BASCD 2026 Abstract #01

The acceptability of silver diamine fluoride use in care homes

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Background: Care home residents have high dental caries prevalence and low access to dental services. Silver Diamine Fluoride (SDF) is not widely used in the United Kingdom (UK) for dental caries management in adults.

Objective: To explore the acceptability of using SDF to manage dental caries in care homes and co-design resources to support informed decision making.

Methods: Twenty-three semi-structured interviews were conducted with care home residents, relatives, staff, and dental professionals. The data was thematically analysed using the Theoretical Framework of Acceptability. Two workshops were held in a care home alongside an online survey for dental professionals to co-deign resources. Ethical approval was received from the University College London (UCL) Research Ethic Committee.

Results: There was low awareness of SDF use for adults amongst dental professionals and no awareness amongst non-dental participants. A leaflet and video were designed with stakeholders to support informed decision making by patients. It was felt that SDF has utility for managing dental caries in a care home setting, especially for those who cannot cooperate for restorative treatment or who cannot easily access care. The aesthetics has been weighted up by the individuals against the prevention of pain and maintenance of function. Some did not mind the staining whilst others would accept it on posterior teeth but not front teeth. SDF was viewed as a pragmatic approach to managing dental caries, when there may be few, if any other options. Dental professionals were comfortable using it off-licence.

Conclusion: There is utility in using SDF for managing dental caries in care home residents, especially for those who cannot access or cooperate for traditional dental care. It may be the least restrictive option for some to maintain their dentition and remain pain free, but this must be balanced against the aesthetics.

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BASCD 2026 Abstract #02

The economic case for water fluoridation in Scotland: A national modelling study

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Background: Community water fluoridation (CWF) in Scotland remains a public health failure. In the context of sub-optimal caries prevention, persistent treatment need, underserved demand and constrained National Health Service's dental resources, context-specific economic modelling is required to inform policy debate.

Objective: To model the annual cost-effectiveness of introducing CWF for Scottish children, to both initiate and inform debate and public health decision making.

Methods: An economic modelling analysis was undertaken using nationally representative data from the 2024 and 2025 National Dental Inspection Programme (NDIP). Separate analyses were conducted for Primary 1 (P1) (mean age 5.5 years; n=57,079) and Primary 7 (P7) (mean age 11.5 years; n=60,727) children, representing the deciduous and permanent dentitions respectively. Effect sizes for caries reduction were derived from the 2024 Cochrane review. Annual fluoridation costs were obtained from multiple United Kingdom's sources providing a base-case cost assumption of £1.00 per child per year, with low- (£0.50) and high-cost (£2.00) sensitivity scenarios. Previously reported treatment cost per decayed tooth was used (£36.28). Total carious teeth prevented, total fluoridation cost, treatment savings, programme-cost cost-effectiveness ratio (CER), and net-cost CER were calculated.

Results: Under-base assumptions, CWF was estimated to prevent 13,699 and 16,396 carious teeth annually in P1 and P7 children respectively. Programme-cost CERs were £4.17 (P1) and £3.70 (P7) per carious tooth prevented. Net-cost CERs were -£32.11 (P1) and -£32.58 (P7), indicating cost savings. Our findings suggested that CWF was associated with £7.70 in avoided dental treatment costs per £1.00 invested for the primary teeth and £8.81 per £1.00 invested in the permanent teeth. Results remained favourable across low- and high-cost scenarios.

Conclusion: This modelling demonstrates that CWF would generate substantial economic returns while reducing caries burden across both dentitions. The findings provide timely economic evidence to inform ongoing discussions regarding preventive oral health policy in Scotland.

Funding source: None

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BASCD 2026 Abstract #03

National Health Service's dental access crisis: Women's Institute members' care-seeking experiences

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Background: Gendered inequalities in health, income and in the division of unpaid labour can impact women's oral health and dental access. This study examines dental access issues experienced by the United Kingdom's National Federation of Women's Institutes (NFWI) members.

Objectives: To explore NFWI members' experiences of accessing National Health Service (NHS) dentistry as part of the organisations Dental Health Matters campaign.

Methods: The NFWI conducted a national campaign between July 2024 and February 2025, sent to 170,515 WI members via email and newsletter. The survey invited participants to share experiences accessing NHS dental care for themselves and relatives. A report was published summarising the findings. Quantitative responses were analysed descriptively, and qualitative responses using thematic analysis. Campaign data are a national service evaluation of users who engage with or who have attempted to engage with National Health Service dental care and their experiences; therefore, ethical approval was not required.

Results: In total, 975 responses were received, representing 0.6% of all members. Difficulty accessing dental care was reported by 65%. Four overarching themes were identified: (1) points of system fracture and fragility during an NHS dental care access crisis, (2) costs and consequences of a chronically strained system, (3) women's unpaid labour in producing dental access, and (4) precarious access and the production of compliant patients. Women frequently acted as healthcare coordinators, absorbing organisational, financial and emotional burdens of the NHS access crisis.

Conclusion: The NHS dental crisis represents a significant issue that uniquely impacted women. Women commonly sustained relatives while their own oral health needs remained unmet. Addressing inequalities in dental access must therefore be recognised as a fundamental aspect of improving women's health and reducing gendered oral health inequalities.

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BASCD 2026 Abstract #04

The association between preventive behaviours and dental pain among children

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Background: Preventive dental behaviours, including regular dental visits and toothbrushing, are associated with improved oral health outcomes, including reduced dental pain. However, evidence on these associations from large, nationally representative United Kingdom (UK) cohort studies among children remains limited.

Objectives: To explore the association between preventive behaviours (dental visits and toothbrushing frequency) and dental pain among children.

Methods: This was a cross-sectional analysis of the UK Millennium Cohort Study. Supervised questionnaires administered to cohort members' parents/guardians at age 11 years were used to gather information on dental visits, toothbrushing frequency and experience of dental pain in the past year. Survey-weighted logistic regression models adjusting for cohort members' gender, ethnicity, and country of residence, and parents' marital status, income, and educational level were fitted. This secondary analysis did not require ethical approval.

