



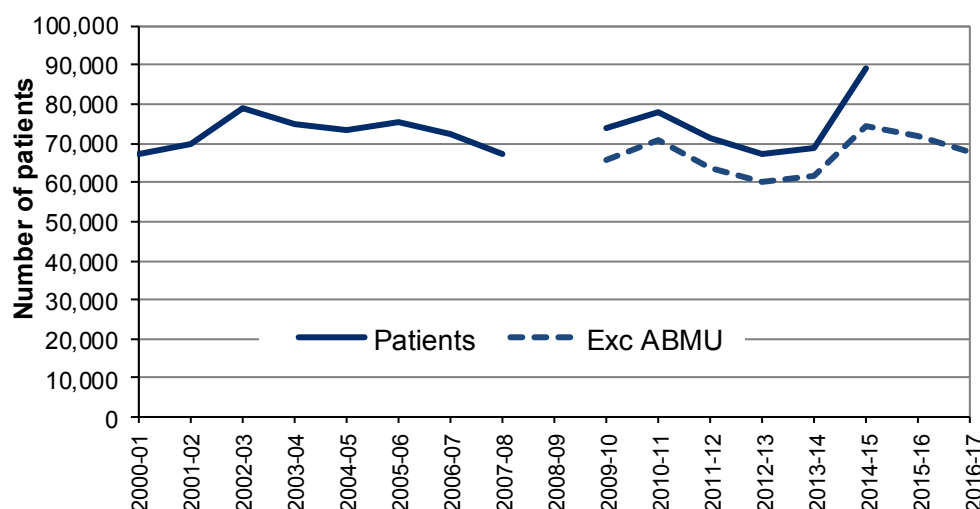
## Community Dental Services in Wales, 2016-17

20 December 2017  
SFR 185/2017

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;
- Screen school children and other priority groups (primarily as part of the Designed to Smile programme).

**Chart 1: Number of patients seen, 2000-01 to 2016-17 (a)**



(a) No data is available for 2008-09; dotted line is for 6 CDSs only. Source: Welsh Government

### Key points

- There were 177,410 contacts with the CDS in 2016-17.
- 73,724 patients (i.e. individuals) were seen by the CDS in 2016-17.
- 9 per cent of contacts with the CDS in 2016-17 were urgent/emergency contacts.
- 30 per cent of patients seen by the CDS were those who were unable to access the General Dental Service. This proportion varied with age group: 28 per cent of 0-15 year olds, 40 per cent of 16-64 year olds and 20 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 2016-17.

Abertawe Bro

Morgannwg (ABMU)

CDS was unable to provide full data for some sections of this data collection but has been included. ABMUs data is not available for 2015-16. For further details see [notes](#).

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## The Community Dental Service in Wales

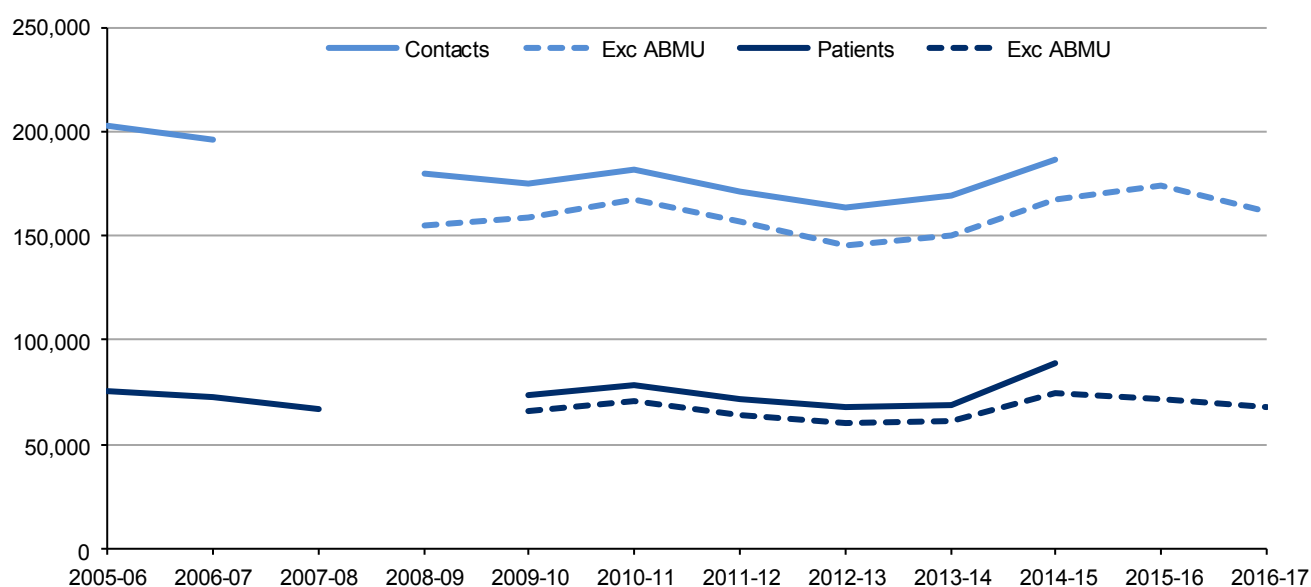
The Community Dental Service (CDS) in Wales is made up of: Betsi Cadwaladr; Powys; Hywel Dda; Abertawe Bro Morgannwg; Aneurin Bevan; Cardiff and Vale and Cwm Taf. A single CDS provides services for Cardiff and Vale and Cwm Taf but activities for these two health boards are shown separately.

Abertawe Bro Morgannwg CDS was unable to provide accurate data for 2015-16 and therefore has been excluded from all analyses. Please be aware therefore that all 2015-16 totals represent the total of the remaining 6 CDSs, not the all-Wales total, and as such comparisons with 2016-17 data is not possible at all-Wales level. The CDS was also unable to provide accurate data for some sections of this data collection in 2016-17. The data that was submitted has been included and analyses are presented here but please note the caveats on each chart and table. 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 2016-17 (a)(b)**



