

Actions for the government to improve oral health



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About the Faculty of Dental Surgery

The Faculty of Dental Surgery at the Royal College of Surgeons is a professional body committed to enabling dentists and specialists to provide patients with the highest possible standards of practice and care. Our members are specialist dentists who treat complex dental problems, including advanced tooth decay, gum disease and oral cancer.

Introduction

Oral health has improved significantly since the 1970s owing to greater awareness of its importance and the widespread availability of fluoride. However, approximately a third of five-year-old children¹ and a third of adults² in England are still suffering from tooth decay (dental caries); it is the most common cause of hospital admissions among five to nine-year-olds; and the incidence rates of oral cancer in the UK have risen by a third in the past decade. Regional and social inequalities in oral health persist, with 34 per cent of 3-year-old children suffering from tooth decay in Leicester, compared with just 2 per cent in south Gloucestershire;³ and people living in socially deprived areas and vulnerable groups (such as frail older people and those with disabilities) are more likely to be affected. The situation is particularly alarming considering approximately 90 per cent of dental problems are preventable,⁴ and the damage they cause is cumulative and costly.⁵

The World Health Organization recognises that oral health is integral to overall health and essential for well-being because it 'enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment'.⁶ Dental problems commonly lead to pain and infection, causing significant morbidity, which may result in time off work or school. Yet oral diseases can be almost entirely prevented by keeping teeth and gums healthy through moderate consumption of sugar, adequate exposure to fluoride, regular brushing, and routine visits to the dentist.

The Faculty of Dental Surgery's ultimate aim is a society free of dental disease. To achieve this goal, we believe:

- **Prevention should be at the forefront of all policies to improve oral health.**
- **Fair and equitable access to high quality NHS dental care should be available to everyone.**
- **Patients should receive dental care from suitably qualified professionals in a safe environment.**

This briefing outlines the key issues and actions the government and the new Chief Dental Officer can take to improve oral health and standards of care in England. Many of the recommendations can also apply to the devolved nations.

Key oral health issues

Prevention

Improve children's oral health education

The Scottish government has been running the national *Childsmile* nursery, school and dental practice programme in disadvantaged communities since 2001. The programme costs approximately £1.8 million per year and the Scottish government claims it has successfully reduced oral health inequalities and improved children's access to dental services.⁸ In England, children's oral health has also improved during the past decade, although the percentage accessing a dentist has remained flat.⁹ Through the Scottish initiative, children and families are given advice on oral hygiene and diet, along with help to register children with an NHS dentist. According to the Scottish government's own analysis, the programme has saved nearly £5 million a year in treatment costs, as fewer children need tooth extractions and dental treatment.⁸

Owing to the success of *Childsmile*, the Welsh government launched the Designed to Smile programme in 2009, which was modelled on the Scottish initiative. Similar programmes are also operating at a local level in England, such as Manchester's *Baby Teeth DO Matter* campaign. However, there are no initiatives at a national level, despite the potential benefit of financial economies of scale. Although we welcome the National Institute for Health and Care Excellence (NICE) guidance, published in October 2014, that suggests local authorities in England should ensure all early years' services provide oral health information and advice,¹⁰ we are concerned that many will ignore this owing to budgetary constraints.

- **We urge the Department of Health and Public Health England to invest in a national oral health programme to drive improvements in children's oral health in England; at a minimum this should be targeted at areas with poor oral health.**

Enhance the role of healthcare professionals in providing preventive advice

Dental teams are playing an increasingly important role in advising patients on how they can improve and maintain their oral health. Public Health England's *Delivering Better Oral Health: An Evidence-based Toolkit for Prevention*¹¹ encourages dentists and dental care professionals to discuss the effects of oral hygiene, diet, fluoride use, tobacco and alcohol on oral health.

We believe this guidance could easily be applied to other healthcare professionals. For example, midwives, health visitors, specialist nurses and pharmacists can support good oral health and prevention in childhood, which will help to ensure these lessons are continued into adulthood. In particular, the personal child health record (also known as the PCHR or 'red book') given to parents at a child's birth should include a section to record visits to the dentist. We would also like to see oral care incorporated into the care plans of vulnerable adults.

- In its mandate to Health Education England, the government should recommend oral health features more highly in the non-dental healthcare curricula.
- The government should encourage the Royal College of Paediatrics and Child Health to include a section on dental visits in the personal child health record.
- The Department of Health should advise the NHS and social care services to consider oral health in care plans for vulnerable adults.

Tackle the increasing rates of oral cancer

The incidence rates of oral cancer in the UK have risen by a third in the last decade, with 6,800 cases diagnosed in 2011, and numbers are expected to continue increasing. The majority of cases are linked to lifestyle factors such as tobacco, alcohol and poor diet; while HPV infection is the leading cause of oropharyngeal cancer (affecting the part of the throat immediately behind the mouth). Survival rates for oral cancer are poor, with approximately half of those diagnosed dying from their condition within five years of diagnosis. However if the disease is detected and treated early, survival rates over five years can dramatically improve by up to 90 per cent.¹³

Dental teams are uniquely placed to check for signs of oral cancer and provide preventive advice during routine dental visits. The diagnosis and referral of patients with possible oral cancer is part of mandatory training for all dentists and dental care professionals registered with the General Dental Council. Yet we believe other healthcare professionals should also be trained in spotting the symptoms of oral cancer. We welcome NICE's recent guidance, *Suspected cancer: recognition and referral*, as this included a section on identifying oral cancer.¹⁴ However we are concerned that the appropriate infrastructure and training of dentists and doctors is not currently in place to assure referral of patients with possible oral cancer directly to suitable specialists.

