



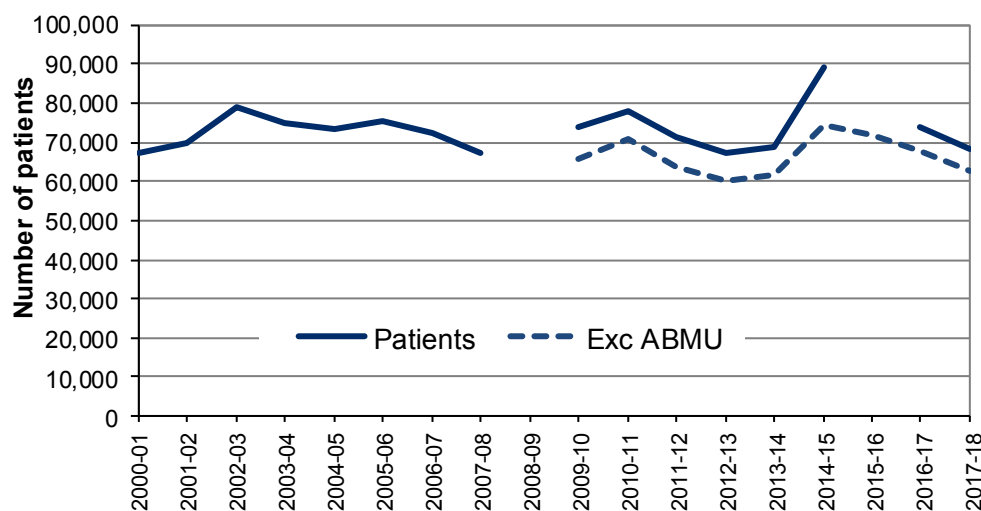
## Community Dental Services in Wales, 2017-18

16 January 2019  
SFR 1/2019

The role of the Community Dental Service (CDS) is to:

- Provide treatment to patients who have experienced difficulty obtaining treatment from the general dental service, or for whom there is evidence that they would not otherwise seek treatment.
- Provide oral health promotion programmes.
- Monitor the dental health of the population through involvement in epidemiology surveys.

**Chart 1: Number of patients seen, 2000-01 to 2017-18 (a)**



Source: Welsh Government

(a) No data is available for 2008-09; 2015-16 data excludes ABMU so dotted line is for 6 CDSs only

### Key points

- There were 166,894 contacts with the CDS in 2017-18.
- 68,414 different patients were seen by the CDS in 2017-18.
- 11 per cent of CDS contacts in 2017-18 were urgent/emergency contacts.
- 29 per cent of patients seen by the CDS were unable to access the General Dental Service. This proportion varied with age group: 28 per cent of 0-15 year olds, 36 per cent of 16-64 year olds and 16 per cent of 65 years and over.

### About this release

This annual statistical release presents a summary of the activity of the Community Dental Service (CDS) in Wales during 2017-18.

The release provides analysis on the ages of patients and the reason why they use the CDS, as well as referrals into the CDS, types of sedation used and the location of treatment.

Breakdowns by local health board are also provided.

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## The Community Dental Service in Wales

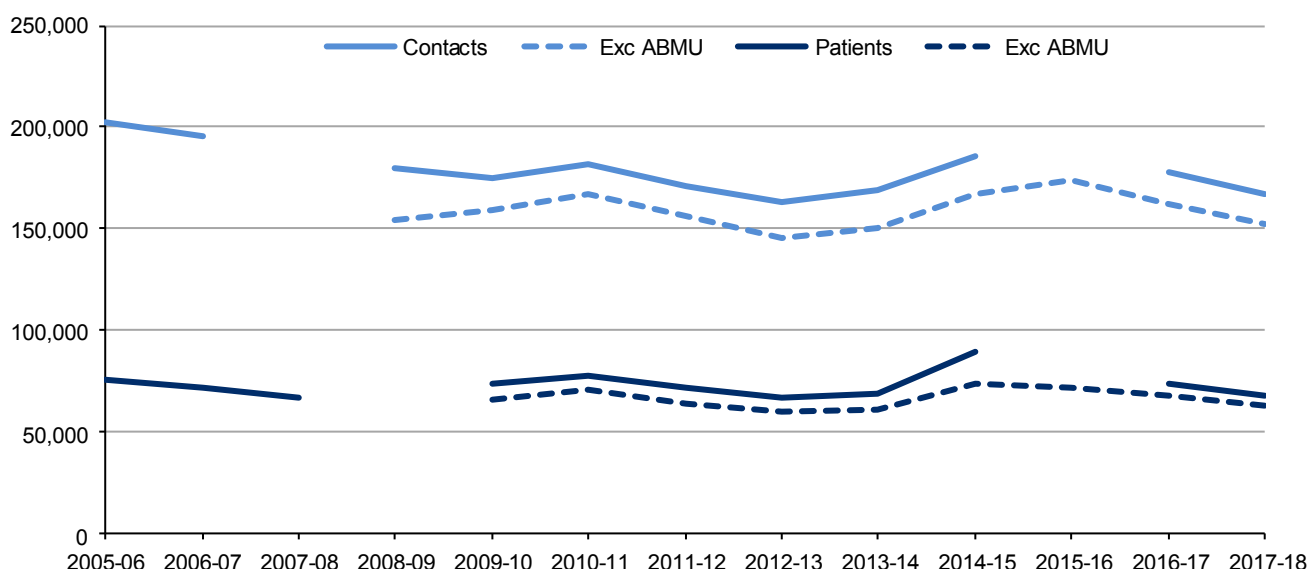
The Community Dental Service (CDS) in Wales is made up of: Betsi Cadwaladr; Powys; Hywel Dda; Abertawe Bro Morgannwg; Aneurin Bevan; Cardiff and Vale and Cwm Taf. A single CDS provides services for Cardiff and Vale and Cwm Taf but activities for these two health boards are shown separately.

Abertawe Bro Morgannwg CDS was unable to provide any accurate data in 2015-16 and for some sections of data collection in 2016-17. The data that was submitted was included in last year's statistical release and analyses are presented here but please note the caveats on each chart and table, and in particular care should be taken when comparing to equivalent 2017-18 data. For further details see [notes](#).

### Contacts and patients

A contact is defined as a patient visit, and occurs each time a patient is seen face-to-face by a member of the CDS for the purpose of examination, treatment, prevention of oral disease (including advice).

**Chart 2: Total contacts and patients seen, 2005-06 to 2017-18** (a)(b)



Source: Welsh Government

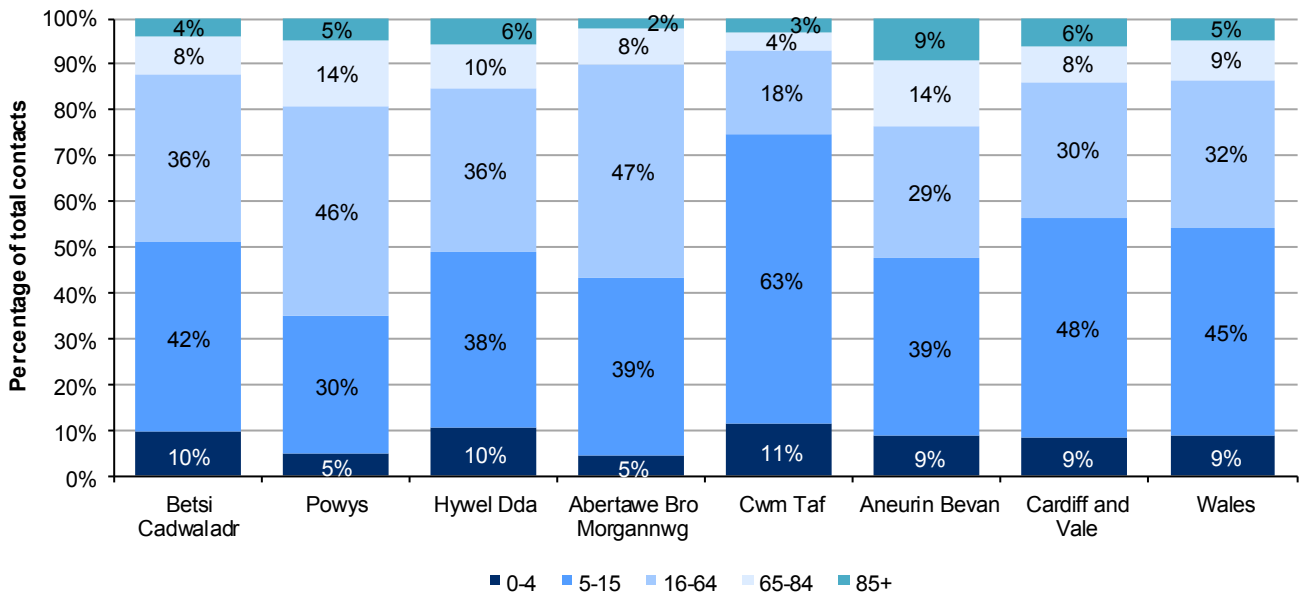
(a) No data is available for 2007-08 for total contacts and for 2008-09 for patients (first contacts).

