



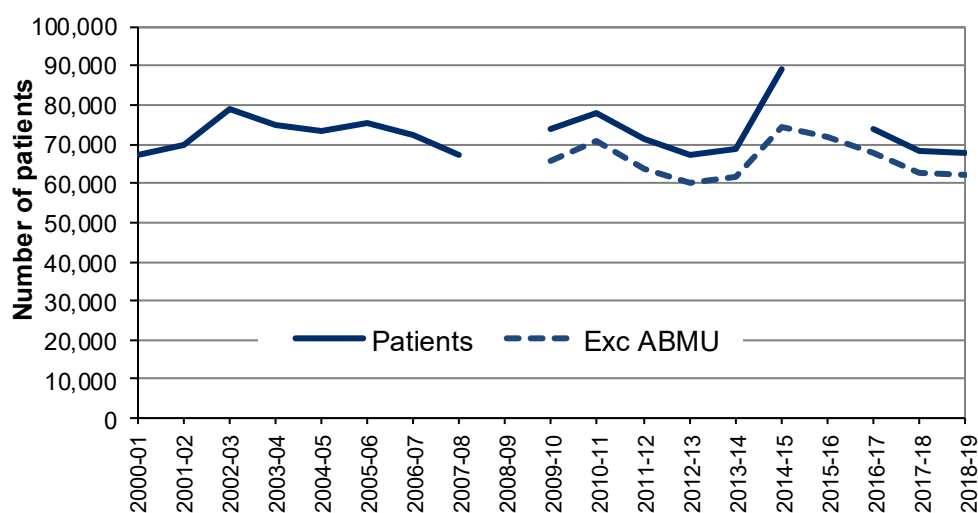
Community Dental Services in Wales, 2018-19

17 December 2019
SFR 120/2019

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 2018-19 (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

Main points

- There were 160,666 contacts with the CDS in 2018-19.
- 67,606 different patients were seen by the CDS in 2018-19.
- 10% of CDS contacts in 2018-19 were urgent/emergency contacts.
- 27% of patients seen by the CDS were unable to access the General Dental Service. This proportion varied with age group: 28% of 0-15 year olds, 30% of 16-64 year olds and 17% 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 2018-19.

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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Key Quality Information

The Community Dental Service in Wales

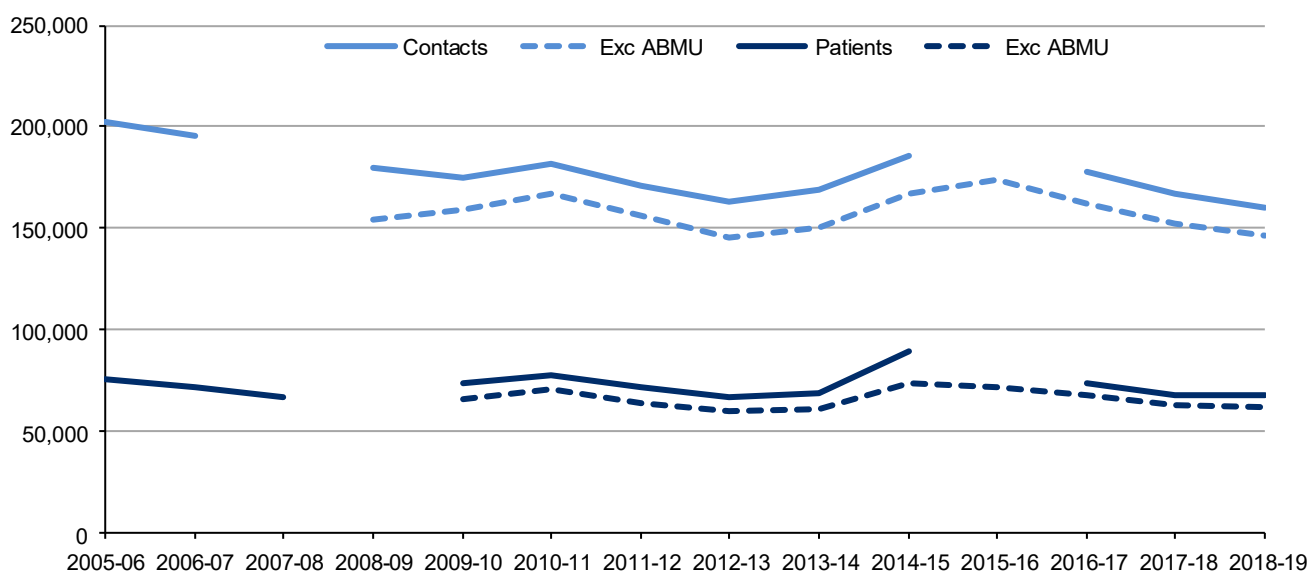
The Community Dental Service (CDS) in Wales is made up of: Betsi Cadwaladr; Powys; Hywel Dda; Abertawe Bro Morgannwg; Aneurin Bevan; Cardiff and Vale and Cwm Taf. A single CDS provides services for Cardiff and Vale and Cwm Taf but activities for these two health boards are shown separately.

