

National Dental Inspection Programme (NDIP) 2022

Report of the 2022 NDIP Basic Inspection Programme in Primary 1 Children

An Official Statistics release for Scotland

Publication date: 25 October 2022





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Introduction

The 2022 National Dental Inspection Programme (NDIP)

The National Dental Inspection Programme (NDIP) is carried out annually with the support and approval of the Scottish Dental Epidemiology Co-ordinating Committee. Its principal aims are to inform parents/carers of the oral health status of their children and, through appropriately anonymised, aggregated data, advise the Scottish Government, NHS Boards and other organisations concerned with children's health, of oral disease prevalence at national and local levels. This ensures that reliable oral health information is available for planning initiatives directed towards health improvements.

Usually, two school year groups are involved: i) at entry into Local Authority schools in primary one and ii) in primary seven before the move to secondary education. The Inspection Programme has two levels: a Basic Inspection (intended for all Primary 1 and Primary 7 children) and a Detailed Inspection (where a representative sample of either the Primary 1 or the Primary 7 age group is inspected in alternate years).

This year the inspection programme was affected by the public health measures imposed to dental services during the COVID-19 (Coronavirus) outbreak. These included access to schools and the transfer of dental staff to other duties e.g., the COVID-19 Vaccination Programme.

Due to the COVID-19 public health measures that were in place until January 2022, it was agreed that dental staff would only undertake a Basic Primary 1 inspection. The public health measures impacted principally on the numbers of children able to be seen as part of the Basic inspection, with one NHS Board (NHS Western Isles) unable to inspect any children, five NHS Boards were unable to see all their Primary 1 children. Despite the limitations approximately 76% of all Primary 1 children were seen compared to around 88% during a normal year.

The main aim of this year's programme was to undertake the Basic Inspection of Primary 1 children, with a view to provide parents/carers with information on their

child's dental needs. In addition to determining the influence of deprivation on the dental health of children in Scotland, and to provide a picture of the child population's oral health nationally and across NHS Boards in 2021/22.

This year's report focuses on the results of the Basic Inspection of Primary 1 school children in school year 2021/22 (noted as 2022 throughout the report) and provides national and local data where available. A summary of the main findings can be found at <https://www.publichealthscotland.scot/publications/national-dental-inspection-programme>.

What does the NDIP Basic Inspection consist of?

The Basic Inspection involves a simple assessment of the mouth of the child using a light, mirror and ball-ended probe. The dental status of each child is then categorised into one of three groups, depending on the level of dental health and treatment need observed, and parents/carers are advised of this by letter. The information in the letter explains the state of dental health observed in the mouth of the child at the time of the inspection.

The letter types are as follows:

- Letter A - should arrange to see the dentist as soon as possible, if the child has not had a recent appointment, on account of severe decay or abscess.
- Letter B - should arrange to see the dentist in the near future, if the child has not had a recent appointment, on account of evidence of current or previous decay.
- Letter C - no obvious decay experience but should continue to see the family dentist on a regular basis.

The results of the Basic Inspection are then anonymised and aggregated. They are used to monitor the impact of local and national NHS oral health improvement programmes and assist in the development of local dental services. Note that: no obvious decay experience equates to no obvious decayed, missing or filled teeth, which is comparable to a 'C' letter outcome.

Dental teams performing the inspections on an annual basis undertake the nationally agreed online training and standardization programme (www.ndip.scottishdental.org) for BNDIP.

How many children had a Basic Inspection?

Between January and June 2022, 43,990 children (76.4% of the estimated Primary 1 population) from across Scotland were included in the Basic Inspection (Table 1). Across the NHS Boards, the percentage of Primary 1 children inspected ranged from 0.0% to 95.2%.

NHS Western Isles, due to access issues, were unable to reach any of their Primary 1 children for their Basic Inspections. NHS Highland, due to staff redeployment, were only able to target certain schools.

The average age of the children examined (both girls and boys) was 5.2 years. The range of ages across Scotland was 4.4 – 7.2 years.

Due to the strong association between deprivation and decay (caries), all the main analyses are weighted by the proportions of the population that have been inspected in each of the five categories of the Scottish Index of Multiple Deprivation (SIMD). This is a tool for measuring the extent of area-based deprivation across Scotland, it uses several different aspects of deprivation, combining them into a single index.

