Safeguarding the oral health of children

Maria Anuguita looks at children’s oral health

There are fears that the oral health of children in deprived areas is being put at risk as a result of budget cuts affecting schemes such as Sure Start. Despite re-assurances from the Department of Health and Excellence: Liberating the NHS that NHS spending is ring fenced, the public health agenda could be compromised through cuts in other departments and at local authority level. The result could be that so-called efficiency savings will affect service delivery, with the greatest impact in more deprived parts of the UK which are already burdened with some of the greatest health inequalities.

Declining child oral health

A report from the Audit Commission found that despite £9.09bn being spent since 1998 on initiatives that aim to improve the health of children, dental health among the under-fives continues declining and the overall health gap between the richest and poorest children has become wider. In the last 10 years there has been a dramatic increase in the number of children with decayed, missing and filled teeth.

Research published in the August issue of the British Dental Journal reports that a quarter of three year olds surveyed in Greater Glasgow have tooth decay, and that in deprived areas this figure rises to 1 in 3 (4000 children) of all children considered in need. Dr Andrew Lamb, BDA director for Scotland, said that as adult, oral health can be predicted by childhood dental health and targeted interventions are vital to closing the gap in oral health inequalities.

The Sure Start scheme, an initiative aimed at providing health and social services for the under-fives involves health and social services and at local authority level. However, the percentage of children with decayed, missing and filled teeth has increased by 25% in the last 10 years and there is a need to reduce the number of children with decayed, missing and filled teeth.

In June 2009, the BDA’s Oral Health Inequalities policy paper called for adequate resources and remuneration to enable the dental team to spend time with patients and carry out their role effectively. It called for an evidence-based, integrated approach to child oral health. However, the percentage of children with decayed, missing and filled teeth has increased by 25% in the last 10 years and there is a need to reduce the number of children with decayed, missing and filled teeth.

The White Paper proposes the introduction of a new dental contract with a particular emphasis on improving children’s oral health and increasing access to NHS dentistry. It also says that the NHS will need to release £2bn in efficiency savings by 2014 through cutting administration and management costs, implementing best practices, and reducing productivity.

Peter Bateman has a clear vision of what the role of the dentist should be during this time of financial adversity: “It will be more important than ever that the new contractual arrangement, and dental support a preventive approach to care for both child and adult patients. It is also essential that the profession is engaged in the development of these new arrangements.”

Central to the proposals of the White Paper is collaboration between the NHS and other departments. However, the Department of Education, which administers the funding of Sure Start and ancillary health and social services for children, has been ordered to slash £4bn from its budget, and it is inevitable that this will filter through to the detriment of children’s health services. However, the DH is not concerned about any domino effect: “The Department will continue to work closely with the Department for Education on services for children to ensure that the changes in the NHS White Paper and the subsequent public health White Paper support local health and education and social care services to work together for children and families.”

Increasing cost

New figures published by the NHS Information Centre highlight the increasing expense of dental care. The report Dental Earnings and Expenses in England and Wales 2008/2009 shows that expenses borne by dental practices are escalating at a faster rate than incomes, which does not bode well with the government’s ambition of increasing the number of people accessing services. According to the Local Commissioning Survey from the British Dental Association, nearly 17 per cent of PCTs had spent less than 95 per cent of the ring fenced dental budget during 2009/2010.

It is not clear whether remaining funds were completely unspent or diverted to non-dental spending. The BDA warns that in order to be effective, dental services must be fully integrated within primary care to help develop local solutions, and that dentistry should be more integrated in health services to improve holistic patient care.

Figures from the NHS Information Centre, NHS Dental Statistics, shows that in the 2-year period ending June 2010 a total of £28.5bn patients were seen by an NHS dentist, an increase of 17 per cent. The report shows that areas with the highest percentage of NHS patients (up to 78% per cent) are in poorer boroughs, compared with richer boroughs such as Kensington and Chelsea where only 25.8 per cent of people see an NHS dentist.

Peter Bateman said that: “Dentists work hard to improve the oral health of the whole population and the new arrangements must support that work. A focus on the oral health of young people makes sense because instilling good habits encourages good oral health.”

The question yet remains: who is going to pay for this?