(b) Abertawe Bro Morgannwg CDS has been excluded for 2015-16; dotted line is for 6 CDSs only; see [notes](#).

Chart 2 shows how the number of total contacts and patients (i.e. individuals) seen by the CDS varies over time. In 2017-18 there were 166,894 total contacts and 68,414 patients were treated. During the year, the CDS saw each patient twice on average although this varied according to individual need. Comparisons to 2015-16 cannot be made since the data for that year is not representative of all CDSs in Wales.

Two of the CDS regions (Betsi Cadwaladr and Aneurin Bevan) showed an increase in the number of total contacts and/or patients, with Aneurin Bevan showing the greatest increase in both the number of total contacts (10 per cent) and patients (20 per cent) ([Table 1](#) and [Table 2](#)). It is likely that these recent increases are related to improvements in staffing levels, recall arrangements, patient access to the service and a reduction in the rate of patients who do not attend appointments.

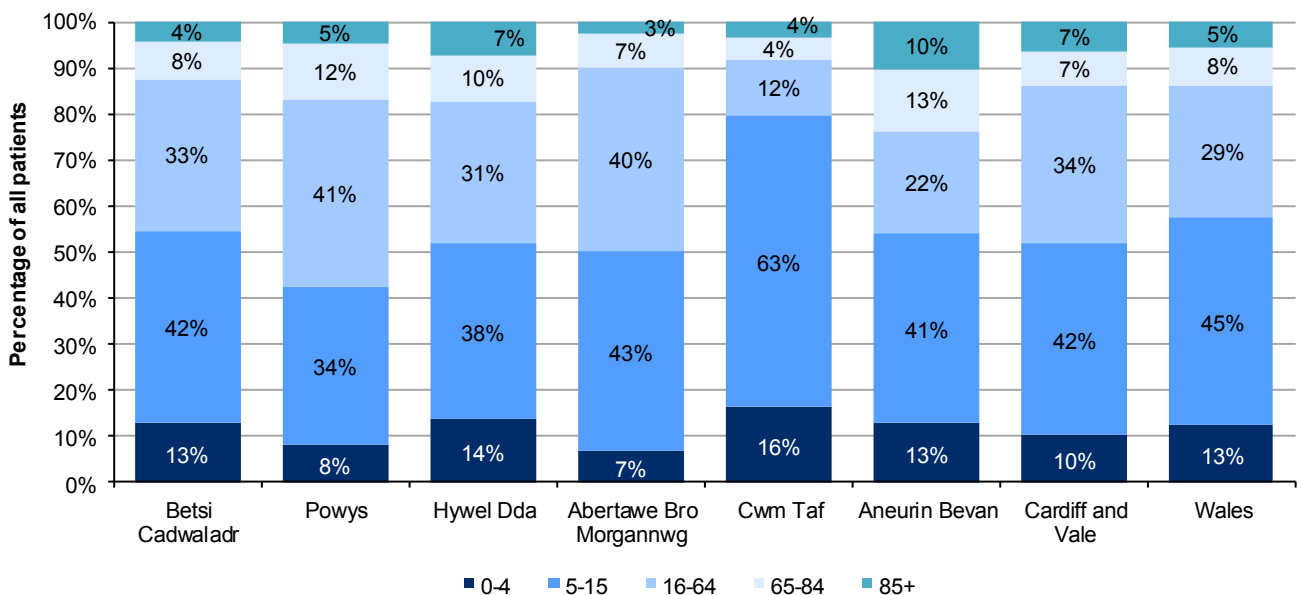
**Chart 3: Contacts by age group as a percentage of total contacts by CDS, 2017-18**



Source: Welsh Government

Chart 3 shows the percentage of total contacts for each CDS and each age group. Cwm Taf had proportionally more contacts in children, both in the 0-4 year age group and 5-15 year age group than any other CDS. Aneurin Bevan had proportionately more contacts with older patients (65 and over) than other CDSs.

**Chart 4: Patients as a percentage of all patients by age group and CDS, 2017-18**

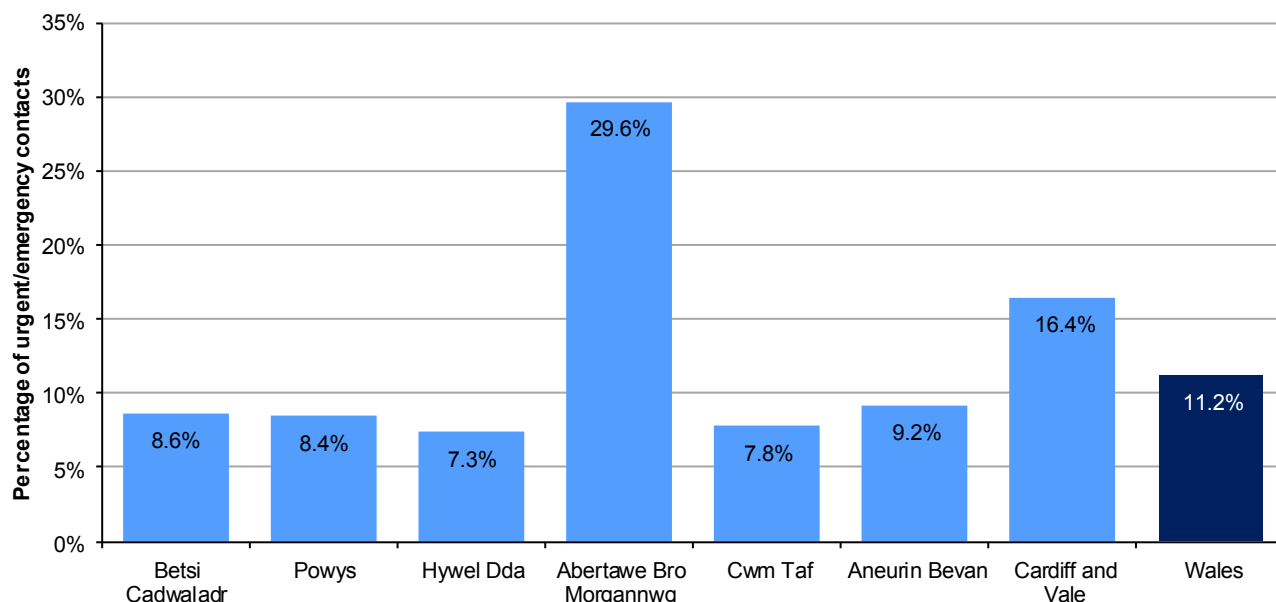


Source: Welsh Government

Chart 4 shows similar patterns to that seen in Chart 3, for almost every CDS the largest proportion of patients seen was in the 5–15 year age group, accounting for 45 per cent of the total in Wales.

Cwm Taf had the highest number of contacts per patient (2.7) while Hywel Dda had the lowest number (1.9).

