Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland

NHS Board Monitoring Report

Prepared by Information Services Division, NHS National Services Scotland, for the Scottish Government Health Directorates, April 2011

Contacts:

Dr David Conway
Consultant in Dental Public Health
ISD Scotland
david.conway@nhs.net

Stephen Goold
Dental Informatics Programme Manager
ISD Scotland
stephen.goold@nhs.net
Context

The Action Plan for Improving Oral Health and Modernising NHS Dental Services was published in 2005. It set out the then Scottish Executive’s policy and plans for dentistry and dental public health for the next 3 years (SEHD, 2005). This plan has brought considerable investment to dentistry: an increase in the NHS funding of primary care dental services. This has been continued with the Scottish Government. To ensure this investment is achieving its goals a range of targets has been set around oral health improvement, primary care dental service delivery and quality, and dental workforce and training.

This report monitors NHS boards’ progress made towards the targets at both local and national level and covers the last 6 months of the calendar year 2010. From November 2010, ISD Scotland is publishing these reports as Official Statistics.

Methods

A pro forma data request form (ISD[S]37) was sent to each NHS board Action Plan Lead Officer in February 2011. This report has been completed using a combination of data collated by NHS boards, NES and ISD.

Results

A traffic-light system for monitoring progress towards targets is employed in the report:

- **Red** – target not reached
- **Amber** – within 10% of target
- **Green** – target achieved

In charts, targets are indicated by a green line and where possible the Scottish average is indicated by a blue line.

Abbreviations for NHS boards used in this report:

- AA Ayrshire & Arran
- B Borders
- DG Dumfries & Galloway
- F Fife
- FV Forth Valley
- G Grampian
- GGC Greater Glasgow & Clyde
- H Highland
- La Lanarkshire
- Lo Lothian
- O Orkney
- S Shetland
- T Tayside
- WI Western Isles
1 Oral Health Improvement
1.1 Children

Target 60% of P1 children with no obvious decay experience by 2010

Figure 1.1.1a % of P1 children with no obvious decay experience (2010)\(^1\)

![Bar chart showing % of P1 children with no obvious decay experience in 2010 by region.]

Target 100% of P1 children to receive a Basic inspection in NDIP 2010

Figure 1.1.1b % of P1 children receiving a Basic inspection in NDIP 2010

![Bar chart showing % of P1 children receiving a Basic inspection in NDIP 2010 by region.]

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Target: 60% of P7 children with no obvious decay experience by 2010

Figure 1.1.2a

% of P7 children with no obvious decay experience (2009)¹

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Target: 100% of P7 children to receive a Basic inspection in NDIP 2010

Figure 1.1.2b

% of P7 children receiving a Basic inspection in NDIP 2010

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1. Although most NHS boards have met this target, within each board there are inequalities showing that in the most deprived areas the targets have not been met.
1.2 Adults

Target 90% of adults to have some natural teeth by 2010.

The *Scottish Health Survey 2008* reports that 88% of adults in 2008 had all or some of their own natural teeth (91% of men and 86% of women). This is just below the 2010 target of 90%. The Adult Dental Health Survey (ADHS) 1998 reported that 82% of adults in Scotland had some natural teeth.

Target Improve oral cancer survival in males by 2010

**Figure 1.2.2a** % 5-year survival of those diagnosed with oral cancer²

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2. Due to small numbers, it is inappropriate to report these data at NHS board level.

**Figure 1.2.2b** European Age-standardised Incidence Rates (EASR) of oral cancer for males and females per 100,000 person-years at risk (European standard population); 2008

- **Males**
- **Females**
1.3 Supervised tooth brushing schemes

Target
All Nursery Schools to offer supervised fluoride toothbrushing schemes

Figure 1.3.1
Nursery Schools participating in toothbrushing schemes in school year 2009/10 as % of the number of Nursery Schools

Additional, non-Action Plan target
100% of Primary Schools in most deprived SIMD quintile to participate in toothbrushing schemes

Figure 1.3.2
Primary Schools in most deprived SIMD quintile participating in toothbrushing schemes in school year 2009/10 as % of the number of Primary Schools in most deprived SIMD quintile

3. This information is sought only once a year (after the conclusion of the school year).
2 Workforce
2.1 Dentists

**Additional, non-Action Plan target**

20% increase in total NHS dentists (GDS, CDS and HDS, excluding double- / triple-counting) working in Scotland (headcount), based on September 2004, by 2010%

% difference in headcount of dentists working in GDS, CDS and HDS (2004 to September 2010)\(^4\)

![Chart 1](chart1.png)

4. The data in this chart take into account the increases in H and GGC that have resulted from these NHS boards “acquiring” dentists from Argyll & Clyde, which was absorbed into H and GGC in April 2006. Double- and triple-counting has been removed, where possible, to take account of dentists working in more than one sector.