Table 1: Estimated Primary 1 population and the number and percentage who received a Basic Inspection by NHS Board across Scotland in 2022¹⁻⁴

NHS Board	Estimated Primary 1 Population	Number of Primary 1 children receiving a Basic Inspection	% of Primary 1 population receiving a Basic Inspection
Ayrshire & Arran	3,788	3,074	81.2%
Borders	1,130	880	77.9%
Dumfries & Galloway	1,349	1,028	76.2%
Fife	4,056	3,180	78.4%
Forth Valley	3,165	2,536	80.1%
Grampian	6,300	5,203	82.6%
Greater Glasgow & Clyde	12,577	10,295	81.9%
Highland	3,183	78	2.5%
Lanarkshire	7,386	6,317	85.5%
Lothian	9,727	7,548	77.6%
Orkney	216	181	83.8%
Shetland	248	236	95.2%
Tayside	4,234	3,412	80.6%
Western Isles	222	0	0.0%
Scotland	57,581	43,990	76.4%

Source: PHS NDIP Database

1. Numbers are based on the postcode of the child and not the postcode of the school where the child was inspected.
2. Based on NHS Board boundaries as defined in 2019.
3. Primary 1 population is estimated using an aggregated population lookup file of children aged 5 (2020).
4. NHS Western Isles were able to submit any data, whilst NHS Highland provide only a partial submission.

Main Points

- 73.1% of the Primary 1 children inspected in 2022, were estimated to have no obvious decay experience.
- 73.5% of Primary 1 children that displayed no obvious decay experience in the NDIP Report of 2020.
- The proportion of children estimated to have severe decay or abscess increased from 6.6% in 2020 to 9.7% in 2022.
- Inequalities remain, with 58.4% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 85.8% in the least deprived areas (SIMD 5).

Results and commentary

Table 2 shows the number of Basic Inspections broken down by the post-inspection letters issued to parents. An 'A' Letter outcome informs the parents that evidence of severe decay or abscess was discovered. A 'B' letter that evidence of current or previous decay was discovered and a 'C' letter that there was no evidence of obvious decay experience.

Table 2: Basic Primary 1 Inspection Letters in 2022¹⁻⁴

NHS Boards	A	B	C	Total
Ayrshire & Arran	316	593	2,165	3,074
Borders	40	150	690	880
Dumfries & Galloway	83	192	753	1,028
Fife	370	553	2,257	3,180
Forth Valley	155	500	1,881	2,536
Grampian	566	729	3,908	5,203
Greater Glasgow & Clyde	1,336	1,832	7,127	10,295
Highland	15	24	39	78
Lanarkshire	626	1,011	4,680	6,317
Lothian	570	1,236	5,742	7,548
Orkney	*	*	156	181
Shetland	*	*	198	236
Tayside	189	672	2,551	3,412
Western Isles	0	0	0	0
Scotland	4,276	7,552	32,162	43,990

Source: PHS NDIP Database

1. Numbers are based on the postcode of the child and not the postcode of the school where the child was inspected.
2. Based on NHS Board boundaries as defined in 2019.
3. Percentages have been weighted.
4. NHS Western Isles were able to submit any data, whilst NHS Highland provide only a partial submission.

What is the distribution of Primary 1 Basic Inspections by SIMD quintiles in Scotland?

Table 3 provides a count of the Basic Inspections for each NHS Board broken down by Scottish SIMD quintiles.

Table 3: Number of Basic Inspections by SIMD in 2022¹⁻⁴

NHS Board	SIMD1 (most deprived)	SIMD 2	SIMD3	SIMD4	SIMD5 (least deprived)	Total
Ayrshire & Arran	1,067	686	581	446	294	3,074
Borders	70	112	380	212	106	880
Dumfries & Galloway	147	328	351	*	*	1,028
Fife	755	676	601	551	597	3,180
Forth Valley	473	514	535	458	556	2,536
Grampian	299	733	1,002	1,691	1,478	5,203
Greater Glasgow & Clyde	3,966	1,816	1,142	1,367	2,004	10,295
Highland	46	23	*	*	*	78
Lanarkshire	1,701	1,550	1,032	1,234	800	6,317
Lothian	1,129	1,639	1,196	1,602	1,982	7,548
Orkney	N/A	*	*	138	N/A	181
Shetland	N/A	*	79	145	N/A	236
Tayside	747	603	629	863	570	3,412
Western Isles	N/A	*	*	N/A	N/A	0
Scotland	10,400	8,711	7,555	8,830	8,472	43,968