**Chart 5: Percentage of urgent or emergency contacts by CDS, 2017-18**



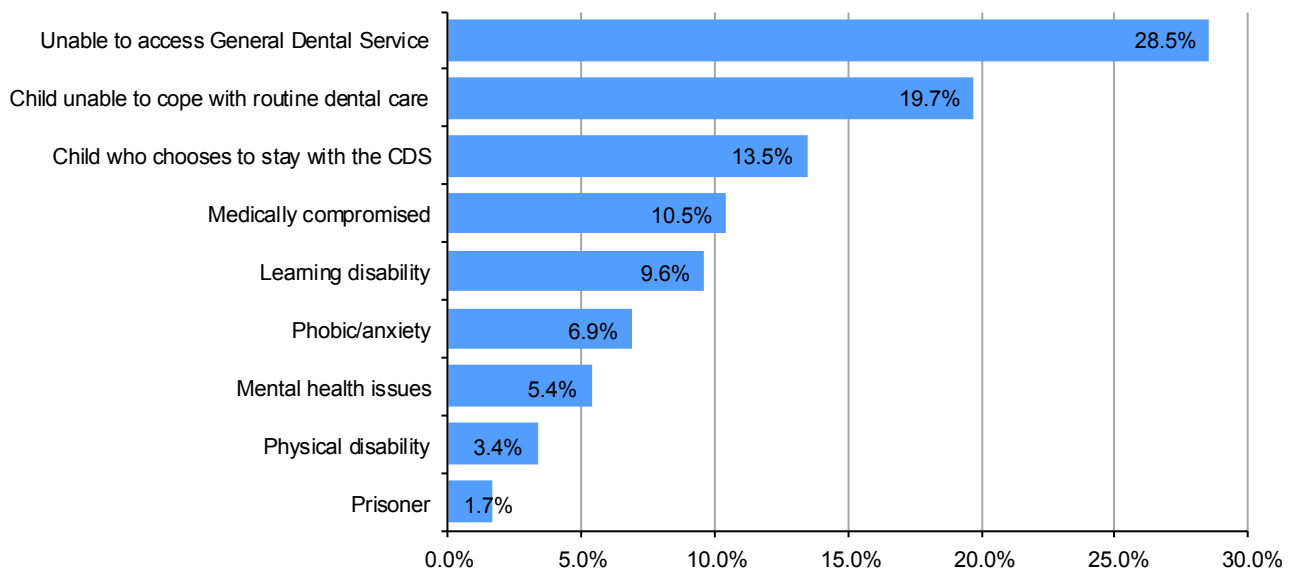
Source: Welsh Government

For Wales in 2017-18 the total number of urgent /emergency contacts was 18,643 (11 per cent of total contacts). Urgent contacts varied across each CDS, and accounted for the smallest proportion of all contacts in Hywel Dda (7 per cent) and the most in Abertawe Bro Morgannwg (30 per cent). See also [Table 3](#).

## Patient category

The CDS's main function is to provide care for vulnerable people. Since 2014-15, the data collection system has recorded information about the categories of patients treated by the CDS. These include people who cannot access the GDS, and vulnerable patients, including children unable to cope with routine dental care, or who choose to stay with the CDS, adults who are homeless or have mental health issues, phobias, physical or learning disabilities, hospital inpatients or those that are medically compromised, as well as substance misusers and prisoners.

**Chart 6: Contacts by patient category <sup>(a)</sup>, 2017-18**

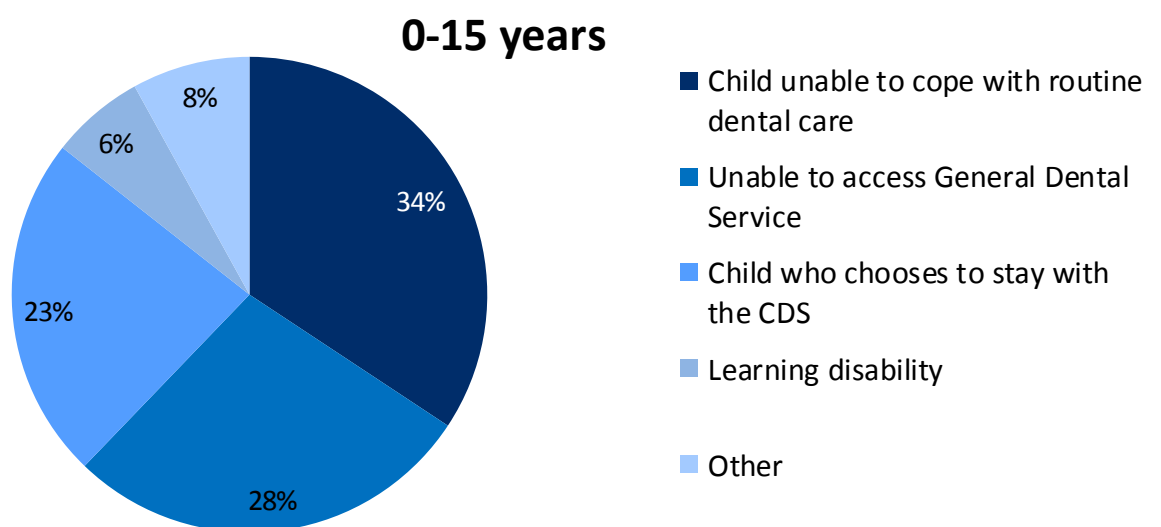


Source: Welsh Government

(a) It is recognised that many patients could have been recorded under more than one category but CDSs were asked to record the one most significant problem.

Two-fifths of all contacts (42 per cent) were either children who chose to stay with the CDS rather than be treated by the General Dentist Service, or those who were unable to access the GDS. These two categories may overlap to some extent, with a child choosing to stay with the CDS *because* they cannot access the GDS. Of the children who chose to stay with the CDS, around one fifth (19 per cent) were aged 0-4 years (the remaining 81 per cent were aged 5-15 years). Of the children who were unable to cope with routine dental care one-quarter (25 per cent) were aged 0-4 years (the remaining 75 per cent were aged 5-15 years).

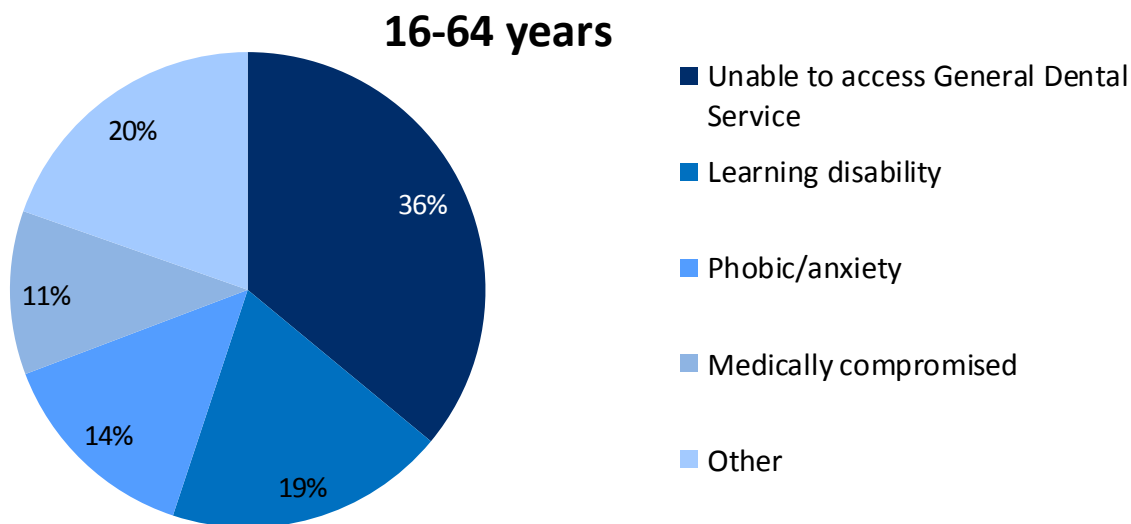
**Chart 7: Percentage of total contacts by patient category, patients aged 0-15 years, 2017-18**



Source: Welsh Government

Proportionally, amongst children aged 0-15, one-third of contacts (34 per cent) were with children who couldn't cope with routine dental care. Children who were unable to access the GDS accounted for a slightly smaller figure (28 per cent) and those who chose to stay with the CDS accounted for a further 23 per cent.

