RCPCH
Royal College of Paediatrics and Child Health
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Health and Social Care Committee Consultation on Dentistry: RCPCH evidence

About the Royal College of Paediatrics and Child Health (RCPCH)

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales, 14,000 across the UK and over 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

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Our views on actions needed to address the issues under consideration and what the solutions might be:

- Welsh Government should commission a review into the factors affecting access to primary, secondary and emergency dental care, with a view to addressing inequalities in Wales.
- We welcome Designed to Smile, which provides support programmes for children and families to enable them take up positive oral health habits (e.g. through supervised tooth brushing schemes). Welsh Government should ensure funding and resource for Designed to Smile to continue; and provide 'catchup' resource if that is required to enable the programme to recover from the impact of the pandemic and associated school closures.
- The Welsh Government and partners such as Designed to Smile should provide a public health campaign to raise awareness of factors contributing to poor oral health (ie diet / tooth brushing) and to ensure that parents and carers know when their children should access dental services (by one year) and how to do so.

- Welsh Government should review and publish clear targets and timescales for children's access to dentistry services as part of its programme to reduce waiting times and transform services – and report against these annually.
- The Welsh Government, working with partners, should provide resource to ensure annual capture and publication of data on children's dental health including tooth decay and hospital treatment including general anaesthesia. These data should be comparable over time and broken down to enable analysis of what is working and the impact of inequalities.
- NHS Wales, Welsh Government and Health Education and Improvement Wales (HEIW) should ensure that all health care professionals, including dentists, can make every contact count by having conversations with their patients (whatever their age) about reducing and replacing high-sugar foods and drinks.
- To reduce economic inequality in oral health, Welsh Government should resource and support fluoridation of public water supplies, particularly for areas where there is a high prevalence of tooth decay.

The extent to which access to NHS dentistry continues to be limited and how best to catch up with the backlog in primary dental care, hospital and orthodontic services.

A recent BBC investigation highlighted the scale of the problem in accessing NHS dentistry across the UK. Their investigation found that, UK-wide, 80% of dental practices were not taking on children, 10% of local authorities did not have any practices taking on under-16s for NHS treatment and about 200 practices said they would take on a child under the NHS only if a parent signed up as a private patient. It is unclear how these figures align or differ across the UK's nations. However, if access to adult services provide any guide to access for children, Wales would appear to have a particularly acute challenge. The report noted that "Scotland had significantly better access to NHS dentistry for adults than the other UK nations, with 18% of practices taking on new health-service patients. Wales, England and Northern Ireland had…7%, 9% and 10% respectively"[1]. We therefore believe that the Welsh Government should commission a review into the factors affecting access to primary, secondary and emergency dental care, with a view to addressing inequalities in Wales.

The Welsh Government's recent 'Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales' notes some of the challenges and outlines the approach being taken.

"We are making steady progress with recovery of dental services and as dentists respond to new ways of working, activity is still 50% compared to the same period pre-pandemic… Priority is being placed on those with highest risk and needs, this includes children who are in high risk groups, particularly those from disadvantaged socioeconomic backgrounds. More routine care will be provided as we move through recovery phases where throughput

[1] Green, R; Agerholm, H; and Rogers, L; 2022 *Full extent of NHS dentistry shortage revealed by far-reaching BBC research*. BBC. Available at: https://www.bbc.co.uk/news/health-62253893

is able to increase safely and provide services in the community to support people's needs closer to home"[2].

There is much in the statement on dentistry in the plan that we welcome, including the focus on children and young people; and on reducing heath inequalities. However, given the ongoing disruption to dentistry services resulting on only half of pre-pandemic activity being delivered at the point of the plan's publication, the Welsh Government should urgently provide a more detailed explanation of these 'recovery phases' and set out a plan for ensuring that its own targets and ambitions for children being seen by dentists are being met.

In 2018, the Welsh Government's 'Dental Care and Treatment for Very Young Children' guidance[3] stated that "we want all children to be taken to the dentist before the age of 1 - ideally as soon as deciduous teeth erupt. We want dental teams to see children routinely before there is a problem, provide preventive care and advice and support parents to keep their child's teeth sound". The Welsh Government's 'A Healthier Wales: The oral health and dental services response' identified as a key priority for 2018-2021, a "year-on-year increase in the proportion of people who have seen an NHS dental practitioner in the last 2 years (1 year for children) in all Health Boards"[4]. In its recent changes to frequency of dental check-ups in Wales, the Welsh Government confirmed that children and young people under 18 should continue to have check ups every six months[5]. We are unclear as to whether these commitments are being met and if not, what actions are being taken to ensure they are met as quickly as possible. It would be helpful for the Welsh Government to review and reaffirm these commitments for 2022 and beyond, setting out clearly its expectations and targets for children accessing dental services and reporting against this annually (with inequalities measured), to enable better understanding of access and the success of measures put in place to improve it.