Source: PHS NDIP Database

1. Numbers are based on the postcode of the child and not the postcode of the school where the child was inspected, not all postcodes could be matched to a SIMD category.
2. Based on NHS Board boundaries as defined in 2019.
3. Primary 1 population is estimated using an aggregated population lookup file of children aged 5 (2020).
4. NHS Western Isles were able to submit any data, whilst NHS Highland provide only a partial submission.

Table 4 shows the percentage of the Scottish population with a Basic Inspection broken down by Scottish SIMD quintiles. Scottish population figures are taken from NRS (National Records of Scotland) population estimates.

This shows variation in the percentages of Primary 1 Basic Inspections when split by Scottish SIMD quintiles.

Table 4: Percentage of Population with a Basic Inspection by SIMD in 2022¹⁻⁴

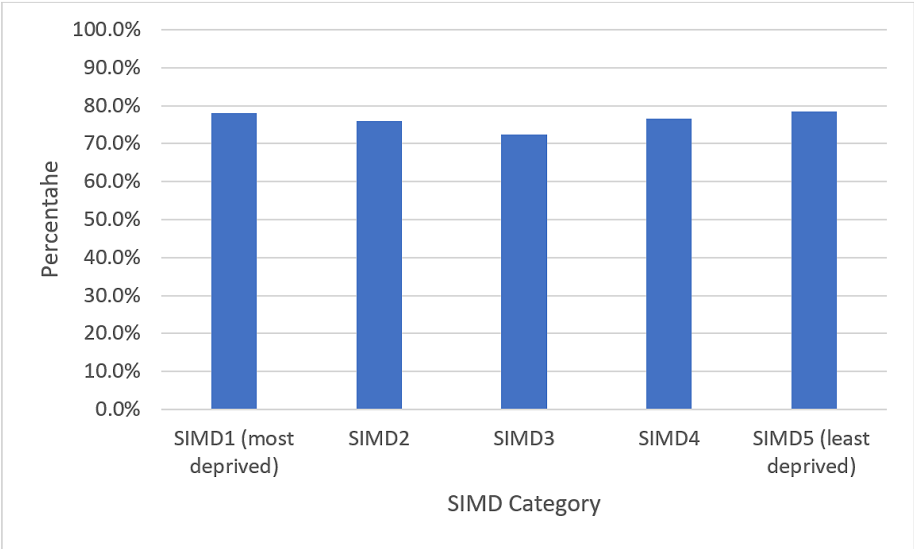
NHS Board	SIMD1 (most deprived)	SIMD2	SIMD3	SIMD4	SIMD5 (least deprived)
Ayrshire & Arran	81.6%	81.7%	83.0%	82.7%	73.1%
Borders	73.7%	62.6%	80.9%	80.0%	87.6%
Dumfries & Galloway	84.5%	93.4%	73.9%	52.7%	66.9%
Fife	79.9%	74.2%	78.7%	77.3%	82.6%
Forth Valley	68.5%	82.1%	85.1%	82.1%	84.1%
Grampian	74.2%	74.2%	86.2%	87.3%	81.7%
Greater Glasgow & Clyde	81.3%	79.9%	82.0%	84.9%	82.7%
Highland	12.7%	3.8%	0.3%	0.7%	0.0%
Lanarkshire	82.3%	88.4%	88.5%	84.6%	85.0%
Lothian	77.6%	77.8%	81.1%	79.7%	73.9%
Orkney	N/A	59.4%	80.0%	89.6%	N/A
Shetland	N/A	92.3%	76.0%	110.7%	N/A
Tayside	78.1%	77.9%	81.9%	83.4%	81.4%
Western Isles	N/A	0.0%	0.0%	N/A	N/A
Total	78.0%	75.9%	72.5%	76.5%	78.4%

Source: PHS NDIP Database

1. Numbers are based on the postcode of the child and not the postcode of the school where the child was inspected.
2. Based on NHS Board boundaries as defined in 2019.
3. Primary 1 population is estimated using an aggregated population lookup file of children aged 5 (2020).
4. NHS Western Isles were able to submit any data, whilst NHS Highland provide only a partial submission.

