Faculty of Dental Surgery at the Royal College of Surgeons

Written evidence to Health, Social Care and Sport Committee inquiry into 'Dentistry in Wales'

Summary

1. There have been significant improvements in children's oral health in Wales in recent years. The Designed to Smile scheme has played an important role in this, and we view the initiative as an exemplar in oral health prevention programmes.

2. The Welsh Government have announced plans to refocus Designed to Smile, and we are very supportive of proposals to increase the programme's engagement with hard-to-reach groups. However, it is important to recognise that there may be pockets of need amongst older cohorts, such as late teenagers, as well as very young children – Designed to Smile should ultimately seek to expand its reach amongst older age groups where the level of need justifies this.

3. In addition, the impact that Designed to Smile has had in embedding supervised tooth brushing in schools is one of the programme's central achievements, and something we believe should continue even after its resources are refocused onto 0-5 year olds. Health Boards have a key role to play in this through their oral health strategies, and we would urge them to ensure sufficient funding is available to enable schools to maintain this vital work.

4. Access to specialist paediatric dental care has historically been a challenge in Wales, with both community and hospital-based services under pressure. We welcome the Welsh Government's announcement of additional investment to improve this situation, but it is essential that this now delivers improved outcomes for children across all Health Boards. There is also a need to improve access to other dental specialisms, such as restorative dentistry and oral medicine.

5. In terms of the dental workforce, there is a risk that Wales may struggle to recruit good quality candidates for dental roles due to higher rates of pay in England. This is an issue that will need to be addressed as Wales looks to build a sustainable dental workforce for the future.

Introduction

6. The Faculty of Dental Surgery at the Royal College of Surgeons welcomes the opportunity to contribute evidence to the National Assembly of Wales' Health, Social Care and Sport Committee inquiry into 'Dentistry in Wales'. The Faculty is a professional body committed to enabling dental surgeons to achieve and maintain excellence in practice and patient care. We represent over 5,500 specialist dentists across the United Kingdom, around 130 of whom are based in Wales. The majority of our members provide patient care in primary, secondary or community care settings, or hold key public health roles.

7. The Faculty has been campaigning about the need to tackle child tooth decay for a number of years. While our main focus to date has been on England we retain a strong

interest in developments in Wales, particularly given the significant improvements in standards of children's oral health that have been achieved in recent years, which have been attributed to the impact of the 'Designed to Smile' scheme. We have therefore focused our submission primarily on the fifth strand of the Committee's inquiry, on 'the effectiveness of local and national oral health improvement programmes for children and young people'. In addition, we have also made some comments on the availability of specialist paediatric dental care in Wales, as well as briefly discussing wider issues around the Welsh dental workforce and the introduction of the new e-referrals system.

Children's oral health in Wales

8. The Faculty welcomes the major improvements in children's oral health that have been achieved in Wales over the course of the last decade. In its recent *Picture of Oral Health 2018* report, Public Health Wales highlighted that the proportion of 12 year olds with experience of tooth decay has fallen from 45.1% in 2004-05 to 29.6% in 2016-17, with statistically significant declines reported across all seven Welsh Health Boards, demonstrating that significant progress has been made.[1] It should also be noted that this compares favourably with England, where the most recent Child Dental Health Survey indicates that 32% of 12 year olds had some obvious decay experience.[2]

9. There has been a declining trend in dental procedures carried out on children under general anaesthetic (GA) in Wales. Figures from Public Health Wales indicate that 7,340 GA dental procedures were carried out on children aged 0-17 in 2016-17 (equivalent to 1.09% of the under-18 population, or one in every 92 children). This is a fall of 21% from 9,306 such procedures in 2011-12, although it should be noted that a number of factors are thought to be involved in this. As Public Health Wales suggest, some of this reduction 'may reflect availability of GA sessions and longer waiting times and may not be associated with a reduction in need', and that that the availability of specialist paediatric dental services and conscious sedation services will also have an impact.[3]

Designed to Smile

10. The Cabinet Secretary for Health and Social Services, Vaughan Gething, has said the Welsh Government's investment in Designed to Smile and access to preventative dental services has been key to the improvements in children's oral health seen in Wales.[4] The Faculty views the Designed to Smile scheme as an exemplar in oral health prevention programmes, demonstrating that with the right approach it is possible to make significant progress in tackling child tooth decay.

