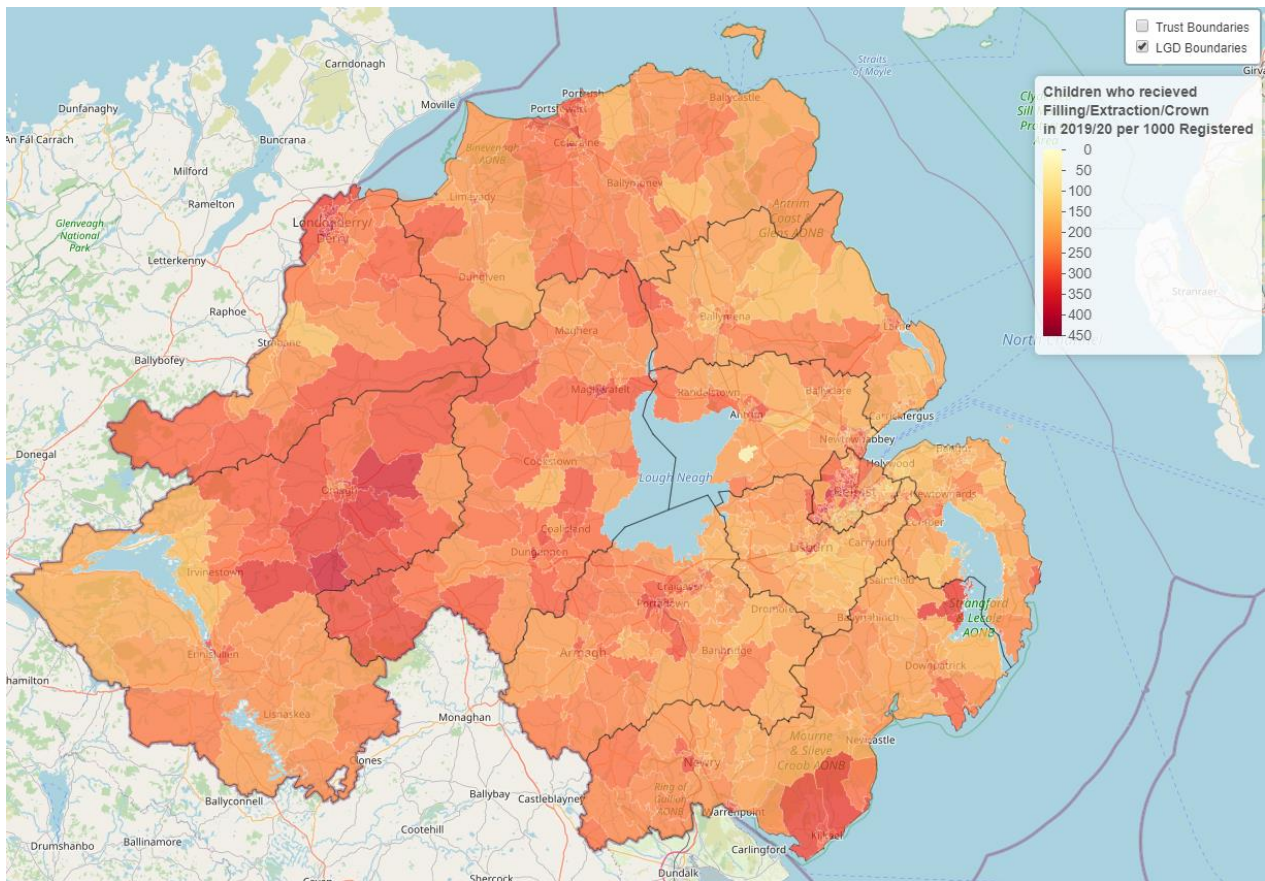


Figure 3.3: Interactive chart⁴ on the number of individual children who received a filling, extraction or crown per 1000 registered in 2019/20 by Super Output Area with LGD Boundaries. [See Annex Table 1.28.](#)

3.4 Dental Treatments on Adults

Similar to children, in adults there has been a steady fall in the number of teeth treated for fillings (-8%), extractions (-6%) and crowns (-11%) between 2013/14 and 2019/20. This can also be seen in the corresponding percentage of the registered adult population treated in Table 3.2 below. However there has been increased use of X-Rays with 37.9% of registered adults receiving at least 1 X-Ray in 2019/20 and the total number of X-Rays performed has increased 22% since 2013/14.

Despite this fall in the general adult population, fillings, crowns and extractions have all seen an increase over the last seven 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

⁴ Click on image to open interactive map through web browser, alternatively use following link: <https://maps.hscni.net/maps/DentalworkSOA1920Child.html>

have more natural teeth now than in the past and therefore require more dental treatments (see [Annex Tables 1.15, 1.17 & 1.19](#)).

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

Table 3.2: Percentage of Registered Adults Who Received At Least One Of The Following Treatments, Filling, Extraction, X-Ray, Crown, 2013/14 -2019/20. [See Annex Table 1.5.](#)

Over 732,000 adults received dental treatment through primary care health service dentists in 2019/20.

Breaking this down further into individual SDR IOS treatments, Figure 3.4 shows the top 10 most common type of SDR IOS treatments claimed that were carried out on adults in 2019/20. The most common SDR item claimed was for Examination and Report (SDR code 0101), totaling 883,657 claims (27% of all SDR items claimed). These were carried out on almost 630,000 adults.

The second most common item claimed was Scaling and Polishing (SDR code 1001) making up 22% (726,051) of all SDR items claimed for adults. These were carried out on 536,752 adults. Full details on counts of claims, adults and teeth/items for each SDR IOS item can be found [here](#).

