

Children's use of non-dental services for oral pain could be costing the NHS £2.3 million a year

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Thousands of children with oral pain are being taken by parents to pharmacies and non-dental health services, including A&E, instead of their dentist, and could be costing NHS England £2.3 million a year, according to research led by Queen Mary University of London.

The study of more than half of all of the pharmacies in London and nearly 7,000 parents finds that most pharmacy visits for [children's](#) pain medications in London are to treat oral pain.

Lead researcher Dr Vanessa Muirhead from Queen Mary's Institute of Dentistry said: "The fact that only 30 per cent of children with oral pain had seen a dentist before going to a pharmacy highlights a concerning underuse of dental services.

"Children with oral pain need to see a dentist for a definitive diagnosis and to treat any tooth decay. Not treating a decayed tooth can result in more pain, abscesses and possible damage to children's permanent teeth.

"These children had not only failed to see a dentist before their pharmacy visit; they had seen GPs and a range of other health professionals outside dentistry. This inappropriate and overuse of multiple health services including A&E is costing the NHS a substantial amount of money at a time when reducing waste is a government priority."

Previous research has found that the main cause of planned hospital admissions for children aged 5-9 years is to have their decayed teeth extracted under general anaesthesia. Meanwhile, a quarter of five-year-olds in England still have tooth decay in their baby teeth and approximately one in five 12-year-olds have tooth decay in their adult teeth.

Only 58 per cent of children in England and 49 per cent of children in London had visited a dentist in 2016, even though dental care is free in the UK for under 18s and national guidelines recommend dental visits at least every year for children.

In this latest study, published in *BMJ Open* and jointly funded by Healthy London Partnership and NHS England London Region, 951 pharmacies collected information from 6,915 parents seeking pain medications for their children in November 2016 - January 2017, and found that:

- Nearly two-thirds (65 per cent) of parents seeking [pain medications](#) for their children were doing so to relieve their children's oral pain.
- Only 30 per cent of children with oral pain had seen a dentist before the pharmacy visit while 28 per cent had seen between one and four different health professionals (including GPs, health visitors, school nurses and A&E departments - GPs being the most common).
- Nearly one in ten children had signs and symptoms indicating a dental emergency and community pharmacy staff signposted them to emergency services.
- The cost to the NHS of children contacting health professionals outside dentistry over the period was £36,573 (an annual cost of £373,288). Replicating these findings across all pharmacies in England could mean that the NHS spends an estimated £2.3

million annually when children with oral pain inappropriately use multiple health services.

- 41 per cent of the children had toothache; 20 per cent had pain from a newly erupting tooth and 15 per cent had a painful mouth ulcer.
- Saturdays and Sundays were the peak days for parents to visit pharmacies for pain medication for children's oral pain. This could partly explain why some parents had not seen a dentist due to limited urgent dental care services over the weekend.

Dr Muirhead added: "We need to develop integrated systems and referral processes where GPs, community pharmacists and dentists talk to each other to make sure that children with toothache see a [dentist](#) as soon as possible for treatment. We also need better training for community [pharmacy](#) staff giving parents advice and look at how dentists manage children who have toothache."

The researchers also highlight the need to work towards preventing [tooth decay](#) from occurring in the first place. This includes rolling out Scotland's Childsmile programme more widely, where fluoride toothpaste is distributed to all pre-school children, all nurseries have supervised toothbrushing every day and early years' settings have healthy low sugar meals and snacks.

The study limitations include the extrapolation of cost estimations which contained several assumptions. The researchers also possibly underestimated the number of children with oral [pain](#) in London because only community pharmacies were used as a means of identifying children and parents.

More information: Vanessa Elaine Muirhead et al, Children's toothache is becoming everybody's business: where do parents go when their children have oral pain in London, England? A cross-sectional

analysis, *BMJ Open* (2018). [DOI: 10.1136/bmjopen-2017-020771](https://doi.org/10.1136/bmjopen-2017-020771)

Provided by Queen Mary, University of London

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