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 that year's statistical release 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 2018-19 (a)(b)



Source: Welsh Government

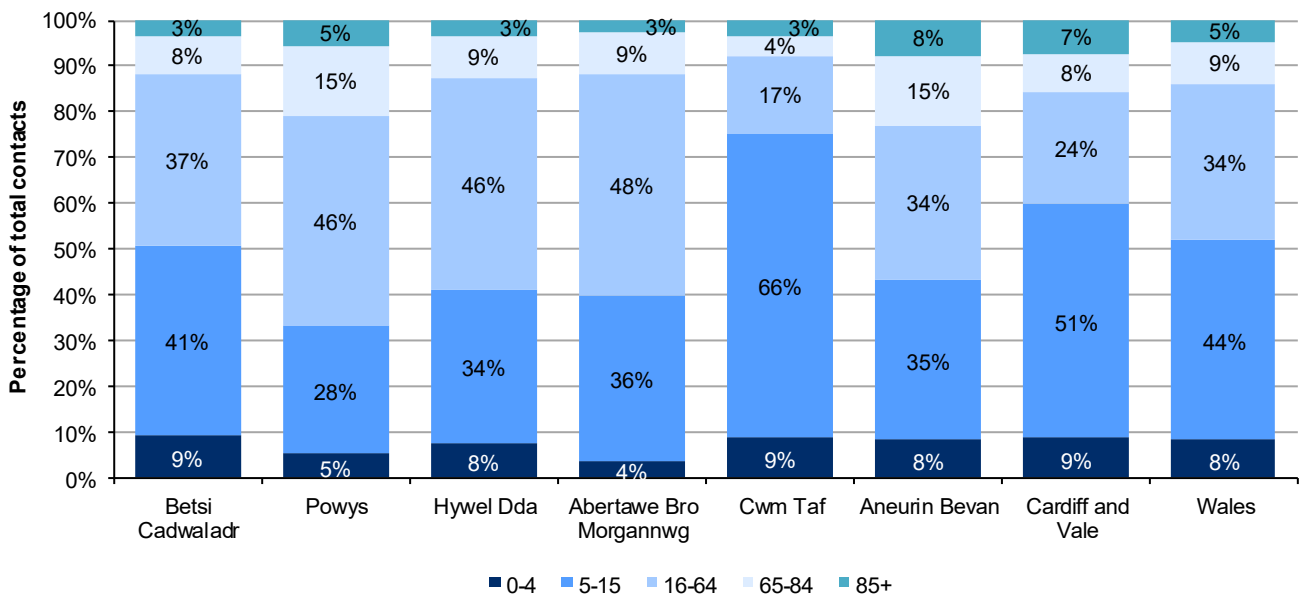
(a) No data is available for 2007-08 for total contacts and for 2008-09 for patients (first contacts).

(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 2018-19 there were 160,666 total contacts and 67,606 patients were treated. During the year, the CDS saw each patient twice on average although this varied according to individual need.

Two of the CDS regions (Aneurin Bevan and Powys) 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 (18%) and patients (17%) ([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.

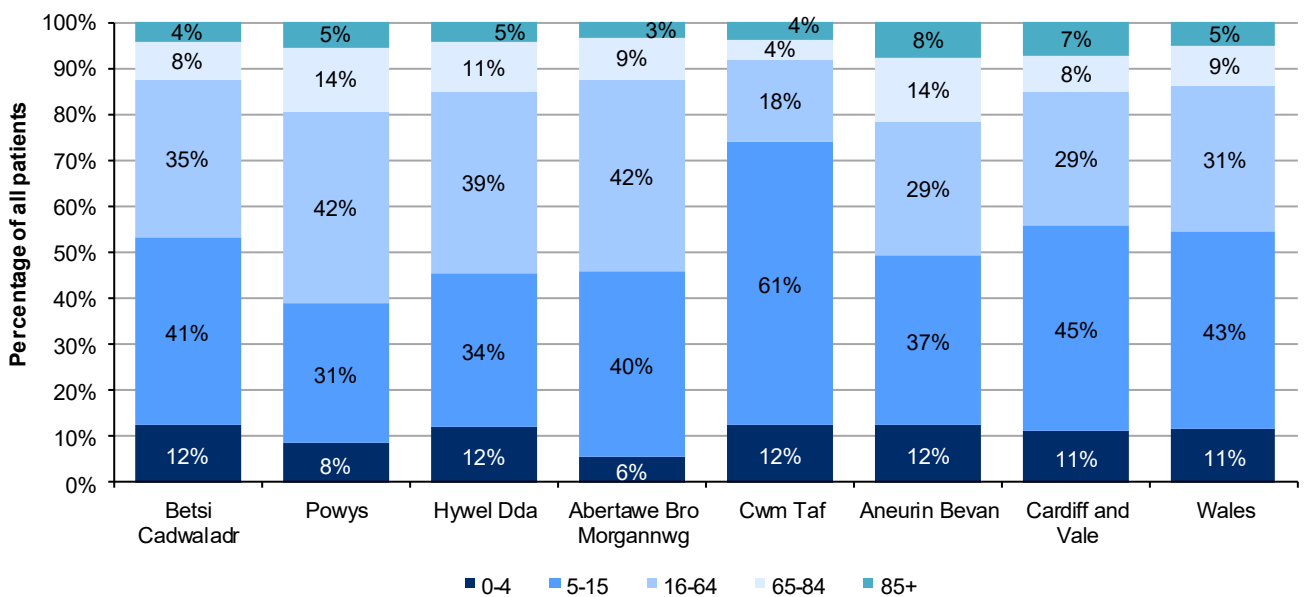
Chart 3: Contacts by age group as a percentage of total contacts by CDS, 2018-19



Source: Welsh Government

Chart 3 shows the percentage of total contacts for each CDS and each age group. Cwm Taf had proportionally more contacts with children than any other CDS. Aneurin Bevan had proportionately more contacts with older patients (65 and over) than other CDS providers.