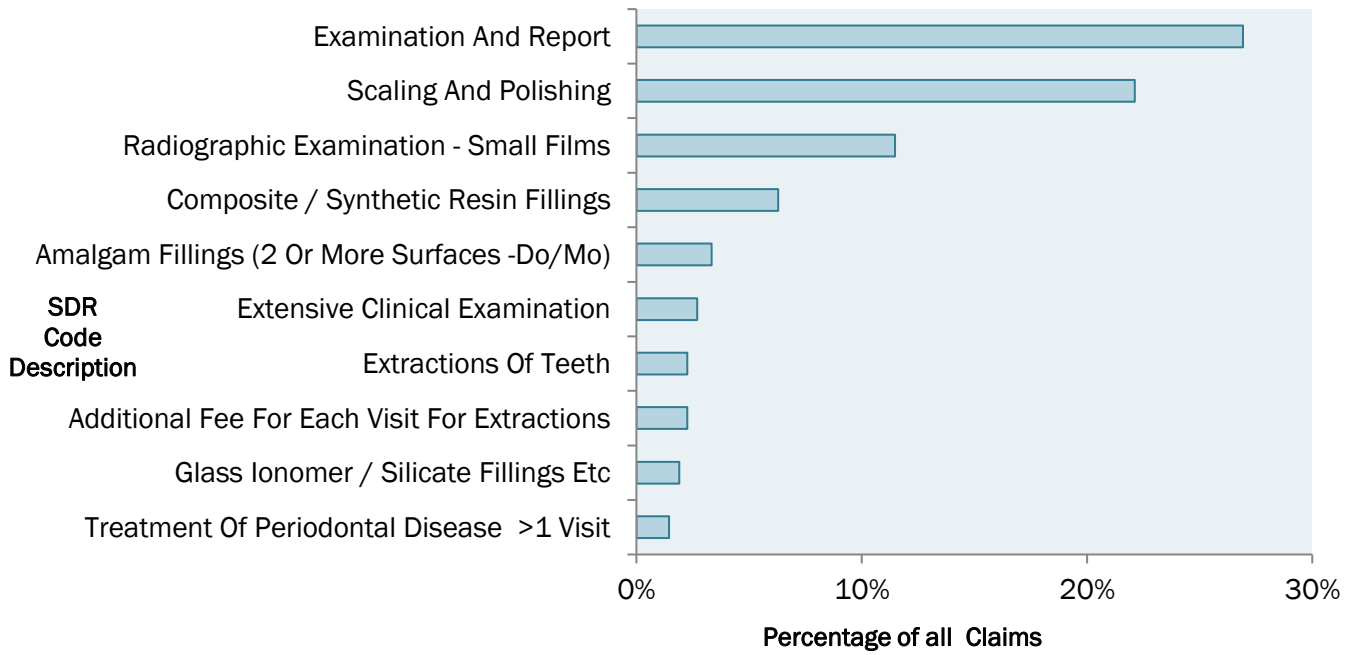


Figure 3.4: Top 10 most common SDR IOS Treatments on Adults - Percentage of all Claims; 2019/20. [See SDR Items of Service Claims by item number and Children/Adults.](#)

3.5 Dental Treatments on Adults by Area

At a Northern Ireland level, 398 per 1000 registered adults were treated for a filling, crown or extraction in 2019/20. Looking across LGDs, Lisburn and Castlereagh LGD had the lowest rate at 368 per 1000, while Derry City and Strabane had the highest rate at 441 per 1000 (see Figure 3.5 and [Annex Tables 1.27 & 1.28](#)).