- We urge the government to extend the HPV vaccination programme to boys in the UK to help prevent oral cancer.
- The government and the NHS should ensure doctors are appropriately trained on the key diagnostic signs and symptoms of oral cancer, in line with the NICE guidelines.

Raise awareness of the impact of sugar on oral health

Evidence shows that current intakes of sugar for all age groups in the UK exceed recommendations set by the Committee on Medical Aspects of Food Policy in 1991.¹⁵ The UK is also the biggest consumer of fizzy drinks of any country in Europe.¹⁶ Sugar plays a harmful role in poor oral health and awareness of its impact should be raised alongside public health messages on obesity, diabetes and heart disease. The NHS England Chief Executive has warned that without action on sugar consumption, the UK is at risk of causing 'slow-burn food poisoning'.¹⁷

We welcomed Public Health England's report, *Sugar Reduction: Responding to the Challenge*, which seeks to replicate the successful salt reduction programme that resulted in a 15 per cent drop in salt consumption in the UK. This includes plans to refresh the *5 a day* campaign and reconsider advice around fruit juice and

smoothies, owing to their high sugar content. Public Health England is also assessing the use of taxation in other countries to support sugar reduction and dietary health.¹⁸

- **The Department of Health and Public Health England should raise awareness of the impact of sugar on oral health as part of broader public health campaigns on sugar.**

Promote water fluoridation schemes

Public Health England's *Water Fluoridation: Health Monitoring Report for England 2014* showed that children in local authorities with water fluoridation schemes have less tooth decay than those living without them. In fact, as many as 45% fewer children aged 1 to 4 in fluoridated areas are admitted to hospital for tooth decay than those in non-fluoridated areas.¹⁹

Only 10 per cent of the English population (e.g. two thirds of the West Midlands and smaller schemes in other parts of the country) benefit from a water supply where the fluoride content, either naturally or artificially, is at the optimum level for dental health.²⁰

- **We would like to see the government encourage all local authorities to introduce water fluoridation schemes to reduce the significant inequalities in children's oral health across the country.**

Commit to further research on the link between oral health and general health

In recent years there have been a number of studies suggesting that common oral disease, specifically gum disease (periodontitis) may increase the risk of, or worsen, adverse pregnancy outcomes such as premature births and low birth weight babies,²¹ diabetes mellitus²² and cardiovascular disease.²³

We welcome Public Health England's plan to undertake further research to establish how these factors are interrelated, and whether these conditions are caused by, or made worse by, poor oral health.

- **We encourage the government to continue investing in research on the link between oral health and general health.**

Access

Address levels of access to NHS dental services

Routine visits to the dentist are essential to ensure that people are given preventive advice, along with early diagnosis and prompt treatment for any problems. Although the National Institute for Health and Care Excellence (NICE) recommends that adults visit the dentist at least once every two years, almost half of those in England did not see an NHS dentist between March 2012 and March 2014,²⁴ suggesting there are problems with access and/or some patients' willingness to visit the dentist. Indeed, Healthwatch England published a survey in August 2014 that showed people are struggling to find a local NHS dentist and in some areas just one in five surgeries are accepting new NHS patients.²⁵

Children should be registered with a dentist as soon as the first teeth appear and NICE recommends that children should visit the dentist at least once a year to reinforce preventive advice and 'lay the foundations for life-long dental health'.²⁶ The rate of tooth decay can be more rapid in children and adolescents than in older people, and seems to be faster in primary teeth than in permanent teeth.²⁷ However, almost 40 per cent of children in England did not see an NHS dentist between December 2013 and December 2014.²⁸ Further research is needed to understand why children and adults' access to NHS dentistry has not improved during the past decade.

- **We believe the government, through Public Health England and NHS England, should commission a review of the factors affecting access to NHS dentistry, and launch a national campaign to stress the importance of seeing a dentist for routine check-ups.**

Expand specialist children's dental services

The Faculty of Dental Surgery's report, *The State of Children's Oral Health in England*, warned action must be taken to reduce the high numbers of children being admitted to hospital for tooth decay – in some cases for multiple tooth extractions under general anaesthetic. Tooth decay is by far the most common cause of hospital admissions among five to nine-year-old children, with almost 26,000 admissions in 2013–14, a 14 per cent increase since 2010–11. Moreover, many of these children will be admitted to hospital more than once, with a recent study from the North West of England reporting repeat general anaesthesia rates ranging from 12 to 37 per cent, depending on which hospital provided the service.²⁹ Not only is the process a distressing experience for children and parents, it is also costly for the NHS, with £30 million spent on hospital-based tooth extractions for children under 18 years old in 2012–13.³⁰

- **In order to relieve the current overload of hospital-based services, specialist paediatric dentistry services within the primary care sector must be expanded.**

The British Society of Paediatric Dentistry has highlighted concerns that there is a severe shortage of paediatric dentistry specialists within the community dental service following the recent loss of posts.³¹ In 2008, throughout the whole of the UK, there were 234 dentists registered as paediatric dentists with the General Dental Council; currently this has declined to only 228.³² In comparison, most other specialist lists have seen a considerable expansion. We believe a proper workforce analysis is necessary so that the number of training posts for paediatric dentists and other specialists that are in short supply can be assessed.