Chart 4: Patients as a percentage of all patients by age group and CDS, 2018-19

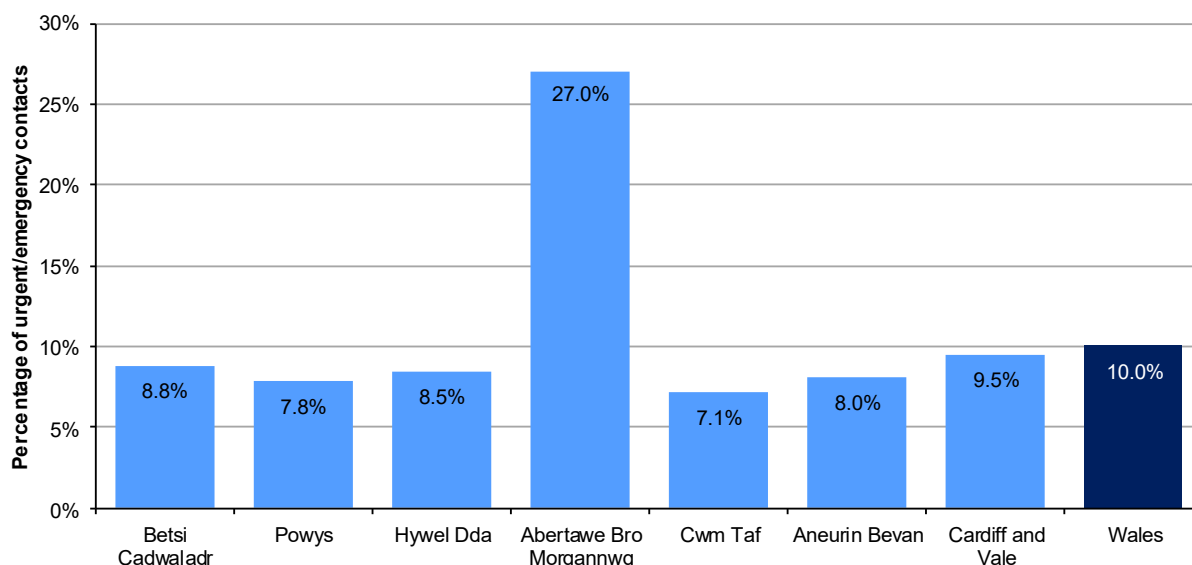


Source: Welsh Government

Chart 4 shows a similar pattern to Chart 3; for most CDS providers the largest proportion of patients seen was in the 5–15 year age group, accounting for 43% of the total in Wales.

Abertawe Bro Morgannwg had the highest number of contacts per patient (2.7) while Hywel Dda and Cardiff and Vale had the lowest number (2.2).

Chart 5: Percentage of urgent or emergency contacts by CDS, 2018-19



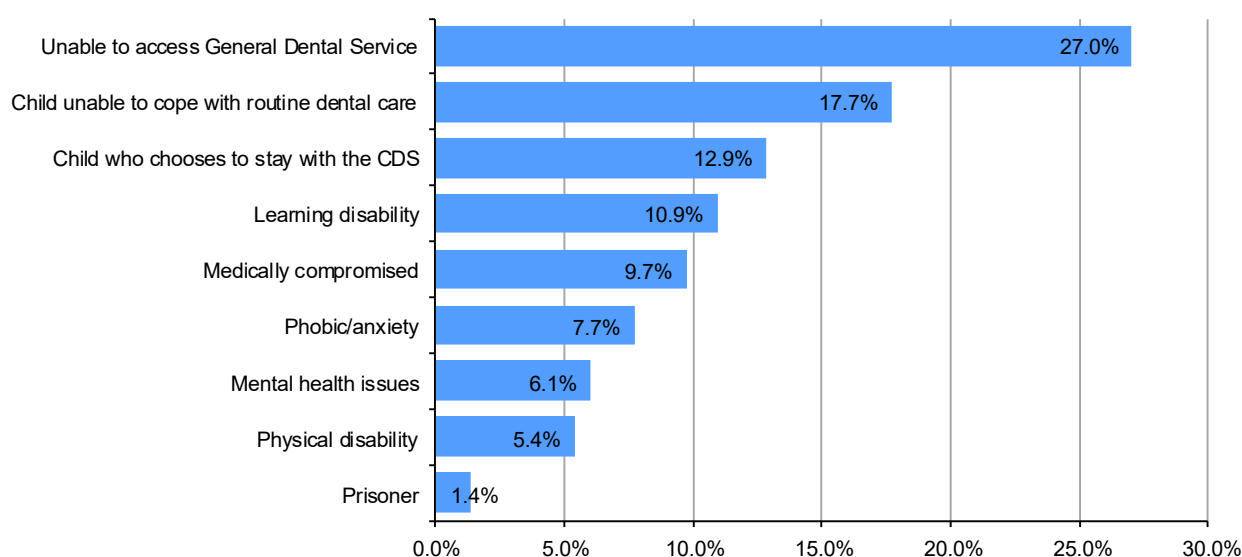
Source: Welsh Government

For Wales in 2018-19 the total number of urgent or emergency contacts was 16,036 (10% of total contacts). Urgent contacts varied across each CDS, and accounted for the smallest proportion of all contacts in Cwm Taf (7%) and the most in Abertawe Bro Morgannwg (27%). 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 General Dental Service (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 (a), 2018-19