Results: Among the 25,138 participants with complete information, 22.5% reported dental pain, 91.7% had visited a dentist in the past year and 68.6% brushed twice daily or more. Toothbrushing frequency was not associated with dental pain in crude or adjusted models. Conversely, children who had visited a dentist in the past year had 93% (OR 1.93; 95%CI 1.61–2.30) and 119% (OR 2.19; 95%CI 1.92–2.50) higher odds of reporting dental pain in crude and adjusted models, respectively.

Conclusion: While toothbrushing frequency was not associated with dental pain, children who visited a dentist in the past year had higher odds of reporting dental pain, suggesting that dental attendance at this age may reflect a response to pain rather than routine prevention.

Funding source: None

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BASCD 2026 Abstract #05

Expanding and enhancing patient and public involvement in Dundee Dental School

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Background: Despite policy commitments to inclusive Patient and Public Involvement (PPI), many academic health settings rely on traditional, opportunistic engagement models that privilege already-connected contributors, risking reinforcing inequity and undermining engagement continuity.

Objective: To redesign PPI practice within Dundee Dental School by identifying structural barriers among existing PPI contributors, diversifying recruitment pathways, and embedding sustainable, system-level mechanisms to support participation and inclusive engagement.

Methods: A mixed-methods implementation study was undertaken within an established institutional PPI group (n=106). Participants were offered a choice of engagement route: a focus group or an online survey with branching pathways for first-time and experienced contributors. Concurrently, recruitment strategies were tested through outreach and partnership-based engagement with organisations supporting refugee and ethnic minority communities. Quantitative data were analysed descriptively, and qualitative data underwent thematic analysis. Findings were iteratively translated into practice through engagement with governance structures, including presentation and discussion within a PPI governance group, updates to institutional guidance (e.g. staff handbook), and the introduction of structured processes to support sustained communication with PPI contributors. In addition, practical infrastructure to enable inclusive outreach (e.g. mobile outreach kit) was developed and implemented. Implementation learning was integrated to inform structural redesign. As a PPI activity, ethical approval was not required.

Results: Engagement motivation was consistently high; participation was constrained by feasibility rather than interest. Clear stage-based differences emerged: first-time contributors favoured low-burden survey participation (67%), whereas experienced members preferred discussion-based formats (83%). Logistical barriers (time, clarity, access) dominated. Partnership-based outreach demonstrated that language accessibility and trusted intermediaries are critical for equitable recruitment. Non-attendance at a community event generated strategic insights regarding contextual fit and institutional proximity.

Conclusion: Inclusive PPI requires deliberate systems redesign. Hybrid engagement models, structured feedback mechanisms, partnership-based recruitment, and portable outreach infrastructure are necessary to shift from ad-hoc consultation to sustainable, equitable co-production.

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BASCD 2026 Abstract #06

Effectiveness of skill mix in oral health service delivery: A systematic review

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Background: Skill mix has been widely proposed as a strategy to optimise workforce utilisation and improve access to healthcare services. However, evidence on their effectiveness in dentistry is limited.

Objective: To evaluate the effectiveness of skill-mix models in oral health service delivery by dental and non-dental healthcare workers at the patient, professional, and system levels.

Methods: A systematic review was conducted in accordance with PRISMA guidelines. The search was conducted across Ovid MEDLINE, Embase, CINAHL, and Web of Science, as well as the reference lists of relevant reviews. The findings were narratively synthesised, and the emerging themes were identified inductively and reported across three levels: patient, professional, and system.

Results: A total of 50 studies were included, predominantly from high-income settings. Within dental teams, skill mix models at the patient level showed high patient acceptability and satisfaction and clinical outcomes comparable to dentist-led care for preventive, diagnostic, and routine services. At the professional level, skill mix enabled redistribution of routine care to dental care professionals, allowing dentists to focus on complex treatments. However, a persistent gap between the scope of practice and actual utilisation was identified, linked to organisational and regulatory barriers. At the system level, skill mix increased service capacity, improved access, and expanded care into community and underserved settings. Evidence for cost reduction and cost-effectiveness was mixed, with benefits highly dependent on remuneration systems and service organisation. Collaboration between dental and non-dental providers also shows promise, particularly for prevention, screening and care pathways in community and public health settings, although the evidence is less developed.

Conclusion: Skill mix can deliver effective, acceptable and sustainable models of oral healthcare, particularly for preventive and routine services. However, its impact is not inherent; it depends on enabling system conditions, including workforce governance, professional acceptance, and funding structures.

Funding source: None

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BASCD 2026 Abstract #07

Managing through complex systems: Improving oral health in prisons (North West, England)

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Background: People in prison experience poorer oral health than the general population, with higher levels of oral disease. Evidence-based preventive measures, including fluoride varnish and high-fluoride toothpaste, are recommended for high-risk groups, yet provision is often inconsistent. In order to strengthen prevention, it requires systems leadership with coordinated action across commissioning and clinical practice.

Objective: To drive system change to improve service quality and outcomes in line with evidence-based practice for preventive oral healthcare in prisons.

Methods: An audit tool to record caries status and fluoride intervention was developed collaboratively with Dental Public Health North West, National Health Service England (NHSE) Health and Justice commissioners and prison dental service providers in March 2024, informed by previous stakeholder focus groups conducted in 2022. Under the direction of the Health and Justice commissioner, dentists across all regional prisons (n=14) completed this audit of preventive activity for every patient seen over a 4-week period between June-July 2025. Data was collated and analysed using Microsoft Excel. Results were then presented to commissioners to inform quality improvement discussions.

Results: Findings reported high prevalence of active caries across prison sites (25-89%) and inconsistent delivery of fluoride-based interventions (fluoride varnish: 0-69%; high-fluoride toothpaste prescription: 0-61%) across North West England prisons. Peer review reported that variation was related to clinical practice, product availability, and skill mix.

Conclusions: This work drew on systems leadership principles to align stakeholders, address barriers, and embed prevention within routine contract management. A reaudit is required to complete the audit cycle and measure ongoing impact.

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BASCD 2026 Abstract #08

Barriers to access of dental services and its impact on oral health in children with intellectual disabilities in Europe

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Background: Children with intellectual disabilities (ID) disproportionately experience poor oral health and face multiple barriers to access paediatric dental care across Europe. The repercussions of unmet oral health needs transcend physical symptoms, frequently resulting in chronic pain, difficulties in eating, and social withdrawal, thereby exacerbating emotional and behavioural challenges.