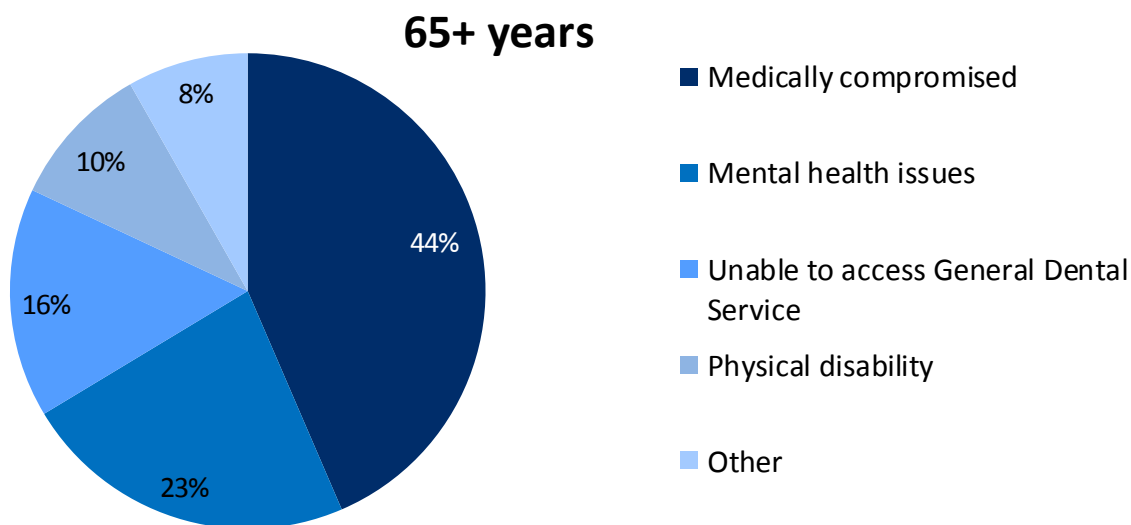
**Chart 8: Percentage of total contacts by patient category, patients aged 16-64 years, 2017-18**



Source: Welsh Government

The proportion of contacts with adult patients aged 16-64 who were unable to access the GDS was 36 per cent, much greater than that of children aged 0-15 (28 per cent) and more than double that of older patients aged 65 and over (16 per cent).

**Chart 9: Percentage of total contacts by patient category, patients aged 65 years or over, 2017-18**



Source: Welsh Government

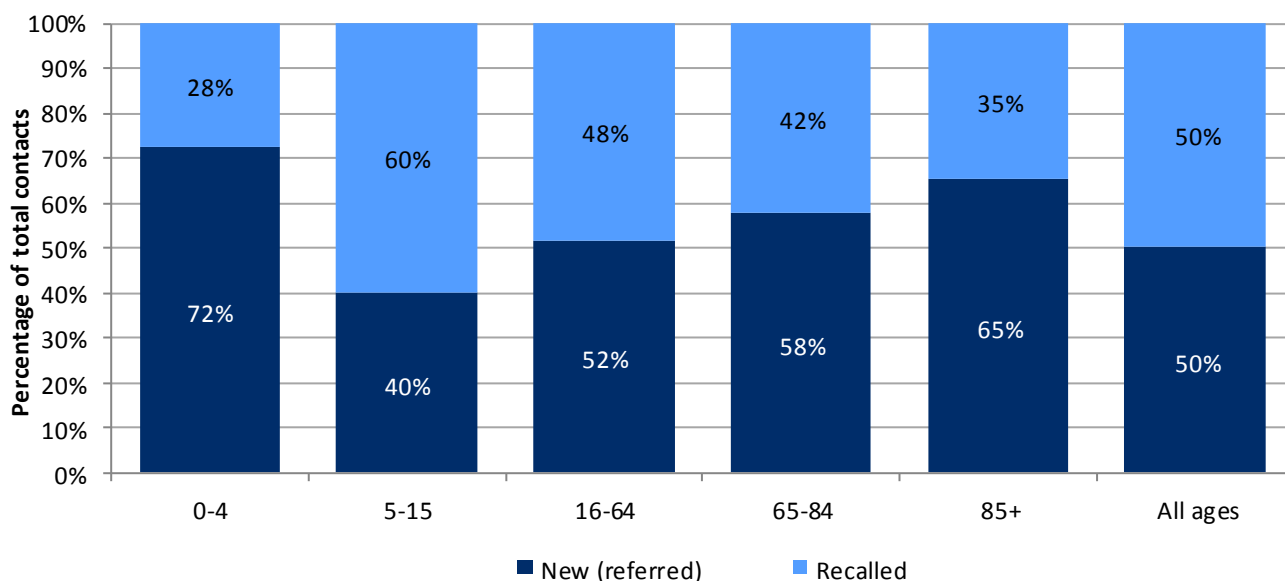
In older patients, aged 65 and over, there were proportionally more contacts with patients who were medically compromised or had mental health issues than in other age groups.

[Table 4](#) shows patient category data for individual CDSs. A wide variation is noticeable between the different types of patients seen by each CDS. For example, in Cwm Taf over half (55 per cent) of patients seen were children who had chosen to stay with the CDS or who were unable to cope with routine dental care, whereas these categories of children only accounted for a fifth of Hywel Dda's patients (18 per cent) and only 5 per cent of patients in Powys. Around a quarter of Abertawe Bro Morgannwg's patients had learning disabilities (26%), and a fifth of Aneurin Bevan's patients seen had mental health issues (21 per cent) whereas most other CDSs saw less much smaller amounts in these categories.

## Referral source

CDSs record the referral source for all patients seen. Half (50 per cent) of patients seen by the CDS in 2017-18 were patients who were new to the CDS ([Table 5](#)), and half of these (50 per cent) were self-referred ([Table 6](#)).

**Chart 10: Referrals by age, 2017-18**

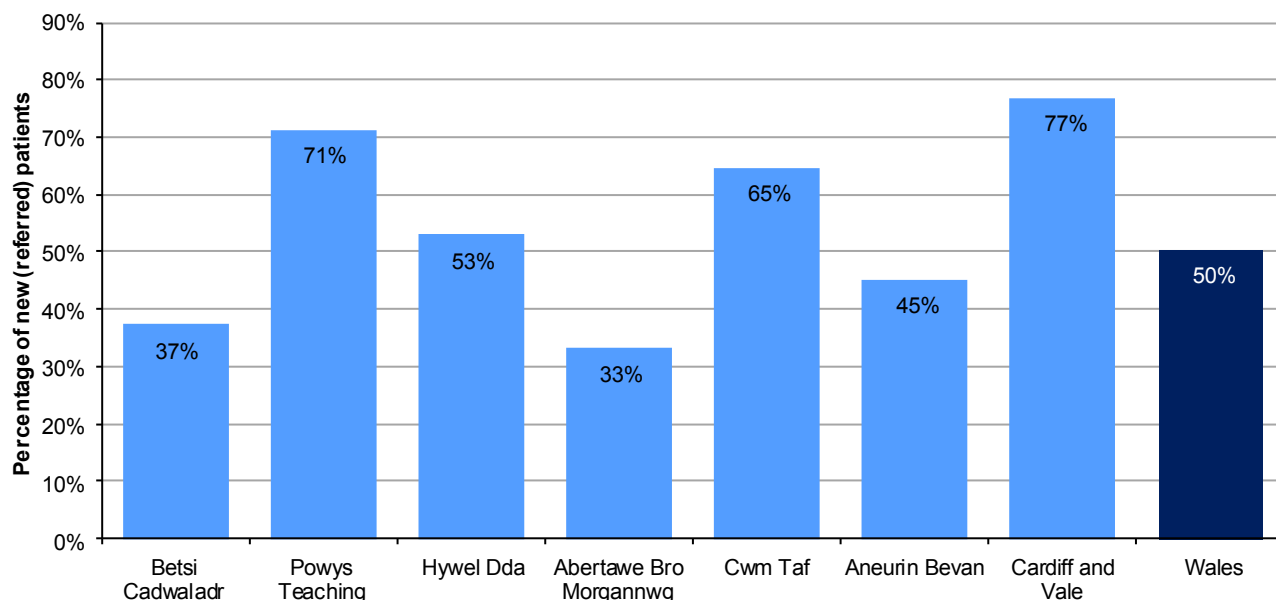


Source: Welsh Government

Chart 10 shows how the proportion of new and recalled patients varied within each age group. The youngest and oldest age categories both had higher proportions of new patients.



