Briefing for the Citizen Participation and Public Petitions Committee on PE2187: Reinstate 6-monthly dental check-ups for state pensioners, lodged by David Corner

Brief overview of issues raised by the petition

The petitioner feels that the length between dental check-ups is now too long, particularly for older people.

What has changed in NHS dental services in recent years?

From November 1, 2023, substantial reforms were made to the treatments provided by dentists offering NHS care. This was mainly to streamline and improve what had become a complex approach to both treatment offered and payments dentists could claim for different treatments. The number of 'items' of treatment was greatly reduced and rationalised to reflect a more considered approach to NHS treatment, rather than simply adding more items to the list. This is presented as the 'Statement of Dental Remuneration' and is an amendment to Regulations passed in 2010 (National Health (General Dental Services)(Scotland) Regulations 2010).

The revised clinical examination

One of the key changes was to the so-called 'check up'. Previously, people would be sent a reminder to visit their dentist on an annual basis, but some dentists did this every six months. This was to become a much more thorough oral examination, as the Scottish Government, in its response to the petition points out, an Extensive Clinical Examination. The dentist can claim an amount for this examination, but it is free to the patient. This entails (note that this is information for the dentist, not the patient):

"**1-(a) Extensive Clinical Examination**
• Extensive clinical exam, advice, charting, and report. This should include, where appropriate:

- a medical and dental history update;
- charting of missing/present teeth and existing restorations;
- appropriate charting and/or monitoring of any malocclusion; (a bad or misaligned bite)
- a soft tissue exam;
- a caries risk assessment; ('caries' is dental decay)
- a basic periodontal exam and periodontal risk/status;

- oral hygiene status;
- temporomandibular joint (TMJ) assessment; (where jawbone attaches to the skull)
- any relevant non-carious tooth surface loss; (loss not due to decay)
- recording of information on habits affecting oral health and provision of advice (where required) on: behaviour, diet, smoking, alcohol, and drug use;
- clinical photographs, where required.

Under these new arrangements, the recall length can be set at 12, 18 or 24 months based on the overall oral health of an individual patient and clinical advice from the NHS dentist. However, this clinical examination cannot be claimed for within an 11-month period from the last appointment. This effectively means that most people will be recalled annually and not within a shorter time interval. The dentist might feel that a 'review exam' is required between these 'check-ups'.

The review exam entails:

"**Review Examination**

• Appointment for clinical review between examinations based on patient risk factors identified in item 1-(a). This item may include, but is not limited to, reviews:

- required between examinations;
- of trauma following initial treatment;
- of patients with high caries rates;
- of suspicious lesions;
- of periodontal status;
- of tooth surface loss;
- of temporomandibular joint (TMJ) dysfunction;
- of orthodontic status following an initial diagnostic orthodontic assessment where the patient was not ready for active orthodontic treatment."

Guidelines and evidence for time intervals between check ups

NHS National Services Scotland, the body that makes the payments to dentists for the work they carry out, updated the guidance about the oral health examination and diagnosis.
The recommendations and guidance are based on National Institute for Health and Care Excellence (NICE) guidelines that were reviewed in 2020 following evidence published from a 4-year randomised control trial (RCT) study called the INTERVAL trial. The study included people from all age groups over the age of 18. The exclusion criteria for the study were:

- patients who had a medical condition indicating increased risk of bleeding
- immunocompromised patients.

“The INTERVAL trial involving regular adult NHS dental attenders has shown that a variable risk-based recall interval is not detrimental to oral health and is acceptable to patients and dentists with the potential for cost savings. Over a 4-year period, we found no difference in oral health between patient participants allocated to a 6-month or a variable risk-based interval. Nor did we find a difference between the intervals of 24-month, 6-month and risk-based recall for the 30% of adults considered suitable to be recalled at 24 months by their dentist. However, people greatly value and are willing to pay for frequent dental check-ups.”

Source: Risk-based, 6-monthly and 24-monthly dental check-ups for adults: the INTERVAL three-arm RCT. NIHR Health Technology Assessment, Vol. 24, Issue 60. November 2020

What evidence is there that older adults require more frequent check ups?

In 2015 Public Health England carried out a review of oral health surveys of older people. Most of the data and information came from those living in residential care because that is where studies had been carried out. The observations from the review were:

“older adults living in residential and nursing care homes are more likely to be edentulous (without any teeth), and less likely to have a functional dentition (arrangement and number of teeth in the jaw)

• untreated caries is higher in the household resident elderly population than in the general adult population and older adults living in care homes have higher caries prevalence still, where the majority of dentate residents have active caries

• signs of severe untreated caries appear to be more common in the oldest age groups across all settings and current pain also appears to be slightly higher than in the general adult population

• periodontal (tissues around the teeth – gums, ligaments and bone) disease is most common in the age groups of 65 to 84, but due to differences in survey design it is not possible to say how this compares across settings".

The review also points out that more older people now keep their teeth for longer (rather than having full sets of dentures) so they require more complex, surgery-based treatment. Other, more recent research, reiterates this point.

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