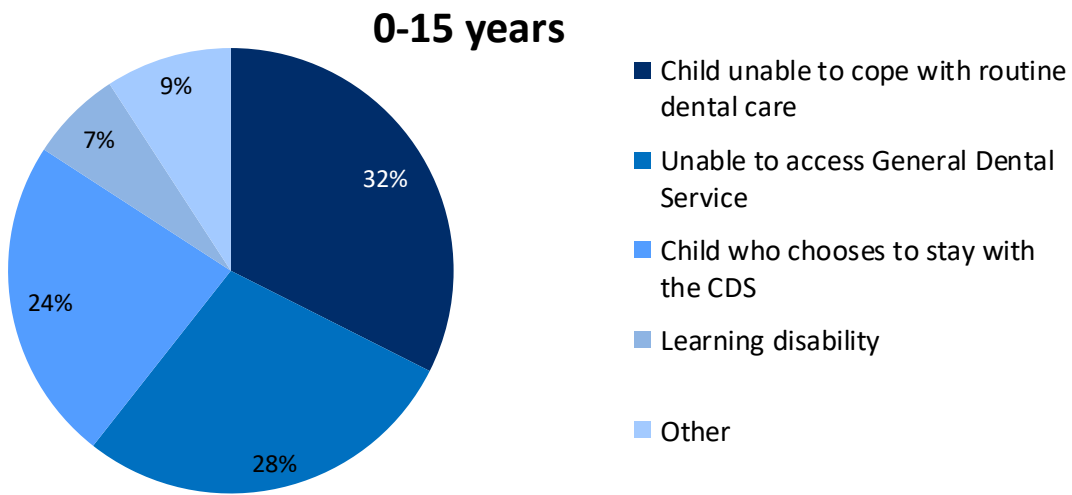


Source: Welsh Government

(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 (40%) 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 (20%) were aged 0-4 years (the remaining 80% were aged 5-15 years). Of the children who were unable to cope with routine dental care one fifth (21%) were aged 0-4 years (the remaining 79% were aged 5-15 years).

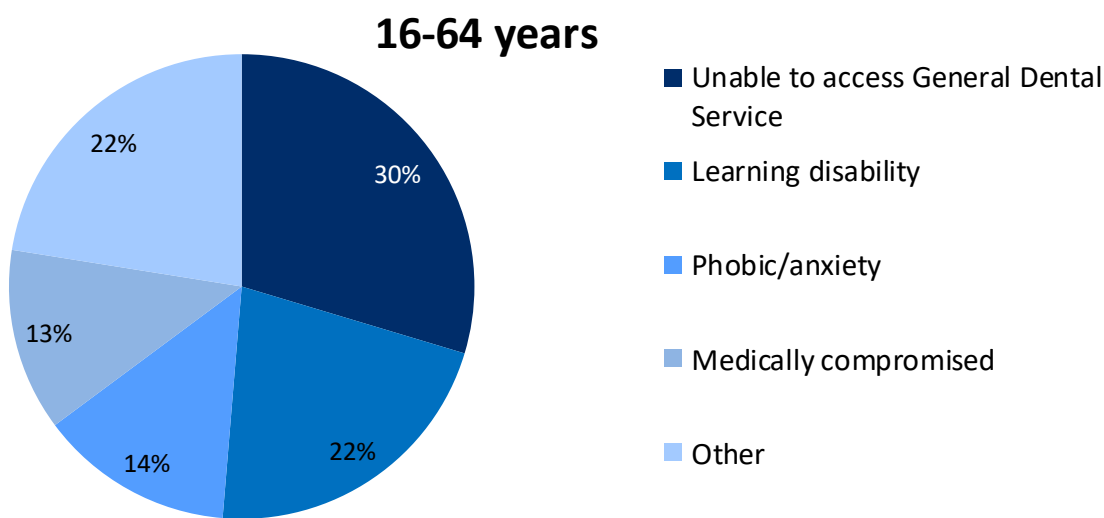
Chart 7: Percentage of total contacts by patient category, patients aged 0-15 years, 2018-19



Source: Welsh Government

Proportionally, amongst children aged 0-15, one-third of contacts (32%) 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%) and those who chose to stay with the CDS accounted for a further 24%.

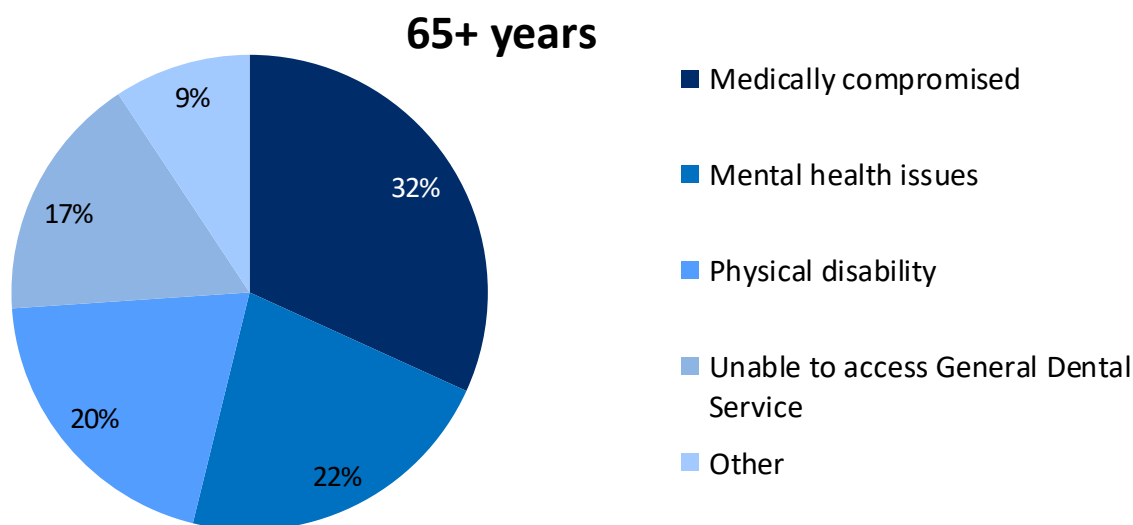
Chart 8: Percentage of total contacts by patient category, patients aged 16-64 years, 2018-19



Source: Welsh Government

The proportion of contacts with adult patients aged 16-64 who were unable to access the GDS was 30%, greater than that of children aged 0-15 (28%) and older patients aged 65 and over (17%).