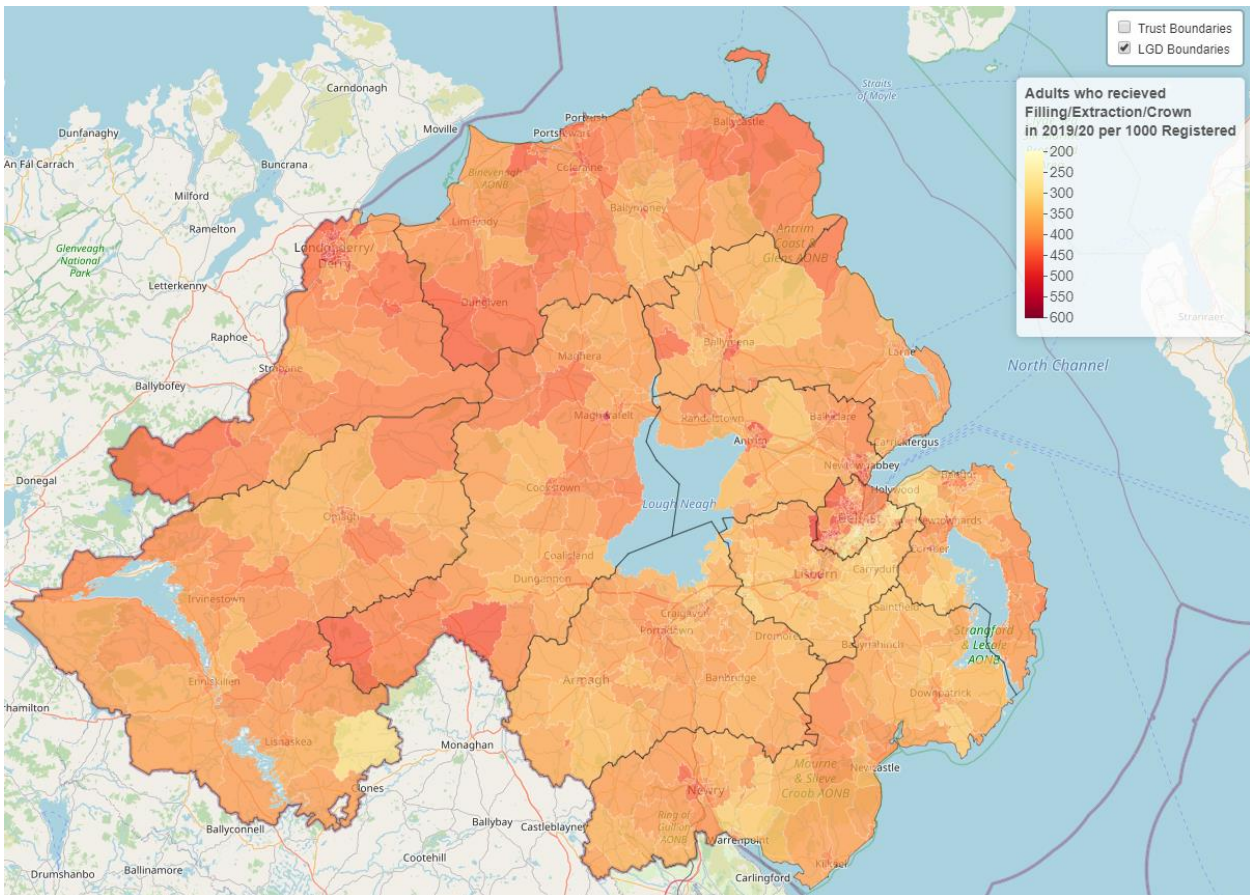


Figure 3.5: Interactive chart⁵ on the number of individual adults who received a filling, extraction or crown per 1000 registered in 2019/20 by Super Output Area with LGD Boundaries. [See Annex Table 1.28.](#)

⁵ Click on image to open interactive map through web browser, alternatively use following link: <https://maps.hscni.net/maps/DentalworkSOA1920Adults.html>

4. Dental Services UK Comparison

This section of the report details activity on the number of teeth filled, teeth extracted and teeth crowned per 100,000 population per UK region. The latest comparable information for all 4 regions is 2018/19.

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.

4.1 Fillings

Looking at the number of teeth filled by health service dentists⁶ per 100,000 population over the last 4 years, Northern Ireland has consistently remained the highest throughout the UK although there has been a notable 12% drop in the number of teeth filled in NI children per 100,000 population over that time. England and Wales have seen similar falls over the same time period with falls of 9% and 11% respectively while Scotland has experienced a larger decrease of 22% in the number of teeth filled for children. This could partly be attributable to the introduction of a number of schemes there with a specific focus on preventative treatment (see Figures 7.1 & 7.2 and [Annex Table 1.16](#)). Considering fillings for adults, NI has not done as well as its counterparts with a decrease of 4% in the 4 years compared to larger decreases for England (14%), Scotland (12%) and Wales (9%).

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

⁶ Analysis only includes work carried out by primary care dentists.

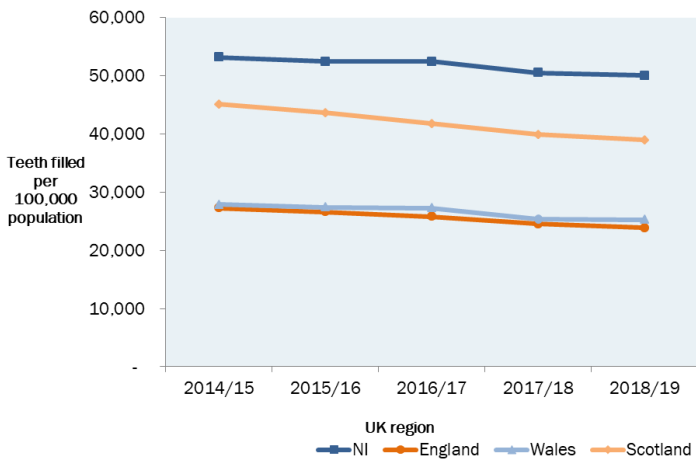


Figure 7.1 Number of teeth filled by health service dentists per 100,000 population by UK regions: 2014/15 to 2018/19

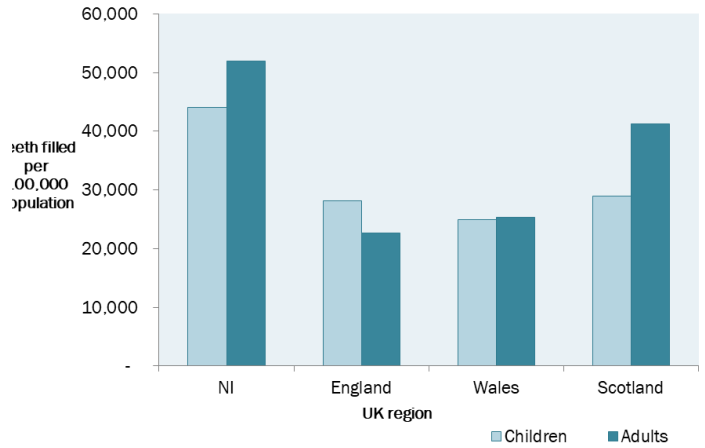


Figure 7.2 Number of teeth filled by health service dentists per 100,000 population by UK regions and Children/ Adults: 2018/19

4.2 Extractions

Looking at the number of teeth extracted by health service⁷ per 100,000 population between 2014/15 and 2018/19, Northern Ireland was the second highest for extractions after Scotland, followed then by Wales and England respectively. There has been a notable 12% drop in the number of teeth extracted in NI children per 100,000 population over that time compared to only a 2% decrease in NI adults. England has seen a 9% decrease in the number of extractions carried out in between 2014/15 and 2018/19, with drops of 8% for children and 9% for adults over the 4 year period (see Figures 7.3 & 7.4 and [Annex Table 1.16](#)).