Figure 1 shows the variation in percentage of the Scottish Primary 1 population receiving a Basic Inspection, by Scottish SIMD quintiles.

Figure 1: Scottish Primary 1 Population with a Basic Inspection by SIMD¹⁻²



Source: PHS NDIP Database

- 1. Numbers are based on the postcode of the child and not the postcode of the school where the child was inspected.
- 2. The population of Primary 1 pupils is based on the NRS mid-year population estimate for children aged 5 (2020).

A weighted analysis was used to account for differences in participation by Scottish SIMD quintiles, and also to enable a comparison to the **2020 NDIP Report** where a similar weighted analytical technique was used.

Table 5 shows the percentage of those seen with no obvious decay experience, broken down by Scottish SIMD quintiles. Inequalities exist, with those in the most deprived areas more likely to have evidence of obvious decay experience, compared with those in the least deprived areas.

Table 5: Percentage of Primary 1s with no obvious decay experience; by SIMD; 2022¹⁻⁴

NHS Board	SIMD1 (most deprived)	SIMD2	SIMD3	SIMD4	SIMD5 (least deprived)
Ayrshire & Arran	60.6%	66.2%	77.1%	83.0%	83.7%
Borders	57.1%	70.5%	81.3%	79.2%	88.7%
Dumfries & Galloway	54.4%	72.6%	76.9%	84.6%	77.7%
Fife	58.1%	64.1%	73.9%	80.4%	83.4%
Forth Valley	59.2%	66.7%	77.8%	79.3%	86.2%
Grampian	50.5%	64.7%	71.5%	79.0%	83.3%
Greater Glasgow & Clyde	57.0%	66.6%	72.7%	79.5%	86.3%
Highland	46.9%	56.5%	N/A	79.9%	N/A
Lanarkshire	61.5%	69.7%	78.7%	83.6%	88.6%
Lothian	57.9%	68.8%	76.1%	83.3%	86.5%
Orkney	N/A	79.0%	91.7%	86.2%	N/A
Shetland	N/A	75.0%	82.3%	85.5%	N/A
Tayside	61.6%	67.3%	77.7%	81.8%	86.0%
Western Isles	N/A	N/A	N/A	N/A	N/A
Scotland	58.4%	67.5%	75.9%	81.4%	85.8%

Source: PHS NDIP Database

1. Numbers are based on the postcode of the child and not the postcode of the school where the child was inspected.
2. Based on NHS Board boundaries as defined in 2019.
3. Percentages have been weighted.
4. NHS Western Isles were able to submit any data, whilst NHS Highland provide only a partial submission.

Inequalities remain, with 58.4% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 85.8% in the least deprived areas (SIMD 5).

Table 6 shows the percentage of Basic Inspection letter outcomes. The 'A'+ 'B' calculation is an estimation of children displaying obvious decay experience.

Table 6: Percentage Basic Inspection Letters of those inspected in 2022¹⁻⁴

NHS Boards	A	B	C	A+B
Ayrshire & Arran	10.2%	19.2%	70.6%	29.4%
Borders	4.5%	17.6%	77.9%	22.1%
Dumfries & Galloway	7.7%	18.1%	74.2%	25.8%
Fife	11.7%	17.5%	70.9%	29.2%
Forth Valley	6.3%	20.1%	73.6%	26.4%
Grampian	11.0%	14.2%	74.8%	25.2%
Greater Glasgow & Clyde	13.1%	17.9%	69.1%	31.0%
Highland	23.5%	34.8%	41.7%	58.3%
Lanarkshire	10.0%	16.0%	74.0%	26.0%
Lothian	7.5%	16.3%	76.2%	23.8%
Orkney	3.4%	10.7%	85.9%	14.0%
Shetland	0.9%	15.5%	83.6%	16.4%
Tayside	5.6%	19.9%	74.5%	25.5%
Western Isles	N/A	N/A	N/A	N/A
Scotland	9.7%	17.2%	73.1%	26.9%

Source: PHS NDIP Database

1. Numbers are based on the postcode of the child and not the postcode of the school where the child was inspected.
2. Based on NHS Board boundaries as defined in 2019.
3. These figures have been weighted.
4. NHS Western Isles were able to submit any data, whilst NHS Highland provide only a partial submission.

