Dental Health (Children and Young People)

Oral diseases can have a considerable impact on a child's general health and wellbeing. Poor oral health is associated with wider health and social care issues including poor nutrition and obesity and can affect a child's ability to eat, sleep, and play with other children[1]. Children with poor oral health may have increased school absenteeism, and decreased school performance.

Summary points

- The most recent dental health survey (2023/24) reported the percentage of 5-year-old children estimated to have visually obvious dental decay in Bristol was 17.8%[2] (13.4%-23.2%). This was comparable to the England average.
- The percentage of children in year 6 (10-11-year-olds) with visually obvious dental decay in Bristol was statistically comparable to the national average in 2022/23: Bristol 10.5%[3] (5.5-18.9%), England 16.1% (15.8-16.4%).
- Nearly a fifth of primary and secondary students did not report cleaning their teeth twice a day on the day before completing the Bristol Pupil Voice Survey. While this is comparable to previous years, it indicates there is still a role for basic oral health promotion among school age pupils and wider school communities in Bristol.
- Compared to the national average, Bristol has a higher rate of children attending NHS dental services, and a significantly higher rate of children being admitted to hospital for extraction of one or more decayed primary or permanent teeth.
- Children from Asian, Chinese and Other Ethnic Minorities, and children living in more deprived areas, are more likely to suffer from dental decay than children from White and Mixed Ethnic groups and those living in more affluent areas.
- This data illustrates the importance of tackling this issue locally to reduce health inequalities and improve long-term outcomes for children and young people.

Oral health

National Dental Surveys have been conducted in England of 3 and 5- year-olds and of pupils in Year 6 (10-11 year olds). The surveys seek to estimate the prevalence of several oral health indicators by checking the pupils at a random sample of mainstream schools, with the results weighted to create a more representative result. Pupil participation is voluntary, which can reduce the sample size considerably and other limitations of the methodology mean that the estimates and comparisons derived from them should be treated as approximate.

The most recent survey of Bristol 5-year-olds conducted in 2023/24 reported that 17.8% (13.4%-23.2%) had at least one decayed, missing or filled tooth (DMFT); comparable to the national average of 22.4% (22.1%-22.7%)[2]. This latest estimate is lower than the 27.2% (21.2%-34.1%) of Bristol 5-year-olds estimated to have at least one DMFT in the previous survey in 2021/22,

[1] Oral health - GOV.UK (www.gov.uk)
[2] Oral health survey of 5 year old children, Office for Health Improvement and Disparities, Oral health survey of 5 year old schoolchildren 2024 - GOV.UK, February 2025

[3] As the sample size was very small (196 children and only 82 children were examined) this number should be interpreted with caution. The confidence interval was between 5.5% and 18.9%.
Oral health survey of children in year 6, 2023, Office for Health Improvement and Disparities Oral health survey of children in year 6, 2023 - GOV.UK (www.gov.uk) February 2024

which was above the England average at the time 23.7% (23.3%-24.0%)[4], however the reliability of the local estimate and the ability to draw conclusions about trends over time are limited by the small sample size (232 children in 2023/24 and 180 children in 2021/22) and low participation rate (56.0% in 2023/24 and 52.0% in 2021/22).

The average number of DMFT in 5-year-olds in Bristol (2023/24) was 0.7 (0.46-0.91): comparable to the England average 0.8 (0.77-0.80).

The survey of Bristol children in year 6 in 2022/23 reported that 10.5%[3] (5.5-18.9%) of examined children had at least one decayed, missing or filled tooth (DMFT) compared to 16.1% (15.8-16.4%) on average nationally. The percentage of children with one or more untreated decayed tooth was 6.7% (3-14.3%) compared to the England average of 10.6% (10.3 - 10.8%). Although the national average numbers are higher than Bristol, the proportions remain statistically similar. The reliability of the local estimate is also limited by the small sample size (196 children) and very low participation rate (41.8%).

The average number of DMFT in children in year 6 was 0.2 (0.06-0.32): comparable to England average of 0.3 (0.29-0.30).

More 0-to-17-year-olds attended NHS dental services in the 12 months up to the end of June 2024 in Bristol (63.7%) than the England average (56.1%) (June 2024, NHS Dental Statistics 2023-24)[5]. This is lower than the pre– COVID-19 pandemic level which saw 65.0% attending dental services in the twelve months up to June 2019 in Bristol (59.5% nationally)[6].

Other data which have not been repeated since the last JSNA update:

- 9% (5-16%) of 3-year-olds (2019/20) had tooth decay, statistically comparable to the England average 11% (10-11%).[7]

The Bristol Pupil Voice Survey[8] was completed by more than 4,000 state school pupils across the city in 2023/24, from years 4, 6, 8 and 10. This figure represents 1-in-5 of all pupils in those year groups in the city's schools. The survey addresses a range of health and wellbeing topics, including oral health.

