Department of Health & Social Care

National plan to phase down use of Dental Amalgam in England

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1. Introduction

Under European Union (EU) Regulation 2017/852 on Mercury (Article 10 (3)) all member states are required to develop national plans to phase down the remaining use of amalgam in dentistry. In the UK most health matters are devolved. This means that this plan covers England only and separate plans are being prepared by the equivalent authorities in Scotland, Wales and Northern Ireland.

The England plans to phase down the use of amalgam include:

- the promotion of a minimal intervention approach[1] to restoring teeth, which is existing good practice, in undergraduate, post graduate and continuing dental education;
- a range of oral health improvement schemes aimed at reducing the prevalence of dental decay amongst children and vulnerable groups; and
- trials of a new approach to the existing NHS dental primary care system that encourages dentists to focus on prevention, thereby further reducing the prevalence of decay.

In addition to the above actions, the European Union (EU) Regulation 2017/852 (Article 10 SI2017/852) has also restricted the use of amalgam in fillings for specified groups, including children under 15 years-of-age, which will further reduce its use.

[1] A conservative approach to caries removal and aims to preserve as much of the tooth substance as possible and promote remineralisation and prevention of further decay; the tooth being restored with non-amalgam materials such as composites and glass ionomers.

2. Action to restrict use of amalgam

In early 2018, in advance of the new requirements coming into force, the Chief Dental Officer for England wrote to all dentists in England (whether working in the NHS or providing private dentistry) to inform them of the restrictions on the use of dental amalgam for pregnant women and children under 15 years old from July 2018. Supporting information was made widely available to dental teams on alternatives to the use of amalgam, as well as leaflets to explain the changes to patients. The implementation advice on restricting the use of dental amalgam in specific patient groups was published in advance of the restrictions taking effect.

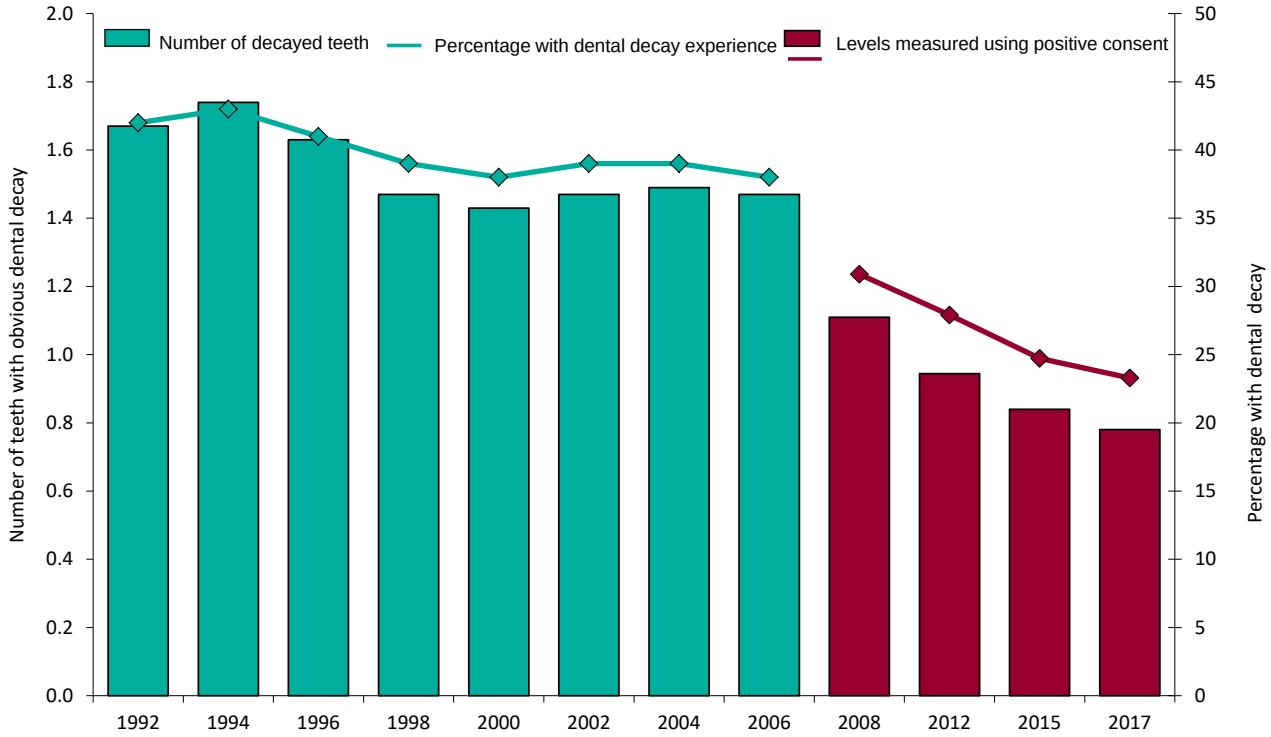
Many dental practices in England have for some years used only pre-dosed amalgam. The implementation of EU Regulation 2017/852 means the few practices that were still using some non-pre-dosed amalgam no longer do so. The requirement to use pre-dosed amalgam only, was also set out in the letter from the Chief Dental Officer. The monitoring of compliance with EU Regulation 2017/852 is through the substantial existing system of healthcare regulation in England.

