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 reassurances from the Department of Health that this issue is not a priority for them, it is an issue that has been in the news for some time.

Declining child oral health

A report from the Audit Commission has found that despite £10.9bn being spent since 1998 on initiatives that aim to improve the health of children, dental health among children in deprived areas is 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 5 (out of 4000 children surveyed). 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 initiatives typically focusing on oral health promotion and fluoride toothpaste. Programmes such as Sure Start have been welcomed by health visitors, provides toothbrushes, toothpaste and dental health education material at children’s eight, 18, and 56 months developmental checks. However, these schemes are potentially facing the axe at worst and severe funding cuts at best.

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 all healthcare and social services. However, in light of recent budget announcements, Peter Bateman, Chair of the BDA’s Salaried Dentists Committee commented that: “Social deprivation remains a sadly accurate predictor of poor oral health. Closing the gap between those with the best and worst oral health must be a priority.”

The White Paper proposes the introduction of a new dental contracts system 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 practice, and increasing 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 to understand why dental services work so well and why our patients, in particular children, are so happy with the service we provide. Dentistry support a preventive approach between all healthcare and social services, which is consistent with the Government’s ambition for oral health. But it is key that we maintain our high standards and that the patient is at the core of all we do.”

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 £1bn 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, 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 2000/2009 shows that expenses borne by dental practices are escalating at a faster rate than incomes, which does not bode well for 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 fuced 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 solutions, and that dentistry should be more integrated in health services to improve holistic patient care.

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