**Chart 11: Percentage of new patients by CDS, 2017-18**



Source: Welsh Government

The proportion of new patients varied greatly across each CDS, from 33 per cent in Abertawe Bro Morgannwg to 77 per cent in Cardiff and Vale (Chart 11, [Table 5](#)). The source of the referral for new patients also showed variation between CDSs. In 2 of the 7 CDSs a high proportion (around three-quarters) of new patients came from self referrals whereas the other CDSs had fewer self referrals ([Table 6](#)). This reflects the fact that CDSs in different areas have differing policies with regards to self-referral.

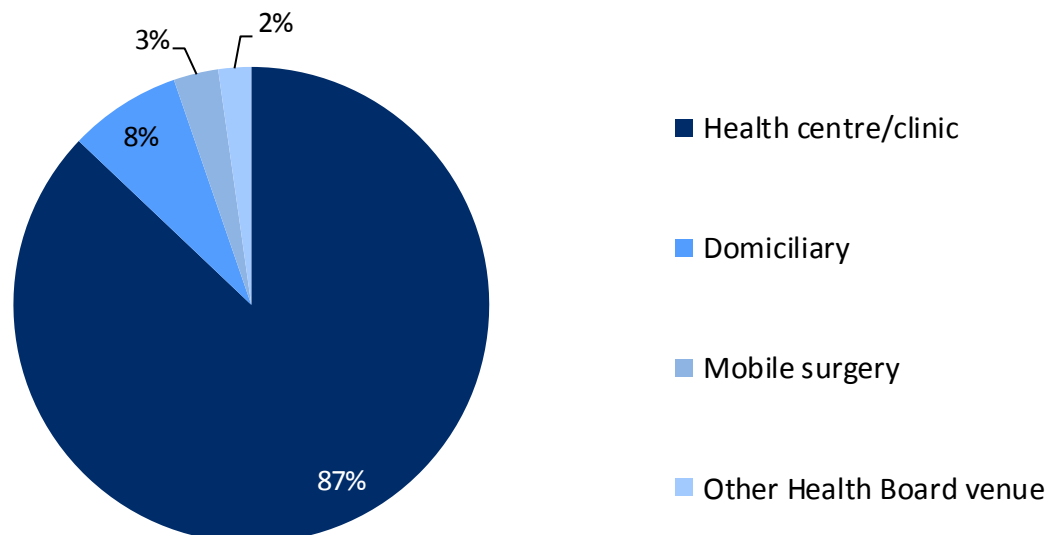
### **Patients treated under general anaesthetic or sedation**

[Table 7](#) shows that there were 6,324 contacts (4 per cent of total contacts) in the CDS in 2017-18 involving general anaesthetic or sedation. The proportion of total contacts involving general anaesthetic or sedation ranged from less than 1 per cent at Cardiff and Vale to 5 per cent at Betsi Cadwaladr.

By age group, it was mainly patients aged between 5 and 64 years that had some form of sedation, the most common form being inhalation sedation in this age range. General anaesthetic was used for nearly all (91 per cent) of the very young children (aged 0-4 years) who had some form of sedation. ([Table 8](#)).

## Location

Chart 12: Location of treatment, 2017-18



Source: Welsh Government

In 2017-18 the majority (87 per cent) of contacts took place within a health centre/clinic.

[Table 9](#) show how the total contacts are distributed by treatment location for each age group and CDS. In most age groups the majority were treated in the health centre/clinic; however in the 85 or over age group 72 per cent were seen by means of a domiciliary visit.

## Screening

In August 2017, Welsh Government published new guidance on screening:

[Guidance to the Community Dental Service on dental screening in schools.](#)

It clarifies that the CDS will not undertake routine school screening. The guidance also notes that the “CDS may also screen or provide clinical oral health risk assessments to other groups, including people living in care homes, for older people or people with learning disability. However, we expect services to clearly define the objectives of this activity and evaluate it to ensure it is an efficient way to identify individuals in need of care and direct them into appropriate services”.

[Table 10](#) shows that there were 3,400 patients screened in 2017-18. Routine children’s screening accounted for 36 per cent of all screenings (and would have taken place in the year up to the time the new guidance was issued).

**Table 1: Total contacts by age group and CDS**

CDS	<i>Number of Contacts</i>											
	2016-17						2017-18					
	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+	Total
Betsi Cadwaladr	5,376	24,278	20,587	4,892	2,166	57,299	5,514	24,092	21,033	4,863	2,264	57,766
Powys Teaching	535	3,471	3,592	1,165	454	9,217	393	2,394	3,662	1,133	387	7,969
Hywel Dda	1,454	6,306	3,205	719	395	12,079	1,092	4,012	3,719	1,023	580	10,426
Abertawe Bro Morgannwg	1,188	7,229	5,788	1,004	266	15,475	670	5,750	6,915	1,145	314	14,794
Cwm Taf	4,169	22,635	9,236	1,818	1,089	38,947	3,746	20,862	6,017	1,334	1,001	32,960
Aneurin Bevan	1,415	9,233	6,872	2,615	1,962	22,097	2,155	9,473	7,032	3,438	2,259	24,357
Cardiff and Vale	2,053	9,991	6,762	1,911	1,579	22,296	1,584	8,926	5,544	1,418	1,150	18,622
<b>Wales</b>	<b>16,190</b>	<b>83,143</b>	<b>56,042</b>	<b>14,124</b>	<b>7,911</b>	<b>177,410</b>	<b>15,154</b>	<b>75,509</b>	<b>53,922</b>	<b>14,354</b>	<b>7,955</b>	<b>166,894</b>

Source: Welsh Government

**Table 2: Patients by age group and CDS**

CDS	<i>Number of Patients</i>											
	2016-17						2017-18					
	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+	Total
Betsi Cadwaladr	2,956	9,857	7,579	1,903	1,127	23,422	3,132	10,050	7,956	1,906	1,078	24,122
Powys Teaching	310	1,345	1,424	453	209	3,741	256	1,067	1,264	372	154	3,113
Hywel Dda	1,313	3,510	1,660	374	256	7,113	761	2,084	1,708	554	394	5,501
Abertawe Bro Morgannwg	671	2,769	1,865	344	122	5,771	388	2,432	2,259	410	148	5,637
Cwm Taf	2,141	7,972	3,564	692	494	14,863	1,980	7,778	1,525	547	444	12,274
Aneurin Bevan	796	3,654	2,007	900	777	8,134	1,261	3,979	2,184	1,299	1,002	9,725
Cardiff and Vale	1,238	4,475	3,649	726	592	10,680	818	3,359	2,737	595	533	8,042
<b>Wales</b>	<b>9,425</b>	<b>33,582</b>	<b>21,748</b>	<b>5,392</b>	<b>3,577</b>	<b>73,724</b>	<b>8,596</b>	<b>30,749</b>	<b>19,633</b>	<b>5,683</b>	<b>3,753</b>	<b>68,414</b>