Chart 9: Percentage of total contacts by patient category, patients aged 65 years or over, 2018-19



Source: Welsh Government

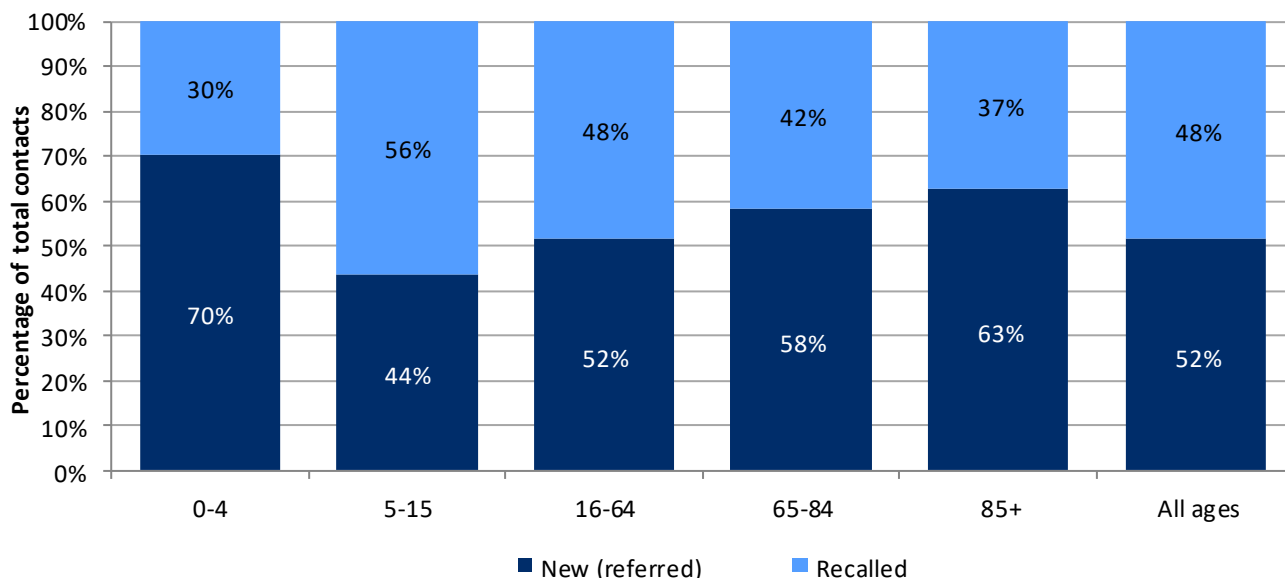
In older patients, aged 65 and over, there were proportionally more contacts with patients who were medically compromised or had mental health issues than in other age groups.

[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 half (50%) 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 10% of Hywel Dda's patients and only 6% of patients in Powys. Over a quarter of Abertawe Bro Morgannwg's patients had learning disabilities (29%), and a fifth of Aneurin Bevan's patients seen had mental health issues (20%) whereas most other CDS providers saw less much smaller amounts in these categories.

Referral source

CDS providers record the referral source for all patients seen. Just over half (52%) of patients seen by the CDS in 2018-19 were patients who were new to the CDS ([Table 5](#)), and two-fifths were self-referred ([Table 6](#)).

