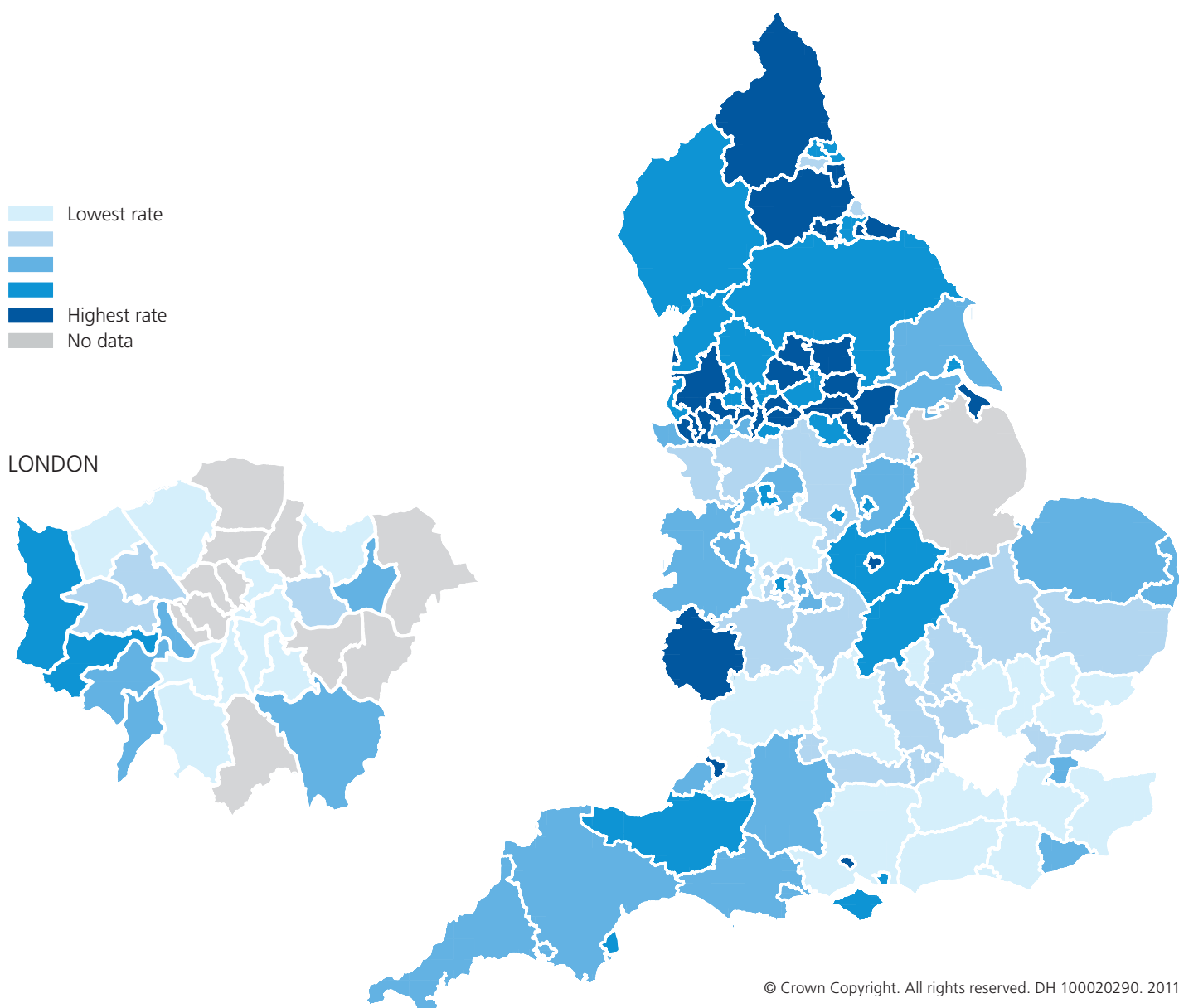


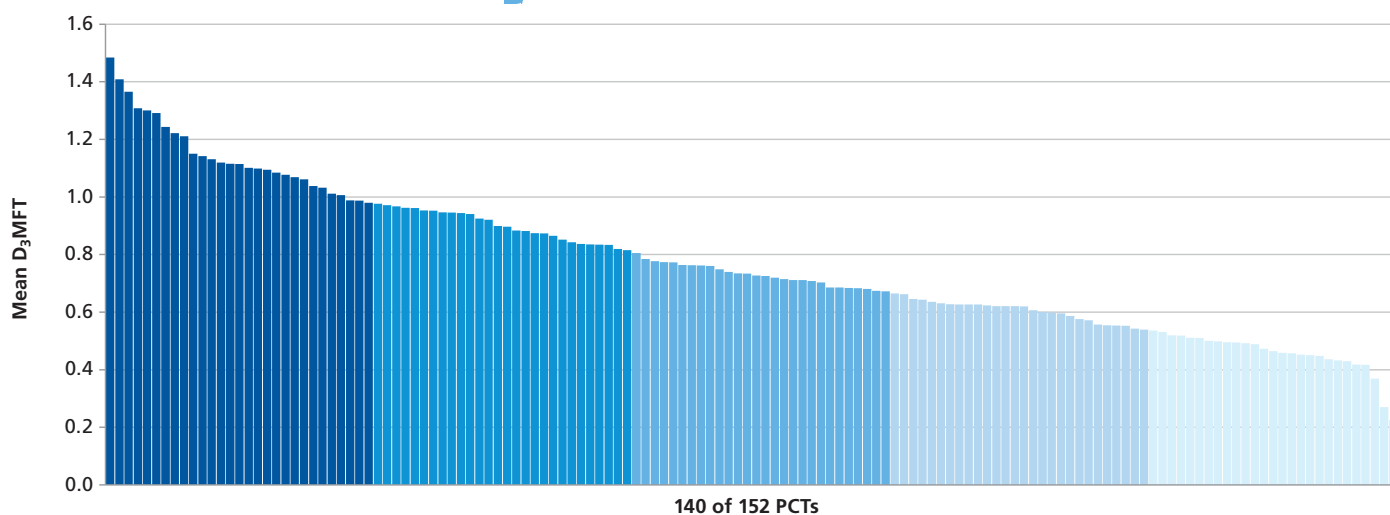
DENTAL PROBLEMS

Map 40: Mean number of decayed, missing and filled teeth in 12 year-olds by PCT

2008/09



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Context

Dental decay can prevent children from eating a full range of foods and from communicating effectively, with a loss of confidence and self-esteem that can be damaging for life. More time is lost from school due to dental disease than any other single cause.

However, children's oral health has been improving over the past 26 years, mainly as a result of the introduction of fluoride toothpaste in the 1970s.

In the Oral Health Survey of 12-year-old Children 2008/09,¹ 33.4% of pupils were found to have experience of caries, with one or more teeth that were decayed, extracted or filled because of dental caries. The remaining 66.6% of pupils were free from visually obvious signs of dental decay.

There is a proposal to include the prevalence of dental decay in children as an indicator in the Public Health Outcomes Framework.²

Data for this indicator are from the Oral Health Survey of 12-year-old Children 2008/09.

Magnitude of variation

For PCTs in England, the mean number of decayed, missing and filled teeth in 12-year-olds ranged from 0.2 to 1.5 (7-fold variation). When the five PCTs in which the mean number is highest and the five PCTs in which the mean number is lowest are excluded, the range is 0.4–1.3, and the variation is threefold.

Despite the decline in levels of disease, major inequalities persist at the level of a PCT and at that of an SHA. SHAs in the south and east of England have the lowest levels of disease. Levels are relatively low in the West Midlands where most of the population drink fluoridated water.

