## Appendix 1

## National Dental Epidemiology Programme (NDEP) for England

The National Dental Epidemiological Programme for England (NDEP) covers the collection of data on the prevalence and severity of experience of dental decay in children and adults.

Standardised and coordinated annual surveys of oral health have been conducted since 1985, to standards set by the British Association for the Study of Community Dentistry (BASCD). Following devolution, coordinated surveys across the UK have been replaced by individual nations working to their own timetables. Currently, these surveys are coordinated by the Office for Health Improvement and Disparity (OHID). Locally, the NDEP survey programme is commissioned by NHS Greater Manchester Integrated Care on behalf of all 10 local authorities within Greater Manchester.

There are three surveys of children carried as part of the NDEP survey programme.

- A survey of 3-year-old children attending private and state-funded nurseries or nursery classes attached to schools and playgroups
- A biennial survey of 5-year-old children attending mainstream, state-funded schools
- A survey of children in year 6 (10 and 11 year olds) attending mainstream statefunded primary and middle schools.

In addition to surveys of children, the National Dental Epidemiological Programme for England (NDEP) includes an oral health survey of adults.

Together, these surveys present a snapshot of the oral health of children and adults and provide a picture of trends in the oral health of children over time.

The survey of 3-year-old children was last carried out in 2019-2020 and that of 5-year-old children in 2021-22. The fieldwork for the <u>oral health survey of children in year 6</u> 2022 to 2023 is ongoing. The most recent survey of the oral health of adults was carried out in 2017/18.

Children in sampled schools and nurseries are examined by trained and calibrated dental clinicians who, in Manchester, are employed by community dental services. Written agreement from a child's parent or a person with parental responsibility is obtained before any child can participate in the survey.

In 2020/21, 20 schools in Manchester were visited as party of the NDEP survey of 5-year-old children. These were evenly distributed across the city - 6 in North Manchester

and 7 each in Central and South Manchester – and included a mixture of small, medium and large schools. The total sample size across these 20 schools was 390 pupils.

The surveys provide comparable data on two key measures of the oral health of children: the *prevalence* of experience of decay (the percentage of children with one or more teeth with decay) and the *severity* of decay (the average number of teeth per child with visually obvious decay).

Data on the prevalence of decay in 5-year-old children provides the dental indicator (proportion of children aged five who are free from obvious tooth decay) used as part of the Public Health Outcomes Framework and NHS Outcomes Framework and is used to monitor health improvement and the reduction of health inequalities at national and local levels.

The COVID-19 pandemic had an impact on the delivery of the NDEP survey programme for children. Data for the oral health survey of 3-year-old children 2020 was collected during the academic year 2019 to 2020 but was curtailed by the outbreak of the pandemic and the closure of schools and nurseries for most children in March 2020. This meant that the survey had to be suspended and the final 3 months of data collection were lost. The oral health survey of 5-year-old children was scheduled to be carried out during the 2020 to 2021 school year but was delayed until the 2021 to 2022 school year.

In addition to surveys of children, the National Dental Epidemiological Programme for England (NDEP) includes an oral health survey of adults. The most recent survey of this group was carried out in 2017/18 and covers adults aged 16 years and over attending general dental practices for any reason. The survey consisted of a questionnaire on the impact of oral problems on individuals, use of dental services and barriers to receipt of care and a brief clinical examination conducted by trained local epidemiology teams under standardised conditions.

Overall, 319 out of the 478 upper and lower-tier local authorities across England took part in the survey, which involved 1,173 dental practices (of which 25% were NHS practices). Despite the survey being restricted to dental attendees, the demographics of participants were broadly similar to the general population of England although men and people aged under 45 years or over 84-years were under-represented.

It is not possible to tell from this survey whether the oral health needs in adult dental attendees is markedly different from the general population. Participants in this survey could have better oral health than the general public, as for the most part these were people reporting to be regular dental attendees with the benefit of professional support for maintaining their oral health. Conversely, these were people surveyed when attending a dental appointment where the prevalence of a dental problem could be

higher as they were seeking professional care. This survey may also underrepresent a proportion of the general public for whom attending the dentist is unaffordable.