**Additional, non-Action Plan target**

By 2010, 1 dentist per 1,750 population

Ratio of (headcount of GDS+CDS) dentist : population (removing double-counting, if dentist works in more than one sector)

![Chart 2](chart2.png)
2.2 Dental care professionals

Target
Figure 2.2.1

Increase in number of registered Dental care professionals
No. of salaried DCPs at 30 September 2010 (following national registration)\(^5\)

5. DCPs (dental care professionals) are dental nurses, dental technicians and other dental care professionals. Staff who work for national bodies or special NHS boards have been included in the Scotland total.
2.3 Training

Target

20% of practices involved in Vocational Training / Foundation courses by 2010

Figure 2.3.1 % of practices involved in Vocational Training / Foundation courses
3 Services
### 3.1 Children registered with an NHS dentist

**Target**

*By 2010, 55% of 0-2-year-olds to be registered*

**Figure 3.1.1a** % of 0-2-year-olds registered at 31 December 2010

![Graph showing % of 0-2-year-olds registered at 31 December 2010](image)

**Target**

*By 2010, 80% of 3-5-year-olds to be registered*

**Figure 3.1.1b** % of 3-5-year-olds registered at 31 December 2010

![Graph showing % of 3-5-year-olds registered at 31 December 2010](image)
By 2010, 90% of 6-12-year-olds to be registered

% of 6-12-year-olds registered at 31 December 2010

By 2010, increase adult registrations (18-64 years) to 65%

% of all adults (18-64 years) registered at 31 December 2010
3.3 Elderly people registered with an NHS dentist

**Target**  
By 2010, increase elderly registrations (65+ years) to 50%

**Figure 3.3.1**  
% of all elderly (65+ years) registered at 31 December 2010\(^6,7\)

6. The population and service profiles in some NHS board areas (e.g. island boards) are such that the Community Dental Service (which does not formally register patients) plays a greater role in treating some patients than the General Dental Service. Under-recording of data in these areas may also be a factor.

7. Since August 2010, enhancements introduced to this dataset mean that analysis has been based on the postcode of the registered patient, rather than on the postcode of the dental practice where the patient is registered. Prior to August 2010, the registration dataset also included some duplicate records and records of deceased patients, but such records have since been removed, so that the number of registered patients is no longer inflated by duplication. To further address the information deficit, from quarter ending December 2010 patient age has been sourced from MIDAS, which ensures there are no "unknown age" records present.
3.4 Emergency care

Target NHS board population served by participation in SEDS (Scottish Emergency Dental Service)

Figure 3.4.1 % of population served by area-wide integration with SEDS

8. NHS boards estimate the level of population covered by SEDS. Some private patients and some registered neither privately nor with NHS practices may also be provided for via SEDS.
4 Quality of Services
4.1 Evidence of patient satisfaction with services

Target

Figure 4.1.1 No. of complaints about primary care dental services from latest available year’s data (2009/10)^9,10

P. Provisional data from ISD centrally-held Family Health Services complaints database.
9. Family Health Services figures for H are estimates based on averages for 2006/07 and 2007/08.
10. Complaints from Argyll and Clyde regions are included under H and GGC NHS Boards respectively.

4.2 Primary care practice standards

Target

Figure 4.2.1 % of practices with completed practice inspection in latest 3-year, rolling inspection programme
Glossary

ADHS
Adult Dental Health Survey.

Basic inspection; Detailed inspection
The National Dental Inspection Programme (NDIP) has two levels: a Basic inspection (intended for all children) and a Detailed inspection (for a representative sample of a specific age group in alternate years to assist in planning).

The Basic inspection involves a simple assessment of the mouth of each child attending a local authority school, using a light, mirror and ball-ended probe. One of three classifications of dental health is attributed to the child according to the findings of the inspection, and a letter is sent to inform the child's parents about the state of dental health observed in the mouth of the child at the time of the inspection. These letters vary, depending on whether a Primary 1 (P1) or a Primary 7 (P7) child was inspected, and are classified as follows:

- Letter A - should seek immediate dental care on account of severe decay or abscess.
- Letter B - should seek dental care in the near future due to one or more of the following: presence or history of decay, a broken or damaged front tooth, tooth wear, poor oral hygiene or may require orthodontics (P7 only).
- Letter C - no obvious decay experience but should continue to see the family dentist on a regular basis.

The results of the Basic Inspection are then anonymised and aggregated. The data are used to monitor the impact of local and national oral health improvement programmes, and to assist in the development of local dental services.

The Detailed inspection is a more rigorous and comprehensive assessment than the Basic inspection, involving recording the status of each surface of each tooth in accordance with international epidemiological conventions.

The goals of the Detailed Inspection are to determine, in detail, the current levels of established tooth decay experience and the impact of deprivation on the dental health of P1 and P7 children in Scotland.

CDS (NHS Community Dental Service)
Provides treatment for people who are unable to access NHS General Dental Services (GDS). For example:

- Only specialist CDS services are appropriate if someone has special needs (mental health problems, a physical disability, etc.).
- In some areas, there may be few General Dental Practitioners (GDPs) providing NHS treatment.
- Someone needing dental services may be resident in long-stay care.

The CDS also plays a major role in dental health promotion and education and in the National Dental Inspection Programme in local authority primary schools.

DCP
Dental care professional.

EASR
European Age-Standardised Incidence Rates.

GDS
NHS General Dental Service.

HDS
NHS Hospital Dental Service.

ISD
NHSScotland’s Information Services Division.

MIDAS
Management Information and Dental Accounting System, the payment system for NHS GDS dentists.

NDIP
National Dental Inspection Programme.

NES
NHS Education for Scotland.

NHS24
Service providing comprehensive up-to-date health information and self-care advice.

PCD
Profession complementary to dentistry.

SEDS (Scottish Emergency Dental Service)
Centralised, NHS24-coordinated, out-of-hours Scottish Emergency Dental Service.
SIMD

The Scottish Index of Multiple Deprivation identifies small area concentrations of multiple deprivation across all of Scotland in a fair way. It allows effective targeting of policies and funding where the aim is to wholly or partly tackle or take account of area concentrations of multiple deprivation.

Bibliography / data sources


Information Services Division, NHS National Services Scotland, Edinburgh

NHS Education for Scotland, Edinburgh

Appendix - NHS boards’ Dental Action Plan Lead Officers (April 2011)

<table>
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<tr>
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