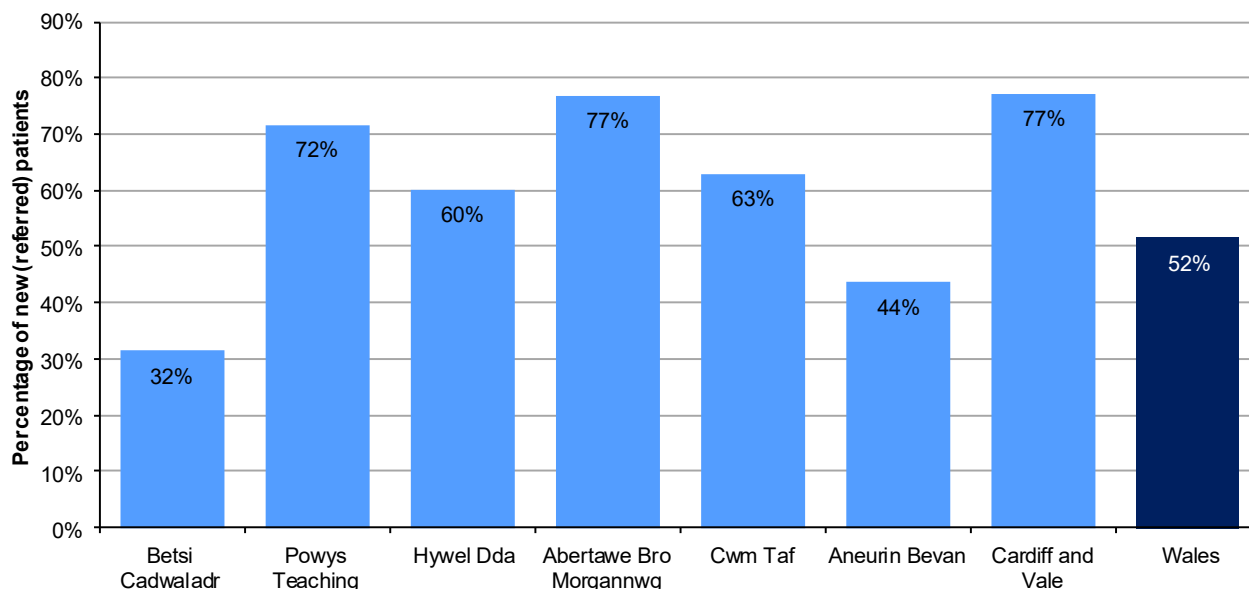
Chart 10: Referrals by age, 2018-19



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, 2018-19



Source: Welsh Government

The proportion of new patients varied greatly across each CDS, from 32% in Betsi Cadwaladr to 77% in Abertawe Bro Morgannwg and Cardiff and Vale (Chart 11, [Table 5](#)). The source of the referral for new patients also showed variation between CDS providers ([Table 6](#)), reflecting that different CDS providers different policies with regards to self-referral.

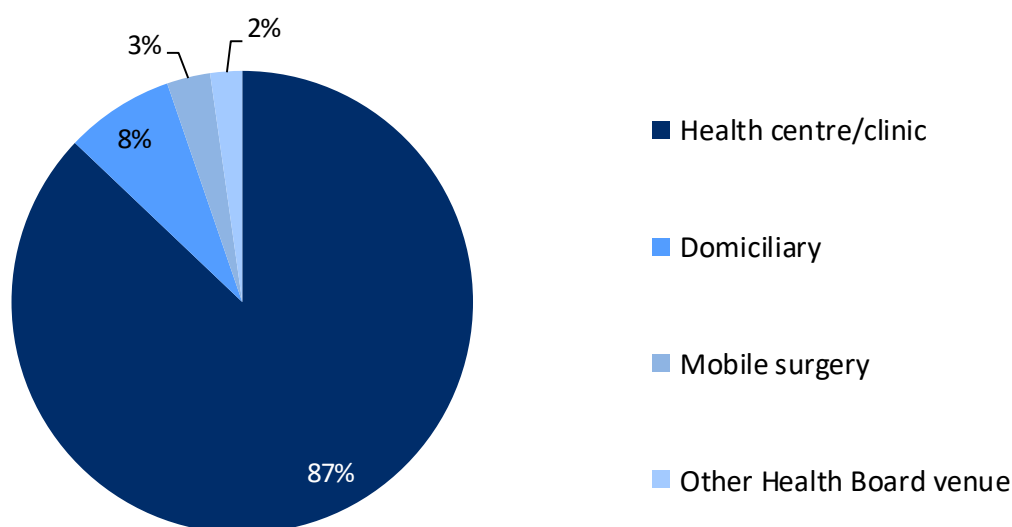
Patients treated under general anaesthetic or sedation

[Table 7](#) shows that there were 5,925 contacts (4% of total contacts) in the CDS in 2018-19 involving general anaesthetic or sedation. The proportion of total contacts involving general anaesthetic or sedation ranged from less than 1% at Cardiff and Vale to 5% 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 (96%) of the very young children (aged 0-4 years) who had some form of sedation. ([Table 8](#)).

Location

Chart 12: Location of treatment, 2018-19



Source: Welsh Government

In 2018-19 the majority (87%) 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 and over age group 72% were seen by means of a domiciliary visit.

Screening

In August 2017, Welsh Government published new guidance on screening which 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 1,590 patients screened in 2018-19. Routine children’s screening accounted for 23% of all screenings.

Table 1: Total contacts by age group and CDS

CDS	<i>Number of Contacts</i>											
	2017-18						2018-19					
	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+	Total
Betsi Cadwaladr	5,514	24,092	21,033	4,863	2,264	57,766	5,372	23,545	21,396	4,814	1,975	57,102
Powys Teaching	393	2,394	3,662	1,133	387	7,969	398	2,166	3,487	1,183	420	7,654
Hywel Dda	1,092	4,012	3,719	1,023	580	10,426	715	3,146	4,332	882	308	9,383
Abertawe Bro Morgannwg	670	5,750	6,915	1,145	314	14,794	522	5,056	6,769	1,272	384	14,003
Cwm Taf	3,746	20,862	6,017	1,334	1,001	32,960	2,385	17,582	4,534	1,169	893	26,563
Aneurin Bevan	2,155	9,473	7,032	3,438	2,259	24,357	2,366	10,114	9,640	4,378	2,213	28,711
Cardiff and Vale	1,584	8,926	5,544	1,418	1,150	18,622	1,494	8,855	4,182	1,450	1,269	17,250
Wales	15,154	75,509	53,922	14,354	7,955	166,894	13,252	70,464	54,340	15,148	7,462	160,666

Source: Welsh Government

Table 2: Patients by age group and CDS

CDS	<i>Number of Patients</i>											
	2017-18						2018-19					
	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+	Total
Betsi Cadwaladr	3,132	10,050	7,956	1,906	1,078	24,122	2,961	9,755	8,268	1,912	1,060	23,956
Powys Teaching	256	1,067	1,264	372	154	3,113	277	1,008	1,379	460	179	3,303
Hywel Dda	761	2,084	1,708	554	394	5,501	517	1,452	1,688	469	195	4,321
Abertawe Bro Morgannwg	388	2,432	2,259	410	148	5,637	289	2,100	2,195	477	173	5,234
Cwm Taf	1,980	7,778	1,525	547	444	12,274	1,440	7,134	2,092	498	441	11,605
Aneurin Bevan	1,261	3,979	2,184	1,299	1,002	9,725	1,409	4,199	3,327	1,550	901	11,386
Cardiff and Vale	818	3,359	2,737	595	533	8,042	862	3,504	2,261	607	567	7,801
Wales	8,596	30,749	19,633	5,683	3,753	68,414	7,755	29,152	21,210	5,973	3,516	67,606