Objective: To explore the barriers to accessing and utilizing paediatric dental care for children (0-18 years) with ID in Europe and their impact on oral health outcomes.

Methods: Following Arksey & O'Malley's framework and reported per PRISMA ScR, this scoping review used a PCC schema (Population: children 0–18 with ID; Concept: barriers to access and utilization; Context: Europe). Searches covered PubMed/MEDLINE, Scopus, EBSCOhost, ScienceDirect, SpringerLink, the Cochrane Library, and Google Scholar (2000–2024). Study selection and charting followed predefined eligibility criteria; data was synthesized using an inductive thematic analysis.

Results: Of 11,033 records identified, 12 studies met the inclusion criteria. Barriers clustered into four domains: (1) availability, organization, and care pathways; (2) accessibility and affordability (physical, geographical, financial); (3) workforce preparedness and clinical adaptation; and (4) patient/family psychosocial and knowledge factors. Consistent patterns included long waits, fragmented referrals, low preventive uptake, insufficient special care training, sensory/environmental challenges for autistic children, and stigma perceived by families.

Conclusion: Multilevel action for improving access for children with ID is required. Integration of oral health within disability pathways along with strengthening of pre/postgraduate training in special care dentistry is necessary Also, configuration of services for sensory friendly, flexible care and mitigation of geographic and financial barriers is essential. Evidence gaps persist for Eastern/Southern Europe, children with severe/profound ID, and evaluations of training and policy reforms is recommended. Policymakers should prioritize inclusive commissioning and routine monitoring of preventive care access for children with ID.

Funding source: None

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BASCD 2026 Abstract #09

Association between oral health and multimorbidity among older adults in England

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Background: Multimorbidity is increasing in prevalence among older adults, posing significant challenges to public health systems. While oral health has been linked to general health, evidence examining its association with multimorbidity remains limited.

Objective: To examine the association between oral health and multimorbidity among older adults in England.

Methods: This study used data from 8,249 and 6,286 participants aged 50 years and older from wave 7 (2014–2015) and wave 10 (2021–2023) of the English Longitudinal Study of Ageing (ELSA). Multimorbidity was defined as the presence of two or more chronic conditions. Oral health measures included edentulism (wave 7), and self-rated oral health (SROH) and oral impacts on daily performance (OIDP) (wave 10). Complete case analyses were conducted (wave 7: N=7,497; wave 10: N=5,711). Associations were examined using Poisson regression with robust standard errors, adjusting for demographic, socioeconomic, and health-related behavioural factors. Ethical approval was not required for this study as it used secondary anonymised data.

Results: The prevalence of multimorbidity was 50.8% in wave 7 and 52.2% in wave 10. Poorer oral health was associated with higher prevalence of multimorbidity. After adjustment for age and sex, edentulism (prevalence ratio [PR]: 1.51, 95%CI: 1.23–1.85), fair/poor SROH (PR: 1.76, 95%CI: 1.49–2.08), and having at least one oral impact (PR: 2.07, 95%CI: 1.65–2.60) were associated with higher prevalence of multimorbidity. In fully adjusted models, the association with edentulism attenuated (PR: 1.06, 95%CI: 0.85–1.32), while associations remained significant for fair/poor SROH (PR: 1.41, 95%CI: 1.21–1.71) and having at least one oral impact (PR: 1.78, 95%CI: 1.41–2.24).

Conclusion: Poorer oral health, particularly subjective and functional measures, was associated with higher prevalence of multimorbidity. Findings suggest both shared socioeconomic and behavioural determinants and independent associations, while the association with edentulism was largely explained by these shared factors.

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BASCD 2026 Abstract #10

Intersectionality in dental care utilisation: Findings from oral health surveys in England

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Background: Sociodemographic characteristics and measures of socioeconomic status are often assessed independently. However, these factors often interact to result in health disparities. While prior research suggests dental utilisation is socially patterned, there is limited information on the extent to which interlocking systems of disadvantages influence dental visiting patterns.

Objective: To assess intersectional strata effects on inequalities in dental care utilisation.

Methods: Multilevel analysis of individual heterogeneity and discriminatory accuracy was carried out using nationally representative data from the 2021 (N=6,321) and 2023 (N=2,285) Adult Oral Health Surveys conducted in England, United Kingdom. The outcome was adults' self-reported frequency of dental care utilisation (only when having trouble/regular). Inequalities in dental visit frequency were assessed across strata defined by combinations of age, sex, ethnicity, and index of multiple deprivation (IMD) quintiles. Sensitivity tests were carried out with IMD replaced by National Statistics Socio-Economic Classification, equivalised income and region.

Results: Inequalities across 60 intersectional strata were assessed. In 2023, the variance partition coefficient attributable to contextual influence of strata with and without adjustment for additive effects were 11.9% (95%CI: 6.9–19.7) and 1.0% (95%CI: 0.08–11.4) respectively. The corresponding area under the receiver-operating characteristic curve were 0.70 and 0.67. The proportional change in variance (PCV) was 92.5%; 7.5% of between-stratum variance was unexplained by the adjustment for additive contributions of sociodemographic factors, and thus attributable to interaction effects. The PCV in 2021 was higher at 100%. Replacing IMD with NS-SEC, equivalised income and region resulted in a higher PCV at 99.3%, 100% and 96.4%.

Conclusion: The effect of intersectionality on dental care utilisation in England was limited. Interaction effects beyond the additive effect of individual sociodemographic and socioeconomic factors were relatively small. There was considerable heterogeneity in dental care utilisation even among individuals with equivalent sociodemographic characteristics.

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BASCD 2026 Abstract #11

Rapid review of school-based interventional studies to reduce inequalities in caries

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Background: Although dental caries has declined in many countries, significant socioeconomic inequalities persist among children. Schools offer an important setting for early preventive interventions, with school-based programmes potentially effective in reaching disadvantaged groups and reducing oral health inequalities.

Objective: To identify school-based oral health interventions designed to reduce socioeconomic inequalities in dental caries among children.