We are also not aware of data on the provision of hospital based dentistry including extractions. The British Society of Paediatric Dentistry (BSPD) recently highlighted their concerns around children waiting for a long time for dental care under general anaesthesia and commented on plans to tackle long waiting lists[6]. Committee members may wish to consider whether it would be helpful for the Welsh Government to address this in the context of the dentistry 'recovery phases' mentioned in their plan to transform care and reduce waiting lists; and to publish data and timelines as part of operationalising that plan.

Given the scale and impact of tooth decay; and the extent to which it is preventable, it is surprising that there is little in 'Programme for Transforming and Modernising Planned

[2] Welsh Government (2022). *Our programme for transforming and modernising planned care and reducing waiting lists in Wales*, p23. Available at: https://gov.wales/sites/default/files/publications/2022-04/our-programme-for-transforming--and-modernising-planned-care-and-reducing-waiting-lists-in-wales.pdf

[3] Welsh Government (2018) *Preventive dental advice, care and treatment for children from 0-3 Years*. Available at: https://gov.wales/sites/default/files/publications/2019-03/preventive-dental-advice-care-and-treatment-for-children-from-0-3-years.pdf

[4] Welsh Government (2018). *A Healthier Wales: The oral health and dental services response*. Available at: https://gov.wales/sites/default/files/publications/2019-03/the-oral-health-and-dental-services-response.pdf

[5] Welsh Government (2022) *Move to yearly dental check-ups to improve access to NHS dentistry in Wales*. Available at: https://gov.wales/move-yearly-dental-check-ups-improve-access-nhs-dentistry-wales

[6] British Society of Paediatric Dentistry (2022). *BSPD responds to reports of pandemic child tooth extractions data*. Available at: https://www.bspd.co.uk/Portals/0/Press%20Releases/2022/Statement%20BSPD%2013%20May%2022%20FINAL.pdf

Care and Reducing Waiting Lists in Wales' on preventing tooth decay in children in the sections of the plan dealing with prevention of ill health, which would obviously have a long-term benefit for children themselves and for dentistry services.

In State of Child Health and elsewhere we recommended ensuring sufficient funding and resource for Designed to Smile; and that Welsh Government should resource and support fluoridation of public water supplies, particularly for areas where there is a high prevalence of tooth decay[7]. The evidence for the role of water fluoridation in preventing tooth decay was set out last year by the UK's four Chief Medical Officers in their independent *Statement on water fluoridation from the UK Chief Medical Officers*, which noted that:

"There is evidence that water fluoridation can help narrow differences in dental health between more and less deprived communities, with people living in fluoridated areas suffering less tooth decay compared to those living in non-fluoridated areas. It has its greatest positive effect in children who do not get fluoride through regular toothbrushing or dental interventions…

…There is strong scientific evidence that water fluoridation is an effective public health intervention for reducing the prevalence of tooth decay and improving dental health equality across the UK." [8]

Improved oral health intelligence, including the uptake of NHS primary dental care across Wales following the resumption of services, and the need for a government funded campaign to reassure the public that dental practices are safe environments.

Before the pandemic, we called on the Welsh Government and its partners to deliver a public health campaign to ensure children and families are aware of factors contributing to poor oral health (i.e. diet / tooth brushing) and to ensure that parents and carers know when their children should access dental services (by one year) and how to do so.

As noted previously, it would be helpful for the Welsh Government to publish clear and updated targets and expectations; and to publish reporting against this annually (with inequalities measured), to enable better understanding of access and the success of measures put in place to improve it.

Oral health inequalities, including restarting the Designed to Smile programme and scope for expanding it to 6-10 year olds; improved understanding of the oral health needs of people aged 12-21

Despite tooth decay being largely preventable, it is the leading reason why children aged five to nine require admission to hospital. Multiple tooth extractions can also result in the need for a child to go under general anaesthetic. In pre-pandemic years, our State of Child Health report showed that children from lower socioeconomic groups were significantly more likely to be at risk of tooth decay prevalence and severity.