Options for action

Fluoridation of water is the most effective means of reducing tooth decay.

Where fluoridation is not practicable, 'toothbrushing' schemes, such as Brushing for Life (see "Resources")

developed by the Department of Health, offer potential for improvement. Under the scheme, health visitors and other appropriately trained health or social care staff demonstrate good practice in toothbrushing to families with young children at locations such as child health clinics and children's centres. They also issue free packs containing a toothbrush, a tube of fluoridated toothpaste and a leaflet with advice on oral hygiene. Packs are available from the NHS Supply Chain (see "Resources").

In accordance with the coalition government's commitment³ to improve children's oral health, the Department of Health is concerned to address the need for continuity of care. Pilot projects are underway in Manchester, Lancashire and Cumbria, and Durham and Darlington to develop closer links between general dental practitioners (high-street dentists) and primary schools. By registering the children, the dental practice team will be able to undertake preventive interventions such as the application of fluoride varnish to the teeth and provide any dental treatment that the children need. This initiative is supported by the NHS Operating Framework 2011/12, paragraph 4.43, requiring PCTs:

*"... to work with dentists and other agencies to promote improvements in the oral health of children."*⁴

The preventive advice that dental practices should give their patients is defined in *Delivering Better Oral Health. An evidence-based toolkit on prevention* (see "Resources").