Methods: A rapid review methodology was used to update evidence on interventions targeting inequalities in dental caries. Eligibility criteria were defined using the Population, Intervention, Comparison and Outcome (PICO) framework. The population was children (0-17-year-olds). Interventions included school-based oral health programmes aimed at reducing dental caries and/or socioeconomic inequalities. Comparator groups comprised children receiving no intervention or alternative interventions. Outcomes included dental caries measures using recognised indices (dmft/DMFT), caries prevalence or incidence, and indicators of socioeconomic inequality. Literature searches were conducted in PubMed, Ovid, and the Cochrane Library using relevant keywords. Ethical approval was not required for this review.

Results: A total of 812 records were identified. After removal of duplicates, screening abstract, and reading full text of selected papers, eight studies were included. Interventions comprised supervised toothbrushing, fluoride mouthrinse, oral health education, a school nutrition policy, and an intensive preventive programme combining toothbrushing with fluoride gel. Also, one national programme evaluated a multi-component intervention including toothbrushing, fluoride varnish, dental support, and dental visits. The overall quality of studies was moderate, and few evaluated effects on socioeconomic inequalities.

Conclusion: Fluoride-based interventions and supervised toothbrushing programmes, particularly within multi-component population programmes, showed the greatest potential to reduce inequalities in dental caries among children.

Funding source: None

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BASCD 2026 Abstract #12

Reducing oral cancer in China through tobacco control strategies

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Background: Smoking is a major risk factor for oral cancer. As the world's largest producer and consumer of tobacco, China currently has over 300 million smokers. The mortality rate of oral cancer in China has shown a significant upward trend in recent years. To address this challenge, the Chinese government has set the goal of reducing smoking prevalence to 20% by 2030.

Objective: To review the epidemiology of oral cancer and tobacco use patterns in China and to assess current national tobacco control policies in comparison with global strategies.

Methods: A literature search was conducted using keywords oral cancer, tobacco use, smoking, and China. A grey literature search was also carried out to identify Chinese Government policies and international guidelines. All identified studies and documents in English and Chinese were reviewed and assessed for quality up to March 2026. Ethical approval was not required for this review.

Results: The literature search identified 256 studies on oral cancer and tobacco use in China. Although China has implemented policies to reduce tobacco use, the incidence of oral cancer in China continues to rise. This may reflect gaps between national legislation and global tobacco control strategies.

Conclusion: While policies under the Healthy China 2030 have taken positive steps toward tobacco reduction, they remain insufficient to curb the rising burden of oral cancer. However, China must implement stricter and more comprehensive tobacco control measures in line with international guidelines to meet its public health targets.

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BASCD 2026 Abstract #13

Parent-reported sugar intake assessment tool [SIT]: Face and content validity

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Background: Assessment of children's sugar intake is essential for caries prevention in dental practice. A brief parent-reported Sugar Intake assessment Tool (SIT) was developed in a previous phase, informed by a recent systematic review and multidisciplinary expert input to support children's oral health.

Objective: To evaluate the face and content validity of the SIT prior to further psychometric testing.

Methods: This methodological study used purposive sampling to recruit dental public health and paediatric dentistry experts (content experts) and parents/carers of children aged 5-9 years. Face validity was assessed using an adapted eight-item checklist evaluating clarity, usability, relevance, and layout. Content experts additionally rated the dietary intake section (19 food items) for essentiality and relevance. Content validity was quantified using the Content Validity Ratio (CVR), item-level Content Validity Index (I-CVI), and scale-level Content Validity Index (S-CVI/Ave). Qualitative feedback was also collected and analysed thematically to inform refinement. Ethical approval was granted by the King's College London Research Ethics Committee (Reference: LRS-24/25-50247).

Results: Face validity was rated positively by both experts (n=5) and parents/carers (n=10), particularly regarding language consistency, relevance, and visual presentation. Experts suggested refinements to simplify terminology and reduce respondent burden. Parents/carers found the questionnaire easy to use and logically organised, with suggestions to refine wording, response options, and food examples. Sixteen of 19 dietary items achieved acceptable CVR (1.00) and I-CVI (≥ 80) values. Four dietary items were to be removed due to low essentiality and relevance ratings. The S-CVI/Ave was 0.92, indicating excellent overall content validity. Qualitative feedback supported clearer item grouping, improved categorisation, and enhanced portion guidance.

Conclusion: The findings support the face and content validity of the SIT following expert and parent/carer evaluation, with minor amendments made to improve clarity, relevance, and usability. The refined tool is ready for further reliability and validity testing.

Funding source: None

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BASCD 2026 Abstract #14

Innovative approaches to improve the delivery of supervised toothbrushing in schools

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Background: Childsmile is the national child oral health improvement programme for Scotland. A key element of the programme is supervised toothbrushing (STB) in schools, which is offered universally across NHS Greater Glasgow and Clyde (NHSGGC). Post-pandemic recovery was slow and compounded by additional challenges, including rising levels of additional support needs (ASN), and reductions in school support staff. This impacted high-need and high-deprivation areas. In response, NHSGGC Oral Health Directorate piloted an assisted delivery model using redirected resource of Dental Health Support Workers (DHSWs) and Oral Health Educators (OHEs).

Objective: To evaluate the feasibility, reach, and acceptability of assisted delivery STB across NHSGGC primary schools.

Methods: Mixed-methods service evaluation using quantitative data from routine monitoring (schools engaged, sessions delivered, SIMD distribution, school size) and qualitative data through two online open-ended questionnaires: DHSWs/OHEs (n=12) and headteachers/teachers (n=18). Qualitative responses were analysed thematically. Ethical approval was not required for this service evaluation.

Results: Over a six-month period, 49 schools across NHSGGC received assisted delivery, with 235 sessions delivered by 15 DHSWs/OHEs. Most schools were in Glasgow City HSCP (63%) and in the most deprived areas (SIMD 1–2); 76% were large schools. Both DHSWs/OHEs and school staff reported largely positive experiences. Findings suggest assisted STB delivery enabled participation of schools not previously or sustainably engaged with the programme, supported the feasibility of operational delivery, and strengthened relationships with schools and children. Key challenges included the perception of toothbrushing by some schools as an add-on rather than a core school responsibility, teaching time pressures, and staffing constraints.

Conclusion: The pilot demonstrated the feasibility of assisted STB and was well-received by school and NHS staff. The findings support continuation and expansion of this delivery model, prioritising schools in high-need areas. Further work is needed to promote STB as a routine school activity.