In the 2023/24 Bristol Pupil Voice Survey 41% of primary pupils and 48% of secondary pupils reported that they had had teeth filled or removed (both lower than in the 2022 survey)[9]. However, 88% of primary and secondary pupils reported that they had had their teeth checked by a dentist. 80% of primary and secondary pupils reported that they had cleaned their teeth at least twice on the day before the survey, which was comparable to 2022 responses.

[4] National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK, October 2023

[5] NHS Dental Statistics, 2023-24: Dental statistics – England 2023/24 | NHSBSA

[6] NHS Dental Statistics for England Dashboard: Dentistry - NHS Digital

[7] Oral health survey of 3-year-old children, 2020, Public Health England, Oral health survey of 3 year old children 2020 - GOV.UK (www.gov.uk), March 2021

[8] Bristol Pupil Voice Survey, 2024, Bristol City Council: Every Child Matters in Bristol

[9] Bristol Pupil Voice Survey, 2022, Bristol City Council: https://www.bristol.gov.uk/web/bristol-healthy-schools/topics/data-and-researchData and research (bristol.gov.uk)

Access

There are currently 502 dentists with NHS activity in NHS Bristol, North Somerset, and South Gloucestershire ICB (Integrated Care Board) area[10]. This equates to 51 dentists per 100,000 population, which is higher than the England average of 42 per 100,000 population.

Tooth extractions

In 2023/24, 0.90% (n=955)[11] of Bristol children and young people (0-19 years) were admitted to hospital for extraction of at least one decayed primary or permanent tooth (Figure 1). This proportion is significantly higher than the England average of 0.37% and it is the second highest among the Core Cities. Tooth extraction is most prevalent amongst children aged between 5 - 9 years old. In Bristol, extractions occurred in 2.2% of 5 – 9-year-olds; higher than the England average (0.6%) in 2023/24.

Figure 2 illustrates that the percentage of children and young people undergoing extractions in Bristol is higher than the England average in all age groups except for 15 to 19-year-olds, where it is slightly lower.

Figure 3 illustrates the trend in number of hospital admissions for extraction of one or more primary or permanent teeth in children (0-19 years). The number of extractions decreased by 64.5% in 2020/21 during the COVID-19 pandemic and demand has since increased in 2023/24 over the pre-pandemic level in the 0-4, 5-9 and 10-14 age groups.

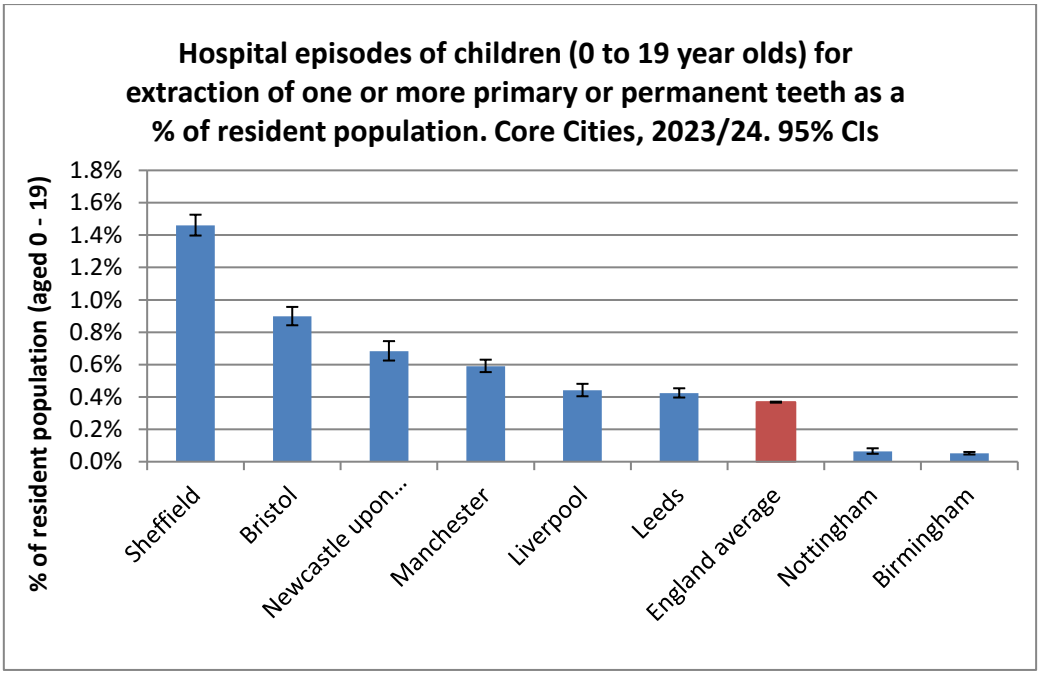

Figure 1 Finished Consultant Episodes (FCEs) for children and adolescents aged 0-19 for hospital dental extractions during 2023/24. Source: OHID Hospital tooth extractions in 0- to 19-year-olds: 2024; Hospital tooth extractions in 0 to 19 year olds 2024 - GOV.UK

