

An overview of NHS urgent dental care provision in Wales: where are the hotspots?

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Key points

Provides a seven-year overview (2017–2024) of NHS urgent primary dental care provision across Wales in the context of dental policy changes and sociodemographic variations.

Highlights that while the number of NHS urgent dental care claims per year in general dental practice has remained relatively constant, urgent care as a proportion of total NHS dental claims has increased.

Discusses the relationship between levels of deprivation and the rates of NHS adult urgent dental care attendance across Wales.

Abstract

Aim Welsh Government NHS dental contract reform initiatives allowed Local Health Boards to add weighting towards urgent dental care. The policy changes aimed to increase access to NHS urgent dental services in Wales. The aim of this paper was to determine the demand for NHS urgent primary dental care in Wales and to identify any sociodemographic predictors.

Methods Data were requested from NHS Business Services Authority for all urgent FP17W dental claims submitted from 2017–2024. Population estimates were obtained from Stats Wales and Welsh Index of Multiple Deprivation scores from InfoBase Cymru.

Results The number of NHS urgent FP17W claims per year remained relatively constant over the seven-year study; however, urgent care as a proportion of total claims has increased. The regions in Wales with the strongest relationship between high adult urgent dental attendance and deprivation in 2017–2018 were Blaenau Gwent, Cardiff and Torfaen. By 2023–2024, Blaenau Gwent and Torfaen remained prominent ‘hotspots’, with Merthyr Tydfil, Newport, and Rhondda Cynon Taf also emerging as areas of concern.

Conclusion Targeted interventions in the regions highlighted may aid in the planning and commissioning of acute dental services to improve access and quality of care for patients in Wales.

Introduction

Urgent dental care refers to situations where an individual is experiencing pain or has a pressing concern that requires immediate attention or prompt professional advice, although there are a range of definitions available.¹ If a patient wishes to seek care through the National Health Service (NHS), they can contact their own provider (if an established relationship

exists or within a course of treatment), find a dentist independently, or be directed to a local provider via NHS 111, which may include community or hospital dental clinics.

Access to NHS dentistry remains a significant issue across the UK; however, the provision of dental services is a devolved responsibility. In Wales, the Welsh Government determines dental health policy but the commissioning and planning of dental services is the responsibility of the seven Local Health Boards (LHBs).² NHS General Dental Service (GDS) contract reform initiatives were first introduced in Wales in 2017.³ When services were restarted after the COVID-19 pandemic in April 2022, most NHS dental practices had opted to join the reform initiative and were offered a variation to the contract comprising a set of key performance indicators or metrics.^{3,4} In 2023–2024, these included a metric for ‘new’ and ‘new urgent’ patients, which corresponded

to 25% of the maximum of a GDS contract value at the time.⁴ A ‘new’ patient was defined as an individual for whom the contract holder had not submitted a course of treatment for in the preceding four financial years. A ‘new urgent’ patient was expected to receive an assessment and definitive treatment, but no Assessment of Clinical Oral Risks and Needs (ACORN) was required, unlike for ‘new’ non-urgent patients.⁴ ACORN is a chairside risk assessment tool introduced in Wales as part of contract reform and requires an assessment of risk for all patients receiving NHS dental care, to be completed once a year.⁵

The contract amendments provided LHBs with a mechanism to target specific patient groups and to influence their uptake by practices, an ability that had not existed before. Practices were also granted flexibility in how they allocated their patients, for example allowing contract holders to offset seeing

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Table 1 Number of urgent FP17W claims submitted by year and patient group from 2017–2024 in Wales