Funding source: None

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BASCD 2026 Abstract #15

Evaluation of North Central London supervised toothbrushing programme 'Teeth for Life'

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Background: Considering the public health challenges in oral health among young children, North Central London (NCL) Integrated Care Board (ICB) Supervised Toothbrushing Programme (STB), Teeth for Life, was launched from July 2024 to June 2025. The programme was funded by NCL ICB.

Objective: To evaluate the feasibility and acceptability of an STB programme and the adoption of healthy food and snack policies among 3–4-year-olds attending nurseries/schools in NCL (Barnet, Camden, Enfield, Islington, and Haringey).

Methods: A natural experimental mixed methods evaluation was adopted ensuring that both qualitative (twenty-one semi-structured interviews and one focus group with early years staff, parents, LA teams, provider) and quantitative findings were triangulated. The evaluation is based on the RE-AIM Framework (Reach, Effectiveness, Adoption, Implementation and Maintenance). Queen Mary University of London Research Ethics Committee advised ethics was not required.

Results: Reach: 125 settings were approached. Adoption and implementation: 62 settings participated in the NCL STB programme, with 56% (35) settings located in index of multiple deprivation (IMD) deciles 1-2. There were 1563 3–4-year-olds who consented to participate in the programme and 1488 who were actively brushing. Reasons for settings not participating were resources (staffing levels, logistics, storage concerns), parental responsibility, children related factors, timing, misunderstanding around the programme and teaching and learning being prioritised. Effectiveness: children participating resided in the most deprived areas and there was representation from ethnic minority groups although individual level data was limited (30% missing data). Questionnaire surveys showed an improvement in staff attitudes, confidence and beliefs towards STB. The programme was accepted in general by children, parents and settings. Maintenance: parental involvement, resources and teamwork maintained momentum in continuity of the programme.

Conclusion: The NCL STB programme, Teeth for Life, was found to be an acceptable and feasible programme for improving oral health of 3–4-year-olds in NCL.

Funding source: None

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BASCD 2026 Abstract #16

Evaluation of the Happy Smiles Oral Health Programme in Northern Ireland

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Background: Happy Smiles is a targeted oral health improvement programme in funded pre-school facilities in the 20% most deprived wards in each Health and Social Care Trust (HSCT) in Northern Ireland. The programme launched in 2016 and aimed to improve oral health of pre-school children through supervised toothbrushing, healthy snacks and oral health education.

The programme was not subject to any formal evaluation, with plans for expansion to primary school settings an evaluation was timely to understand current programme delivery, impact of the programme and areas for improvement.

Objective: The evaluation sought to answer the following questions, was the programme being delivered as intended? Were the intended outcomes of the programme achieved? Was there any learning that could improve the programme in the future?

Methods: Process and outcome evaluations were undertaken. Quantitative analysis of; facility participation, general dental services (GDS) treatment data, general anaesthetic (GA) extractions data and oral health survey data. Qualitative analysis included questionnaires and meetings with oral health improvement staff and facilities participating in the programme.

Results: As of June 2024, 51% of target pre-school facilities were participating in the programme (97/190), there were a further 231 non-target facilities participating, levels of participation differed across each HSCT. Oral health of children improved following implementation of the programme evidenced by a decrease in extractions and fillings for children in GDS, a decrease in children undergoing GA extractions and improvements in d3mft. Qualitative data analysis evidenced challenges for implementation of the programme including staffing, funding and disengagement from target facilities.

Conclusion: Overall the oral health of children in Northern Ireland has improved following the implementation of the Programme. However the programme is not currently delivered as intended and changes are therefore required to ensure target facilities engage with the programme to improve oral health and decrease inequalities for children in Northern Ireland.

Funding source: None

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BASCD 2026 Abstract #17

The impact of behaviour guidance techniques on dental anxiety in paediatric patients: A systematic review

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Background: Significant dental anxiety that causes avoidant behaviour can have a negative effect on a child's oral health and can result in needlessly prolonged treatment time and costs. Hence, behaviour management is required to provide adequate dental treatment to paediatric patients.

Objective: To evaluate the impact of various behaviour management techniques in anxious dental paediatric patients.

Methods: The review is conducted in a quasi-systematic way by systematically reviewing present literature about the topic and then undertaking narrative synthesis of the data collected. A systematic search was conducted following PRISMA guidelines, focusing on randomised controlled trials (RCTs) published between November 2012 and July 2024 involving children aged 6–12 years in dental settings. Relevant studies were identified through comprehensive searches in CINAHL, MEDLINE, EMBASE, Web of Science, PsycINFO and the Cochrane Library, and analysed using narrative synthesis. Since the included studies are RCTs, they were critically appraised using CASP critical appraisal tool for RCTs.

Results: The findings of the 12 studies included showed that all the behaviour management techniques accomplished some level of reduction in dental anxiety in the selected sample. Cognitive Behaviour Therapy (CBT) as distraction or self-help approach was suggested to be most effective when compared to other techniques. Technology in the form of virtual reality, audio-visual distraction and video modelling were also comparatively more effective. The only pharmacological technique analysed, sedation, was equally as effective as CBT, but CBT is still preferred as it has less side-effects than sedation.

Conclusion: The results suggest that analysed behaviour management techniques can lead to a reduced level of dental anxiety in 6-12-year-old children. However, further research is necessary to understand the harms and cost-effectiveness of these techniques and how incorporation of technology with these techniques can be improved.

Funding source: None

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BASCD 2026 Abstract #18

A peer-researcher approach to capturing prison and post-release oral health needs

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Background: People in prison face significant oral health inequalities but are often excluded from national oral health surveillance. Existing questionnaires do not adequately capture the unique structural barriers and oral health experiences linked to imprisonment and the transition back to the community.

Objective: To co-design population-specific oral health questionnaires and a peer-led administration model for individuals in prison and those released.

Methods: Using the Double Diamond framework, a co-design methodology was conducted in two phases. Phase One involved dental care professionals, support workers, and people with lived experience of prison participating in workshops to collaboratively design questionnaires and explore the feasibility of delivery in prison and community settings using a peer-researcher model. Phase Two piloted the questionnaires and peer-researcher model with people previously in prison through roleplay scenarios, gathering feedback on content and delivery. Ethical approval was granted by the University of Plymouth (Ref: 5704).