The good news is that between 2008 and 2016, prevalence of visually obvious tooth decay among 5 year old children in Wales fell from 47.6% to 35.4%. From 2014/15 to 2017/18, among

[7] RCPCH (2020). *State of Child Health*. Available at: https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/oral-health/

[8] UK Government Chief Medical Officers (2021). *Statement on water fluoridation from the UK Chief Medical Officers*. Available at: https://www.gov.uk/government/publications/water-fluoridation-statement-from-the-uk-chief-medical-officers/statement-on-water-fluoridation-from-the-uk-chief-medical-officers#impact-of-water-fluoridation-in-areas-of-deprivation

0 to 2 year olds in Wales, the rate of general anaesthetics performed for dental reasons fell from 2.8 to 1.7 per 1,000. It should be noted that this still placed Wales as having a significant problem compared to Scotland and England. In his written statement in 2017[9], the then Health Minister noted a "reduction in the proportion of children with decay between 2007-08 (47.6%) and 2015-16 (34.2%)... represents continuing improvement of the proportion of children who have no obvious decay experience by age 5". However, our State of Child Health report notes that the proportion of children aged 5 years with obvious tooth decay in Scotland in 2016 of 26.5% and in England of 23.4%[10], significantly lower than the (improved) picture in Wales.

Nonetheless, the last available survey results Welsh Oral Health Information Unit[11] indicate progress in Wales in the years before the pandemic. In addition to the data on five year olds, we note that the most recent survey of 12-year-olds in Wales reported a 15% reduction in prevalence of dental decay from 45% in 2005-06 to 30% in 2016-17.

Given school closures in recent years and disruption to the Designed to Smile programme, which the Welsh Government believes has driven much of this improvement[12], it is important that we have up-to-date data on the prevalence of tooth decay on children in Wales and what this means for hospital admission and waiting lists for children requiring dental extractions and other treatment.

Welsh Oral Health Information Unit data doesn't give us an up to date picture, nor enable us to understand the impact of school closures, or measure the impact of the disruption to Designed to Smile and the wider impacts of the pandemic; or indeed of the current cost of living crisis. Furthermore, these data are snapshots of different age groups in different years (for example 12 year olds in 2012-13 and 2016-17; 5 year olds in 2011-12, 2014-15 and 2015-16).

To understand both the impact of tooth decay on children and young people and the inequalities that exist in children's oral health, we would recommend that the Welsh Government reviews its data collection and reporting structures. These should provide readily available consistent, easily comparable, contemporary data on tooth decay and outcomes including hospital treatment and general anaesthetic rates in children and young people. Data should be broken down to enable us to understand the adverse effect of inequality better. Consistent reporting of oral health by each age group annually would identify trends and enable better comprehension of whether policies are working quickly enough in producing improvements in oral health.

The most recent Designed to Smile Monitoring report currently published on the Welsh Oral Health Information Unit website is for 2018/19. We note the previous success of this programme and are concerned that varnishing rates and tooth brushing may have decreased during the pandemic due to school closures and disruption to it. Given that Welsh Government evaluation largely attributes these improvements to Designed to Smile, Committee members may wish to consider whether additional resource is required

[9] Welsh Government (2017). *Written Statement - Picture of Oral Health 2017 – Dental caries in 5 year-olds (2015-16) Update*. Available at: https://gov.wales/written-statement-picture-oral-health-2017-dental-caries-5-year-olds-2015-16-update

[10] RCPCH (2020) *State of Child Health*. Available at: https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/oral-health/#page-section-4

[11] Cardiff University (accessed 2022). *Welsh Oral Health Information Unit*. Available at: https://www.cardiff.ac.uk/research/explore/research-units/welsh-oral-health-information-unit

[12] See Welsh Government (2019) *Welsh Government scheme puts a smile on Children's faces*, available at: https://gov.wales/welsh-government-scheme-puts-smile-childrens-faces

for that programme to recover and catch up and whether the Welsh Government is taking steps to ensure this is made available. Universal Water fluoridation may also reduce these inequalities in areas of low tooth brushing or inadequate natural fluoridation.

The extent to which patients (particularly low risk patients) are opting to see private practitioners, and whether there is a risk of creating a two-tiered dental health service.

On the issue of a two-tier service, we do not hold data on the number of parents accessing private dental treatment for their children but following the recent BBC report, this is something we are concerned about[13]. It would be unacceptable for parents to feel they have no option other than to pay for private dentistry services for their child. This would create a two-tier oral health system where those from lower income families are forced to remain on waiting lists, or worse, go without dental check-ups and procedures entirely.

The impact of the cost-of-living crisis on the provision of and access to dentistry services in Wales

Although we have no formal evidence at the time of writing, we have heard anecdotal reports from paediatricians of patients not attending appointments because of the cost of travel. If this is happening in paediatrics, it could well be something that dental colleagues are experiencing. We note this as an emerging concern the Committee may wish to investigate further.

[13] RCPCH (2022). *RCPCH responds to BBC investigation on NHS dentistry shortage for children*. Available at: https://www.rcpch.ac.uk/news-events/news/rcpch-responds-bbc-investigation-nhs-dentistry-shortage-children