11. Last year's *Taking Oral Health Improvement and Dental Services Forward in Wales* framework document, published by the Welsh Government, set out plans to refocus

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[1] Public Health Wales (2018) *Picture of Oral Health 2018: Dental Epidemiological Survey of 12 Year Olds 2016-17*, p. 4-5

[2] Health and Social Care Information Centre (2015) *Children's Dental Health Survey 2013 – Country specific report: England*, p. 6

[3] Public Health Wales (2018) *Child General Dental Anaesthetics in Wales*, p. 8

[4] Welsh Government, *Press Release: Health Secretary welcomes reduction in child tooth decay* (19 June 2018)

the Designed to Smile scheme and place more emphasis on support for hard-to-reach groups. The Faculty strongly supports the proposals that included expanding the programme's engagement with general dental practice teams and other health and social care professionals to improve reach amongst those groups at greatest risk of experiencing decay:

As disease levels fall, experience of decay becomes more polarised into 'pockets' of severity so that targeting at community/school level becomes more difficult and disease experience for high risk children can be masked by reporting of average/mean levels. Dental practice teams will be supported to identify children at risk and be up-skilled to link with other health and care professionals to provide preventive care and establish a pattern of attendance for these children. D2S [Designed to Smile] teams and resources can be directed to support this as appropriate. The reduced input to older age group children will free up D2S team time to engage with general dental practice teams and other health and social care professionals.[5]

12. The Faculty recognises the challenges associated with the increasing 'polarisation' of need. In an English context, this is something we have seen evidence of with respect to the oral health of five year olds. Recently published data has shown that although the proportion of children in this age group with tooth decay has fallen consistently across the country as a whole over the last decade, bringing the average reported figure down, levels of tooth decay are now actually increasing in areas where the problem was already prevalent (such as North West England, the West Midlands and Yorkshire and The Humber). We are therefore seeing widening inequalities in children's oral health in England, even as the overall picture improves.[6]

13. We can therefore understand the rationale behind the refocus of Designed to Smile in seeking to address similar trends in Wales. The framework also sets out that as part of this, given the importance of the earliest years of life in establishing good oral health habits, the programme's resources will be increasingly targeted at 0-5 year olds with direct provision for children aged 6 and over being stepped down.

14. However, we are concerned that there may be particular 'pockets' of severity amongst older children as well, with late teenagers being one example. Consideration should therefore be given to whether a refocused Designed to Smile scheme should ultimately expand its engagement with hard-to-reach groups to encompass older cohorts as well as very young children, where the level of need justifies this.

15. In addition, the Faculty views the impact that Designed to Smile has had in embedding supervised tooth brushing within schools as a key part of its legacy to date, and are keen to see the momentum built up through Designed to Smile's work with children aged 6 and over to be maintained. We therefore welcome the commitment in the framework document that those schools that want to continue daily tooth brushing for this group will be supported to do so through Health Boards' oral health strategies, and

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[5] Welsh Government (2017) *Taking Oral Health Improvement and Dental Services Forward in Wales: A Framework outlining priorities for dentistry and a future work programme*, p. 6-7

[6] Public Health England (2018) *Oral Health Survey of Five Year Old Children 2017*; Royal College of Surgeons of England, *Press Release: Tooth decay in 5-year-olds now increasing in some parts of England* (15 May 2018)

also would urge Health Boards to ensure that sufficient funding is available to enable this.

Specialist Paediatric Dental Care in Wales

16. Separately, the Faculty is also keen to emphasise the importance of ensuring that children can access specialist paediatric dental care when they need it, an issue that has recently been made a priority for investment in Wales. Last year the Welsh Government announced additional funding for specialist paediatric dental services, and that new specialists and consultants will work closely with existing community and hospital-based services to improve the availability of specialist paediatric dental care. It was suggested this would enable an additional 3,000 patients per year to access specialist treatment, and help to reduce hospital waiting times.[7]

17. The Welsh Government's focus on this issue is very welcome, but it is important that this ultimately delivers improved outcomes. A lack of specialist and consultant paediatric dentists has meant that access to such services in the community has historically been a challenge in Wales, and anecdotally we have also been told that hospital-based services often find their capacity under strain. As noted in paragraph 4, Public Health Wales have suggested that limited availability of specialist paediatric dental services may be contributing factors to the fall in GA dental procedures in recent years, rather than just reductions in the actual level of need. In this context, it is essential to ensure that the additional investment committed in this area is built on successfully, and that it delivers improved access to specialist services for children across all Health Boards.

18. More broadly, we also feel it is important to note that action is required to improve access to other specialist dental services throughout Wales, particularly in the case of specialisms such as restorative dentistry and oral medicine.

Other issues

19. In terms of the dental workforce in Wales, one issue that has affected recruitment and retention is the differential in payscales between Wales and England. This is particularly an issue for junior dentists such as dental foundation trainees and dental core trainees, and creates a risk that Wales may fail to attract good quality candidates for dentistry roles due to higher pay levels in England. This is something that will need to be addressed as Wales looks to develop a sustainable workforce for the future.

20. Lastly, the Faculty welcomes plans to introduce an e-referral system in Wales, which is discussed in *Taking Oral Health Improvement and Dental Services Forward in Wales*.[8] We believe this has the potential to make a significant difference to the delivery of oral health care, and will prospectively improve the quality of referrals from primary to secondary care.

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[7] Welsh Government, *Press Release: 10,000 new NHS dental places to be created in Wales* (8 August 2017)

[8] Welsh Government (2017) *Taking Oral Health Improvement and Dental Services Forward in Wales: A Framework outlining priorities for dentistry and a future work programme*, p. 14-17

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