

Brie ng: NRUF Hof C OVID-19 on dental services January 2021

Summary

The prevalence of dental extraction due to tooth decay amongst in children in England is falling. Whilst this is good news, children from the most deprived areas have more than twice the level of tooth decay compared with those from the least deprived areas.

There are signi cant health and social consequences resulting from poor oral health. These entrench existing inequalities. The Current pandemic will further exacerbate these. The UK Government should introduce a number of preventative measures and support programmes that close the inequality gap in prevalence of tooth decay.

- Between 2011/12 and 2018/19, the rate of children aged 0 to 5 years who have had tooth extractions due to decay has fallen from 3.5 to 2.8 per 1,000 children in England.
- Tooth decay has been the most common reason for hospital admission among children aged ve to nine for the past three years. ² For young children, tooth extractions usually require a general anaesthetic and an admission to hospital. This is associated with increased morbidity, and places nancial burden on the NHS. ³
- Between 2008 and 2017, prevalence of visible decay fell from 30.9% to 23.3%.
- Children from lower socioeconomic groups have a greater prevalence and severity of tooth decay. In England, while 77% of 5 year old children were free of visually obvious tooth decay in 2017, there are signi cant regional inequalities, with children from the most deprived areas having more than twice the level of decay compared with those from the least deprived. ⁵

Impact of COVID-19

Calls to Government

- UK Government should commission a review into the factors affecting access to primary, secondary and emergency dental care, with a view to addressing inequalities in England.
- Public Health England should deliver a public health messaging campaign on children's oral health. The campaign should raise awareness of factors contributing to poor oral health (i.e. diet / tooth brushing) and how to access services in a timely manner (i.e. Dental Check by One).
- UK Government should provide preventative support programmes for children and families to enable them take up positive oral health habits (i.e. through supervised tooth brushing schemes). The programme should be targeted at children aged 0-7 in England and should draw on comparable schemes in Wales (Designed to Smile), Scotland (Child Smile) and Northern Ireland (Happy Smiles).
- UK Government should provide resource and support for Local Authorities to implement uoridation of public water supplies, particularly for areas where there is a high prevalence of tooth decay.

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