Source: Welsh Government

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

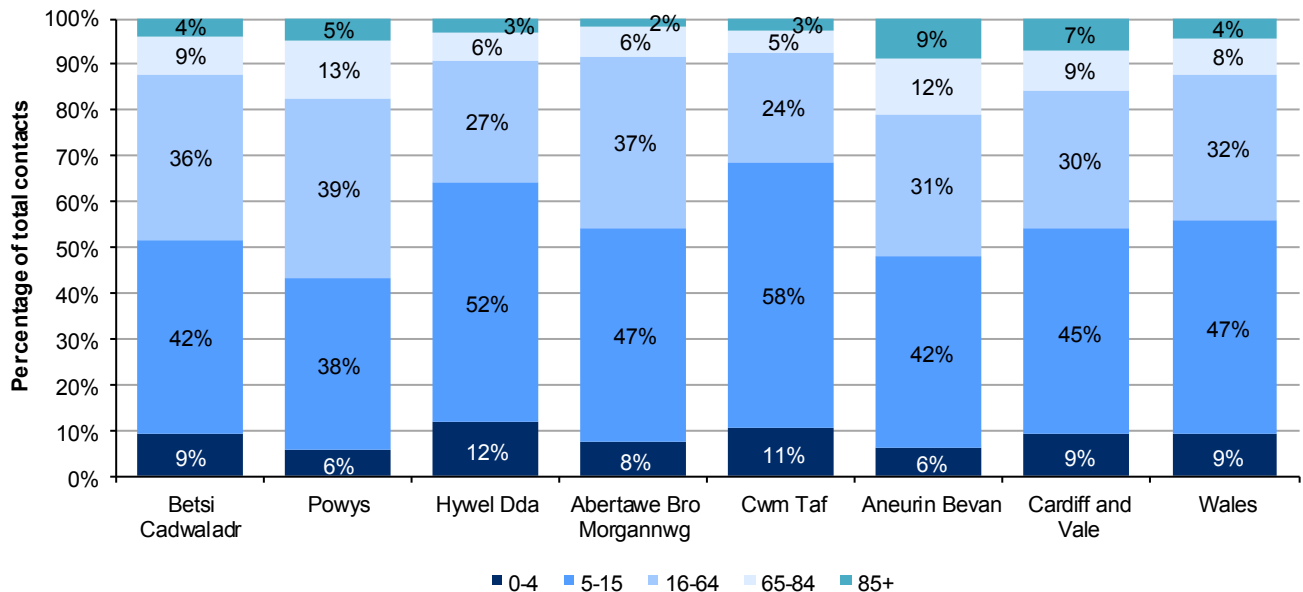
(b) Abertawe Bro Morgannwg CDS has been excluded for 2015-16; dotted line is for 6 CDSs only; see [notes](#).

Chart 2 shows how the number of total contacts and patients (i.e. individuals) seen by the CDS varies over time. Both of these measures declined over the majority of the last 10 year period, but numbers started to increase in 2013-14. In 2016-17 there were 177,410 total contacts and 73,724 patients were treated. During the year the CDS saw each patient twice on average although this will vary 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.

Half of the CDS regions (Betsi Cadwaladr, Powys and Cwm Taf) showed an increase in the number of total contacts and/or patients, with Powys showing the greatest increase in the number

of total contacts (3 per cent) and Betsi Cadwaladr showing the greatest increase in the number of patients (3 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.

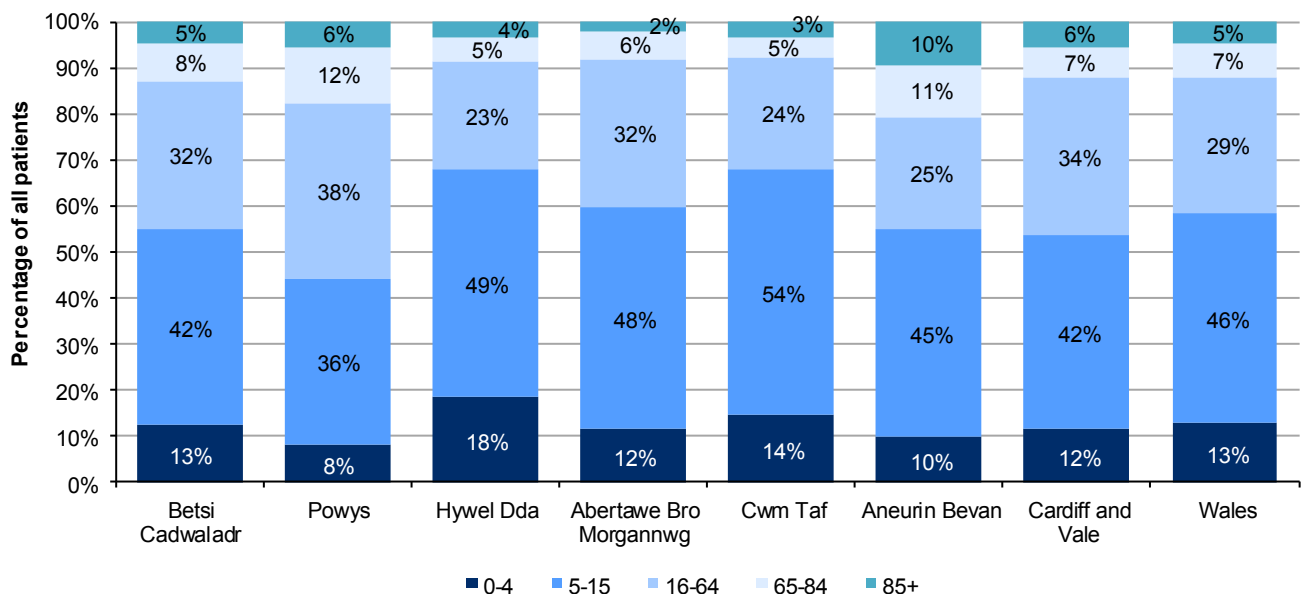
**Chart 3: Contacts by age group as a percentage of total contacts by CDS, 2016-17**



Source: Welsh Government

Chart 3 shows the percentage of total contacts for each CDS and each age group. Hywel Dda had proportionally more contacts in the 0-4 year age group than any other CDS and was one of two CDSs that had the most contacts with children (aged 0-15) in general (along with Cwm Taf). Aneurin Bevan and Powys had more contacts with older patients (65 and over) than other CDSs and Aneurin Bevan had proportionally the most contacts with patients aged 85 and over.