3. Action to improve oral health

As set out above, the main vehicle for reducing the use of amalgam is action to improve oral health. The use of amalgam is driven by the need for filling and restoring teeth. Dental decay is preventable and improvements in oral health and accompanying reductions in the need for fillings will drive down the use of amalgam, alongside the specific restrictions now in place for its use in certain groups.

Over the last 40 years there have been significant improvements in oral health in England. Decennial national children's dental health surveys show that in 1973, 29% of 5-year olds had no dental decay[2]. In 2013, when the most recent decennial children's dental health survey was carried out, this had increased to 69% of all 5-year-olds[3]. In addition, the National Dental Epidemiology Programme, which assesses the oral health status of five-year-old children every two years, shows that both the percentage of children with no dental decay and the average number of teeth with obvious dental decay are continuing to improve (Figure 1).

Figure 1 Dental decay in 5-year-olds in England, 1992 to 2017



Source: PHE, 2019

[2] Office of Population Censuses and Surveys Children's Dental Health in England and Wales 1973. London, The Stationery Office.
[3] Health and Social Care Information Centre Children's' Dental Health Survey 2013.

The improvements in oral health are the result of ongoing action to improve oral health at population level. Improving the oral health of children is a Public Health England priority. In 2016, PHE established a Children's Oral Health Improvement Programme Board (COHIPB) with a substantial programme of work to improve children's oral health. This year, PHE has established an Adult's Oral Health Oversight Group (AOHOG), which brings together a wide range of departments and agencies that have policies or areas of interest to improve the oral health of adults.

The COHIPB and AOHOG ensure that wider Government action currently in hand on, for example obesity and sugar intake, also maximises the impact of these policies on oral health.

Local authorities (LAs) are responsible for improving oral health in their populations and for commissioning community based oral health improvement programmes. These may include daily supervised tooth brushing schemes in nurseries or primary schools. Poor oral health has a strong socio-economic link, so schemes are usually established in areas with socio-economic challenges.

PHE has published a best practice guide on preventative dentistry for dentists, 'Delivering Better Oral Health'. This guide brings together existing best practice advice and interventions to improve oral health and sets out clear expectations. For example, dentists are reminded of the benefits of fluoride varnish and the intervals it should be provided.

Rates of use of fluoride in NHS dentistry are rising as a result with 5.5 million child courses of treatment in 2017/18 containing fluoride varnish applications, a 17.4% increase on the previous year. See guidance on Delivering better oral health: an evidence-based toolkit for prevention.

NHS England leads the 'Starting Well' programme, which was established in 2017. This programme is designed to reach out to young children under five years-of-age, particularly those who are not currently under the care of a dentist, in 13 areas with higher levels of dental decay. The aim is to reach out into the community through other health, social and educational services to reach children most at risk of dental decay. The first evaluation is due later this year.

A complementary programme 'Starting Well Core' aims to highlight the oral health gains of starting regular dental attendance for younger children. A low proportion of children under 2 years-of-age currently visit a dentist and this means they are missing out on professionally led prevention, while their deciduous teeth are erupting.

4. Next Steps

Alongside outreach work, the Government is reforming the current primary care dental system in England. Over 70 practices are trialling a new way of delivering care explicitly focussed on prevention and with chair side digital access to best practice prevention guidance (preventative pathway). This preventative approach is already embedded in undergraduate dental schools' curricula and through the preventative pathway. If rolled out, the aim is that prevention is at the heart of every patient contact with a dentist in England.

The Government set out a vision strategy for a new strong focus on prevention in health, including oral health, last autumn. A Green Paper on prevention is planned for later this year. No decisions have yet been taken on what areas the Green Paper will cover but for all areas of health this will bring an even stronger focus on prevention going forward.

5. Conclusion

The new restrictions on the use of amalgam, together with the wider work to improve oral health, will work together to continue to phase down the use of dental amalgam in NHS and private dentistry in England.

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Dental and Eye Care Team

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