[10] NHS Dental Statistics, 2023-24: Dental statistics – England 2023/24 | NHSBSA
[11] Hospital tooth extractions in 0 to 19 year olds 2024 - GOV.UK

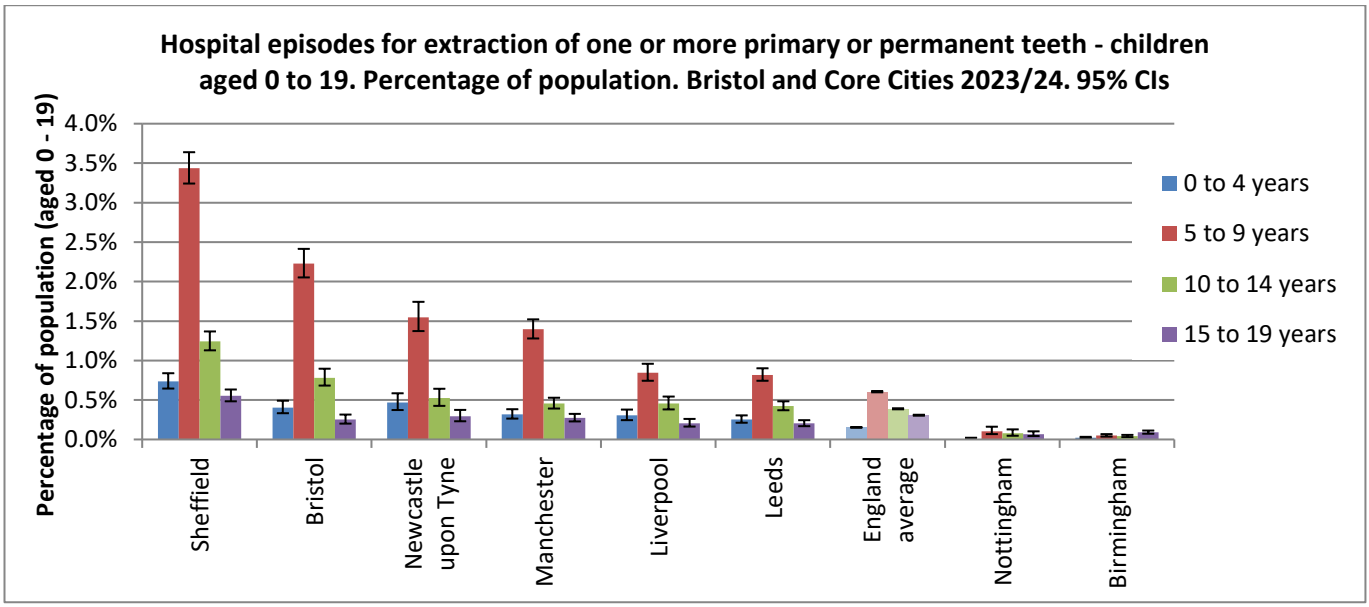

Figure 2: Finished Consultant Episodes (FCEs) for children and adolescents aged 0-19 for hospital dental extractions during 2023/24, by age group. Source: OHID Hospital tooth extractions in 0- to 19-year-olds: 2024; Hospital tooth extractions in 0 to 19 year olds 2024 - GOV.UK

