## EVERY TEN MINUTES A CHILD HAS A ROTTEN TOOTH REMOVED

New data published by Public Health England (PHE) on the same day that the Soft Drinks Industry Levy came into effect, 6 April, show that a child in England has a tooth removed in hospital every ten minutes due to preventable decay.

PHE's Change4Life campaign is reminding parents that sugary drinks – including juice drinks, energy drinks, cola and other fizzy drinks – are one of the main sources of sugar in children's diet.

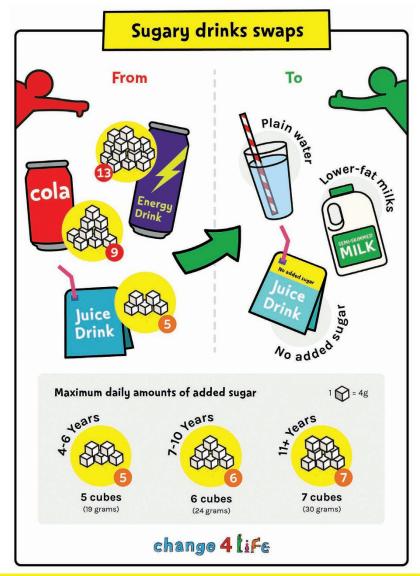
Tooth extraction remains the most common reason for hospital admissions in 5–9-year-olds. Figures show around 141 children a day – some just a year old – are having teeth removed. This means around 60,000 days are missed from school during the year, as well as causing problems with

eating, sleeping and even smiling.

Dr Sandra White, Dental Lead for Public Health England, said: 'It's upsetting to see so many children admitted to hospital with tooth decay, but swapping out sugary drinks could be an easy win for busy families.

'Parents can also help prevent decay by making sure their children's teeth are brushed twice a day with fluoride toothpaste and reducing how much sugar they're eating and drinking.'

For more information on the Change4Life campaign, visit https://www.nhs.uk/change4life/food-facts/healthier-snacks-for-kids/lower-sugar-drinks-for-kids-stop-tooth-decay#4ScekU62Pw0QbYMY.97.



The 'Sugary drinks swaps' suggestions that are part of PHE's Change4Life campaign

## Dentists need to relinquish work to DCPs

'It's necessary for dental care professionals (DCPs) to be used to their full potential,' Margaret Ross OBE told health professionals at the Royal College of Surgeons of Edinburgh (RCSEd) Triennial Conference. Her presentation was part of the session that looked at challenging the traditional model of care.

The Nuffield Inquiry of 1993 made firm recommendations about the training of DCPs and their extended roles in providing care for patients. While there has been significant expansion in educational programmes, the contribution of DCPs to oral healthcare has been limited by some parts of the dental profession and the stance of government.

Dr Ross added: 'Change has to happen. If not, DCPs will become de-skilled and demoralised, and huge amounts of money will have been wasted on education.'

Dr Ross, who retired recently from her post as Senior Lecturer for Dental Care Professionals in the University of Edinburgh after 45 years in dentistry, said regulation and policy change for the whole dental team was needed 'but it's not really moving'.

The extended dental team is essential to care for patients, Dr Ross explained, highlighting that today dental hygienists and therapists can carry out 70% of routine primary care dentistry, diagnosis and treatment within their scope of practice – work that is a routine element for dentists.

The ticking time bomb, Margaret Ross said, is the increasing number of elderly patients. However, direct patient access to DCPs 'is only available in the private sector, not in the NHS'. NHS list numbers and prescribing rights are central to successful implementation.

As regards the implications for dentistry, Dr Ross is clear that fewer dentists are needed, but that they are unwilling to relinquish work to DCPs. 'Political control still remains with the dentist,' she concluded.