Results: The process involved 13 individuals and produced two tailored questionnaires (one for people in prison and one for those on release) and a peer-researcher guide. Findings highlighted the need for population-specific questionnaires capturing oral health impacts. These included impacts of poor oral health such as low self-esteem, barriers to employment, and reliance on drugs or alcohol to manage untreated dental pain. Peer-researcher led dissemination of the questionnaires was deemed essential, emphasising that peers could increase uptake by building trust and rapport. Peer-led delivery was also recognised as an opportunity to influence health behaviours, as the questionnaire facilitated dialogue around oral health self-care and signposting to support services.

Conclusion: A co-design approach enabled development of an oral health questionnaire and peer-researcher model specific to people in prison and on release. This approach provides a means to feasibly gather evidence on oral health needs whilst also creating opportunities to promote positive oral and general health behaviours.

Funding source: Royal College of Surgeons of England Faculty of Dental Surgery Pump-Prime Grant. NIHR funding for academic clinical fellowship.

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BASCD 2026 Abstract #19

Innovative South Yorkshire Paediatric Dental Surgical Hub Collaboration: Improving Access and Quality

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Background: Over a quarter of South Yorkshire's (SY) 5-year-olds have tooth decay, with the highest level of hospital tooth extractions nationally. Service review of the nine SY Paediatric Dental General Anaesthetic (DGA) services highlighted capacity issues, with waits exceeding a year. Consequently, SY Integrated Care Board (ICB) funded a £1-million improvement collaboration with the Acute Federation Trusts and National Health Service England (NHSE), including a new 'high volume low complexity' regional dental hub pilot. It aimed to provide child-centred, gold standard care, led by a Consultant in Paediatric Dentistry, delivering holistic treatment planning and prevention, anaesthetic pre-assessment and definitive treatment, including GA exodontia. Eligible children on existing waiting lists were offered transfer to the Hub.

Objective: A service evaluation was undertaken to demonstrate 'proof of concept' for long-term commissioning of the Hub.

Methods: An electronic Patient Tracking List and Microsoft Power BI Dental Hub Dashboard were created to track patient flow and support evaluation. Electronic feedback questionnaires were disseminated to service users. Regional DGA data were also collected. Ethical approval was not required for this service evaluation.

Results: 858 Hub referrals were accepted, with 277 assessments and 453 GA procedures undertaken during the first eleven months, producing an overall reduction in SY waits. 57% were from the most deprived areas, and 10% avoided unnecessary GA. Financial sustainability was evidenced. The 6-month evaluation indicated average waits of only 7 weeks (referral to treatment) and 57% of higher medical-risk children attending anaesthetic assessment avoided tertiary care. Was-not-brought rates for GA reflected similar services. Feedback was positive; 96% of families recommended the Hub.

Conclusion: The Hub improved access to quality paediatric DGA, supporting CORE20Plus5 to reduce inequalities. Formal commissioning and expansion of the Hub, alongside an electronic Referral Management System would promote shorter waits and gold-standard care.

Funding source: South Yorkshire Integrated Care Board (ICB) dental commissioners provided £1 million non-recurrent funding for the project.

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BASCD 2026 Abstract #20

Survival-based sex workers in Liverpool: Oral health needs, experiences and perspectives

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Background: Globally, sex workers experience oral health inequalities: higher levels of dental decay, tooth-loss, and trauma. Sex workers face intersecting challenges including homelessness, addiction, and stigma. In the United Kingdom (UK), no qualitative research has explored the oral health experiences of sex workers.

Objective: To understand the oral health experiences and needs of sex workers in Liverpool, to identify perceived barriers to care, and to explore acceptable approaches to improving services through participatory engagement.

Methods: A qualitative participatory study was conducted with adults who sex work in Liverpool. Ethical approval was obtained from University of Liverpool Ethics Committee (Reference 15705). Twenty-one semi-structured interviews were undertaken following opportunistic and snowball sampling. Interviews were analysed using Framework approach to generate inductive codes and themes. The themes were translated into professional illustrations which supported women to engage in the data co-interpretation process. Art workshops were undertaken with the women to produce their own oral health-related images with the prompt “if my mouth had a voice, what would it say?”

Results: Participants described lives shaped by violence, homelessness, and poly-substance use, with oral health positioned low within daily survival priorities. Drug use, high-sugar diets, xerostomia, vomiting, and disrupted self-care contributed to rapid dental deterioration. Poor oral health produced significant physical pain, impaired function, and profound shame linked to intersecting stigmas of sex work, addiction, and visible dental damage. Access to comprehensive National Health Service (NHS) dental care was widely perceived as impossible; most care was urgent or self-managed, including do-it-yourself (DIY) dentistry. Despite this, women expressed strong motivation for restorative care and valued non-judgmental services.

Conclusion: Sex workers in Liverpool experience severe, intersecting oral health harms compounded by structural barriers to comprehensive rehabilitative oral care. Trauma-informed, flexible, and comprehensive dental services co-designed with sex workers are required to reduce inequalities and stigma.

Funding source: University of Liverpool Health and Life Sciences Participatory Engagement Grant, UK Research and Innovation Impact Acceleration Account Non-traditional outputs grant and UK Research and Innovation Impact Acceleration Account Economic and Social Research Council Grant

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BASCD 2026 Abstract #21

Functional dentition and quality of life among older English adults

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Background: Oral health plays a crucial role in overall wellbeing and quality of life, particularly among older adults.

Objective: To examine the association between oral health status and oral health–related quality of life among older English adults and to assess whether this association is attenuated after adjusting for socioeconomic and behavioural factors.

Methods: Data from English Longitudinal Study of Ageing (ELSA), a nationally representative cohort of older English adults were used. Ethical approval was not required for this secondary analysis. The analysis included participants with complete data on functional dentition at Wave 7 (2014–2015), oral impact on daily performance (OIDP) at Wave 9 (2018–2019). OIDP was assessed using the ELSA simplified OIDP questionnaire, which evaluates the impact of oral health on five daily functional and social areas. Responses were summed and dichotomised into no impact versus any impact. Functional dentition was defined as having 20 or more natural teeth. Baseline covariates included demographic factors, socioeconomic indicators (marital status, education, wealth, and subjective social status), and baseline OIDP. A multivariable logistic regression model was used to examine the association between functional dentition and OIDP at follow-up, adjusting for demographic and socioeconomic factors as well as baseline OIDP.