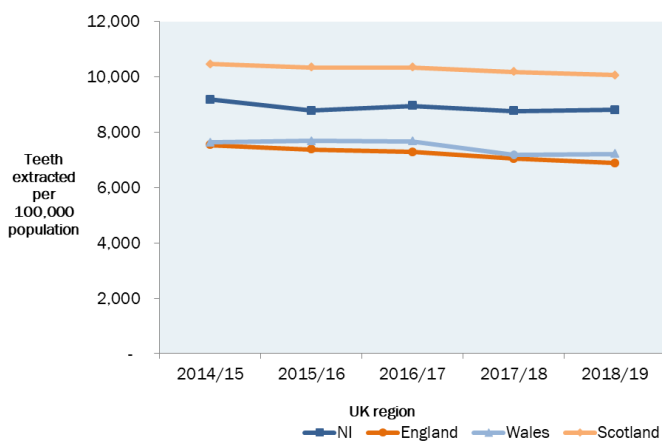


Figure 7.3 Number of teeth extracted by health service dentists per 100,000 population by UK regions: 2014/15 to 2018/19

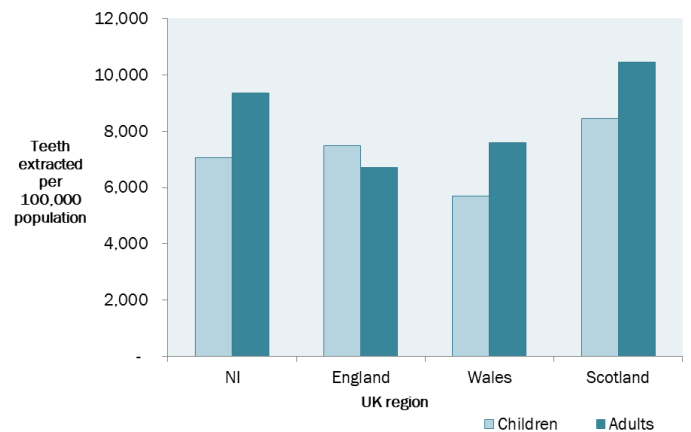


Figure 7.4 Number of teeth extracted by health service dentists per 100,000 population by UK regions and Children/ Adult: 2018/ 19

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

4.3 Crowns

Looking at the number of teeth crowned by health service dentists⁸ per 100,000 population in 2018/19, Northern Ireland had approximately 2,000 teeth crowned per 100,000 population) followed by Scotland with approximately 1,800 per 100,000 population. Wales and England had a lower number with approximately 1,350 teeth crowned per 100,000 population.

The number of teeth crowned in NI per 100,000 population is the same as it was 4 years ago in 2014/15. Both Scotland, England and Wales have seen decreases of 16%, 12% and 2% respectively for the number of teeth crowed per 100,000 population between 2014/15 and 2018/19 (see Figures 7.5 & 7.46 and [Annex Table 1.16](#)).

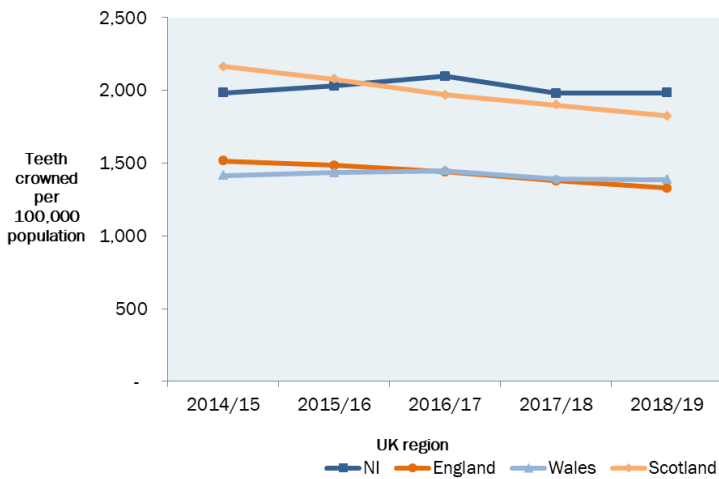


Figure 7.5 Number of teeth crowned by health service dentists per 100,000 population by UK regions: 2014/15 to 2018/19

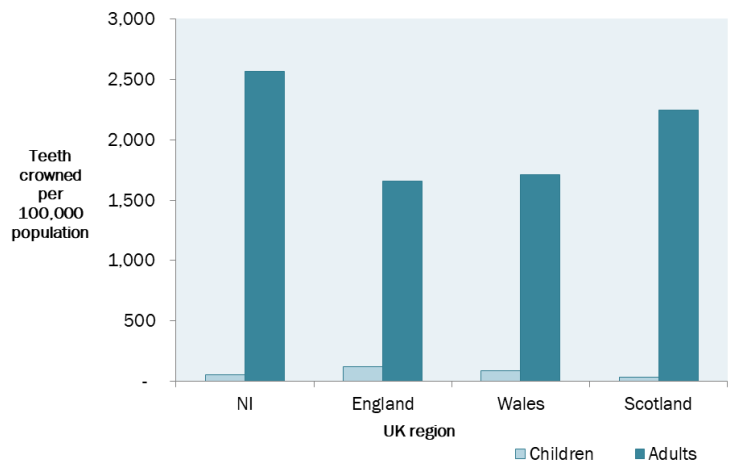


Figure 7.6 Number of teeth crowned by health service dentists per 100,000 population by UK regions and Children/ Adult: 2018/19

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

5. Health Service Dental Service Costs

This section of the report details the cost of primary dental services in Northern Ireland. It is based on General Dental Services payments as processed by the BSO during the period 1st April 2019 to 31st March 2020.

