Answer to question 5: Are there any specific initiatives or research evidence from Scotland that you would like to highlight to the committee?

A well-recognised association exists between oral disease and deprivation; trends suggest that the burden of disease is concentrated in the more deprived populations. Improvements in oral health, and changes in the pattern of disease, have occurred in recent years.

The National Dental Inspection Programme (NDIP) surveys are conducted each year in Scotland’s schools and provide information on trends in children’s oral health. NDIP invites every Primary 1 (P1) and Primary 7 (P7) child in local authority schools to have a basic dental inspection carried out; a representative sample of these children receive a detailed dental inspection (P1 or P7 in alternate years). The most recent NDIP reports can be found at www.ndip.scotlanddental.org

The oral health of children in Scotland continues to improve and the latest published report highlights the continued rise in the number of children with no obvious decay experience (see graph below) and there is also increasing evidence to suggest that inequalities are reducing.

**Figure 2.2 Trends over time in the proportion of P1 and P7 children with no obvious decay experience; 2003-2012**

The graph on the following page shows the difference in oral health between P7 children in the different SIMD quintiles. Each fifth of the population has shown an improvement in oral health but there have been major improvements in the more deprived quintiles.
The Scottish Executive’s ‘Dental Action Plan’ (2005) outlined a range of approaches designed to improve children’s oral health, from birth through to teenage years and to address oral health inequalities in childhood by providing accessible prevention services and high-quality, effective treatment. The Dental Action Plan clearly states that ‘those in areas of most need should be offered enhanced support services to prevent dental disease’. 

One of the proposed outcomes of the 2005 Action Plan was the development of Childsmile (www.child-smile.org.uk), the national programme designed to improve the oral health of Scotland’s children and reduce inequalities in oral health and in access to dental services. The programme promotes wider partnership working among health care professionals and agencies within the NHS services and other settings. The programme combines a population and targeted approach to tackling children's oral health improvement.

The universal programme aims to give every child a dental pack to support toothbrushing at home, free daily supervised toothbrushing in nursery and a tailored programme of care within Primary Care Dental Services. The targeted programme provides additional help, including:

- Home support and community interventions
- An enhanced programme of care within Primary Care Dental Services to children and families requiring additional support.
- Clinical prevention programmes in priority nursery and primary schools
- Daily supervised toothbrushing programmes in priority primary schools
- Facilitated access to appropriate dental services.

In April 2010 the Scottish Government set a Health Improvement, Efficiency, Access and Treatment (HEAT) target for oral health, the target suggests improving the oral health of children and states that:

“At least 60% of 3 and 4 year old children, in each SIMD quintile, to receive at least two applications of fluoride varnish per year by March 2014.”
There is extensive variation in these reported quintile scores between NHS Boards but generally children in the more deprived SIMD quintiles are achieving better results than those in more affluent quintiles. Further information can be found at: www.isdscotland.org/Health-Topics/Dental-Care/Publications/2012-11-27/Fluoride_Varnish_Statistics_Brads.xls

The focus of Childsmile research is on whether the programme can improve oral health and reduce health-related inequalities, it also considers which components of the interventions are responsible for the greatest impacts on health improvement. (Please see pdf attachments, submitted with this email highlighting some recent research into oral health inequalities.)

Consultant in Dental Public Health and Chief Administrative Dental Officers Group
March 2014

Prepared by Emma O’Keefe, Acting Consultant in Dental Public Health, NHSGGC.