**Chart 4: Patients as a percentage of all patients by age group and CDS, 2016-17**

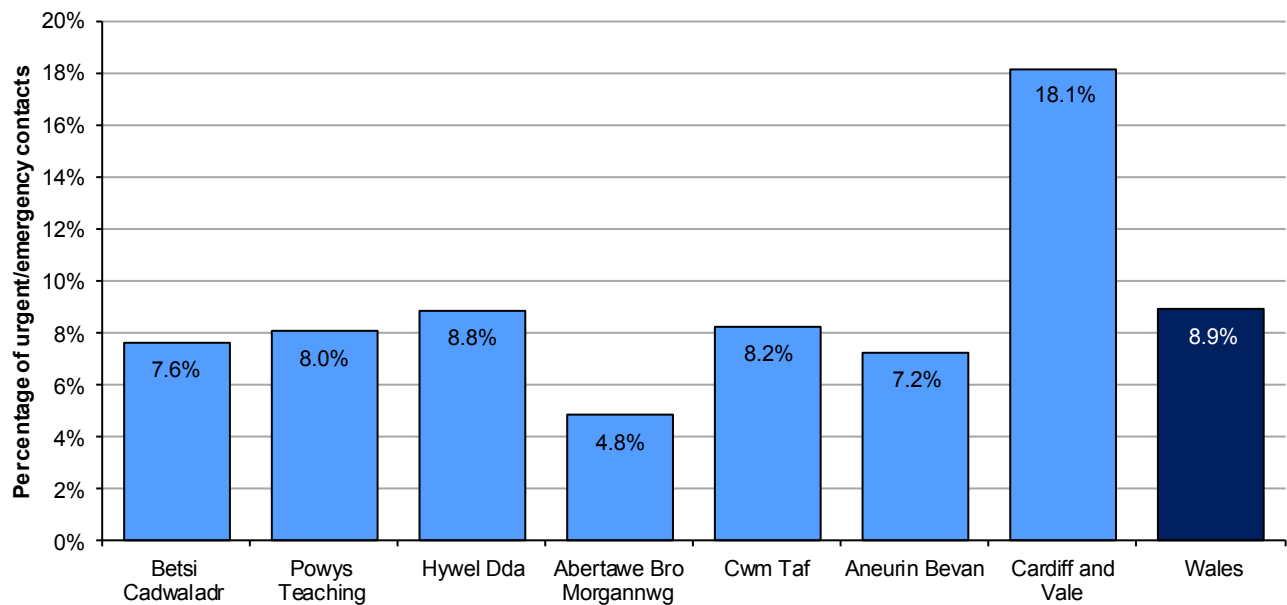


Source: Welsh Government

Chart 4 shows similar patterns to that seen in Chart 3, for every CDS the largest proportion of patients seen was in the 5-15 year age group, accounting for 46 per cent of the total.

Aneurin Bevan had the highest number of contacts per patient (2.7) while Hywel Dda had the lowest number (1.7).

**Chart 5: Percentage of urgent or emergency contacts by CDS, 2016-17**



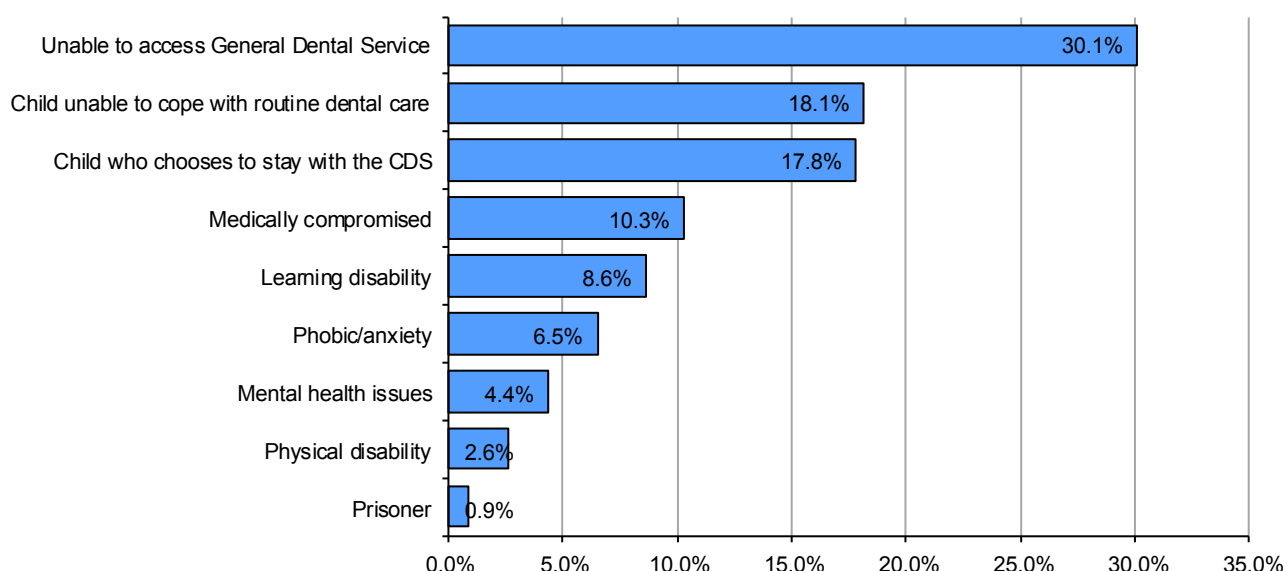
Source: Welsh Government

For Wales in 2016-17 the total number of urgent /emergency contacts was 15,704 (9 per cent of total contacts). Urgent contacts varied across each CDS, and accounted for the smallest proportion of all contacts in Abertawe Bro Morgannwg (5 per cent) and the most in Cardiff and Vale (18 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>, 2016-17 <sup>(b)</sup>**

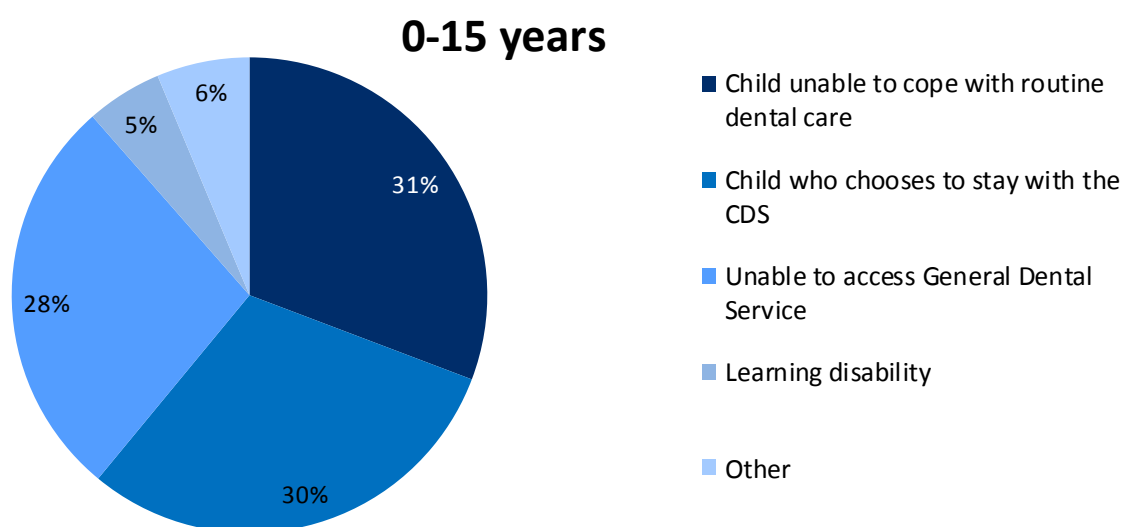


Source: Welsh Government

- (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.
- (b) Percentages are of the 73,237 patients with a known patient category (487 contacts at ABM CDS had an 'unknown' patient category, see [notes](#).)

