



Public Health  
England

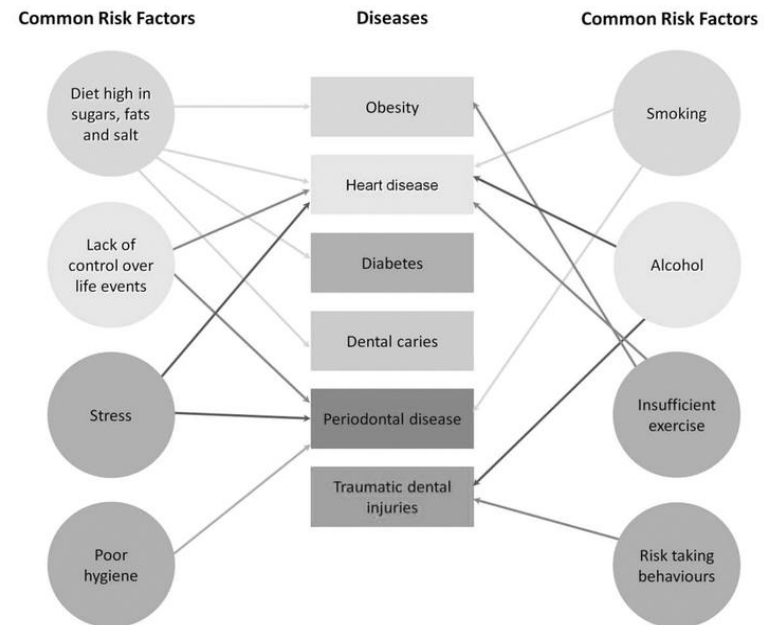
Protecting and improving the nation's health

# Dental Public Health

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# Putting the mouth back in the body: common risk factors

- Sugar consumption: obesity, dental decay, diabetes, heart disease
- Smoking: Periodontal disease, heart disease
- Oral cancers: tobacco, alcohol, HPV



# Dental Services

- Local authorities commission public health including dental oral health services: epidemiology, water F and oral health improvement programmes
- Clinical dental services commissioned entirely by NHS England (not CCGs)
- Majority of dentistry is delivered in primary dental care
  - High street dental practices – independent contractors dental team employed by practice
  - Community dental services – employed by Trusts
  - Dentists have to be on NHS England performers list
  - Practices must be registered with the CQC
  - Clinical dental team registered with the GDC
  - HTM 0105 guidance covers cross infection control
- Secondary care services

# Dental data sources

BASCD – epidemiology data sources (dmft). PHOF indicator 5 year olds.

Decayed, missing and filled teeth = dmft

NHS BSA: primary care activity and access data

Hospital activity data

Deprivation, demography information

Information and resources for dental public health practitioners to improve oral health and reduce inequalities in England.

<https://www.gov.uk/government/collections/oral-health>

# Key dental public health documents

- Health and Social Care Act (2012)
- Delivering Better Oral Health : evidence based toolkit
- Commissioning Better Oral Health (LAs)
- NICE guidance: oral health needs assessments, commissioning oral health improvement, oral health in care homes, recall guidance
- NHSE Commissioning guides: paediatric dentistry, special care dentistry, urgent dental care services



**Delivering better oral health: an evidence-based toolkit for prevention**

Third edition



# Children – oral health

- Oral Health is improving but inequalities remain:
  - Prevalence of dental decay in 5 year olds 2016/17
    - England average – 23.3%
    - Yorkshire and the Humber – 30.4%
- Impact of deprivation upon oral health

# Healthmatters Child dental health

## 2. Poor dental health impacts children and families

Poor dental health impacts not just on the individual's health but also their wellbeing and that of their family.

Children who have toothache or who need treatment may have pain, infections and difficulties with eating, sleeping and socialising.

A quarter of 5-year-olds have tooth decay when they start school. Children who have toothache or who need treatment may have to be absent from school and parents may also have to take time off work to take their children to a dentist or to hospital.

Oral health is therefore an important aspect of a child's overall health status and to children's school readiness.

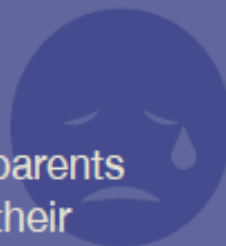
Research about extractions in children in North West hospitals found that

**26%** had missed days from school because of dental pain and infection



An average of **3 days** of school were missed due to dental problems

**67%** of parents reported their child had been in pain



**38%** of children had sleepless nights because of the pain



Many days of work were potentially lost as **41%** of parents/carers were employed

# Children – oral health

- Poor oral health can have significant impacts:
  - Pain and infection
  - School absence
  - School readiness
  - Eating and sleeping
  - Speaking and socialising



The average cost of a **tooth extraction** in hospital for a child aged 5 and under is

**£836**



**£50.5m**

was spent on tooth extractions among those under the age of 19 in 2015 to 2016



**£7.8m**

was spent on tooth extractions among the **under 5s**



# Children – oral health

- Dental decay is almost entirely preventable
- Importance of:
  - Access to NHS dental care
  - Good oral hygiene and diet
  - Preventative measures



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# Dental Public Health

- Providing advice and guidance to commissioners of dental services and oral health promotion of evidence based interventions
- Supporting with the development of:
  - Oral health needs assessments
  - Oral health strategies
  - Use of evidence based guidance documents to support decision making

# Upstream and Downstream actions for oral health improvement – suggestions??



Source: From victim blaming to upstream action: tackling the social determinants of oral health inequalities  
Watt RG. Community Dent Oral Epidemiol 2007; 35: 1–11

# Upstream and Downstream actions for oral health improvement



Thank you