



BDA SCOTLAND 2021
ELECTION MANIFESTO

BRIDGING THE GAP:
**TACKLING ORAL
HEALTH INEQUALITIES**



INTRODUCTION

The British Dental Association is the trade union and professional body for dentists in the UK. BDA Scotland is the voice of dentists and dental students in Scotland. We represent all fields of dentistry including general practice, community dental services, the armed forces, hospitals, academia, public health and research. We campaign to promote the interests of our members and to improve the nation's oral health.

Launching its manifesto for the 2021 elections **“Bridging the Gap: Tackling Oral Health Inequalities”** BDA Scotland is calling on the incoming Scottish Parliament to pledge its support for a five-point plan for better oral health in Scotland.

- 1 ADDRESS THE BACKLOG OF UNMET DENTAL CARE NEED**
- 2 PROMOTE PREVENTION TO HELP TACKLE ORAL HEALTH INEQUALITIES**
- 3 ENSURE NHS DENTISTRY REMAINS SUSTAINABLE**
- 4 IMPROVE ACCESS FOR VULNERABLE GROUPS**
- 5 INTEGRATE ORAL HEALTH WITH WIDER PUBLIC HEALTH PRIORITIES.**



Address the backlog of unmet dental care need

■ As with all healthcare services, there has been a dramatic reduction in NHS dentistry since the start of the pandemic. Between April and November 2020, the number of courses of treatment delivered was 83% lower than during the same period in 2019. This has inevitably caused a colossal backlog of unmet dental care need, along with a rise in antibiotic prescribing which increases the risk of antibiotic resistance. While dentistry activity levels have increased in recent months, they remain considerably lower than before the pandemic (the November 2020 figure was only 30% of the November 2019 level) and dentists are still only working at a fraction of pre-Covid capacity due to restrictions, in particular ‘fallow time’ – gaps of up to an hour required between treatments to reduce the risk of cross-infection.

■ The Public Dental Service (PDS) in Scotland – which treats specific patient groups including care home residents, children with additional needs and adults with disability – did an excellent job setting up Urgent Dental Care Centres at short notice across the country to deal with the Covid-19 outbreak. However, continued operation of the Centres came at a cost as the backlog of unmet dental care need for the service’s “core” vulnerable patients has continued to grow.

■ We have long expressed deep concerns about lengthy waiting times for paediatric extractions under a general anaesthetic, and the pain and distress this causes for children and their families. Prior to the onset of the pandemic, some Boards had waiting times of 6 months and the Covid crisis will undoubtedly have made this terrible situation worse. We estimate that around 2,500 children are on these waiting lists, and it could be many months (possibly years) before backlogs are cleared.

Solution

■ Improved ventilation in dental surgeries to reduce “fallow time” between treatments would reduce the backlog of dental care by dramatically increasing the number of patients dentists can safely treat each day. The BDA calls on the Scottish Government to follow the example of the Welsh and Northern Irish governments and provide capital funding, along with clear guidance, to improve ventilation in dental practices.

■ The Scottish Government needs to work with NHS Boards to ensure sufficient resources are available at a local level to reduce waiting times for paediatric extractions under general anaesthetic. It should also establish a working group to finally address this long-standing issue by drawing on lessons learned and best practice across Scotland. The BDA would welcome the opportunity to contribute to this group.

Promote prevention to help tackle oral health inequalities

■ While we welcome the continued long-term improvement in child oral health, the latest data show that primary school children from the most deprived communities experience more than four times the level of tooth decay compared to children in the least deprived areas. These stark and persistent inequalities will widen as a result of the pandemic, given the collapse in access to routine services, the suspension of public health programmes and the impact of sugar-rich lockdown diets. This means that investment in prevention is now essential.

Solution

■ Water fluoridation is a cost-effective, evidence-based preventive measure where practical and appropriate for local needs. Data published by Public Health England show it leads to a 52% reduction in dental caries for 5-year-olds in deprived areas, and that for every £1 invested, it saves over £12 after 5 years and £22 after 10 years in treatment costs. The Scottish Government already recognises that water fluoridation could make a positive contribution to improvements in oral health and while its implementation is a matter for local NHS Boards, the Government needs to provide a clear lead on this issue. This includes supporting NHS Boards to carry out fluoridation feasibility studies, along with investment to help facilitate its introduction where applicable.

■ The Childsmile programme should be reintroduced as soon as possible and additionally supported in areas with the poorest outcomes to maximise the impact on inequalities. There also needs to be flexibility in delivering the programme at local level, for example at group level or face to face by video.

Ensure NHS dentistry remains sustainable

- There is widespread acceptance that there will be no return to pre-Covid dentistry once the pandemic subsides. The crisis has highlighted the importance of ensuring the viability of NHS dentistry and the need for a new funding model that reflects modern dentistry and makes dentistry an attractive profession to pursue. The Scottish Budget 2021-22 provides £431 million for general dental services, a rise of just 0.6% from the year before which represents a real-terms cut at a time the service faces an unprecedented backlog. The dental budget in Scotland has been cut in real terms in three out of the last four years.
- Any progress in addressing Scotland's dental needs and tackling oral health inequalities will depend on having a stable workforce. The decision to extend the education and training of young dentists due to the pandemic, along with the potential impact of Brexit on the supply of overseas dentists, have raised concerns about future workforce capacity.

Solution

- The Scottish Government needs to ensure NHS dentistry is sufficiently funded to remain sustainable and accessible to all those who need it, regardless of income. This involves the development of an intermediate financial support model to replace the current arrangements that were developed as a short-term solution at the start of the pandemic, and an appropriate new long-term funding model that reflects how dentistry is delivered.
- Developing a strategic approach to dental workforce planning must be a priority for the Scottish Government.

Improve access for vulnerable groups

- While recent data show that registration with an NHS dentist in Scotland remains high and stable, the overall attendance rate collapsed to between a quarter and a third of the pre-pandemic average, and the inequality in access rates between our most and least deprived areas has grown.
- The current crisis has shown how essential the Public Dental Service is, not just in an emergency, but also in its usual role of caring for the most disadvantaged in our society. However, in a recent BDA survey, less than two thirds of PDS dentists said they planned to continue practising as a community dentist in the next 5 years, with a third intending to retire during this time. These figures raise significant concerns about the future capacity of the service, and its ability to treat vulnerable patients.

Solution

- A concerted effort is needed to get low-income patients to attend their dentist to help tackle the oral health inequalities gap.
- The Public Dental Service needs to be sufficiently resourced, with appropriate career opportunities, to attract practitioners to the service and ensure that it has enough capacity to meet future challenges.

Integrate oral health with wider public health priorities

- The pandemic has highlighted the importance of maintaining a healthy diet for oral health and for wider health conditions such as preventing diabetes and tackling obesity.
- Scotland has one of the highest oral cancer rates in Europe, and rates of throat cancer have almost trebled in recent years. People in Scotland's most deprived communities are more than twice as likely to develop and die from oral cancer than those in more affluent areas.

Solution

- The Scottish Government should continue to pursue and integrate initiatives to improve public health and tackle health inequalities, such as extending the sugar tax to a wider range of products, and clearer labelling of sugary products regarding the harm that sugar causes to oral health.
- The Scottish Government must provide sufficient resources for effective smoking cessation and alcohol treatment services, and work with NHS Boards to establish effective oral cancer referral pathways.
- With HPV being a major cause of oral cancers, BDA Scotland calls for a fast and effective catch-up programme for any children who have missed out on their HPV vaccination as a result of the pandemic.

Contact details

For more information about this manifesto and the wider work of BDA Scotland, please contact campaigns@bda.org