Source: Welsh Government

**Table 3: Attendance by CDS**

CDS	2016-17					2017-18				
	Number of contacts			Per cent		Number of contacts			Per cent	
	First contact	Subsequent contact	Total contacts	Of which urgent/emergency	Percentage of urgent/emergency	First contact	Subsequent contact	Total contacts	Of which urgent/emergency	Percentage of urgent/emergency
Betsi Cadwaladr	23,422	33,877	57,299	4,338	8%	24,122	33,644	57,766	4,978	9%
Powys Teaching	3,741	5,476	9,217	739	8%	3,113	4,856	7,969	672	8%
Hywel Dda	7,113	4,966	12,079	1,063	9%	5,501	4,925	10,426	765	7%
Abertawe Bro Morgannwg	5,771	9,704	15,475	741	5%	5,637	9,157	14,794	4,376	30%
Cwm Taf	14,863	24,084	38,947	3,191	8%	12,274	20,686	32,960	2,566	8%
Aneurin Bevan	8,134	13,963	22,097	1,593	7%	9,725	14,632	24,357	2,233	9%
Cardiff and Vale	10,680	11,616	22,296	4,039	18%	8,042	10,580	18,622	3,053	16%
<b>Wales</b>	<b>73,724</b>	<b>103,686</b>	<b>177,410</b>	<b>15,704</b>	<b>9%</b>	<b>68,414</b>	<b>98,480</b>	<b>166,894</b>	<b>18,643</b>	<b>11%</b>

Source: Welsh Government

**Table 4: Number and percentage of patients by patient category by CDS, 2017-18***Number of patients*

Patient category	Abertawe								Wales
	Betsi	Powys	Bro		Aneurin	Cardiff	Wales		
	Cadwaladr	Teaching	Hywel Dda	Morgannwg	Cwm Taf	Bevan and Vale			
Unable to access General Dental Service	5,536	2,199	882	1,221	3,439	2,128	4,113	<b>19,518</b>	
Vulnerable patients, of which:									
Child unable to cope with routine dental care	6,778	151	656	241	3,952	1,551	163	<b>13,492</b>	
Child who chooses to stay with the CDS	3,283	11	312	334	2,810	495	1,964	<b>9,209</b>	
Homeless	10	2	53	6	16	3	12	<b>102</b>	
Hospital in-patient	45	31	82	3	6	16	7	<b>190</b>	
Learning disability	1,347	139	774	1,479	757	1,631	460	<b>6,587</b>	
Medically compromised	3,322	149	601	566	1,038	970	506	<b>7,152</b>	
Mental health issues	558	68	471	385	86	2,000	134	<b>3,702</b>	
Phobic/anxiety	2,265	287	724	921	75	382	86	<b>4,740</b>	
Physical disability	362	66	812	307	94	538	129	<b>2,308</b>	
Prisoner	594	1	0	79	0	1	460	<b>1,135</b>	
Substance misuse	22	9	134	95	1	10	8	<b>279</b>	
<b>Total</b>	<b>24,122</b>	<b>3,113</b>	<b>5,501</b>	<b>5,637</b>	<b>12,274</b>	<b>9,725</b>	<b>8,042</b>	<b>68,414</b>	

*Per cent*

Patient category	Abertawe								Wales
	Betsi	Powys	Bro		Aneurin	Cardiff	Wales		
	Cadwaladr	Teaching	Hywel Dda	Morgannwg	Cwm Taf	Bevan and Vale			
Unable to access General Dental Service	23%	71%	16%	22%	28%	22%	51%	29%	
Vulnerable patients, of which:									
Child unable to cope with routine dental care	28%	5%	12%	4%	32%	16%	2%	20%	
Child who chooses to stay with the CDS	14%	0%	6%	6%	23%	5%	24%	13%	
Homeless	0%	0%	1%	0%	0%	0%	0%	0%	
Hospital in-patient	0%	1%	1%	0%	0%	0%	0%	0%	
Learning disability	6%	4%	14%	26%	6%	17%	6%	10%	
Medically compromised	14%	5%	11%	10%	8%	10%	6%	10%	
Mental health issues	2%	2%	9%	7%	1%	21%	2%	5%	
Phobic/anxiety	9%	9%	13%	16%	1%	4%	1%	7%	
Physical disability	2%	2%	15%	5%	1%	6%	2%	3%	
Prisoner	2%	0%	0%	1%	0%	0%	6%	2%	
Substance misuse	0%	0%	2%	2%	0%	0%	0%	0%	
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

Source: Welsh Government

**Table 5: Reason for CDS treatment by CDS, 2017-18**

CDS	<i>Number</i>			<i>Per cent</i>		
	Recalled patients	(referral) patients	Total patients	Recalled patients	(referral) patients	Total patients
Betsi Cadwaladr	15,119	9,003	24,122	63%	37%	100%
Powys Teaching	893	2,220	3,113	29%	71%	100%
Hywel Dda	2,588	2,913	5,501	47%	53%	100%
Abertawe Bro Morgannwg	3,762	1,875	5,637	67%	33%	100%
Cwm Taf	4,336	7,938	12,274	35%	65%	100%
Aneurin Bevan	5,328	4,397	9,725	55%	45%	100%
Cardiff and Vale	1,867	6,175	8,042	23%	77%	100%
<b>Wales</b>	<b>33,893</b>	<b>34,521</b>	<b>68,414</b>	<b>50%</b>	<b>50%</b>	<b>100%</b>

Source: Welsh Government

**Table 6: New referrals source by CDS, 2017-18**

								<i>Number</i>
<b>CDS</b>	<b>General Dental Service</b>	<b>Hospital Dental Service</b>	<b>Other health professional (a)</b>	<b>Social Services, LA or LEA</b>	<b>Referred following screening (b)</b>	<b>Self referral (c)</b>	<b>Total</b>	
Betsi Cadwaladr	2,906	382	524	26	374	4,791	<b>9,003</b>	
Powys Teaching	914	15	1,021	6	2	262	<b>2,220</b>	
Hywel Dda	479	114	1,056	460	0	804	<b>2,913</b>	
Abertawe Bro Morgannwg	753	444	623	52	3	0	<b>1,875</b>	
Cwm Taf	780	31	1,074	84	249	5,720	<b>7,938</b>	
Aneurin Bevan	1,491	36	1,519	169	5	1,177	<b>4,397</b>	
Cardiff and Vale	114	91	1,152	137	35	4,646	<b>6,175</b>	
<b>Wales</b>	<b>7,437</b>	<b>1,113</b>	<b>6,969</b>	<b>934</b>	<b>668</b>	<b>17,400</b>	<b>34,521</b>	
								<i>Per cent</i>
<b>CDS</b>	<b>General Dental Service</b>	<b>Hospital Dental Service</b>	<b>Other health professional (a)</b>	<b>Social Services, LA or LEA</b>	<b>Referred following screening (b)</b>	<b>Self referral (c)</b>	<b>Total</b>	
Betsi Cadwaladr	32%	4%	6%	0%	4%	53%	100%	
Powys Teaching	41%	1%	46%	0%	0%	12%	100%	
Hywel Dda	16%	4%	36%	16%	0%	28%	100%	
Abertawe Bro Morgannwg	40%	24%	33%	3%	0%	0%	100%	
Cwm Taf	10%	0%	14%	1%	3%	72%	100%	
Aneurin Bevan	34%	1%	35%	4%	0%	27%	100%	
Cardiff and Vale	2%	1%	19%	2%	1%	75%	100%	
<b>Wales</b>	<b>22%</b>	<b>3%</b>	<b>20%</b>	<b>3%</b>	<b>2%</b>	<b>50%</b>	<b>100%</b>	

Source: Welsh Government

(a) For example health visitor, GP or dietician.

(b) Includes those screened as part of the Designed to Smile programme

(c) Each CDS has different policies with regards to self referral rules.