5.1 Dental Services Cost Summary

In 2019/20, the net cost of primary care dental services in Northern Ireland was £104.9 million; in addition patients in Northern Ireland paid a further £26 million for treatments. The total cost of primary care dental services in Northern Ireland has increased by 5% compared to 2018/19. Over the past 10 years the total cost of Dental Services has increased by an annualised rate of 2.8% (see Table 5.1).

Financial Year	Net Cost of Dental Services (£ Millions)	Patient Payments (£ Millions)	Total Cost of Dental Services (£ Millions)
2004/05	58.1	16.8	74.9
2005/06	61.1	18	79.1
2006/07	65.3	16.4	81.7
2007/08	66.6	15.1	81.7
2008/09	74.8	16.1	90.9
2009/10	81.7	17.4	99.1
2010/11	87.7	17.4	105.1
2011/12	93.7	18.1	111.9
2012/13	97.7	19.4	117.1
2013/14	101.7	20.2	121.9
2014/15	101.6	20.9	122.5
2015/16	100.4	22.5	122.9
2016/17	97.8	23.6	121.4
2017/18	96.7	24.5	121.2
2018/19	99.5	25.6	125.1
2019/20	104.9	26	130.9

Table 5.1: Payments made for Dental services, 2004/05 to 2019/20. [See Annex Table 1.29.](#)

5.2 Local Commissioning Group Level⁹

The net cost of services differs by area. This variation by Local Commissioning Group (LCG) is shown in Figure 5.1. At LCG level, the highest net cost is seen in Belfast, which accounts for over a quarter (26%) of all spend in Northern Ireland. This is mainly due to patients choosing to go to Belfast dentists rather than practices in their home area. Belfast LCG had the highest average spend (£75.40) per resident population with South Eastern having the lowest (£43.70).

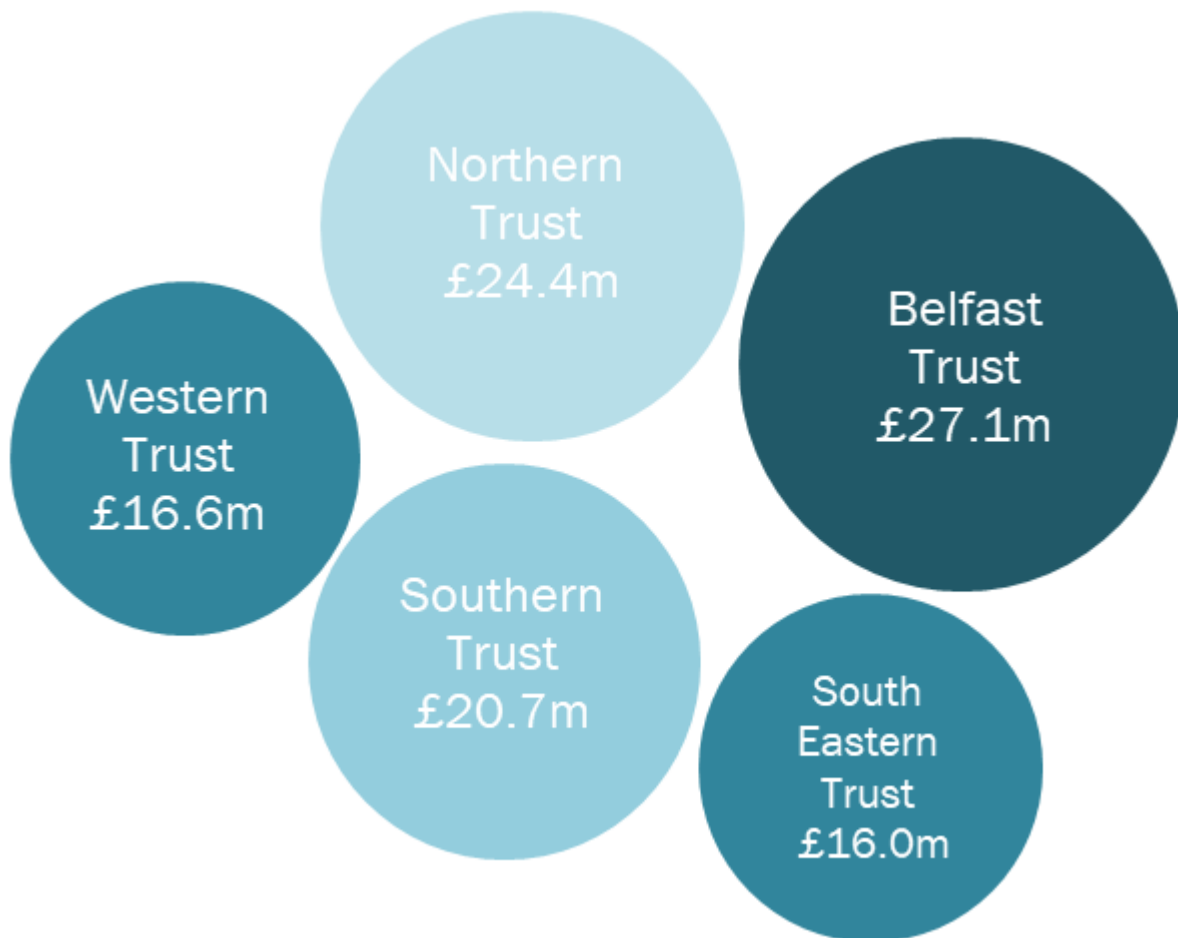


Figure 5.1: Cost of Dental services by LCG, 2019/20. [See Annex Table 1.30.](#)