Year	Adult fee-exempt urgent FP17W claims (18–65+ years)	Adult fee-paying urgent FP17W claims (18–65+ years)	Child FP17W urgent claims (0–17 years)	Total urgent FP17W claims	Total FP17W claims	Urgent claims as a percentage of all FP17W claims (%)
2017–2018	61,317	127,741	24,382	213,440	2,374,570	9.0
2018–2019	56,868	135,752	25,466	218,086	2,426,609	9.0
2019–2020	55,939	140,596	26,231	222,766	2,338,670	9.5
2020–2021	55,004	145,339	23,787	224,130	549,241	40.8
2021–2022	58,997	146,124	24,985	230,106	1,051,271	21.9
2022–2023	50,452	118,712	22,845	192,009	1,360,796	14.1
2023–2024	61,582	131,400	28,565	221,547	1,401,308	15.8

more new patients by seeing fewer new urgent patients, or viceversa.⁴ A ratio of 2.5 historic patients, to one new or new urgent patient was later established, preceding the adoption of a policy allowing full transferability across all patient groups – effectively eliminating these fixed targets, but with the added weighting.⁶

These policy changes suggest that access to dental services, particularly for those in pain not known to a dental practice, will have significantly increased in scale. The theory underpinning these changes was that capacity would be created by adhering more strictly to National Institute for Health and Care Excellence 2004 recall guidelines.⁷ Nevertheless, it is widely reported that access to NHS dentistry is still a significant problem.⁸ In August 2022, a BBC investigation also revealed that Wales lagged behind all other nations, with only 7% of practices accepting new patients.⁹ Given that clinical capacity for dental practices is also finite, many have argued that urgent patients have been prioritised to the detriment of historic patients, further exacerbating general issues around access to care.¹⁰

Aims

The aim of this paper was to determine the demand for NHS urgent primary dental care in Wales between 2017–2024 in relation to the Welsh Government contract reform initiatives and identifying any sociodemographic predictors.

Method

FP17W forms are used to record dental activity and are linked to payment. They are submitted for every course of NHS dental treatment undertaken in general dental practice in Wales; however, this does not include hospitals. Some

claims are submitted by Community Dental Services (CDS), but these are completed somewhat inconsistently and are not easily identifiable to isolate from other claims. For the NHS dentist, ‘urgent care’ refers to an urgent banded course of treatment that consists of one or more of the treatments listed in Schedule 4 of the NHS charges regulations.¹¹ Requests for data were made to data services at NHS Business Services Authority (NHSBSA) for data available on all urgent FP17W claims submitted from 2017–2024. Data before 2017–2018 fall outside of NHSBSA’s retention period. The patient details requested included breakdown by total number, geographic region, age and charge status (adult fee-paying, adult fee-exempt or child). NHSBSA reports on geographical data according to the 22 local authorities (LAs) in Wales, which make up the seven LHBs.

To permit the calculation of standardised rates, population estimates were obtained from Stats Wales¹² and Welsh Index of Multiple Deprivation (WIMD) scores from InfoBase Cymru.¹³ WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived) and is the Welsh Government’s official measure of relative deprivation. Small areas are census geographies called lower-layer super output areas (LSOAs).

Data were analysed using descriptive analysis and ArcGIS software (California, United States of America) was used to generate the interactive maps. ArcGIS is a geospatial software that enables visualisation of geographic data analysis. Linear regression modelling was conducted on GraphPad Prims 10 (GraphPad Software Inc, La Jolla, USA).

Since data were obtained from national public body organisations and were both aggregated and anonymised, formal ethical approval was not required.

Results

Over the seven-year period there were a total of 11,502,465 FP17W NHS dental claims, including 1,522,084 urgent claims. The number of reported urgent FP17W claims remained relatively constant between 2017–2024, even throughout the COVID19 pandemic, with an average of 217,440 claims per year (Table 1). Approximately 40% of all urgent claims were for non-fee-paying patients, with adult fee-exempt patients making up 30% and children 10%. Adult fee-paying patients account for roughly 60% of all urgent FP17W claims.

In 2023–2024, a total of 1,401,308 FP17W forms were submitted, of which 221,547 (15.8%) were for urgent dental claims (Table 1). In 2017–2018 (unaffected by the COVID19 pandemic) there were a similar number of urgent claims (213,440), but these accounted for 9% of the total 2,374,570 claims that year. The proportion of urgent claims was also very stable before the pandemic, between 2017–2020. While the total number of FP17W claims in 2023–2024 has nearly halved compared to 2017–2018, the proportion of urgent claims is 75% higher.