- **We urge NHS England and Health Education England to ensure that all children with advanced tooth decay have timely access to specialist paediatric dental services when needed.**

Help patients to receive specialist NHS dental care across the country

In some parts of the country, patients are being denied access to specialist NHS dental care. For example, some patients with head and neck cancer, traumatic injuries and disfigurement of the face and mouth are being denied assessment by a consultant in restorative dentistry and access to dental implant treatment funded by the NHS, whereas in other parts of the country this is a standard treatment. Similarly, some

commissioners are restricting access to orthognathic treatment (orthodontics and surgery) for patients with facial disfigurements, while others are only considering the treatment in cases of sleep apnoea. We are also aware that some patients with special care needs who require urgent care under general anaesthesia for the relief of pain are not receiving appropriate care within an acceptable timeframe.

For affected patients, prompt dental treatment can mean the difference between speaking clearly, eating normally, returning to work and recovering from the psychological impact these conditions cause.

- **NHS England should make existing clinical guidelines clearer and ensure these are applied consistently so that every patient who needs specialist dental care receives it regardless of where they live.**

Maintain central commissioning of NHS dental services

The NHS reforms in April 2013 introduced national commissioning of all dental services (by NHS England), with the aim of achieving greater efficiency, and better integration between general and specialist dental care. However, we are concerned that NHS England is currently considering plans for the co-commissioning of dental services with local clinical commissioning groups.

Although we recognise the need for local clinical input into commissioning, the fragmentation of dental services must be avoided as this could lead to variation in standards of care and the availability of specialists across the country.

- **We believe commissioning of NHS dental services should retain NHS England's involvement to maintain consistency of standards; and consultant-led managed clinical networks should work hand in hand with commissioners to support the care pathways at a local level.**
- **At a minimum, NHS England should have a seat on the relevant decision-making body if dental commissioning is devolved as part of government plans to increase autonomy on health and social care for cities such as Manchester. It is important that empowered cities do not ignore national commissioning, and education and training plans.**

Patient safety

Reform regulation of dental professionals

Patient safety would be further enhanced by the proposals in the Law Commissions' draft Bill on the regulation of health and social care professionals.³³ These would allow the General Dental Council (GDC) to annotate its register with additional specialisms and qualifications; introduce a form of revalidation to assess dentists' continuing fitness to practise; and protect the use of certain dental titles.

Annotation of the register would be particularly useful when highlighting education and training in areas such as dental implants. The use of dental implants has grown rapidly across the UK in recent years and despite the initial relatively high cost, they are now often considered the treatment of choice for replacing missing teeth. Alongside the rise in implant surgery, there have been an increasing number of complaints to

the GDC, particularly regarding the lack of informed consent for treatment; damage to the tissue and bone surrounding the implant; and failures.³⁴

- **We urge the government to prioritise legislation to update the regulation of healthcare professionals and reassure patients they will be treated by a suitably qualified professional.**

At present, European regulations allow automatic registration to the specialist lists for dentists who are already on equivalent lists of other member states, whereas dentists who qualified outside of the European Economic Area (EEA) are assessed for equivalence of experience, training and/or qualifications. However, we have concerns that patients are being put at risk, as many of these individuals are not qualified to the same standards as UK-trained specialists.

- **We believe the government should encourage the GDC to ensure consistent and more effective assessment of specialist dentists from outside the UK by introducing Intercollegiate Equivalence Assessment Panels, and ensuring that those who wish to be put on the UK specialist list have passed the same specialty membership examinations as UK trainees.**

Continue to deliver specialist dental care for certain patients in hospitals

NHS England is currently developing a care pathway approach to commissioning dental services to ensure that patients are seen and treated according to clinical need in the most appropriate location. Although we agree with NHS England that certain specialist dental activity could be re-located to community settings, we stress that consideration of patient safety, as well as training needs, must be at the forefront in any decision. It is also difficult to envisage how some of the specialties that support clinical activity (for example, oral pathology, microbiology or radiology) could realistically be based outside the hospital setting, as financial constraints would preclude the availability of the complex diagnostic equipment required for patient care in a standalone NHS setting.

- **We believe specialist dental care for the following groups should continue to be delivered in hospitals to ensure high-quality, safe care: patients at risk of complications; patients requiring complex multi-disciplinary procedures/management; and patients requiring emergency care.**

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