Scottish child dental health is improving

Results of the 2006 Scottish National Dental Inspection Programme have been published by Scottish Dental Epidemiological Co-ordinating Committee. The key child age groups are those entering school in primary one (P1) and in primary seven (P7) before the move to secondary school. In the school year 2005/2006, the main focus was P1 children and the results from that work give an indication of dental health in that child age group.

The proportion of P1 children with no obvious decay experience: Across Scotland, 54% of P1 children were found to have no obvious decay experience — this is a further improvement on the 51% seen in the same age group in 2004 and 45% in 2003. The range across the fifteen NHS Boards was 47% to 68%.

Dental caries experience (d5f) for Scotland:
The number of decayed (d5), missing (m) and filled (f) teeth (t) per child was 2.16, a continuing improvement over the figure of 2.56 and 2.76 found in the 2004 and 2005 surveys respectively. The d5f range across the fifteen NHS Boards in 2006 was 1.51 to 2.60.

Trends over time:
There is an improving trend over time in the percentage of P1 children who showed no signs of having decay or restorative treatment of decay in any of their deciduous teeth. P1 children continue to make steady progress towards the 2010 national target of 60% having no obvious decay experience.

Deposition:
The strong association between deposition and dental disease seen in previous surveys is still apparent in 2006. P1 children in deposition categories (DepCat) 1, 2 and 3 have already exceeded or nearly reached the national target, while children in the remaining groups are well below this. However, when compared to earlier surveys of this age group, children in DepCat groups 4, 5 and 6 show continued improvement over previous years, while those in DepCat 7 are at the same level as the 2004 NDIP survey.

Conclusions:
In the context of local and national oral health initiatives undertaken in recent years, these improving trends contrast the increasing proportion of P1 children with no obvious decay experience and the decreasing average number of teeth affected by disease are very encouraging. It is hoped that these trends will be maintained in future years.

Responding to the findings, BDA Director for Scotland Andrew Lamb told Dental Tribune: “The increased percentage of children in Scotland with no obvious signs of tooth decay is welcome news. However, huge inequalities exist between children with the best and worst oral health and more must be done to help all our children grow up with smiles they can be proud of. The Scottish Executive must address the significant problems facing NHS dentistry in Scotland. The declining number of practices that provide NHS dentistry but are not deemed to be committed to the NHS is a serious concern and urgent attention is required to resolve this problem.”

Better dental care for US forces’ families

After years of bitter complaints, the European Regional Dental Command is hoping to make dental care less of a headache for military family members. U.S. Army Europe officials are seeking Pentagon approval to provide families with a list of “preferred providers” local European dentists prove competent and dental advisers to help with questions and insurance paperwork.

Only dentists who do not demand upfront payment and are willing to file claims directly to insurers would be on the list. “Our soldiers and their families should not be forced to guess about the quality of their overseas dentists, nor should they have to pay reinversible expense upfront,” said a letter signed by Gen. David McKiernan, USAREUR commander, to the assistant defense secretary for health affairs.

The letter points out that military families in the states insured through Tricare Dental Program have a quality-assured preferred provider network of dental advisers, and don’t have to pay the costs of the procedure upfront. Those in Europe don’t enjoy the same benefit. Because soldiers’ teeth come first, most family members nowa- days must get their dental care off the base. They must seek out a local national dentist, whom they don’t know, possibly have trouble understanding and who demands payment upfront.

Go North-West young therapist

From Alaska comes news that the University of Washington in Anchorage will be training dental therapists to work in villages where cavity rates are high and dentists are rare. Dental therapists will be able to examine pa- tients, take X-rays, administer local anaesthetics, extract teeth and fill routine cavities, under the long-distance supervision of a dentist.

The Alaska Dental Society and American Dental Association object to non-dentists working like this, however, and have a lawsuit pending in Anchorage Su- perior Court to try to stop people who aren’t dentists from ever fill- ing or extracting teeth. The Alaska society supports training aides to prevent disease, president-elect Pete Higgins of Fairbanks, told the Anchorage Daily News but disagrees with their doing the rest of it. The two sides have been fighting over the issue for more than three years both in Alaska and Washington, D.C.

Alaska Native children get cavities at two and a half times the national average, according to a 1999 federal study, and few den- tists are willing to set up shop in rural Alaska. The Alaska Native Tribal Health Consortium Web site says there’s a 25 percent vacan- cy rate for dentists in Alaska tribal programs, and 90 percent annual turnover.

Eight dental health therapists trained in New Zealand are already working in rural Alaska and three more are nearly ready. The new training programme is based on such available in the USA.

A third of GPs have private health insurance

A poll for Hospital Doctor magazine has shown that one in three NHS doctors has so little faith in the NHS they would rather be treated privately according to a new survey. Another six per cent said they would prefer to do so depending on the nature of their illness or if waiting lists were too long. A quarter of the dentists in the NHS had taken out private medical insurance to avoid being treated on the Health Service.

A spokeswoman for the Pa- tients Association said: “It’s dis-appointing that many doctors don’t seem to have much faith in the NHS. Maybe they’re concerned about healthcare-acquired infections or the lack of resources at the moment. But what about those of us who don’t have a choice?”

Conservative health spokesman John Baron said: “This is a sign of low morale among doctors if a third see them want to go private. It’s a function of the fact that the government is not allowing them to get on with the job and is meddling too much with all their tar- gets.”

Liberal Democrat health spokesman Norman Lamb said: “Despite the record investment and all the claims by ministers, people are still waiting too long for NHS treatment. If you haven’t got the resources to go private you probably will have to wait. Greater efforts must be made to get the NHS to the point where people don’t feel the need to make those decisions if they are lucky enough to have the money to do so.”

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