Although the majority of NHS dental care in 2023–2024 was delivered by general dental practice through the GDS contract, there were 39,563 assumed CDS FP17W claims, including 9,990 for urgent treatment. These accounted for 2.8% of all FP17W claims and 4.5% of the 221,547 urgent submissions recorded that year.

With a 3.5% increase in the total adult population of Wales from 2017–2024, the rate of adult urgent FP17W claims per 1000 population within different geographic regions are presented according to Wales’ local authorities in 2017–2018 and 2023–2024

Table 2 Number of adult urgent FP17W claims for each of the 22 local authorities in 2017–2018 and 2023–2024 including rates of adult urgent claims per 1,000 population in Wales

Local authority	2017–2018			2023–2024		
	All adult urgent FP17W claims (18–65+)	Adult mid-year population estimates (1865+)	Adult urgent dental rate/ 1,000 population	All adult urgent FP17W claims (18–65+)	Adult mid-year population estimates (18–65+)	Adult urgent dental rate/ 1,000 population
Blaenau Gwent	5,356	54,587	98.1	5,505	54,032	101.9
Bridgend	10,658	114,043	93.5	7,914	117,802	67.2
Caerphilly	8,753	139,927	62.6	10,886	140,377	77.5
Cardiff	26,763	280,995	95.2	21,886	307,789	71.1
Carmarthenshire	8,928	148,238	60.2	8,675	153,399	56.6
Ceredigion	3,795	60,199	63.0	4,123	61,618	66.9
Conwy	3,670	93,558	39.2	4,893	93,937	52.1
Denbighshire	12,118	75,351	160.8	4,390	77,877	56.4
Flintshire	7,041	123,148	57.2	8,254	124,995	66.0
Gwynedd	3,621	96,226	37.6	5,638	97,490	57.8
Isle of Anglesey	3,304	55,209	59.8	2,826	56,220	50.3
Merthyr Tydfil	3,803	46,805	81.3	4,743	46,137	102.8
Monmouthshire	7,222	74,509	96.9	5,353	77,533	69.0
Neath Port Talbot	6,605	113,055	58.4	7,095	114,906	61.7
Newport	9,418	118,581	79.4	12,293	126,592	97.1
Pembrokeshire	4,372	97,670	44.8	6,014	101,521	59.2
Powys	9,091	108,459	83.8	7,263	111,015	65.4
Rhondda Cynon Taf	13,742	186,681	73.6	17,259	192,277	89.8
Swansea	20,101	192,458	104.4	21,825	199,795	109.2
Torfaen	8,136	71,822	113.3	8,738	73,991	118.1
Vale of Glamorgan	7,127	101,276	70.4	8,526	106,750	79.9
Wrexham	5,434	106,773	50.9	8,883	108,383	82.0
Overall	189,058	2,459,570	76.9	192,982	2,544,436	75.8

(Table 2). Denbighshire had the highest rate across both years, at 160.8 per 1,000 in 2017–2018; however, this appears as somewhat of an anomaly, with the rate falling considerably to 56.4 per 1,000 in 2023–2024. Excluding Denbighshire, the LA found to have the largest NHS adult urgent attendance rate decrease between 2017–2018 and 2023–2024 was Monmouthshire (-29%), and the largest increase was Wrexham (+61%). Swansea and Torfaen can be seen with rates greater than 100 per 1,000 of the population (i.e., 10% of adults) across both years.

The relationship between deprivation status and NHS adult urgent FP17W claims per 1,000 population across each LA in Wales for both 2017–2018 and 2023–2024 are visually

illustrated in Figure 1. The LAs highlighted with the strongest relationship between high adult urgent rates and deprivation in 2017–2018 were Blaenau Gwent, Cardiff and Torfaen (Fig. 1A). In 2023–2024, Blaenau Gwent and Torfaen remained prominent hotspots for adult urgent dental attendance linked to deprivation, alongside Merthyr Tydfil, Newport, and Rhondda Cynon Taf (Fig. 1B). No other changes in this relationship (increase or decrease) were observed in Caerphilly, Carmarthenshire, Ceredigion, Conwy, Gwynedd, Isle of Anglesey, Neath Port Talbot, Pembrokeshire, Swansea and Vale of Glamorgan across both years.