**Table 7: Type of sedation by CDS, 2017-18**

CDS	Number					Per cent			
	General anaesthetic	Inhalation sedation	IV sedation	Other sedation, therapy or technique (a)	Total	General anaesthetic	Inhalation sedation	IV sedation	Other sedation, therapy or technique (a)
Betsi Cadwaladr	1,306	1,342	344	7	2,999	44%	45%	11%	0%
Powys Teaching	49	302	0	2	353	14%	86%	0%	1%
Hywel Dda	25	183	62	0	270	9%	68%	23%	0%
Abertawe Bro Morgannwg	0	299	186	1	486	0%	62%	38%	0%
Cwm Taf	1,328	145	0	0	1,473	90%	10%	0%	0%
Aneurin Bevan	69	521	90	0	680	10%	77%	13%	0%
Cardiff and Vale	0	55	8	0	63	0%	87%	13%	0%
<b>Wales</b>	<b>2,777</b>	<b>2,847</b>	<b>690</b>	<b>10</b>	<b>6,324</b>	<b>44%</b>	<b>45%</b>	<b>11%</b>	<b>0%</b>

Source: Welsh Government

(a) For example oral medication, hypnotherapy or acupuncture.

**Table 8: Type of sedation by age, 2017-18**

Type of sedation	Number						Per cent				
	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+
General anaesthetic	643	1,788	330	15	1	2,777	91%	54%	15%	15%	.
Inhalation sedation	63	1,495	1,231	57	1	2,847	9%	45%	55%	58%	.
IV sedation	0	5	658	27	0	690	0%	0%	30%	27%	.
Other sedation, therapy or technique.	0	1	9	0	0	10	0%	0%	0%	0%	.
<b>Wales</b>	<b>706</b>	<b>3,289</b>	<b>2,228</b>	<b>99</b>	<b>2</b>	<b>6,324</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	.

Source: Welsh Government

. Data not applicable

**Table 9: Location of treatment by age group and CDS, 2017-18**

CDS	<i>Number of Contacts</i>					
	0-4	5-15	16-64	65-84	85+	Total
<b>Health centre/clinic</b>						
Betsi Cadwaladr	5,215	23,052	20,481	3,616	673	53,037
Powys Teaching	380	2,289	3,486	1,003	227	7,385
Hywel Dda	1,053	3,770	3,186	593	18	8,620
Abertawe Bro Morgannwg	606	5,279	6,604	956	192	13,637
Cwm Taf	3,556	18,138	5,824	619	489	28,626
Aneurin Bevan	2,098	8,809	5,626	1,478	314	18,325
Cardiff and Vale	1,582	8,798	4,396	718	219	15,713
<b>Wales</b>	<b>14,490</b>	<b>70,135</b>	<b>49,603</b>	<b>8,983</b>	<b>2,132</b>	<b>145,343</b>
<b>Mobile surgery</b>						
Betsi Cadwaladr	37	135	0	0	0	172
Powys Teaching	13	101	132	23	3	272
Hywel Dda	24	62	29	80	33	228
Abertawe Bro Morgannwg	34	374	152	10	2	572
Cwm Taf	45	2,413	191	0	0	2,649
Aneurin Bevan	13	339	584	69	14	1,019
Cardiff and Vale	0	125	44	0	0	169
<b>Wales</b>	<b>166</b>	<b>3,549</b>	<b>1,132</b>	<b>182</b>	<b>52</b>	<b>5,081</b>
<b>Domiciliary</b>						
Betsi Cadwaladr	5	17	303	1,238	1,591	3,154
Powys Teaching	0	4	42	104	153	303
Hywel Dda	0	0	94	257	508	859
Abertawe Bro Morgannwg	10	69	110	164	120	473
Cwm Taf	0	0	0	715	512	1,227
Aneurin Bevan	43	313	774	1,843	1,897	4,870
Cardiff and Vale	2	3	229	694	931	1,859
<b>Wales</b>	<b>60</b>	<b>406</b>	<b>1,552</b>	<b>5,015</b>	<b>5,712</b>	<b>12,745</b>
<b>Other Health Board venue</b>						
Betsi Cadwaladr	257	888	249	9	0	1,403
Powys Teaching	0	0	2	3	4	9
Hywel Dda	15	180	410	93	21	719
Abertawe Bro Morgannwg	20	28	49	15	0	112
Cwm Taf	145	311	2	0	0	458
Aneurin Bevan	1	12	48	48	34	143
Cardiff and Vale	0	0	875	6	0	881
<b>Wales</b>	<b>438</b>	<b>1,419</b>	<b>1,635</b>	<b>174</b>	<b>59</b>	<b>3,725</b>

Source: Welsh Government



**Table 10: Patients screened by category and CDS, 2017-18**

<b>Category</b>	<i>Number of Patients</i>						<b>Total</b>
	children's screening (a)	Day centre/ hospital	Secure unit/ prison	Adults in residential accommodation	Special needs schools	Other	
Betsi Cadwaladr	941	0	0	0	220	0	<b>1,161</b>
Powys Teaching	0	0	0	9	0	0	<b>9</b>
Hywel Dda	122	0	0	0	0	69	<b>191</b>
Morgannwg	0	0	0	0	0	0	<b>0</b>
Cwm Taf	0	0	0	0	0	0	<b>0</b>
Aneurin Bevan	0	0	52	1,062	0	0	<b>1,114</b>
Cardiff and Vale	0	0	0	0	0	0	<b>0</b>
<b>Wales</b>	<b>1,063</b>	<b>0</b>	<b>52</b>	<b>1,071</b>	<b>220</b>	<b>69</b>	<b>2,475</b>

Source: Welsh Government

(a) Includes routine children's screening that would have taken place prior to August 2017 when the requirement to screen school children was removed. Does not include figures for the "Designed to smile" scheme.

## Key Quality Information

This section displays quality information and definitions. Please see the [“Community Dental Services Statistics Quality Report”](#) for further background on the data.

### The Community Dental Service in Wales

The Community Dental Service (CDS) in Wales is made up of; Betsi Cadwaladr; Powys; Hywel Dda; Abertawe Bro Morgannwg; Aneurin Bevan; Cardiff and Vale and Cwm Taf. A single CDS provides services for Cardiff and Vale and Cwm Taf but activities for these two health boards are shown separately from 2013-14.

### Source

This Statistical Release draws together data collected annually from each CDS via the annual Community Dental Service Welsh Return (CDSWR) which was revised for 2014-15 in conjunction with CDS Managers. New data on patient category, referral source and sedation has been collected since 2014-15, analyses of which will develop over time. Definitions for some data items remain unchanged and allow time series to be continued. From 2016-17 data showing activities undertaken by Dentists and Dental Care Professionals is no longer collected as part of the CDSWR. From August 2017 the CDS were no longer required to undertake routine school screening.

In 2016-17, Abertawe Bro Morgannwg CDS was unable to provide accurate data for some of the sections of the data collection. The data that was submitted has been included but there are 487 patients with unknown category in the Patient Category section and 963 patients with unknown reason for treatment in the Referral Source section. Analyses of these sections of data are carried out by calculating percentages of the number of patients with known category and reason for treatment statuses.

From April 2019 data for the CDS will be collected through the FP17W form which will be submitted electronically, and brings it into line with data collected for the GDS.

### Definitions

A **contact** is a patient visit, and occurs each time a patient is seen face-to-face by a member of the CDS for the purpose of examination, treatment of, prevention of oral disease (including advice). When a patient receives care at a single attendance from more than one Clinician, each is counted as a separate contact.

A **patient** is the number of individuals seen during the financial year regardless of how often they are seen, how many episodes of care they undergo and how many CDS staff they are seen by.

The **age of patients** is taken as of 01 April of the financial year in question.

**Urgent or emergency treatments** is a count of contacts where the patient has an urgent or emergency dental problem and is not already in the appointment book and has to be fitted in. They may have contacted the clinic on the same day or the day before or arrived at the clinic without contacting it.

**Patient category** relates to the provision of dental services for vulnerable people, as defined in paragraph 6 of the [Ministerial Letter EH/ML/014/08](#), and to patients who are unable to access General Dental Services.

The Ministerial Letter makes it clear that the CDS's main function is to provide care for vulnerable people. The service is not primarily there to provide care for children or adults who would normally be able to attend the GDS. Vulnerable people may be defined as those for whom inequality of healthcare has been demonstrated **and includes people of all ages - children and adults**. Many groups can be defined as vulnerable, including those with special needs. Some people can be vulnerable for only a period of time - e.g. a patient in Critical Care Unit who then recovers fully and is no longer vulnerable.

