

Briefing: oral health inequalities

November 2020

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 significant health and social consequences resulting from poor oral health. These entrench existing inequalities. The UK Government should introduce a number of preventative measures and support programmes that close the inequality gap in prevalence of tooth decay, comparable to the programmes already introduced in Wales, Scotland and Northern Ireland.

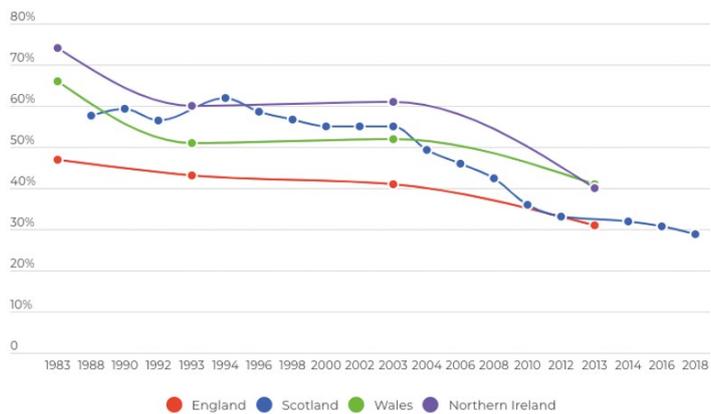
The Evidence

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- Poor oral health can lead to:
 - Pain
 - Infections
 - Altered sleep and eating patterns
 - School absence
 - Decreased wellbeing
 - Dental extraction due to tooth decay (increasing risk of dental problems later in life)
- In 2018/19, 2.8 per 1,000 children aged 0-5 years had a tooth extraction due to tooth decay in England.

- 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.¹
- Tooth decay has been the most common reason for hospital admission among children aged five 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 financial burden on the NHS.³
- Between 2008 and 2017, prevalence of visible decay fell from 30.9% to 23.3%.⁴
- 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 significant 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

Proportion of children aged 5 years with obvious tooth decay, 1983-2018



Download data

England, Wales and NI Source: Child Dental Health Survey 2013, England, Wales and Northern Ireland, NHS Digital and 2003 Children's Dental Health Survey, ONS (accessed January 2020)
Scotland Source: National Dental Inspection Programme (NDIP) 2018, ISD (accessed January 2020)

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

1 NHS Digital, *Tooth extractions due to decay for children admitted as inpatients to hospital aged 10 years and under*, 2020, available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-biannual-report>

2 Royal College of Surgeons, *Position Statement: Children's Oral Health*, 2019, available at: <https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/childrens-oral-health-2019/>

3 Knapp, R. et al, *Treatment of dental caries under general anaesthetic in children*, 2017, available at: <https://www.nature.com/articles/bdjteam2017116>.

4 Public Health England, *Oral health survey of five year old children*, 2017, available at: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2017>

5 Public Health England, *National Dental Epidemiology Programme for England: oral health survey of five-year old children 2017: A report on the inequalities found in prevalence and severity of dental decay*, 2018, available at: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2017>

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 fluoridation of public water supplies, particularly for areas where there is a high prevalence of tooth decay.

About RCPCH

The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) is the membership body for paediatricians, representing more than 19,500 child health professionals in the UK and abroad. We are responsible for the training, examinations and professional standards of paediatricians across the country, and we use our research and experience to develop recommendations to promote better child health outcomes.

Our mission is to transform child health through knowledge, innovation and expertise and to ensure that children are at the heart of the health service.

RCPCH is carefully monitoring the risks and impacts of COVID-19 on our members and the wider child health workforce, and on children and young people. We have produced guidance for our members on [paediatric services](#), [staffing and rotas](#), and [education and training](#). We have also produced [advice for parents](#). We are currently collecting data on the [impact of COVID-19 on child health services](#), to assist future planning of services.

For further information please contact:

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