Almost half of all contacts (48 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, just over one fifth (21 per cent) were aged 0-4 years (the remaining 79 per cent were aged 5-15 years). Of the children who were unable to cope with routine dental care almost one-quarter (23 per cent) were aged 0-4 years (the remaining 77 per cent were aged 5-15 years).

**Chart 7: Percentage of total contacts by patient category, patients aged 0-15 years, 2016-17 <sup>(a)</sup>**

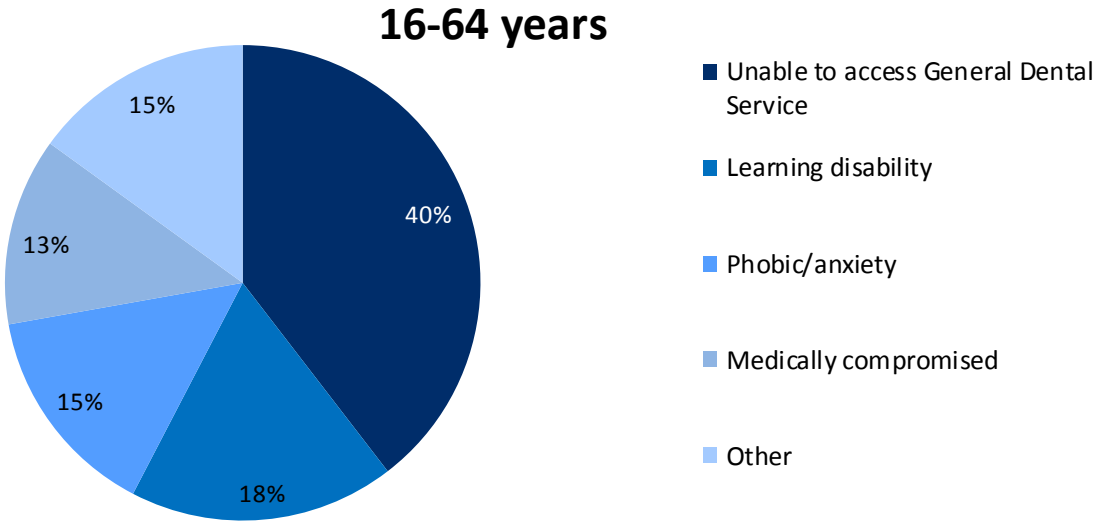


Source: Welsh Government

- (a) Percentages are of the 43,168 '0-15' year old patients with a known patient category and age (487 patients at ABM CDS had an 'unknown' patient category and age, see [notes](#).)

Proportionally, amongst children aged 0-15, almost one-third of contacts (31 per cent) were with children who couldn't cope with routine dental care. Children who chose to stay with the CDS accounted for a slightly smaller figure (30 per cent) and those who were unable to access the GDS accounted for a further 28 per cent.

**Chart 8: Percentage of total contacts by patient category, patients aged 16-64 years, 2016-17 <sup>(a)</sup>**

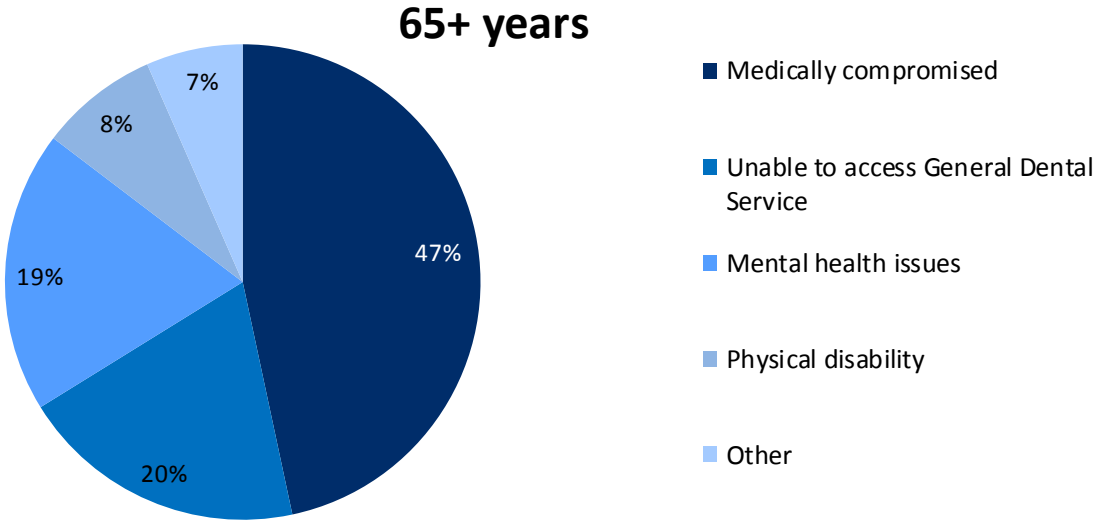


Source: Welsh Government

(a) Percentages are of the 21,194 '16-64' year old patients with a known patient category and age (487 patients at ABM CDS had an 'unknown' patient category and age, see [notes](#).)

The proportion of contacts with adult patients aged 16-64 who were unable to access the GDS was 40 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 (20 per cent).

**Chart 9: Percentage of total contacts by patient category, patients aged 65 years or over, 2016-17 <sup>(a)</sup>**



Source: Welsh Government

(a) Percentages are of the 8,875 '65+' year old patients with a known patient category and age (487 patients at ABM CDS had an 'unknown' patient category and age, see [notes](#).)