Results: A total of 5,114 participants were included in the analysis, with a mean age of 67.8 years. At baseline, 66.6% had functional dentition. The prevalence of OIDP was 10.1% at baseline and 10.8% at follow-up. In the multivariable logistic regression, participants with functional dentition had significantly lower odds of reporting oral impacts compared with those without functional dentition (OR = 0.80, 95% CI: 0.65–1.00, p = 0.048).

Conclusion: Maintaining functional dentition at old age appears to have a positive impact on quality of life of older adults.

Funding source: None

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BASCD 2026 Abstract #22

Oral health, dentistry and the smoking cessation team

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Background: Smoking cessation has been a public health focus for many years due to the impact of tobacco-use on the health system, society and wider economy. Smoking affects the mouth, including increasing the risk of oral cancer, with prevention and early detection of oral diseases, a key priority in supporting health. There are opportunities for collaboration between dental and smoking cessation teams to support patients.

Objective: To identify the barriers to referring patients to smoking cessation services and inform smoking cessation advisers in the delivery of oral health messages to support their clients in smoking cessation and encourage dental attendance.

Methods: A scoping review of the challenges to smoking cessation advice in general dental practice was undertaken following the development of a regional regulation update document. A training session was developed for and delivered to smoking cessation advisors in a Southeast local authority. The session presented the effects of tobacco-use on the mouth, oral health promotion messaging for teams to incorporate into their sessions with clients, the importance of oral hygiene and available resources for soft tissue self-checks. The role of the dental team in oral health care was described and the importance of regular dental visits highlighted. Ethical approval was not required for this quality improvement initiative.

Results: Barriers in general dental practice include time, remuneration, and risk of damaging patient rapport. There was much interest in oral health and messaging amongst smoking cessation providers.

Conclusion: Increasing awareness of oral health messaging has the potential to support smoking cessation advisors in their efforts to support clients quitting smoking and encourage them to access dental care regularly. Promotion of collaboration between smoking cessation providers and dental teams would be to the benefit patients.

Funding source: Victoria Niven, National Institute for Health and Care Research (NIHR) Clinical Lecturer, CL-2022-17-008, is funded by National Health Service (NHS) England - Workforce, Training and Education (WTE)/NIHR for this project.

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BASCD 2026 Abstract #23

Association of ethnicity and NHS dental appointments in the past year

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Background: Access to NHS dental services remains an important public health issue in the United Kingdom (UK) because it differs across population groups. Ethnicity reflects social, cultural and structural influences on healthcare engagement. Although ethnic differences in oral health exist in the UK, differences in National health Service (NHS) dental service-use are less known.

Objective: To explore ethnic differences in booking yearly NHS dental appointments among England adults.

Methods: Secondary analysis of General Practice Patient Survey data. Questionnaires were used to record self-reports of ethnicity and booking of NHS dental appointment in the past year. Survey-weighted logistic regression examined associations between variables adjusting for sociodemographic characteristics and long-term health conditions. Ethical approval was not required for this analysis.

Results: Participants with complete information were included (n=3,554,308). Ethnic differences in booking NHS dental appointments persisted after adjustment. Compared with white British, most ethnic minority groups had lower odds of booking an NHS dental appointment, including Irish (odds ratio [OR] 0.78; 95% CI: 0.76–0.81), Indian (OR 0.60; 95% CI: 0.59–0.62), Pakistani (OR 0.90; 95% CI: 0.88–0.92), Bangladeshi (OR 0.76; 95% CI: 0.74–0.79), black African (OR 0.58; 95% CI: 0.56–0.59), mixed/other ethnic groups (OR 0.78; 95% CI: 0.77–0.80) and other white groups (OR 0.46; 95% CI: 0.46–0.47). No difference in booking NHS dental appointments was observed between black Caribbean adults and white British adults (OR 0.98; 95% CI: 0.95–1.01).

Conclusion: Ethnic differences in NHS dental attendance persist after adjusting for demographics, deprivation and health status, highlighting inequalities in NHS dental service engagement and suggesting social, cultural and structural influences on access to preventive dental care.

Funding source: None

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BASCD 2026 Abstract #24

Is there inequality in dental caries among adults with optimal behaviours?

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Background: Oral health behaviours such as toothbrushing, diet, and dental attendance have a great impact on dental caries, however, they may not fully explain observed inequalities in dental caries. There is limited research that examined whether inequalities in dental caries exist among those with optimal oral health behaviour.

Objective: To examine whether socioeconomic inequalities in dental caries exist among adults with and without optimal oral health behaviours.

Methods: Data from the Adult Oral Health Survey 2023, a cross-sectional national survey of adults in England, were used. Ethical approval was not required for this secondary analysis. Dental caries was clinically assessed. Socioeconomic factors were indicated by job classification and household income. Optimal behaviours included never smoked, brushing twice or more times daily, regular dental visits, and no consumption of soft drinks or hot drinks with sugar. Regression models were used to assess socioeconomic inequalities in number of decayed teeth for the whole population, and for those with and without optimal behaviours.

Results: A total of 1,381 participants were included in the analysis. Mean number of decayed teeth was 1.2 and 2.7 among those with and without optimal behaviours, respectfully. There were clear income inequalities in number of decayed teeth in the whole population and among those without optimal behaviours with those in the highest income quintiles having lower rate ratios for caries (0.60: 95%CI: 0.44, 0.82) than those in the lowest quintiles. Among those with optimal behaviours, the mean number of decayed teeth was higher among participants with lower income, but there was no statistically significant difference in multivariable analysis. Similar results were observed by job classification.

Conclusion: Optimal behaviours appeared to eliminate socioeconomic inequalities in untreated caries among adults in England. However, the results should be interpreted with caution given the small number of participants with optimal behaviour.

Funding source: None

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BASCD 2026 Abstract #25

Functional dentition and fruit and vegetable consumption among older adults

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Background: Oral health plays an important role in maintaining adequate nutrition in later life. Tooth loss, poor dentition, and impaired chewing ability may reduce the consumption of fibrous and nutrient-dense foods such as fruits and vegetables.

Objective: To examine the association between oral health status and fruit and vegetable consumption among older adults in England and to assess whether this association persists after accounting for socioeconomic position and health-related behaviours.