These data show an increase from 6.6%, in the **2020 Report**, in the percentage of Primary 1 children seen with the most severe cases of decay or an abscess (9.7%), but little change in the total overall decay experience in Primary 1 children.

Table 7 shows the percentage of Basic Inspection 'A' letter, 'B' letter, 'A'+ 'B' and 'C' letter outcomes, as well as corresponding Detailed Inspection outcomes in previous years for comparison. The 2022 Basic Inspection has been adjusted (weighted) to better represent the percentage estimation of no obvious decay experience and allow comparison to previous years, where only the Detailed Inspection outcomes were weighted.

The reported figure for no obvious decay experience typically comes from the Detailed Inspection; a comprehensive assessment of the mouth of the child based on a sub-group of the Basic Inspection, with teeth analysed at surface level. This year's weighted Basic Inspection outcome is used as a proxy for no obvious decay experience.

Table 7: National Dental Inspection Programme Trends

Year of Primary 1 NDIP report	Detailed Inspection - no obvious decay	Basic C Letter	Basic A Letter	Basic B Letter	Basic A+B
2018	71.1%*	70.4%	7.3%	22.3%	29.6%
2019		71.6%	6.8%	21.7%	28.4%
2020	73.5%*	72.4%	6.6%	20.9%	27.6%
2022		73.1%*	9.7%*	17.2%*	26.9%*

*: Data has been weighted

The percentage of 'C' letter outcomes from the Basic Inspection seems to have plateaued over the last few inspections. Whereas there was an increase in the more severe 'A' letter outcomes and a decrease in the more moderate 'B' letter outcomes in this year's inspection.

Table 8 shows the results for Additional Support Needs (ASN) Primary 1 children in terms of numbers inspected.

Table 8: Numbers of children with Additional Support Needs (ASN) in Primary 1 receiving a Basic Inspection, and numbers of Special Schools or Unit/Classes they attended

NHS Board	Total no, of Primary 1 children inspected	No. of Special Schools or Unit/Classes with ASN (Primary 1)
Scotland	263	69

Children with Additional Support Needs who attended Special Schools or Units/Classes and were within the expected age range for Primary 1 are included within the NDIP Basic Programme. The results of these inspections are included within the overall Primary 1 Basic Inspection results above. Table 8 shows figures for the ASN children seen within the NDIP Basic Programme regardless of age.

Note: Many children identified as having ASN within the pupil census are in mainstream schools / mainstream classes and are thus already included in NDIP.

A research project using data linkage will soon be published (in press), that identifies children with ASN (in both mainstream schools and classes as well as in Special Schools and Unit/Classes) as having different dental health needs than the general child population.

Conclusions

Considerable improvement has occurred since the early 2000s when the National Dental Inspection Programme started, however this year's estimated outcome suggests that this improvement may have plateaued.

Clear oral health inequalities remain, and this needs to be the focus of oral health improvement activity as the **Childsmile Programme** adapts as remobilisation occurs across the NHS Boards.

Glossary

BASCD

British Association for the Study of Community Dentistry

Basic Inspection

Simple assessment of the mouth of the child using a light, mirror and ball-ended probe. The dental status of each child is assigned to one of three categories, depending on the level of dental health and treatment need observed.

Childsmile

National oral health improvement programme for children in Scotland.

Scottish Index of Multiple Deprivation (SIMD)

A tool for measuring the extent of area-based socioeconomic deprivation across Scotland. Uses several different aspects of deprivation, combining them into a single index.

Deprivation Quintile

This SIMD classification is based on quintiles of socioeconomic deprivation divided into fifths of the population, with: SIMD 1 being the most deprived area and SIMD 5 is the least deprived area.