Linear regression modelling analysis demonstrates a strong relationship between

LAs with high NHS adult urgent dental rates and those with LSOAs ranked in the 20% most deprived LSOAs in the overall index (Fig. 2). In 2017–2018, R-squared values showed that 10% of the variance in the demand for adult urgent dental care was associated with deprivation; however, this increases to 44% by 2023–2024.

Discussion

While there has been much media attention and debate about the GDS contract and access to NHS dentistry in Wales,¹⁴ there have been insufficient data reporting on the demand for NHS urgent dental care and the associated sociodemographic challenges.

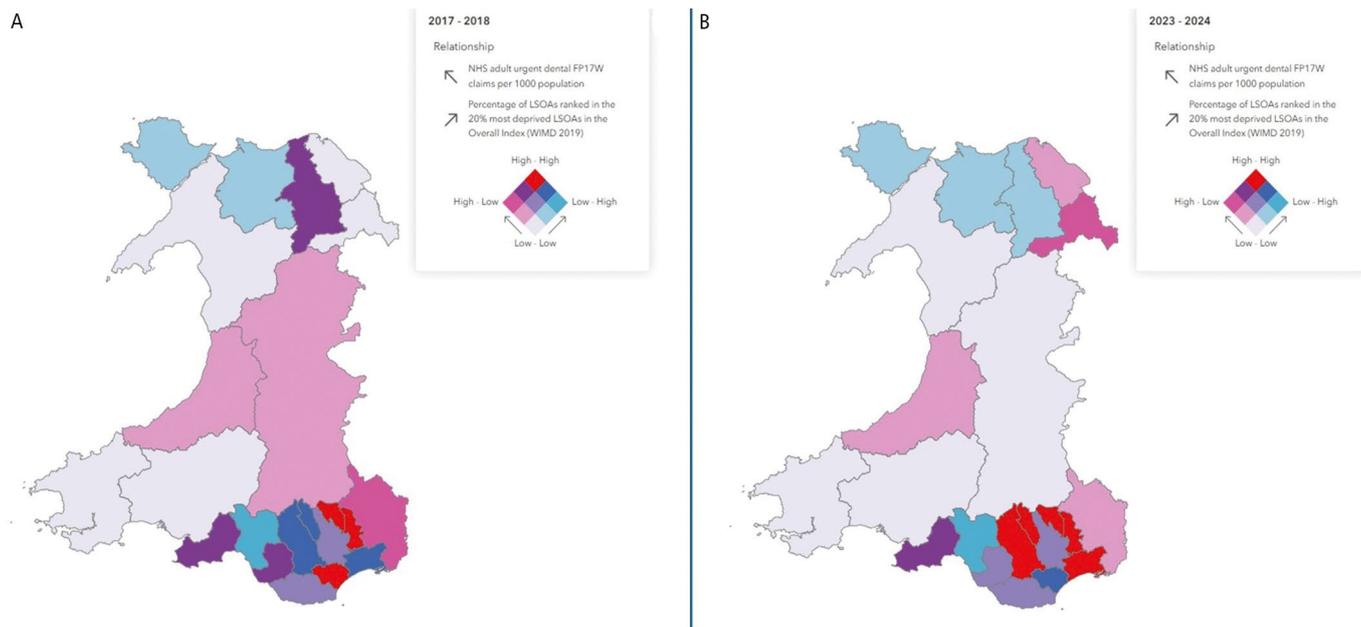
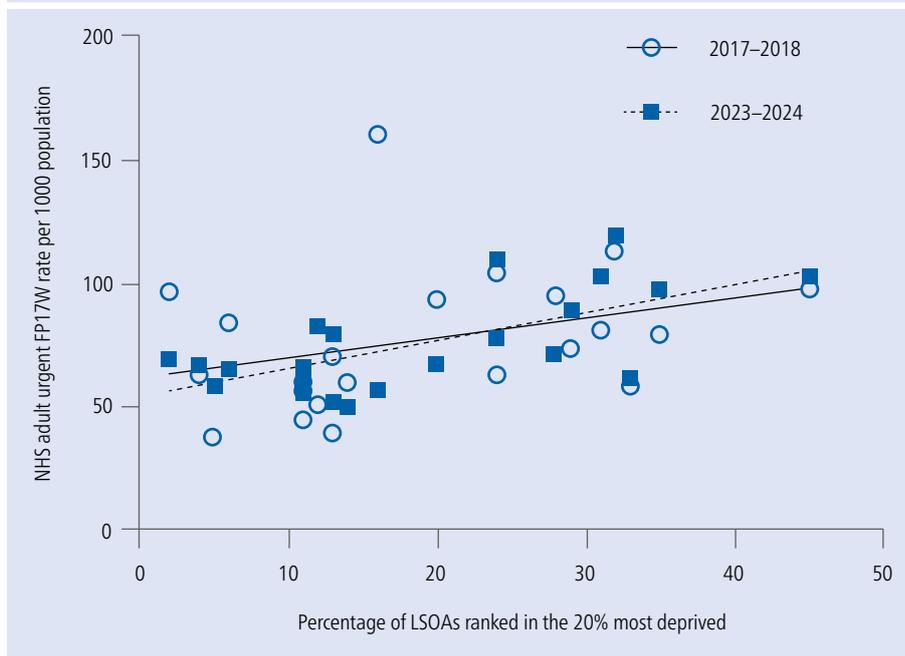