Source: Welsh Government

Table 3: Attendance by CDS

CDS	2017-18					2018-19				
	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	24,122	33,644	57,766	4,978	9%	23,956	33,146	57,102	5,026	9%
Powys Teaching	3,113	4,856	7,969	672	8%	3,303	4,351	7,654	600	8%
Hywel Dda	5,501	4,925	10,426	765	7%	4,321	5,062	9,383	793	8%
Abertawe Bro Morgannwg	5,637	9,157	14,794	4,376	30%	5,234	8,769	14,003	3,787	27%
Cwm Taf	12,274	20,686	32,960	2,566	8%	11,605	14,958	26,563	1,892	7%
Aneurin Bevan	9,725	14,632	24,357	2,233	9%	11,386	17,325	28,711	2,306	8%
Cardiff and Vale	8,042	10,580	18,622	3,053	16%	7,801	9,449	17,250	1,632	9%
Wales	68,414	98,480	166,894	18,643	11%	67,606	93,060	160,666	16,036	10%

Source: Welsh Government

Table 4: Number and percentage of patients by patient category by CDS, 2018-19*Number of patients*

Patient category	Abertawe								Wales
	Betsi Cadwaladr	Powys Teaching	Hywel Dda	Bro Morgannwg	Cwm Taf	Aneurin Bevan	Cardiff and Vale		
Unable to access General Dental Service	5,263	2,057	899	492	3,344	2,437	3,786	18,278	
Vulnerable patients, of which:									
Child unable to cope with routine dental care	6,959	191	328	217	2,596	1,554	126	11,971	
Child who chooses to stay with the CDS	2,560	14	86	42	3,175	551	2,264	8,692	
Homeless	16	5	87	13	17	1	12	151	
Hospital in-patient	73	22	44	3	13	34	58	247	
Learning disability	1,487	215	608	1,530	827	2,187	547	7,401	
Medically compromised	2,562	301	485	558	989	1,157	536	6,588	
Mental health issues	612	107	408	452	104	2,229	183	4,095	
Phobic/anxiety	2,087	305	788	1,305	61	556	128	5,230	
Physical disability	1,401	80	432	461	478	671	150	3,673	
Prisoner	892	0	6	55	0	0	5	958	
Substance misuse	44	6	150	106	1	9	6	322	
Total	23,956	3,303	4,321	5,234	11,605	11,386	7,801	67,606	

Per cent

Patient category	Abertawe								Wales
	Betsi Cadwaladr	Powys Teaching	Hywel Dda	Bro Morgannwg	Cwm Taf	Aneurin Bevan	Cardiff and Vale		
Unable to access General Dental Service	22%	62%	21%	9%	29%	21%	49%	27%	
Vulnerable patients, of which:									
Child unable to cope with routine dental care	29%	6%	8%	4%	22%	14%	2%	18%	
Child who chooses to stay with the CDS	11%	0%	2%	1%	27%	5%	29%	13%	
Homeless	0%	0%	2%	0%	0%	0%	0%	0%	
Hospital in-patient	0%	1%	1%	0%	0%	0%	1%	0%	
Learning disability	6%	7%	14%	29%	7%	19%	7%	11%	
Medically compromised	11%	9%	11%	11%	9%	10%	7%	10%	
Mental health issues	3%	3%	9%	9%	1%	20%	2%	6%	
Phobic/anxiety	9%	9%	18%	25%	1%	5%	2%	8%	
Physical disability	6%	2%	10%	9%	4%	6%	2%	5%	
Prisoner	4%	0%	0%	1%	0%	0%	0%	1%	
Substance misuse	0%	0%	3%	2%	0%	0%	0%	0%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	

Source: Welsh Government

Table 5: Reason for CDS treatment by CDS, 2018-19

CDS	<i>Number</i>			<i>Per cent</i>		
	Recalled patients	(referral) patients	Total patients	Recalled patients	(referral) patients	Total patients
Betsi Cadwaladr	16,394	7,562	23,956	68%	32%	100%
Powys Teaching	937	2,366	3,303	28%	72%	100%
Hywel Dda	3,583	1,085	4,668	77%	23%	100%
Abertawe Bro Morgannwg	1,218	4,016	5,234	23%	77%	100%
Cwm Taf	4,291	7,314	11,605	37%	63%	100%
Aneurin Bevan	6,409	4,977	11,386	56%	44%	100%
Cardiff and Vale	1,776	6,025	7,801	23%	77%	100%
Wales	34,608	33,345	67,953	51%	49%	100%

Source: Welsh Government

Table 6: New referrals source by CDS, 2018-19

								<i>Number</i>
CDS	General Dental Service	Hospital Dental Service	Other health professional (a)	Social Services, LA or LEA	Referred following screening (b)	Self referral (c)	Total	
Betsi Cadwaladr	2,169	1,179	2,024	35	143	2,012	7,562	
Powys Teaching	1,064	17	934	45	8	298	2,366	
Hywel Dda	771	214	1,047	421	28	122	2,603	
Abertawe Bro Morgannwg	1,281	913	1,691	111	20	0	4,016	
Cwm Taf	539	23	1,002	61	353	5,336	7,314	
Aneurin Bevan	1,711	55	1,652	199	22	1,338	4,977	
Cardiff and Vale	157	84	1,323	135	32	4,294	6,025	
Wales	7,692	2,485	9,673	1,007	606	13,400	34,863	
								<i>Per cent</i>
CDS	General Dental Service	Hospital Dental Service	Other health professional (a)	Social Services, LA or LEA	Referred following screening (b)	Self referral (c)	Total	
Betsi Cadwaladr	29%	16%	27%	0%	2%	27%	100%	
Powys Teaching	45%	1%	39%	2%	0%	13%	100%	
Hywel Dda	30%	8%	40%	16%	1%	5%	100%	
Abertawe Bro Morgannwg	32%	23%	42%	3%	0%	0%	100%	
Cwm Taf	7%	0%	14%	1%	5%	73%	100%	
Aneurin Bevan	34%	1%	33%	4%	0%	27%	100%	
Cardiff and Vale	3%	1%	22%	2%	1%	71%	100%	
Wales	22%	7%	28%	3%	2%	38%	100%	