RESOURCES

- An Appraisal of Brushing for Life. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085672
- NHS Supply Chain (free dental packs). <https://my.supplychain.nhs.uk/catalogue/browse/1883/brushing-for-life-scheme-pack>
- Delivering Better Oral Health. An evidence-based toolkit for prevention. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102331

1 Results of 12 year old children survey, 2008/09. <http://www.nwph.net/dentalhealth/survey-results-12.aspx>

2 Public Health Outcomes Framework – Healthy Lives, Healthy People: transparency in outcomes, proposals for a public health outcomes framework. http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_122962

3 Coalition programme for government. http://delphi.dh.gov.uk/delphi/AboutDH/Newdirectionforhealthandcare/Manifestos2010/DELPHI_019173

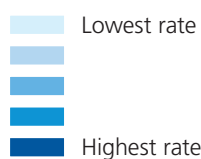
4 The Operating Framework for the NHS in England 2011/12. <http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/Planningframework/index.htm>

DENTAL PROBLEMS

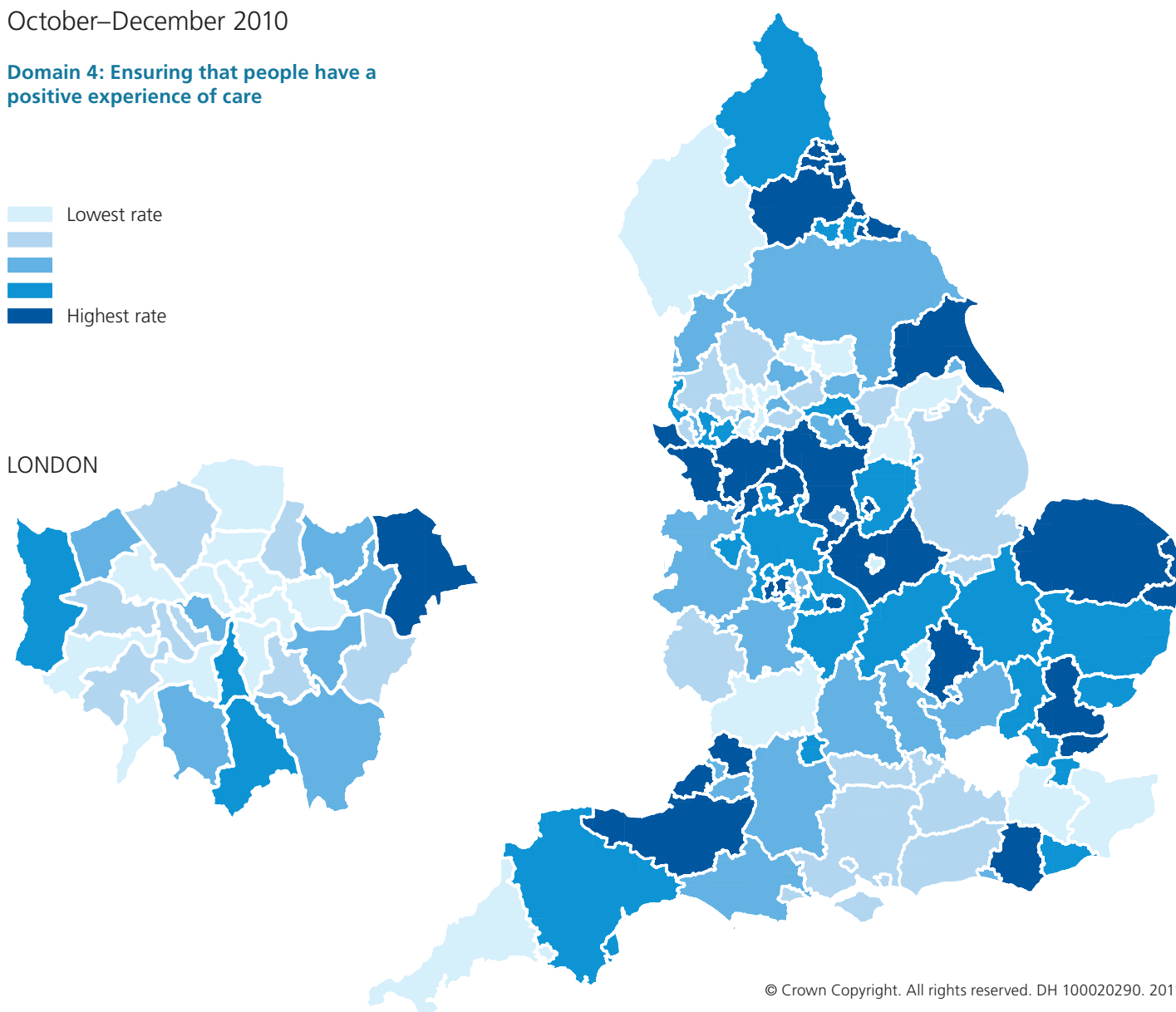
Map 41: Percentage of people who succeeded in gaining access to NHS dentistry services after requesting an appointment in the last two years by PCT