5.3 Local Government District Level⁹

At Local Government District (LGD) level, Belfast LGD accounts for 26% of the net cost of Dental Services, whilst Fermanagh & Omagh, Lisburn & Castlereagh and Antrim & Newtownabbey LGDs account for just 5% each of spend for Northern Ireland. Belfast LGD

⁹ When referring to cost, LCG and LGD are based on the location of the contractor

also has the highest cost per registered patient at £103.90 compared to the Northern Ireland average of £86.10 (see Figure 5.2). 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.

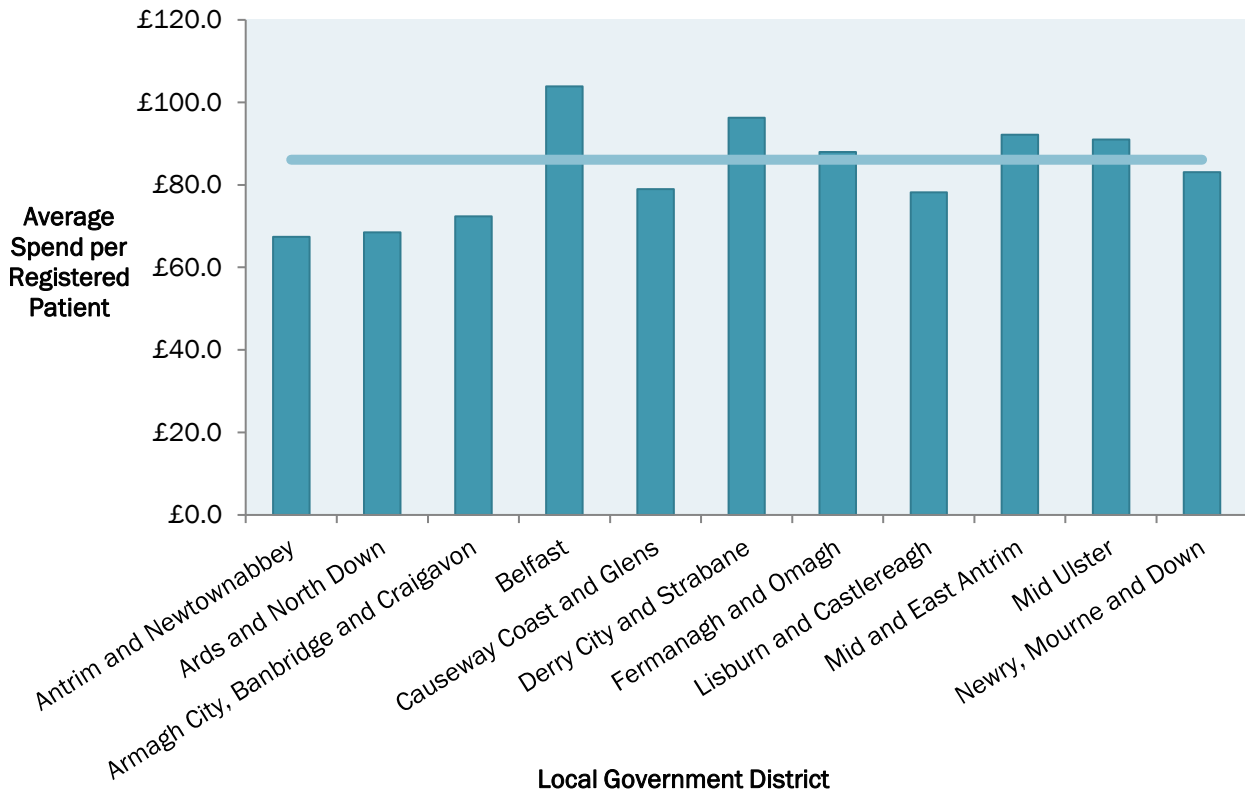


Figure 5.2: Health service dental spend per registered patient by Local Government District, 2019/20. [See Annex Table 1.31.](#)

5.4 GDS Fees ¹⁰

In 2019/20, just over £103 million of GDS fees³ were paid, an increase of £2 million (2%) from 2018/19. GDS fees have increased each year since 2014/15, with a largest increase between 2017/18 to 2018/19. Over time, there will have been increases made to the payments relating to the SDR IOS which will have an impact on the changes over time in the value of GDS fees reported (see [Annex Table 1.32](#)).

¹⁰ GDS Fees include Registration fees, Item of Service fees (including patient charges) and Bulk Adjustments

The remaining fees/allowances paid to dentists were just under £28 million. Further detail on the type of other payments received can be found in the [Definitions section in Publication Notes](#).

To note, Bulk adjustments (including Arrears, Scale Addition Arrears, Treatment Adjustments, Advances, GDS Pilot Paid Treatments) have been authorised each year with the total ranging between a recovery of £3,000 in 2016/17 and additional payments amounting to £3.26 million in 2019/20. Due to the way the data is held on BSO's payment system, it is not possible to establish if these payments relate to child or adult activity. As a result these are excluded from sections 5.3.1 and 5.3.2.

