

1. About the RCPCH

The Royal College of Paediatrics and Child Health is the membership body for paediatricians in the UK and internationally. With approximately 22,000 members, we play a major role in postgraduate medical education, professional standards, research and policy.

2. Theme One – Improving the Oral and Dental Health of Children

Recommendation 1.1: Relevant stakeholders should continue to develop and embed the children's dental epidemiology programme in Northern Ireland to provide information and intelligence to improve oral health and provision of services.

Agree, a fully developed dental epidemiology programme should continue in NI. Given it is based on the Public Health England (now the UKHSA and Office for Health Improvement and Disparities) model, is an efficient method of providing intelligence and benchmarking for the purpose of formulating public policy. The NI Epidemiology programme published in 2023 and based on surveys using identical methodology to England, showed that 5-year-olds with dental decay experience in England (2017, 2019) and in NI, 2018/2019, decay levels in NI were comparatively higher than in England, action is clearly required.

Expediting data availability and utilisation to understand need as it currently stands as well as projections for the future are equally important. Timely, high-quality data, collated across Trusts, primary dental providers and PHA for the purposes of reconfiguration and commissioning via the Integrated Care System should be considered.

Recommendation 1.2: Preventative initiatives should be supported by a strong evidence base. Targeted evidence-based programmes should be aimed at those at high risk of dental disease. Consideration should also be given to the cost-effectiveness of any interventions.

Somewhat agree, all preventative initiatives should ideally be supported by a strong evidence base. Understanding what support families, community settings, schools, primary dental providers have found to be the most welcome and achieved maximum impact in terms of improving outcomes utilising quality metrics across time, age cohorts and deprivation indices is needed.

Data indicates that decay affecting one or more incisor teeth is usually associated with long term bottle use with sugar-sweetened drinks when given over long periods. Over a three-fold difference existed between the most and least deprived quintiles with 9.81% prevalence of incisor decay in the most deprived quintile compared to 3.24% in least deprived quintile in NI. Those in the most deprived quintile also had the highest mean number of incisors with caries and therefore could potentially benefit from a targeted population approach to tackle this specific problem.¹ However, data suggests that in terms of the least deprived indices, there is still a statistically significant level of dental decay prevalence, meaning that regional prevention programmes, targeting younger age ranges than pre-school would be beneficial too.

¹ DoH (2023) The national Dental Epidemiology Oral Health Survey for 5 year old Children in NI available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-ndep-oral-health-survey.PDF>

A stronger descriptor of ‘cost effectiveness’ would be useful, for example the Republic of Ireland implemented the public health measure to prevent dental decay in Irish schoolchildren through the community fluoridation of water (CWF). Cronin et al (2021) showed that the potential annual lifetime savings associated with CWF decay prevention is approximately €2.95 million annually over the lifetime of Irish schoolchildren.² In England, 5-year-olds in areas of England with higher water fluoride concentrations are around 60% less likely to have dental caries and be admitted to hospital to have teeth removed due to decay than those in areas with low fluoride concentration.³

However, there is ample evidence to suggest that prevention and earlier intervention should be the primary goal. The Royal College of Surgeons report that dental extractions remain a prominent cause of hospital admissions for young children due to preventable factors.⁴ Good health economics suggests that prevention is better than cure, the Academy of Medical Sciences detail that poor oral health in childhood increases the risk of dental problems in adulthood, such as tooth loss and chronic gum disease, which has been linked to increased risk of cardiovascular disease. It is also associated with lung disease and poor diabetic control.⁵ As a College of Paediatricians, we must echo that poor oral health is not a trivial matter. It can lead to consistent pain, infections, altered sleep and eating patterns, recurring school absence, decreased wellbeing and in some cases, hospitalisation.

Recommendation 1.3: Promotion of good oral health and prevention of dental disease among children should be included in all strategic plans/policies dealing with general health. There should be improved collaboration between those involved in the prevention of oral disease and those involved in the prevention of general disease. Preventative advice should be age appropriate and in line with Delivering Better Oral Health V.4

Agree. The Academy of Medical Sciences recommend that, in all UK nations, the Government, NHS, local authorities and research funders work together to support further collation of evidenced, cost effective interventions and policies, and evaluate new interventions and policies. They also recommend further investment in research into improving health in the early years. In particular, ongoing research to understand causal pathways leading from exposures in early development to later health risks and to identify effective interventions and policies as necessary.⁶