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, 2018-19

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	1,309	1,345	352	7	3,013	43%	45%	12%	0%
Powys Teaching	0	252	2	0	254	0%	99%	1%	0%
Hywel Dda	26	163	101	4	294	9%	55%	34%	1%
Abertawe Bro Morgannwg	0	453	149	0	602	0%	75%	25%	0%
Cwm Taf	709	152	0	0	861	82%	18%	0%	0%
Aneurin Bevan	58	696	71	0	825	7%	84%	9%	0%
Cardiff and Vale	0	75	1	0	76	0%	99%	1%	0%
Wales	2,102	3,136	676	11	5,925	35%	53%	11%	0%

Source: Welsh Government

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

Table 8: Type of sedation by age, 2018-19

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	353	1,498	245	6	0	2,102	96%	46%	11%	5%	.
Inhalation sedation	15	1,782	1,252	87	0	3,136	4%	54%	58%	69%	.
IV sedation	0	0	642	33	1	676	0%	0%	30%	26%	.
Other sedation, therapy or technique.	0	0	11	0	0	11	0%	0%	1%	0%	.
Wales	368	3,280	2,150	126	1	5,925	100%	100%	100%	100%	.

Source: Welsh Government

. Data not applicable

Table 9: Location of treatment by age group and CDS, 2018-19

CDS	<i>Number of Contacts</i>					
	0-4	5-15	16-64	65-84	85+	Total
Health centre/clinic						
Betsi Cadwaladr	5,074	22,640	20,859	3,635	663	52,871
Powys Teaching	385	2,067	3,289	1,051	263	7,055
Hywel Dda	709	2,949	3,699	652	168	8,177
Abertawe Bro Morgannwg	497	4,678	6,450	1,022	248	12,895
Cwm Taf	2,158	15,926	4,162	323	100	22,669
Aneurin Bevan	2,295	9,385	7,712	1,882	308	21,582
Cardiff and Vale	1,391	7,999	3,897	667	247	14,201
Wales	12,509	65,644	50,068	9,232	1,997	139,450
Mobile surgery						
Betsi Cadwaladr	0	0	0	0	0	0
Powys Teaching	12	93	133	42	10	290
Hywel Dda	0	21	22	6	2	51
Abertawe Bro Morgannwg	6	279	169	8	1	463
Cwm Taf	226	1,654	158	0	0	2,038
Aneurin Bevan	14	363	802	88	14	1,281
Cardiff and Vale	101	850	80	0	0	1,031
Wales	359	3,260	1,364	144	27	5,154
Domiciliary						
Betsi Cadwaladr	5	29	324	1,171	1,311	2,840
Powys Teaching	1	4	54	84	145	288
Hywel Dda	0	1	61	139	123	324
Abertawe Bro Morgannwg	5	74	120	231	135	565
Cwm Taf	1	2	214	846	793	1,856
Aneurin Bevan	56	353	1,060	2,347	1,858	5,674
Cardiff and Vale	2	6	205	783	1,022	2,018
Wales	70	469	2,038	5,601	5,387	13,565
Other Health Board venue						
Betsi Cadwaladr	293	876	213	8	1	1,391
Powys Teaching	0	2	11	6	2	21
Hywel Dda	6	175	550	85	15	831
Abertawe Bro Morgannwg	14	25	30	11	0	80
Cwm Taf	0	0	0	0	0	0
Aneurin Bevan	1	13	66	61	33	174
Cardiff and Vale	0	0	0	0	0	0
Wales	314	1,091	870	171	51	2,497

Source: Welsh Government

Table 10: Patients screened by category and CDS, 2018-19

Category	<i>Number of Patients</i>						
	children's screening (a)	Day centre/hospital	Secure unit/prison	Adults in residential accommodation	Special needs schools	Other	Total
Betsi Cadwaladr	0	0	0	0	94	0	94
Powys Teaching	0	0	0	0	0	0	0
Hywel Dda	372	8	0	0	0	108	488
Morgannwg	0	0	0	0	0	0	0
Cwm Taf	0	0	0	0	0	0	0
Aneurin Bevan	0	0	0	1,008	0	0	1,008
Cardiff and Vale	0	0	0	0	0	0	0
Wales	372	8	0	1,008	94	108	1,590

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

Contact

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.

Patient

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.

Age of patients

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

Urgent or emergency treatments

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

Patient category relates to the provision of dental services for vulnerable people, as defined in the Welsh Health Circular [WHC/2019/021](#), and for 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

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 [NHS Dental statistics](#).

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.

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.

Publication dates are announced well in advance and any delays are communicated via notices on our [website](#). Any revisions or postponements to outputs follow the [Revisions, Errors and Postponements](#) policies published online.

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:

<https://gov.wales/community-dental-services-april-2018-march-2019>

Next update

December 2020 (provisional). The data collection method may change in 2019 which may result in a change to the publication schedule.

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.

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