Fig. 1 A choropleth map illustrating the relationship between deprivation status (% of lower-layer super output areas ranked in the 20% most deprived) and rates of NHS adult urgent dental attendance across local authorities in Wales in (A) 2017–2018 and (B) 2023–2024

Since 2020–2021, there has been a downward trend in the proportion of urgent dental claims submitted in Wales – although they have yet to return to pre-pandemic levels. The total number of urgent claims, however, increased between 2022–2023 (192,009) and 2023–2024 (221,547). This marks a change to this downward trajectory that cannot be attributed to population change (given the 3.5% increase in the adult population observed between 2017–2024) and must therefore be closely associated with the new contract variation metrics introduced. Given that one of the rationales for these policy changes was to boost new urgent access, the increase seen may be considered to fall short of its desired outcome. It is worth noting, however, that the recent number of urgent adult fee-exempt claims markedly rose between 2022–2023 (50,452) and 2023–2024 (61,582), suggesting improved access for vulnerable groups and low-income individuals. Similarly, urgent claims for children also increased, by 20%, rising from 22,845 to 28,565 attendances over the same timeframe, both of which can be seen positively in view of attendance capture.

Throughout the observation period in this study (2017–2024), the total number of urgent FP17W claims submitted has remained relatively constant, despite a pandemic and recent amendments to the GDS contract. This stability raises questions about whether there is a ceiling and limit to the volume of NHS urgent dental care that can be provided in general

Fig. 2 A Linear regression graph demonstrating the relationship between deprivation status (% of lower-layer super output areas ranked in the 20% most deprived) and rates of NHS adult urgent dental attendance across local authorities in Wales in 2017–2018 and 2023–2024



dental practice. Interestingly, as a whole, the adult urgent dental rate for Wales was higher in 2017–2018 (76.90 per 1,000 population) than in 2023–2024 (75.84 per 1,000 population), even with the present focus on urgent access. Previous research conducted pre-pandemic in the North East and Cumbria in England (2013–2019) – an area with a comparable geography, population size and distribution to

Wales – used a similar methodology and found a general urgent primary dental care rate of 2.76% (or 27.6 per 1,000 population),¹⁵ which is markedly lower.