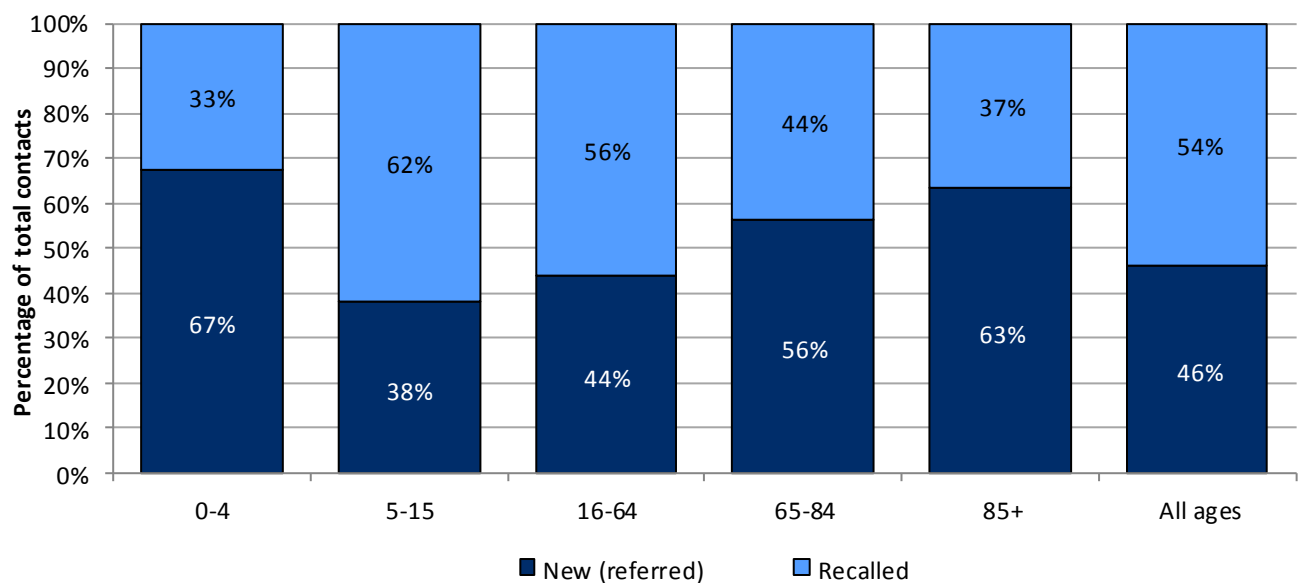
In older patients, aged 65 and over, there were proportionally more contacts with patients who were medically compromised or had mental health issues.

[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 almost half (49 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 quarter of Aneurin Bevan's patients (25 per cent) and only 7 per cent of Powys's patients. Around a fifth of Aneurin Bevan's patients seen had learning disabilities (19 per cent) or mental health issues (18 per cent), and almost a fifth of Betsi Cadwaladr's patients were medically compromised (17 per cent) whereas most other CDSs saw less than half of these amounts in these categories.

## Referral source

CDSs record the referral source for all patients seen. Almost half (46 per cent) of patients seen by the CDS in 2016-17 were patients who were new to the CDS ([Table 5](#)), and almost half of these (48 per cent) were self-referred ([Table 6](#)).

**Chart 10: Referrals by age, 2016-17 <sup>(a)</sup>**



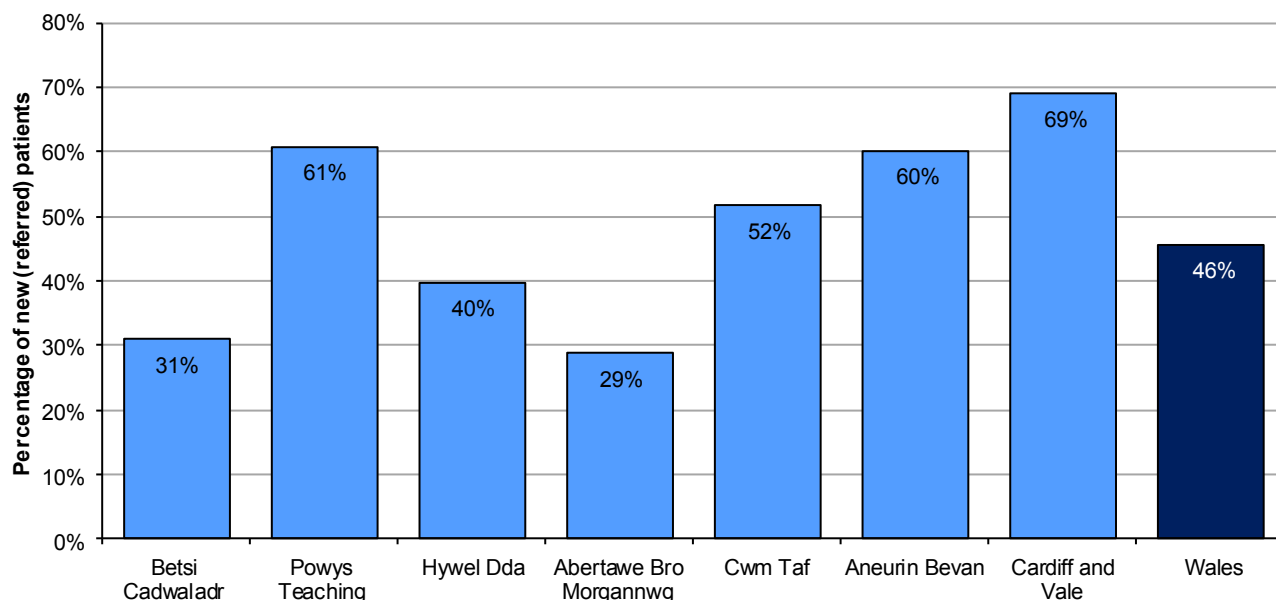
Source: Welsh Government

(a) Percentages are of the 72,761 patients with a known reason for treatment (963 patients at ABM CDS had an 'unknown' reason for treatment, see [notes](#).)

Chart 10 shows how the proportion of new and recalled patients varied within each age group. The very young and very old age categories both had higher proportions of new patients whereas the adults were mostly recalled patients.



**Chart 11: Percentage of new patients by CDS, 2016-17 <sup>(a)</sup>**



Source: Welsh Government

(a) Percentage for ABM CDS and Wales is of the 72,761 patients with a known reason for treatment (963 patients at ABM CDS had an 'unknown' reason for treatment, see [notes](#).)