5.4.1 Children (Capitation) Fees¹¹

In 2019/20, £33.2 million in child GDS fees was paid. Child GDS fees have remained relatively stable between 2013/14 and 2019/20 ranging between £31.6 million and £33.2 million. The number of children registered and attending GDS has risen by 5% since 2014/15. This has contributed to a rise of 21% in capitation registration payments but in the same timeframe there has been a decrease of 14% in SDR IOS payments (see [Annex Table 1.32](#)).

Looking at the cost per head of child population, this was almost £75 in 2019/20. Rates have remained fairly stable between 2014/15 and 2019/20 fluctuating between a low of £72 in 2017/18 and a high of £76.50 in 2014/15 (see Figure 5.3).

¹¹ 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.

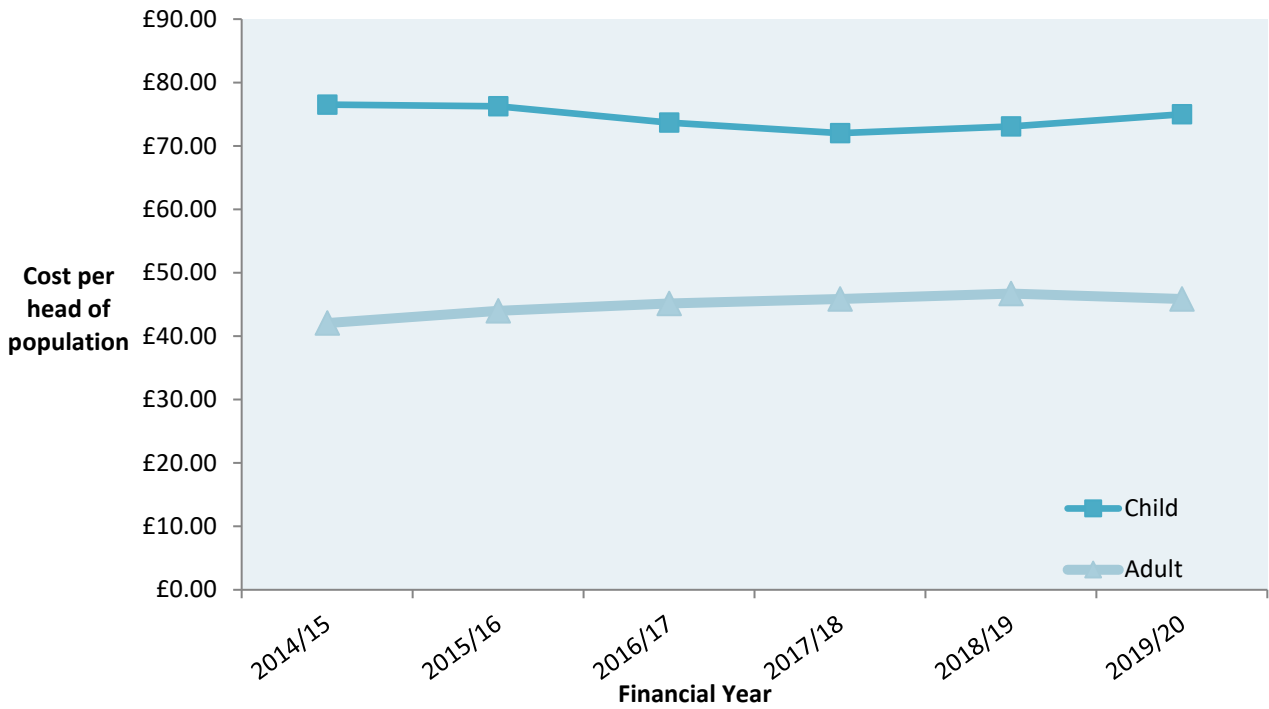


Figure 5.3: Cost of per head of population by Adult/Child, 2014/15 - 2019/20. [See Annex Table 1.32.](#)

In 2019/20, the cost per registered child was £100, an increase of 4% since its lowest cost in 2017/18 at £96.60 and a decrease of 5% since 2014/15 when it was almost £105 (see Figure 5.4).