Earlier prevention and intervention is key. The RCPCH welcomed the introduction of a new ‘Smile for Life’ programme which will see parents and parents-to-be offered advice for baby gums and milk teeth as part of the new NHS Dental Recovery Plan in England. Similarly, the ‘dental check by one’ as recommended by the British Society of Paediatric Dentistry presents a critical contact point which can help set the trajectory for good oral health before the pre-school phase. Moreover, the value of breastfeeding is associated with reduced risk of dental caries in children breastfed up to the age of 12

² Institute of Public Health (2022) An Overview of Dental Services and Oral Health in Northern Ireland and Ireland available at: <https://publichealth.ie/sites/default/files/2023-02/wp-content/uploads/2022/02/Oral-Health-in-Northern-Ireland-and-Ireland-Final.pdf>

³ Academy of Medical Sciences (February 2024) Prioritising early childhood to promote the nation’s health, wellbeing and prosperity, available at: <https://acmedsci.ac.uk/file-download/16927511>

⁴ Royal College of Surgeons (2019) Position Statement; Children’s Oral Health, available at: <file:///C:/Users/annam/AppData/Local/Temp/MicrosoftEdgeDownloads/01db9248-8a0c-4c4f-8630-ea94bc3848bc/FDS%20Position%20Statement%20on%20Childrens%20Oral%20Health%202019.pdf>

⁵ Academy of Medical Royal Colleges (2023) Securing our healthy future, available at: https://www.aomrc.org.uk/wp-content/uploads/2023/09/Securing_our_healthy_future_0923.pdf

⁶ Academy of Medical Sciences (February 2024) Prioritising early childhood to promote the nation’s health, wellbeing and prosperity, available at: <https://acmedsci.ac.uk/file-download/16927511>

months, likely due to breastmilk increasing enamel calcium content. Notably, infant formula reduced both calcium and phosphorous enamel content and may contribute to enamel damage.⁷ Therefore improving breastfeeding rates as an additional benefit on oral health would be welcome and could be considered as part of the renewed Breastfeeding Strategy for NI.

Recommendation 1.4: Preschool and nursery settings should have a healthy snack policy. Primary and Secondary schools should have healthy meals and healthy snack policies. Schools should be free from vending machines selling sugary snacks/drinks, and healthy options included in tuck shops. Oral hygiene practices should be integrated into the teaching of general body cleanliness at pre, primary and secondary school level.

Agree, this should be linked to the review of nutrition in schools as detailed in the Department of Education's 5 Year Corporate Plan.

The Academy of Royal Medical Colleges recommend that implementing supervised tooth brushing schemes in all nurseries and primary schools as well as ensuring all children are seen by a dentist by the age of one to support good oral health development.⁸

Recommendation 1.5: Arrangements should be in place with local dental services to provide timely access to appropriate dental care for all children, when the need arises, particularly for those at higher risk of developing dental disease.

Post the GDS Rebuilding Support Scheme, all payments such as registration, capitation and other allowances were paid as normal although a scheme to enhance dental access and prevention of dental decay in children aged 0-10 years in Northern Ireland which commenced on 1st January 2023. The aim was to address the decrease in registration levels for young children over the last three years. This scheme is due to stop on 30th June 2023.⁹ Funding structures commissioned to meet need is paramount if timely access to dental care for all children is to be realised.

3. Theme Two – General Anaesthetic Dental Provision for Children

Recommendation 2.1: There should be a drive towards equitable recovery of general anaesthetic services so that when the need arises, access to dental extractions under general anaesthetic is timely and without barriers.

Agree, in October 2022 the BDA reported that 99,369 children had teeth extracted in a general dental or hospital setting in Northern Ireland over the past five years,¹⁰ which in some respects shows the impact of the COVID-19 pandemic restrictions, but generally a failure to ensure our children are prevented from the damage of dental decay and the risks and impact of advanced decay and surgical intervention.

⁷ Ibid

⁸ Academy of Royal Medical Colleges (September 2023) Securing our healthy future Prevention is better than cure, available at:

https://www.aomrc.org.uk/wpcontent/uploads/2023/09/Securing_our_healthy_future_0923.pdf

⁹ NISRA (2023) General Dental Statistics for Northern Ireland, available at:

https://assets.publishing.service.gov.uk/media/6492cbe1103ca6001303a2f8/General_Dental_Statistics_Publication_2022-23.pdf

¹⁰ BDA (2022) <https://www.bda.org/news-and-opinion/news/action-needed-on-child-oral-health/>

Recommendation 2.2: Preventive interventions should be standardised and incorporated regionally with the aim to reduce the need for referral for dental extractions under General Anaesthetic for all children.

Agree, as per the responses at Recommendation 1.

Queries relating to this response should be directed to Enquiries.Ireland@rcpch.ac.uk.