October–December 2010

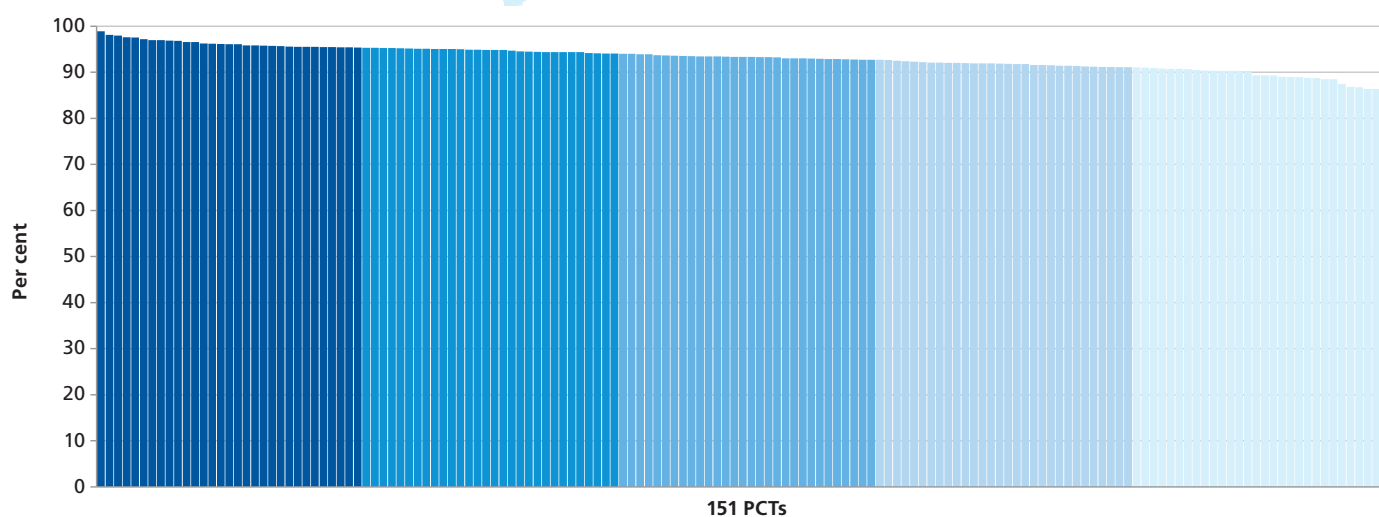
Domain 4: Ensuring that people have a positive experience of care



LONDON



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Context

The National Dental Access Programme operated from January 2009 to March 2011. During that time, the NHS achieved a two-million increase in dental access for patients. Although this formal programme has ended, the Government remains committed to improving access, as stated in the Coalition Agreement and Operating Framework for 2011/12:

"PCTs should continue to commission improvements in access to NHS dentistry, and seek to improve efficiency through effective management of dental contracts."

Domain 4 of the NHS Outcomes Framework includes "Improving access to NHS dental services", and good access to NHS dentistry is also part of the NHS' commitments to patients in the NHS Constitution Handbook.

Lack of access to an NHS dental practice can mean that people do not receive clinically necessary dental treatment. In the event of a dental emergency due to lack of regular examinations and treatment, a patient may have to present at A&E in considerable pain and thereby incur unnecessary cost for the secondary care sector.

Data for this indicator are taken from the GP survey of 1.4 million adults who were asked if they had tried to obtain an appointment with an NHS dentist and, if so, whether had they been successful.

Overall, 93% of respondents who had tried to obtain an appointment within the past two years were successful; 7% were unsuccessful. North East SHA had the largest percentage of the adult population:

- seeking an NHS dental appointment in the last two years (67%);
- being successful in making an NHS dental appointment over the last two years (96%);
- being successful in making an NHS dental appointment in the last two years at a practice to which they had not been before (84%).

Magnitude of variation

For PCTs in England, the percentage of people who succeeded in gaining access to NHS dentistry services after requesting an appointment in the last two years ranged from 86.4% to 98.9% (1.1-fold variation). When the five PCTs with the highest percentages and the five PCTs with the lowest percentages are excluded, the range is 87.5–97.2%, and the variation is 1.1-fold.

Although the degree of variation is very low, in some areas, 12–13 people in every 100 who tried to obtain an NHS dental appointment failed.

Options for action

Strategic health authority (SHA) dental leads will provide support to PCTs during 2011/12, with a focus on efficiencies, reviewing progress and monitoring access.

PCTs can consult the Dental Access Programme resources (see "Resources") relating to managing contracts and recall intervals, and obtain support from NHS Primary Care Commissioning advisors.

The Department of Health is supporting PCTs to achieve improvements in access with an 11% uplift in central funding from April 2008, and a further 8.5% uplift in total funds from April 2009. Dental allocations were further increased by 2.05% in 2011/12.

In the longer term, a new dental contract will be introduced to meet the NHS White Paper commitment to improve the quality of patient care and increase access to NHS dental services.

RESOURCES

- About Dental Access.
<http://www.pcc.nhs.uk/About-dental-access>