The proportion of new patients varied greatly across each CDS, from 29 per cent in Abertawe Bro Morgannwg to 69 per cent in Cardiff and Vale ([Table 5](#)). The source of the referral for new patients showed interesting variation between CDSs. In 2 of the 7 CDSs a high proportion (73 per cent or more) of new patients came from self referrals whereas the other CDSs had fewer self referrals ([Table 6](#)). This reflects the fact that CDSs have differing policies with regards to self-referral.

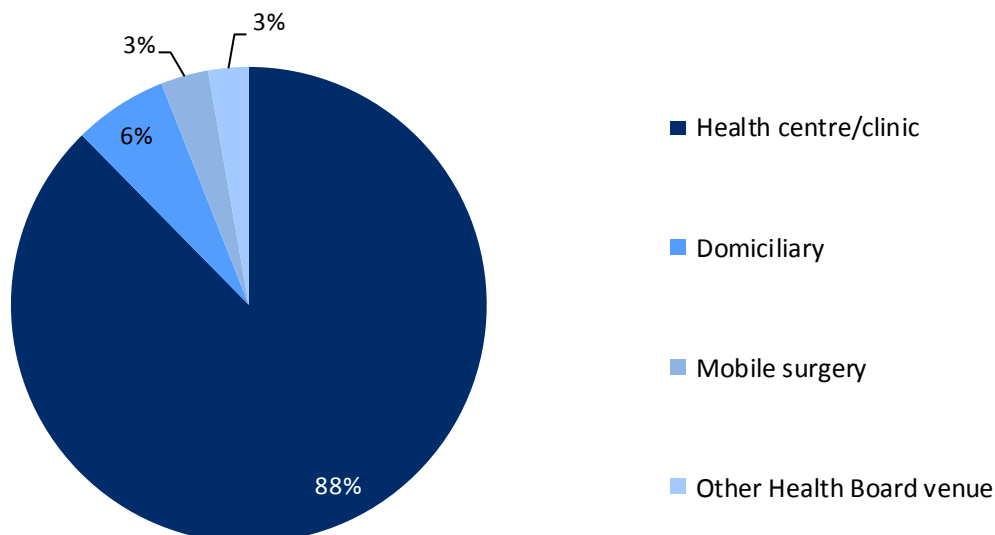
### **Patients treated under general anaesthetic or sedation**

[Table 7](#) shows that there were 6,690 contacts (4 per cent of total contacts) in the CDS in 2016-17 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 6 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 (98 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, 2016-17**



Source: Welsh Government

In 2016-17 the majority (88 per cent) of contacts took place within a health centre/clinic, no change since 2015-16. Note that data is not strictly comparable to years prior to 2014-15 as in this year an additional category of 'Other health board venue' was added (see [notes](#)).

[Table 9](#) shows 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 67 per cent were seen by means of a domiciliary visit.

## Screening

The CDS has a role in screening school children and other priority groups. Most children's screening in Wales is now carried out under 'Designed to Smile', a national oral health improvement programme, which aims to reduce the gap between the oral health of children from the most deprived and the least deprived families. The programme is delivered by the Community Dental Service in schools and nurseries in some of the most disadvantaged communities where chronic tooth decay is worst. Some CDSs carry out additional screening and it is only this screening which is presented here. [Monitoring reports for 'Designed to Smile'](#) are available.

[Table 10](#) shows that there were 4,408 patients screened in 2016-17. Routine children's screening accounted for 44 per cent of all screenings.

## Activity

Data showing activities undertaken by Dentists and Dental Care Professionals is no longer collected as part of the CDSWR.

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

							Number of Contacts					
	2015-16						2016-17					
CDS	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+	Total
Betsi Cadwaladr	5,815	24,711	20,817	4,470	1,926	57,739	5,376	24,278	20,587	4,892	2,166	57,299
Powys Teaching	608	3,851	3,243	909	357	8,968	535	3,471	3,592	1,165	454	9,217
Hywel Dda	1,660	10,303	4,329	799	358	17,449	1,454	6,306	3,205	719	395	12,079
Abertawe Bro Morgannwg (a)	..	..	..	..	..	..	1,188	7,229	5,788	1,004	266	15,475
Cwm Taf	4,304	22,452	9,010	1,963	1,122	38,851	4,169	22,635	9,236	1,818	1,089	38,947
Aneurin Bevan	2,247	9,587	5,755	2,890	2,006	22,485	1,415	9,233	6,872	2,615	1,962	22,097
Cardiff and Vale	2,525	11,334	9,567	2,912	1,835	28,173	2,053	9,991	6,762	1,911	1,579	22,296
Wales	17,159	82,238	52,721	13,943	7,604	173,665	16,190	83,143	56,042	14,124	7,911	177,410

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#). Wales total represents remaining 6 CDSs.

Source: Welsh Government

.. Data not available

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

Number of Contacts												
CDS	2015-16						2016-17					
	0-4	5-15	16-64	65-84	85+	Total	0-4	5-15	16-64	65-84	85+	Total
Betsi Cadwaladr	2,589	10,033	7,584	1,593	971	22,770	2,956	9,857	7,579	1,903	1,127	23,422
Powys Teaching	397	1,460	1,326	369	172	3,724	310	1,345	1,424	453	209	3,741
Hywel Dda	1,208	5,267	2,016	344	224	9,059	1,313	3,510	1,660	374	256	7,113
Abertawe Bro Morgannwg (a)	..	..	..	..	..	..	671	2,769	1,865	344	122	5,771
Cwm Taf	2,368	8,300	3,633	684	468	15,453	2,141	7,972	3,564	692	494	14,863
Aneurin Bevan	1,365	4,266	1,915	1,079	936	9,561	796	3,654	2,007	900	777	8,134
Cardiff and Vale	1,470	4,663	3,791	735	616	11,275	1,238	4,475	3,649	726	592	10,680
Wales	9,397	33,989	20,265	4,804	3,387	71,842	9,425	33,582	21,748	5,392	3,577	73,724

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#). Wales total represents remaining 6 CDSs.