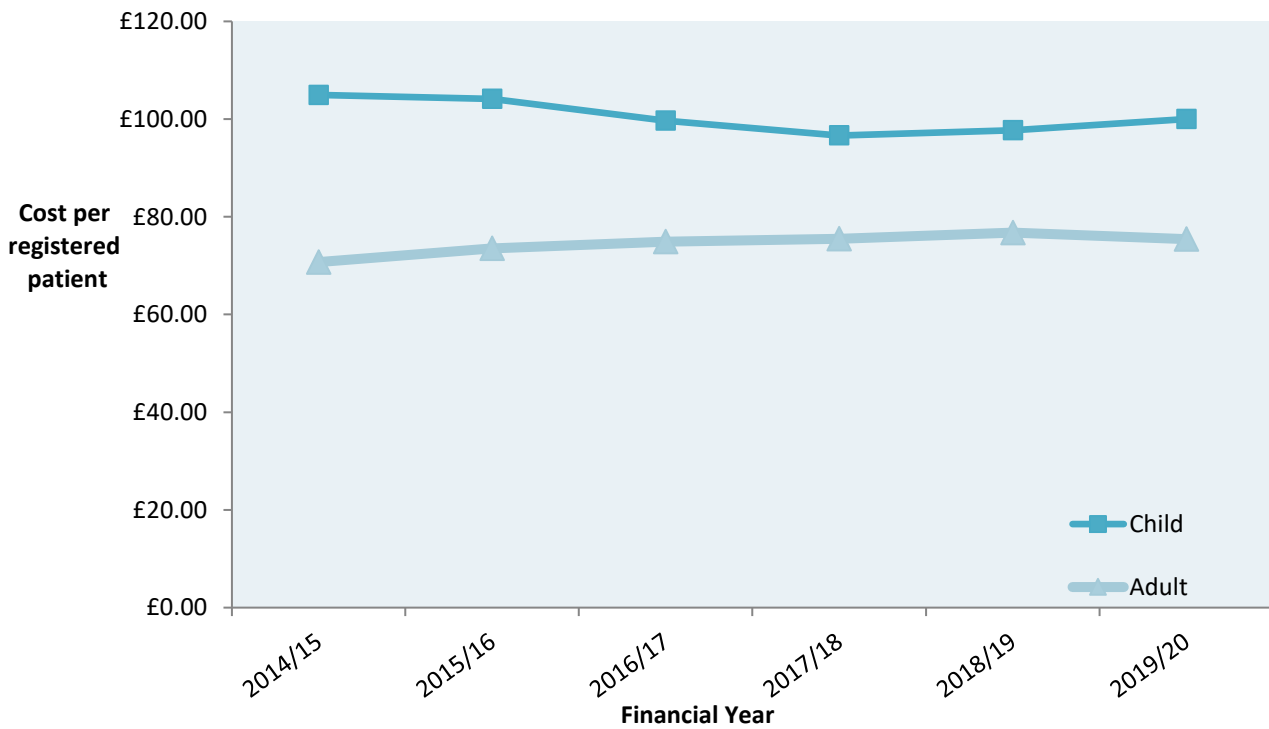


Figure 5.4: Cost of per registered patient by Adult/Child, 2013/14 - 2019/20. [See Annex Table 1.32.](#)

5.4.2 Adult (Continuing Care) Fees¹²

In 2019/20, almost £67 million in adult GDS fees was paid, an increase of 12% since 2014/15. The number of adults registered and attending GDS has risen by 5% since 2014/15. This has contributed to a rise of 16% in continuing care registration payments and an increase of 12% in SDR IOS payments (see [Annex Table 1.32](#)).

Looking at the cost per head of adult population, this was almost £46 in 2019/20. Rates have increased by 9% from £42 in 2014/15 to almost £47 in 2019/20 (see Figure 5.3).

In 2019/20, the cost per registered adult was just over £75, an increase of 7% since 2014/15 (see Figure 5.4).

¹² Adult GDS fees include registrations fees and SDR Item of Service (IOS) fees (including patient charges).

Publication Notes

Family Practitioner Services

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

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

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

About this publication

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

Next edition

This publication is issued annually. It is expected that the next edition shall be published in June 2021. 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 Service (FPS) are responsible for the monthly payments to primary care General Dental Practitioners (dentists) for Health Service treatment provided and maintenance of the statutory Dental List. Dentists must be registered on the Dental List to carry out health service treatment but may also do private work however FPS have no record of the proportion of private vs health service work or private patients or treatments. Further information on earnings and expenses of primary care dentists relating to both their Health Service and private dental work are published in the [NHS Digital Dental Earnings and Expenses Estimates](#) report. Dentists may also work in secondary care, but FPS do not hold any information on this. Dentists can move around different practices to work, there are no restrictions on staying in one practice and many work in multiple locations at the same time. For the purposes of this publication, dentists have been assigned to an area based on the amount of money they earn in each area they work.

Registration

Dentists are paid a monthly fee for each registered patient. These payments cease if the patient deregisters or registers with a different dentist. Patient registration payments lapse after a period of 24 months if the patient did not attend the dental practice. The registration payments are based on the patient's age, and can be weighted by home address as a proxy measure for deprivation which is closely associated with oral health need; and

additionally whether or not they have certain special needs to remunerate for the additional time to provide care and treatment.

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

Statement of Dental Remuneration Items of Service (SDR IOS)

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

Claim

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

Number of Teeth

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

Orthodontic Treatment

Orthodontics is a specialist area of dentistry concerned with the growth and development of the teeth and jaws and the prevention and treatment of abnormalities of this development, therefore most patients are children. Treatment codes for Orthodontic are all

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

Dental charges eligibility

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

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

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

HSCNI Payments for Dental Services

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

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

assurance totals are proportioned based on earnings of all the dentists in that geographical area that were paid on the dental payment system.

Patient Charges

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

GDS Fees

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

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

Child GDS Fees = SDR IOS earnings + capitation registration payments

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

Other Fees/Allowances

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

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

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 2020.

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

Workforce counts are 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 patients current address according to the GP register (NHAIS).

Population

NISRA population figures are used in this release. At time of creation, 2019 and 2020 mid-year estimates were unavailable. 2018 based population projection for 2019 and 2020 were used instead. These estimates are published on [NISRA](#) website.

Technical Notes

Target Audience

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

Main usages

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

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

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

Data Quality Summary

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

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

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

errors within the claims submitted by primary care contractors.

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

A background data quality report for this publication is available [here](#).

National/International comparisons

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

England

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

Wales

Statistics on activity and workforce:
<https://gov.wales/nhs-dental-services>

Scotland

Statistics on activity:
<https://www.isdscotland.org/Health-Topics/Dental-Care/Publications>

Further Information

Further information about Northern Ireland and its health services, which may assist readers in interpreting this publication, is available from the following sources:

<http://www.hscbusiness.hscni.net/services/2066.htm>

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

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