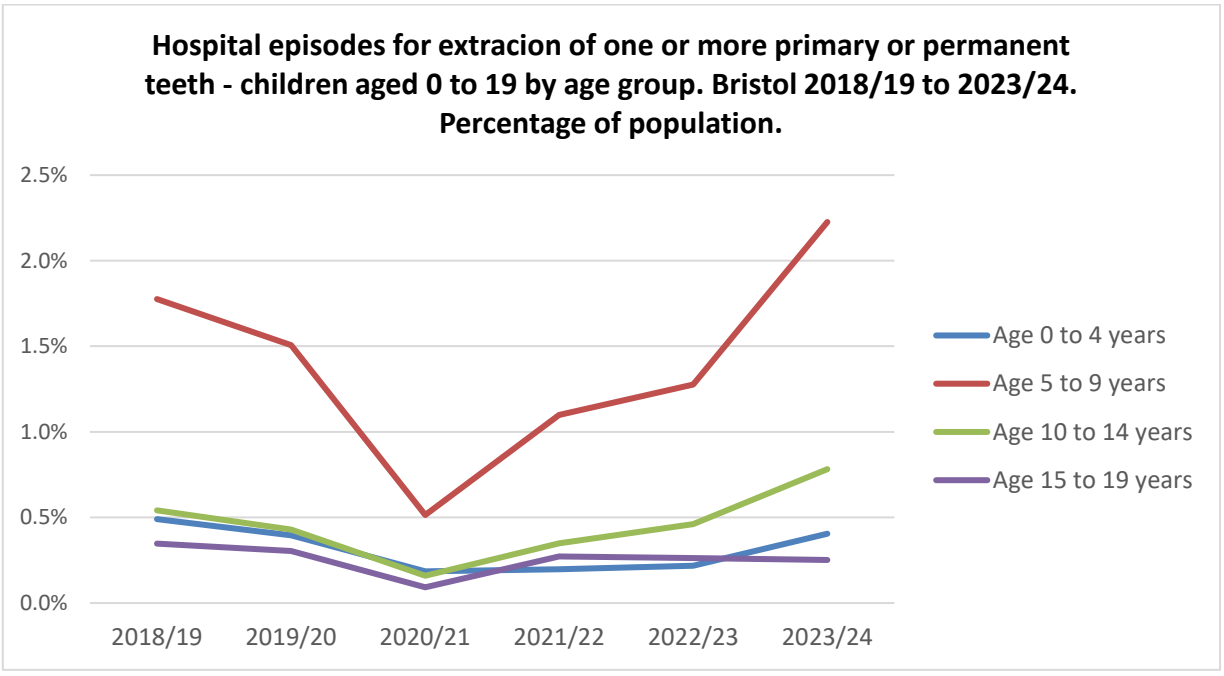

Figure 3: Finished Consultant Episodes (FCEs) for children and adolescents aged 0-19 for hospital dental extractions during 2018/19 – 2023/24. Source: Dental Public Health Team, Office for Health Improvement & Disparities (OHID), Hospital tooth extractions in 0 to 19 year olds 2024 - GOV.UK

Equalities data:

Nationally, 5-year-old children from Asian, Chinese, and Other ethnic minorities have more decayed, filled, or missing teeth than children from White and mixed ethnic groups[12]. Nationally 63% of Asian Chinese children (aged 5 years) were free from dental decay, compared to the average of 76.6%.

The percentage of children free from dental decay is lower for children living in the most deprived areas in England. Locally, across Bristol, South Gloucestershire and North Somerset, Bristol Dental Hospital records show that tooth extraction rates under general anaesthetic are around 3 times higher in the most deprived wards compared to the least deprived[13].

Further data/links/consultations:

- Public Health England Oral Health Profile: https://fingertips.org.uk/child-health-profiles
- Dental Public Health Intelligence Programme: https://www.gov.uk/publications/hospital-tooth-extractions-of-0-to-19-year-olds
- NHS Dental Statistics: NHS Dental Statistics for England 2022/23 Annual Report - NHS Digital
- Oral Health Profile: https://www.gov.uk/government/collections/oral-health
- Dental statistics – England 2023/24 | NHSBSA

Covid-19 impact:

Dental Public Health research on The impact of the COVID-19 pandemic on oral health inequalities and access to oral healthcare in England shows that oral health inequalities in England are widening[14]. Key findings from the research are:

- People living in more deprived areas have been more severely affected by the suspension of oral health promotion programmes and reduced access to dental care.
- Navigating changes to systems for accessing NHS dental care has also been more problematic for people who were already experiencing disadvantage.
- Since the phased resumption of dental services following a cease of face-to-face dentistry in March 2020 to limit the transmission of COVID-19, NHS general dental service use modestly recovered amongst adults but not children by October 2020.

In Bristol, 63.7% of 0–17-year-olds attended NHS dental services in the twelve months up to June 2024 (56.1% nationally) (June 2024, NHS Dental Statistics 2023-24), which is still below the pre-pandemic level of attendance of 65% of 0–17-year-olds attending dental services in Bristol in the twelve months up to June 2019 (59.5% nationally)[15]

Date updated: March 2025 **Next update due:** March 2026

[12] Public Health England Oral Health Profile: https://fingertips.phe.org.uk/profile/child-health-profiles
[13] British Dental Journal, volume 224, February 2018. Neighbourhood incidence rate of paediatric dental extractions under general anaesthetic in South West England
[14] British Dental Journal, volume 232 no. 2, January 2022. The impact of the COVID-19 pandemic on oral health inequalities and access to oral healthcare in England
[15] NHS Dental Statistics for England Dashboard: Dentistry - NHS Digital