One of the most striking features of the FP17W data which underpin all issues related to access in Wales is that almost a million fewer claims were submitted in 2023–2024 compared with 2017–2018. Such a significant

reduction in dental service-related activity has resulted in unprecedented public outrage and media attention, with NHS dentistry even featuring prominently in the 2024 UK general election.^{16,17} The 2006 NHS dental contract has long been regarded and portrayed as the primary obstacle to delivering needs-based, effective NHS dental care for patients.¹⁴ However, the reform programme in Wales is now well-established, with the vast majority of practices participating since 2022.⁸ Despite this, measurable progress remains elusive, and the expected increase in confidence within the dental profession has yet to materialise.¹⁴

It is estimated that nearly one-third of adults in the UK choose not to attend regular dental check-ups, opting instead to seek care only when experiencing pain.^{18,19} Additionally, 10% of dentate adults report to be experiencing pain relating to their teeth at any given time.²⁰ The reasons for not seeking routine care to prevent unexpected dental problems are multifactorial; however, individuals who face these issues unexpectedly often struggle to access the timely care that they need. It is also widely recognised that adults from lower socioeconomic backgrounds are more likely to experience urgent dental conditions and do so more frequently.^{21,22} Moreover, urgent dental encounters do not facilitate ongoing continuing care for these patients or provide a solution to encourage regular attendance.²³

Dental practices are not evenly distributed across Wales – or any country – which will lead to variations in accessibility. The data presented in this report highlight a high demand for urgent dental care in LAs within larger population centres of South Wales but should not imply that urgent access is not a problem in more rural areas of Wales. Limited access to NHS dental services in less densely populated regions of the UK is well understood.^{24,25} Yet despite these disparities, measuring the number of NHS adult urgent dental encounters relative to the adult population of a region provides valuable insight into patterns and trends of service use.

Deprivation is a major issue in Wales with around a quarter of the population said to be living in poverty. High levels of deprivation are concentrated in large cities, coastal and border towns of North Wales and the valleys of South Wales.²⁶ This paper highlights a clear relationship between regions with high deprivation and those with high rates of NHS adult urgent dental attendance. When planning

and commissioning services, it is crucial to consider how patients prefer to seek care, ensuring services align with attendance patterns and are accessible to anyone experiencing dental pain. There are no studies comparing different service model designs or their effectiveness for delivering urgent dental care.²⁷

There are a few limitations recognised in this study. Firstly, patients may need or choose to travel long distances outside their locality for dental care, whether with an NHS or a private provider. Secondly, this study focuses solely on FP17W claim submissions and does not account for the number of dentists submitting, or the extent of their NHS activity, thereby limiting the analysis to broad comparisons and relative trends. Further research and study are necessary to identify the root causes of urgent dental care demand, evaluate the effectiveness of current service delivery models, and to guide the development of targeted interventions to improve long-term oral health outcomes in Wales.

Conclusion

This study highlights that over a seven-year period, between 2017–2024, the total number of NHS urgent FP17W claims per year has remained relatively constant. Although the total number of courses of treatment (indicated by FP17W submissions) has almost halved since 2017, as a proportion, urgent claims has increased by 75%. The paper also demonstrates a clear relationship between levels of deprivation and rates of NHS adult urgent dental attendance in Wales. The ‘hotspots’ highlighted may represent regions in particular distress where the planning and commissioning of acute dental services could be improved or reinforced.

Ethics declaration

The authors have no conflicts of interest to declare.

Consent to participate was not required as this study involved secondary analysis of anonymised and aggregated data. The dataset is maintained by the NHS and is publicly available upon request. As such, ethical approval was also not necessary for this research paper.

Author contributions

Conception of the work and data collection: SS. Data analysis and interpretation: SS, MFP, IGC. Drafting the article: SS. Critical revision of the article: SS, MFP, IGC. Final approval of the version to be published: SS, MFP, IGC.

Data availability

NHSBSA datasets are under Crown Copyright and their use is licenced under the terms of the ‘open government licence for public sector information’.

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