Source: Welsh Government

.. Data not available

**Table 3: Attendance by CDS**

CDS	2015-16					2016-17				
				<i>Number of contacts</i>					<i>Number of contacts</i>	
	<i>First contact</i>	<i>Subsequent contact</i>	<i>Total contacts</i>	<i>Of which urgent/emergency</i>	<i>Percentage of urgent/emergency</i>	<i>First contact</i>	<i>Subsequent contact</i>	<i>Total contacts</i>	<i>Of which urgent/emergency</i>	<i>Percentage of urgent/emergency</i>
Betsi Cadwaladr	22,770	34,969	57,739	4,069	7%	23,422	33,877	57,299	4,338	8%
Powys Teaching	3,724	5,244	8,968	803	9%	3,741	5,476	9,217	739	8%
Hywel Dda	9,059	8,390	17,449	1,999	11%	7,113	4,966	12,079	1,063	9%
Abertawe Bro Morgannwg (a)	..	..	..	..	..	5,771	9,704	15,475	741	5%
Cwm Taf	15,453	23,398	38,851	3,335	9%	14,863	24,084	38,947	3,191	8%
Aneurin Bevan	9,561	12,924	22,485	1,799	8%	8,134	13,963	22,097	1,593	7%
Cardiff and Vale	11,275	16,898	28,173	4,762	17%	10,680	11,616	22,296	4,039	18%
<b>Wales</b>	<b>71,842</b>	<b>101,823</b>	<b>173,665</b>	<b>16,767</b>	<b>10%</b>	<b>73,724</b>	<b>103,686</b>	<b>177,410</b>	<b>15,704</b>	<b>9%</b>

(a) Abertawe Bro Morgannwg CDS has been excluded for 2015-16, see [notes](#). Wales total represents remaining 6 CDSs.

Source: Welsh Government

.. Data not available

**Table 4: Number of patients by patient category by CDS <sup>(a)</sup>, 2016-17**

Patient category	Number of contacts							
	Betsi Cadwaladr	Powys Teaching	Hywel Dda	Abertawe Bro Morgannwg (a)	Cwm Taf	Aneurin Bevan	Cardiff and Vale	Wales (a)
Unable to access General Dental Service	4,211	2,572	1,832	1,967	5,179	1,557	4,691	22,009
Vulnerable patients, of which:								
Child unable to cope with routine dental care	6,056	191	1,309	131	3,762	1,631	200	13,280
Child who chooses to stay with the CDS	4,161	61	912	912	3,504	394	3,099	13,043
Homeless	6	5	17	10	35	1	82	156
Hospital in-patient	36	21	46	2	15	13	3	136
Learning disability	1,337	155	936	851	803	1,529	716	6,327
Medically compromised	3,909	230	500	416	1,117	702	677	7,551
Mental health issues	555	79	382	295	158	1,495	247	3,211
Phobic/anxiety	2,731	349	595	467	129	363	136	4,770
Physical disability	391	70	527	166	160	441	155	1,910
Prisoner	11	1	4	19	0	0	623	658
Substance misuse	18	7	53	48	1	8	51	186
<b>Total (a)</b>	<b>23,422</b>	<b>3,741</b>	<b>7,113</b>	<b>5,771</b>	<b>14,863</b>	<b>8,134</b>	<b>10,680</b>	<b>73,724</b>
Patient category	Per cent (b)							
	Betsi Cadwaladr	Powys Teaching	Hywel Dda	Abertawe Bro Morgannwg (a)	Cwm Taf	Aneurin Bevan	Cardiff and Vale	Wales
Unable to access General Dental Service	18%	69%	26%	37%	35%	19%	44%	30%
Vulnerable patients, of which:								
Child unable to cope with routine dental care	26%	5%	18%	2%	25%	20%	2%	18%
Child who chooses to stay with the CDS	18%	2%	13%	17%	24%	5%	29%	18%
Homeless	0%	0%	0%	0%	0%	0%	1%	0%
Hospital in-patient	0%	1%	1%	0%	0%	0%	0%	0%
Learning disability	6%	4%	13%	16%	5%	19%	7%	9%
Medically compromised	17%	6%	7%	8%	8%	9%	6%	10%
Mental health issues	2%	2%	5%	6%	1%	18%	2%	4%
Phobic/anxiety	12%	9%	8%	9%	1%	4%	1%	7%
Physical disability	2%	2%	7%	3%	1%	5%	1%	3%
Prisoner	0%	0%	0%	0%	0%	0%	6%	1%
Substance misuse	0%	0%	1%	1%	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>100.0%</b>	<b>100.0%</b>

Source: Welsh Government

(a) Total includes 487 contacts at ABM CDS with 'unknown' patient category, see [notes](#).

(b) Percentage is of total with known category.

**Table 5: Reason for CDS treatment by CDS <sup>(a)</sup>, 2016-17**

CDS	Number			Per cent (b)		
	Recalled patients	New (referral) patients	Total contacts	Recalled patients	New (referral) patients	Total contacts
Betsi Cadwaladr	16,168	7,254	23,422	69%	31%	100%
Powys Teaching	1,469	2,272	3,741	39%	61%	100%
Hywel Dda	4,286	2,827	7,113	60%	40%	100%
Abertawe Bro Morgannwg (a)	3,418	1,390	5,771	71%	29%	100%
Cwm Taf	7,185	7,678	14,863	48%	52%	100%
Aneurin Bevan	3,244	4,890	8,134	40%	60%	100%
Cardiff and Vale	3,322	7,358	10,680	31%	69%	100%
<b>Wales (a)</b>	<b>39,092</b>	<b>33,669</b>	<b>73,724</b>	<b>54%</b>	<b>46%</b>	<b>100%</b>

Source: Welsh Government

(a) Total contacts includes 963 patients at ABM CDS with 'unknown' reason for treatment, see [notes](#).

(b) Percentage is of total with known reason.

**Table 6: New referrals source by CDS, 2016-17**

							<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	2,079	1,288	2,248	61	222	1,356	<b>7,254</b>
Powys Teaching	948	26	885	13	21	379	<b>2,272</b>
Hywel Dda	184	81	759	243	12	1,548	<b>2,827</b>
Abertawe Bro Morgannwg (d)	432	130	770	48	1	9	<b>1,390</b>
Cwm Taf	747	24	967	100	208	5,632	<b>7,678</b>
Aneurin Bevan	1,571	45	1,292	426	0	1,556	<b>4,890</b>
Cardiff and Vale	124	89	1,171	140	42	5,792	<b>7,358</b>
<b>Wales</b>	<b>6,085</b>	<b>1,683</b>	<b>8,092</b>	<b>1,031</b>	<b>506</b>	<b>16,272</b>	<b>33,669</b>
							<i>Per cent (e)</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	29%	18%	31%	1%	3%	19%	100%
Powys Teaching	42%	1%	39%	1%	1%	17%	100%
Hywel Dda	7%	3%	27%	9%	0%	55%	100%
Abertawe Bro Morgannwg (d)	31%	9%	55%	3%	0%	1%	100%
Cwm Taf	10%	0%	13%	1%	3%	73%	100%
Aneurin Bevan	32%	1%	26%	9%	0%	32%	100%
Cardiff and Vale	2%	1%	16%	2%	1%	79%	100%
<b>Wales</b>	<b>18%</b>	<b>5%</b>	<b>24%</b>	<b>3%</b>	<b>2%</b>	<b>48%</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.