Obvious Decay

Disease process that clinically appears to have penetrated dentine (the layer below the outer white enamel of the teeth). This is described internationally as decay at the d₃ level and includes pulpal decay (i.e., decay into the deeper pulp).

Acknowledgements

The National Dental Inspection Programme would not have been possible without the efforts of many people throughout Scotland who worked together to ensure its success.

The Programme is indebted to:

- The participating schools, the children, and their parents/carers.
- Local Education Authorities of Scotland.
- NHS Boards in Scotland.
- Public Dental Service staff who conducted the inspections.
- PHS and the Community Oral Health Section, University of Glasgow Dental School, for the analysis of the results and publication of the report.
- Consultants in Dental Public Health and Chief Administrative Dental Officers Group.
- The Scottish Public Dental Service Leadership Group.

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Further information

Further information and data for this publication are available from the [publication page](#) on our website.

The next release of this publication will be 24 October 2023.

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Appendices

Appendix 1 – Links to other sources of dental health information.

The sources below offer information related to dental services and dental health.

Childsmile - is the national oral health improvement programme for Scotland.

Dental data in Scotland

PHS publishes:

- An annual **NHS Adult & Child Fees and Treatments** report providing information on GDS fees paid to dentists and on treatments provided to children and adults.
- A biannual **NHS Registration and Participation** report providing information on NHS General Dental Services (GDS) registrations and participation (contact with GDS).
- An annual report on the **impact of COVID-19 on NHS dental services and oral health in Scotland**.

Appendix 2 – Authors

This report, which is published by PHS on behalf of the Scottish Dental Epidemiology Co-ordinating Committee, has been prepared by the NDIP Report Writing Group, whose membership is as follows:

D I Conway (Glasgow Dental School, University of Glasgow and Public Health Scotland)

E J O'Keefe (NHS Fife)

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Appendix 3 – Publication metadata

Publication title

National Dental Inspection Programme (NDIP) 2022.

Description

This report presents the results of the programme of Primary 1 children’s Basic Dental Inspections carried out in Scotland during school year 2021/22.

Theme

Dental care.

Topic

Children’s dental health.

Format

PDF.

Data source(s)

2008/09, 2010/11, 2012/13, 2014/15, 2016/17, 2017/18, 2018/19 and 2019/20, 2021/22 National Dental Inspection Programme databases.

Date that data are acquired

Various dates during school year 2021/22.

Release date

25 October 2022

Frequency

Annual.

Timeframe of data and timeliness

School year ending June 2022; four months in arrears.

Continuity of data

Reports annually.

Revisions relevant to this publication

None

Concepts and definitions

See Glossary, Appendix and References.

Relevance and key uses of the statistics

The principal aims of the National Dental Inspection Programme (NDIP) are to inform parents/carers of the oral health status of their children and, through appropriately anonymised, aggregated data, advise the Scottish Government, NHS Boards and other organisations concerned with children's health of oral disease prevalence at national and local levels.

Accuracy

These data are regarded as highly accurate,

Completeness

These data are regarded as suitably complete. The Basic Inspection saw 76.4% of Primary 1 children inspected.

Comparability

Caution should be taken when comparing this year's Basic Inspection with previous reports, due to the disruption to the programme caused by the COVID-19 pandemic.

Accessibility

It is the policy of Public Health Scotland to make its web sites and products accessible according to published guidelines. More information on accessibility can be found on the [PHS website](#).

Coherence and clarity

Tables and charts are accessible via the [PHS website](#).

Value type and unit of measurement

Various dental/epidemiological and demographic units of measurement.

Disclosure

The [PHS Statistical Disclosure Protocol](#) is followed.

Official Statistics designation

Official Statistics.

UK Statistics Authority Assessment

Not assessed at this time.

Last published

20 October 2020

Next published

24 October 2023.

Date of first publication

31 December 2003 (revised 3 March 2008).

Help email

phs.dental-info@phs.scot

Date form completed

17/10/2022

Appendix 4 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Early Access Job Title	Early Access Contact Name	Early Access Email Address	Early Access Reason
Consultant in Dental Public Health	E J O'Keefe	Emmaokeefe@nhs.net	Member of the NDIP Report Writing group

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Appendix 5 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public's health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the **Code of Practice for Statistics** in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the **'five safes'**.