Assessing equity of care for children’s inpatient/day case attendances for dental specialties in NHS Scotland

Kate Harley, Lynne Jarvis, Laura Dobbie, Jane Goodall, Stephen Bush, Amy Joy, Katy Dimmock and David Conway.

**Background**

Tackling health inequalities is an overarching aim of the NHS in Scotland set out in Better Health, Better Care.

Ensuring equity of access to healthcare is a key component of improving quality of healthcare as outlined in the NHS Quality Strategy for Scotland.

There are well recognised inequalities in the dental health of children in Scotland and addressing these remains a challenge. The most common reason for a child being admitted to hospital in Scotland is for dental extraction. The data on dental hospital admissions for children are underexploited with regard to assessing waiting times and socioeconomic distribution.

**Aim**

To investigate the socioeconomic distribution of admission for dental extractions among children and to assess the median waiting times for children’s dentistry across socioeconomic areas.

**Methods**

Extraction of Scottish Morbidity Records (SMR01) inpatient/day case data by Scottish Index of Multiple Deprivation (SIMD 2009) quintiles

Analysis of ‘New Ways’ waiting times data mart by SIMD 2009 and calculation of median ‘New Ways’ wait (Days between date added to waiting list and appointment/admission date, less adjustments for patient induced delay).

**Results**

Analysis using SMR01 data of hospital admissions for dental extraction procedures among children demonstrate a strong socioeconomic gradient, with the majority of admissions from those living in the most deprived areas (Figure 1).

A separate analysis using ‘New Ways’ waiting times data for children seen as inpatients/day cases in dental specialties exhibited similar results in terms of the socioeconomic gradient (Figure 2). There was some variation by age group and specialty (data not shown); however there was no inequity observed in terms of median waiting times for treatment across the different socioeconomic areas (Figure 2).

**Conclusions**

Children from more deprived socioeconomic areas are more likely to require inpatient/day case dental treatment than those from less deprived areas. However, it is not the case that children from the more deprived communities have to wait longer for hospital dental care.

**Background**

Ensuring equity of access to healthcare is a key component of improving quality of healthcare as outlined in the NHS Quality Strategy for Scotland.

There are well recognised inequalities in the dental health of children in Scotland and addressing these remains a challenge. The most common reason for a child being admitted to hospital in Scotland is for dental extraction. The data on dental hospital admissions for children are underexploited with regard to assessing waiting times and socioeconomic distribution.

**Aim**

To investigate the socioeconomic distribution of admission for dental extractions among children and to assess the median waiting times for children’s dentistry across socioeconomic areas.

**Methods**

Extraction of Scottish Morbidity Records (SMR01) inpatient/day case data by Scottish Index of Multiple Deprivation (SIMD 2009) quintiles

Analysis of ‘New Ways’ waiting times data mart by SIMD 2009 and calculation of median ‘New Ways’ wait (Days between date added to waiting list and appointment/admission date, less adjustments for patient induced delay).

**Results**

Analysis using SMR01 data of hospital admissions for dental extraction procedures among children demonstrate a strong socioeconomic gradient, with the majority of admissions from those living in the most deprived areas (Figure 1).

A separate analysis using ‘New Ways’ waiting times data for children seen as inpatients/day cases in dental specialties exhibited similar results in terms of the socioeconomic gradient (Figure 2). There was some variation by age group and specialty (data not shown); however there was no inequity observed in terms of median waiting times for treatment across the different socioeconomic areas (Figure 2).

**Conclusions**

Children from more deprived socioeconomic areas are more likely to require inpatient/day case dental treatment than those from less deprived areas. However, it is not the case that children from the more deprived communities have to wait longer for hospital dental care.

Childsmile is the national oral health improvement programme in Scotland which aims to prevent dental disease and reduce inequalities in child oral health. These analyses suggest that while inequalities in the burden of dental disease in children remain, the health service response in terms of access to timely secondary inpatient/day case dental treatment does not demonstrate the same inequity across socioeconomic areas.

1 SIMD 2009 is an area-based measure of socioeconomic circumstances and does not necessarily reflect an individual’s socioeconomic status.
2 SMR01 data includes urgent patients.
3 ‘New Ways’ data are classed as publishable and excludes urgent patients.