(d) Total number of referrals at may be under represented as there were 963 patients at ABM CDS with 'unknown' reason for treatment, see [notes](#).

(e) Percentage is of total with known reason.

**Table 7: Type of sedation by CDS, 2016-17**

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	1,698	1,485	335	9	3,527	48%	42%	9%	0%
Powys Teaching	81	361	2	0	444	18%	81%	0%	0%
Hywel Dda	16	163	30	0	209	8%	78%	14%	0%
Abertawe Bro Morgannwg	0	179	75	2	256	0%	70%	29%	1%
Cwm Taf	1,339	132	0	0	1,471	91%	9%	0%	0%
Aneurin Bevan	73	556	100	0	729	10%	76%	14%	0%
Cardiff and Vale	0	48	6	0	54	0%	89%	11%	0%
<b>Wales</b>	<b>3,207</b>	<b>2,924</b>	<b>548</b>	<b>11</b>	<b>6,690</b>	<b>48%</b>	<b>44%</b>	<b>8%</b>	<b>0%</b>

Source: Welsh Government

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

**Table 8: Type of sedation by age, 2016-17**

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	740	2,024	430	13	0	<b>3,207</b>	98%	56%	19%	14%	.
Inhalation sedation	13	1,609	1,254	48	0	<b>2,924</b>	2%	44%	57%	53%	.
IV sedation	0	2	517	29	0	<b>548</b>	0%	0%	23%	32%	.
Other sedation, therapy or technique.	0	1	10	0	0	<b>11</b>	0%	0%	0%	0%	.
<b>Wales</b>	<b>753</b>	<b>3,636</b>	<b>2,211</b>	<b>90</b>	<b>0</b>	<b>6,690</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, 2016-17**

						<i>Number of Contacts</i>
<b>CDS</b>	<b>0-4</b>	<b>5-15</b>	<b>16-64</b>	<b>65-84</b>	<b>85+</b>	<b>Total</b>
<b>Health centre/clinic</b>						
Betsi Cadwaladr	5,050	23,197	19,975	3,726	731	52,679
Powys Teaching	515	3,338	3,436	988	236	8,513
Hywel Dda	1,453	6,061	3,078	567	271	11,430
Abertawe Bro Morgannwg	1,149	6,565	5,306	917	243	14,180
Cwm Taf	3,461	19,443	8,897	1,472	320	33,593
Aneurin Bevan	1,376	8,613	5,561	1,106	274	16,930
Cardiff and Vale	1,949	9,452	5,342	1,020	377	18,140
<b>Wales</b>	<b>14,953</b>	<b>76,669</b>	<b>51,595</b>	<b>9,796</b>	<b>2,452</b>	<b>155,465</b>
<b>Mobile surgery</b>						
Betsi Cadwaladr	0	0	10	0	0	10
Powys Teaching	20	127	117	22	6	292
Hywel Dda	0	215	0	0	0	215
Abertawe Bro Morgannwg	24	498	174	21	61	778
Cwm Taf	257	2,271	192	0	0	2,720
Aneurin Bevan	9	312	581	71	22	995
Cardiff and Vale	102	535	90	6	0	733
<b>Wales</b>	<b>412</b>	<b>3,958</b>	<b>1,164</b>	<b>120</b>	<b>89</b>	<b>5,743</b>
<b>Domiciliary</b>						
Betsi Cadwaladr	3	9	307	1,158	1,435	2,912
Powys Teaching	0	6	38	153	211	408
Hywel Dda	0	0	43	135	118	296
Abertawe Bro Morgannwg	0	0	0	0	0	0
Cwm Taf	0	0	144	346	769	1,259
Aneurin Bevan	29	296	683	1,401	1,637	4,046
Cardiff and Vale	2	4	310	883	1,202	2,401
<b>Wales</b>	<b>34</b>	<b>315</b>	<b>1,525</b>	<b>4,076</b>	<b>5,372</b>	<b>11,322</b>
<b>Other Health Board venue</b>						
Betsi Cadwaladr	323	1,072	295	8	0	1,698
Powys Teaching	0	0	1	2	1	4
Hywel Dda	1	30	84	17	6	138
Abertawe Bro Morgannwg	15	166	308	2	26	517
Cwm Taf	451	921	3	0	0	1,375
Aneurin Bevan	1	12	47	37	29	126
Cardiff and Vale	0	0	1,020	2	0	1,022
<b>Wales</b>	<b>791</b>	<b>2,201</b>	<b>1,758</b>	<b>68</b>	<b>62</b>	<b>4,880</b>

Source: Welsh Government



**Table 10: Patients screened (a) by category and CDS, 2016-17**

							<i>Number of Patients</i>
<b>Category</b>	Routine children's screening	Day centre/hospital	Secure unit/prison	Adults in residential accomodation	Special needs schools	Other	<b>Total</b>
Betsi Cadwaladr	1,677	0	0	0	1,017	0	<b>2,694</b>
Powys Teaching	0	0	0	110	0	0	<b>110</b>
Hywel Dda	277	0	0	239	32	0	<b>548</b>
Abertawe Bro 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	0	1,056	0	0	<b>1,056</b>
Cardiff and Vale	0	0	0	0	0	0	<b>0</b>
<b>Wales</b>	<b>1,954</b>	<b>0</b>	<b>0</b>	<b>1,405</b>	<b>1,049</b>	<b>0</b>	<b>4,408</b>

Source: Welsh Government

(a) The table includes routine children's screening and 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.

Abertawe Bro Morgannwg CDS was unable to provide accurate data for 2015-16 and therefore has been excluded from all analyses. Data was submitted but later analysis showed that it was not sufficiently accurate to be included. The CDS has looked in detail at the reasons for this. It is apparent that CDS staff were submitting data accurately and on-time, but it was not collated centrally.

Please be aware therefore that all totals now represent the total of the remaining 6 CDSs, not the all-Wales total, and as such comparisons with previous years data is not possible at all-Wales level.

In 2016-17, for the same reasons mentioned above, 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.

### 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.

**Homeless**

**Substance misuse**

**Hospital in-patient**

**Prisoner**

**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 Official 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 Official 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

November 2018 (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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