



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

CONSULTATION:	The Role of the Dentist and Oral Health Team in Tacking Health Inequalities
ORIGINATING SOURCE:	University College London, Institute of Health Equality
CONTRIBUTORS:	Members of Dental Council (November 2012 – October 2013)
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Our Ref: IH/lc

19th December 2012

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Dear Professor Williams

I am writing on behalf of the faculty of Dental Surgery of the Royal College of Surgeons and Physicians of Glasgow in regard to your request for comments on the draft document entitled "The Role of dentists and the oral health team in tackling health inequalities: action on the social determinants of health"

We would completely concur with the point of view that a response from dental professionals to the document "The Role of The Health Workforce in Tackling Health Inequalities: Action on the social determinants of health", should be included as part of the consultation.

Whilst we would not wish to make it the primary focus of our response it would be remiss not to comment that overlooking the inclusion of dental professionals in the initial consultation process is a significant oversight. The consultation document itself recognises that each week 700 000 people visit an NHS dentist!

That said better consulted late than never! With regard to the mechanism of consultation we presume that given the timing associated with the original consultation, it is not now feasible to consult dentistry in the same manner that other health care groups enjoyed in the initial process. Given the circumstances, the proposal to use the draft document "The Role of dentists and the oral health team in tackling health inequalities: action on the social determinants of health" as a basis for the response from dentistry is one we can agree to.

Had we had the opportunity to respond to the initial consultation process we would have highlighted the role of poverty (particularly child poverty) as a social determinant of health, including oral health. Oral health; specifically the common oral diseases; caries, periodontal disease and although less common; head & neck cancer, are associated with socio-economic status. Essentially, as with most human diseases, there is a continuous disease gradient across society which is caused by poverty. Addressing the wider determinants of health inequalities; the "causes of the causes," is required to level up this poverty gradient to both improve the health of those at the bottom of the social scale and improve the overall health of society.

There have been targets aimed at the “causes of the causes” of inequalities, the most comprehensive and inclusive was to reduce and then eradicate the proportion of children living in households in poverty. Child poverty reflects family poverty; it is a stunning statistic to know that in 1997 one child in every three in Great Britain was growing up in poverty. Tackling poverty would be something we consider the most important area for action. Practice, education and incentives, monitoring and directives are important areas for action that would be involved in doing so.

We concur that the 2010 report ‘Fair Society Healthy Lives’ (The Marmot Review) and the World Health Organisation’s 2008 Commission on the Social Determinants of Health (CSDH) gave many recommendations which should be implemented but are outside the health care system. Nevertheless we believe that dentists and member of the dental team have a role in ensuring that these recommendations are implemented, by continuously referring to them in publications, teaching, presentations and elsewhere, to maintain their prominence on the public health agenda.

In terms of improving oral health we would suggest that the benefits of fluoridation of the domestic water supply be included in the response from dentistry. Facilitating access to free dental care for all those who are eligible, but who do not access free care, would also be a potentially positive step in reducing inequality in oral health.

Education

It is not only in a primary care setting that dentists and members of the oral health team should play their part and the basis for all workers must be an understanding of the social determinants of health. For years now dental public health and the social sciences have been included in the undergraduate dental curriculum but it is often not until a dentist is working in practice that any relevance of this teaching is appreciated and then not always understood.

Education is probably the most important aspect of the UCL consultation paper, described in chapter 3 and specifically the teaching on the social determinants of health as part of Continuing Professional Development.

Opportunities to study at all educational levels should be available to dentists and oral health workers, such as courses and certificates to postgraduate qualifications. Incorporating teaching of social determinants within the Dental Foundation training or a compulsory part of working in the salaried service are just some ideas.

We would not disagree with the point that if oral healthcare is to be properly integrated with healthcare in general, it is essential that all members of the oral health team understand the importance of the social determinants of oral health. Equally we stress the point that that if oral healthcare is to be properly integrated with healthcare in general, it is essential that the role that the oral health team can play is understood by other general health care professionals. We can work best together when we understand the problem, and the opportunities we each have as well as the skills and abilities we bring to address the problem.

We would concur with the points made under the heading, things the oral health team should do. There are many examples of involvement of the oral health care team in tackling health care inequalities in Scotland.

- The Childsmile programme has resulted in significant improvements in the dental health of deprived children in Scotland using a simple programme of education, supervised brushing,

healthy eating and fluoride varnish application. This has undoubtedly saved many young children from the trauma of GA extractions and set them on a path of lifelong tooth retention. The programme targets children in deprived areas and has made a significant contribution to reducing dental health inequalities. Part of this programme involves members of the dental team within practices providing oral health advice and instruction to patients. <http://www.child-smile.org.uk/>

- There is a Scottish dental initiative involving the Universities of Glasgow and Dundee, Health Scotland and SDCEP which aims to highlight to the dental team the opportunity it has to be aware of patients who may have oral or wider health issues resulting from harmful alcohol intake and guiding them in the provision of brief advice to address these issues. It is known that patients from more deprived areas of society who drink alcohol are more likely to drink at harmful levels. Guidance on how to detect and assist with alcohol issues will be issued to all Scottish dentists by Health Scotland in the very near future and already forms a part of the undergraduate dental curriculum at the University of Glasgow. For further details please contact Dr Christine Goodall.
- In addition colleagues in a charitable organisation called Medics against Violence, set up by 3 oral surgeons and oral and maxillofacial surgeons, who are fellows of RCPSG, provide training for dentists in the recognition and signposting of victims of domestic abuse who may present in dental practice. While domestic abuse affects all areas of society patients from deprived backgrounds may be less well supported and less able to access help. It is well known that such victims are most likely to receive injuries to the head and neck region and so may present to dental practice looking for help. To date they have trained over 500 dentists in Scotland in a programme called AVDR (Ask Validate Document Refer) www.medicagainstviolence.co.uk
- Training in smoking cessation advice and measures along with training in alcohol reduction advice is an integrated part of the undergraduate curriculum. The dental team have a role in the early detection (and appropriate referral) as well as in the prevention of oral cancer (which could extend to signposting referring to smoking cessation services, alcohol brief interventions, wider community development support - e.g. debt advice, welfare benefits advisers, healthy living centres, food coops / projects, etc).
- Lastly, research undertaken in Glasgow has demonstrated that facial trauma disproportionately affects more deprived individuals and that the inequalities gap widens when alcohol is involved. At the Southern General Hospital we carried out research into the provision of brief interventions for alcohol to trauma patients and found them to be successful in helping patients to reduce their alcohol consumption. This research has now been translated into standard practice for facial trauma patients.

Yours sincerely



Ian Holland
Secretary of the Dental Faculty
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