Many vulnerable people have more than one health problem, however the **one** most significant problem is recorded. This is the issue that makes it most difficult for care to be provided.

The following definitions are applied:

**Learning disability:** People with a learning disability are those with a significantly reduced ability to understand new or complex information and learn new skills, starting before adulthood and having a lasting effect on development and their ability to cope independently. LD may be the primary disability for those people with a variety of syndromes and conditions such as Downs syndrome, Cri-du Chat, Rett syndrome, Autistic spectrum disorders etc.

**Physical disability:** Patients for whom dental management and care may require modification according to their complex physical condition which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities for example spinal cord & brain disability, upper and lower limb mobility problems, severe rheumatoid arthritis, myalgic encephalitis/chronic fatigue syndrome, progressive disorders, such as motor neurone disease, muscular dystrophy, Parkinson's, multiple sclerosis, Huntington's etc.

**Mental health issues:** Patients for whom dental management and care may require modification due to the severity of their mental health problem this would include people with schizophrenia, bipolar affective, personality disorders, dementia, agoraphobia, severe depression and generalised anxiety disorders, ADHD, conductive disorders, OCD etc.

**Medically compromised:** Patients for whom dental management and care may require modification according to their complex medical condition, and for those whose general health condition affects their normal daily activities for example cardiovascular, respiratory, renal, liver, gastrointestinal, endocrine & metabolic diseases; bleeding disorders, immunological disorders, oncology involving chemotherapy, radiotherapy, organ transplant, severe allergies etc.

**Phobic / anxiety:** Patients with a disproportionate level of fear or phobia towards dental treatment requiring the use of structured psychological therapies and/or dental sedation such as hypnotherapy, acupuncture, CBT, oral, inhalation, nasal or IV dental sedation.

**Child (aged under 16) unable to cope with routine dental care:** This means a child who is fit and well and would normally be expected to attend a GDP, but who is very reluctant to accept treatment, and finds it difficult to co-operate with routine dental care.

**Child (aged under 16) who chooses to stay with the CDS:** Could be seen in the GDS, and they have been advised to seek care in the GDS.

**Unable to access GDS:** Includes patients who do not fall under any of the vulnerable patient categories but cannot obtain GDS treatment.

They may include:

- adults with an urgent / emergency dental problem who can't find a GDP to see them or whose GDP is unable to see them for urgent treatment. These patients will be treated by the CDS for the urgent problem and will not normally be accepted for routine care.
- adults or children on holiday in the area, or temporarily resident (Examples include looked after children, gypsy and traveller children, children of asylum seekers / refugees, children in emergency accommodation)
- children who are not otherwise vulnerable, but whose parents have been unable to find a GDP to accept them for treatment
- pregnant and nursing mothers.

**Referral Source** relates to *first contacts* in the year only and counts:

**Recalled patients** - include patients who attend as part of a recall system following previous care in the CDS.

**Patients who are new to the CDS:** the first visit following a new referral. CDS patients may not attend for many years and then return to the CDS. A new patient is therefore one who has NEVER attended or NOT ATTENDED in the previous 2 years (prior to the date of appointment).

**Self referral:** patients whose contact was initiated at their own request or at the request of their parent, guardian or carer.

**Referred following screening:** including those screened as part of the Designed to Smile programme.

**Referred from General Dental Service:** patients whose contact was initiated by a General Dental Service dentist.

**Referred by the Hospital Dental Service:** patients whose contact was initiated by a hospital dentist.

**Referred by another health professional:** patients whose contact was initiated by referral from another health professional eg Health Visitor, GP, dietician.

**Referred by Social Services, LA or LEA:** patients referred for treatment by a Local Authority, Local Education Authority, Social Services. Includes referrals from Flying Start staff.

**General Anaesthetic / Sedation** is that administered by a clinician in a CDS surgery excluding any pre-meds.

**Location of Treatment** relates to *total contacts* and includes:

**Health centre/clinic** - A dental surgery used for CDS purposes in fixed premises e.g. health centre, clinic, hospital or school.

**Mobile surgery** - Any towable or self-drive vehicle containing a dental surgery. Mobile units are sometimes used to provide dental treatment which may otherwise be provided as domiciliary care, for example, at care homes for older people.

**Domiciliary** - Contacts made as part of a treatment visit or consultation outside the clinic location e.g. to a patient's home or to a patient in residential accommodation.

**Other Health Board venue** - contacts that are not CDS fixed or mobile clinics e.g. hospital premises including wards, operating theatres, clinics for people with a special need e.g. dysphagia clinics

A **screening** programme is the process of covering a large population, using the simplest possible tests to identify those individuals in need of a full clinical examination in a Dental Surgery. These programmes are carried out to identify individuals who require dental care, including counselling and advice. As the Designed to Smile programme is monitored by the [Welsh Oral Health Information Unit](#) data from Designed to Smile screening is not included in this release.

### **Users and uses of these statistics**

We believe the key users of Community Dental Service in Wales statistics are:

- ministers and the Members Research Service in the National Assembly for Wales;
- other areas of the Welsh Government;
- other government departments;
- National Health Service and Public Health Wales;
- students, academics and universities;
- British Dental Association and other professional organisations;
- individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of the uses include:

- advice to Ministers;
- to inform debate in the National Assembly for Wales and beyond;
- to monitor and evaluate performance and activity in the NHS.

## **Comparisons with other UK countries**

Across the United Kingdom there are different models for the Community Dental Service.

England – [NHS Digital website: Information about Trust-led dental service in England is published with statistics on the General Dental Service.](#)

Scotland – [Information Services Division website: Information on Scottish Community Dental Service activity up to March 2007.](#)

From 1 January 2014 the salaried dental service merged with the CDS to become the [Public Dental Service \(PDS\)](#).

Northern Ireland do not publish data on Community Dental Services.

## **Relevance**

On our [Health and Social Care pages](#) we provide background to our statistics and information for users. We encourage users of the statistics to contact us to let us know how they use the data. We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant.

## **Accuracy**

CDS colleagues were closely involved with the development of the CDSWR return and data items considered in the context of data available from their operational systems and definitions used operationally.

All our outputs include key quality information on coverage, timing and geography.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's [Revisions, errors and postponements](#) arrangements.

In certain cases, when a CDS was unable to provide important information, estimates would be made. These estimates would be clearly marked in the release, and explanations of calculations would be detailed in the notes section.

## **Timeliness and punctuality**

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Upcoming calendar](#). Furthermore, should the need arise to postpone an output this would follow the Welsh Government's [Revisions, errors and postponements](#) arrangements.

We publish releases as soon as practical after the relevant time period. The Community Dental Service Statistics release is published in the autumn each year.

## **Accessibility and clarity**

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [Twitter](#). All releases are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English.

### **Comparability and coherence**

Arrangements for delivering services similar to those delivered by the Community Dental Service vary across the UK. Activity data for "Trust-led Dental Service" dentists (that is, salaried employees of NHS Trusts in England) in England are published with the General Dental Service statistics available from [NHS Digital](#). Background and data for Scotland data is available from [Information Services Division Scotland](#). Northern Ireland do not publish data on Community Dental Services.

Further work is required to fully understand the differences in these statistics.

Statistics published about the Community Dental Service relating to pre-2008-09 when the CDSWR form was introduced are not comparable; all outputs and tables from these different sources are kept separate.

Every year the data are all collected from the same sources and adhere to the national standard; they will also be coherent within and across health organisations.

## National Statistics status

The [United Kingdom Statistics Authority](#) has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the [Code of Practice for Statistics](#).

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

## Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.



## Further details

The document is available at:

<http://gov.wales/statistics-and-research/community-dental-services/?lang=en>

## Next update

December 2019 (provisional)

## We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to [stats.healthinfo@gov.wales](mailto:stats.healthinfo@gov.wales).

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