Methods: This study used data from the English Longitudinal Study of Ageing (ELSA), a nationally representative cohort of adults aged 50 years and older living in England. Ethical approval was not required for this secondary analysis. The analysis included participants with complete data on functional dentition at baseline (2014–2015), and fruit and vegetable consumption at Wave 10 (2022–2023). Covariates collected at baseline included demographic factors, socioeconomic indicators (education, wealth, and subjective social status), smoking, and baseline fruit and vegetable consumption. A multivariable logistic regression model was used to examine the association between functional dentition and consuming five or more portions of fruit and vegetables daily, adjusting for demographic and socioeconomic factors, smoking, and baseline fruit and vegetable intake.

Results: A total of 3,171 participants were included in the analysis. At baseline, 74.5% had functional dentition. The proportion of participants consuming five or more portions of fruit and vegetables was 63.6% at baseline and 61.1% at follow-up. The mean age of the sample was 66.1 years. In multivariable logistic regression analyses, participants with functional dentition had 1.13 higher odds of consuming five or more portions daily compared with those without (odds ratio [OR]=1.37, 95% CI: 1.13, 1.66).

Conclusion: Functional dentition appeared to be longitudinally associated with adequate consumption of fruits and vegetables among older adults in England.

Funding source: None

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BASCD 2026 Abstract #26

EXperIences of oral health STigma (EXIST) study: findings from a national survey

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Background: Oral health stigma is a unique phenomenon that harms and dehumanises. To date, most empirical research has centred on individual oral health conditions or intersecting stigmatised characteristics as opposed to the underpinning phenomena and theory of oral health stigma.

Objective: To explore the lived experience of oral health stigma.

Methods: The EXIST study is a mixed-methods phenomenological study. The quantitative aspect utilised a cross-sectional questionnaire survey designed with people with experience of oral health stigma. The survey was distributed widely through online, community and dental settings across England, targeted to people who self-identified as experiencing oral health stigma; therefore, a response rate cannot be determined. Quantitative data were analysed descriptively and free-text responses analysed with content analysis. Ethical approval was granted by the Health Research Authority (HRA) Ethics Committee (Reference: 25/WM/0016).

Results: Responses were received from 333 participants. Two-thirds (65%) believed poor oral health is viewed as a personal failing. Two-thirds reported feeling pressured to maintain a "perfect" smile. Almost half (43%) indicated blaming themselves for the condition of their teeth, one-quarter (27%) worried about being judged negatively because of their oral health. Oral health stigma shaped behaviour in everyday situations. One-fifth (21%) worried about what others might think of their teeth, and almost half reported regularly feeling embarrassed about dental appearance. Stigma influenced care-seeking decisions; one-quarter (23%) had avoided visiting a dentist because of the fear of oral health stigma. Participants also adjusted social behaviour; for example, by covering their mouth when speaking or choosing not to smile in photographs.

Conclusion: Experiences of oral health stigma cause harm through concealment behaviours that affect socialisation and prevent engagement with dental services. Shame-awareness and trauma-informed practice may offer opportunities to prevent triggering stigma and shame at the dentist.

Funding source: Academy of Medical Sciences Clinical Lecturer Grant awarded to Janine Doughty.

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BASCD 2026 Abstract #27

Co-producing oral health research: Arts-based methods with survival-based sex workers

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Background: Sex workers experience stigma, shame, exclusion, high-risk behaviours, and structural barriers to accessing care which manifest as poor oral health. Due to low literacy levels, the stigma surrounding sex work and unequal power dynamics, qualitative methods such as interviews can limit genuine co-production of knowledge with women engaged in sex work.

Objective: To utilise arts-based participatory methods to interpret and expand upon interview findings with sex workers.

Methods: Art-based participatory engagement followed interviews with women with lived-experience of sex work. Two arts-based methods were introduced. Firstly, professional graphical illustrations of preliminary codes. Early pencil drawings were co-developed with the women to member check data interpretation. Secondly, two art workshops were held with women who used multi-media on canvas to design a mouth image entitled “if my mouth could talk…”. Ethical approval was granted by the University of Liverpool Ethics Committee (Reference 15705).

Results: Utilising arts-based participatory approaches overcame literacy barriers and short windows of attention that prevent women from engaging with text-heavy findings. Women engaged meaningfully with member checking, leading to changes in interpretation of the findings and final illustrations. Women’s own artwork represented two stories running parallel to one another. The first depicting how the deconstructed mouth brings shame, stigma, loss of sense of self, a representation of lived violence, injustice, sexual assault, low self-esteem and misrepresented identity. The other story depicted across their images was one of hope, colour, rainbows, sparkles, glitter, femininity, beauty, motherhood, healing, pleasure, freedom, dreams and wishes for a better future. Both illustrations and artworks were combined into a co-produced Zine.

Conclusion: Creative and flexible arts-based approaches can facilitate meaningful engagement and generate rich data with populations where co-interpretation of written text data and co-production of knowledge through interview is restrictive to involvement.

Funding source: University of Liverpool Health and Life Sciences Participatory Engagement Grant, UK Research and Innovation Impact Acceleration Account Non-traditional outputs grant and UK Research and Innovation Impact Acceleration Account Economic and Social Research Council Grant

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BASCD 2026 Abstract #28

Smile of Mann: prevention as a catalyst for oral health system reform on the Isle of Man

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Background: Children on the Isle of Man experience a high burden of dental decay, with 26.6% of five-year-olds affected, exceeding England's average. Access to dental services is constrained, with an NHS waiting list exceeding 5,000 patients, including over 1,600 children. In 2023, the Smile of Mann programme was relaunched following parliamentary approval, delivering universal supervised toothbrushing informed by Childsmile principles, with expansion to fluoride-based prevention, education, and enhanced epidemiological surveillance.

Objective: To assess the implementation, acceptability, and contribution to service planning and policy of the Smile of Mann programme.

Methods: A convergent mixed-methods service evaluation was undertaken using programme data and evaluation surveys. Quantitative data included programme reach (48 settings), workforce expansion (1.0 to 3.0 FTE), fluoride exposure, and epidemiological indicators (dmft/DMFT). Qualitative data were obtained from parent/carer (n=39) and setting-level (n=16) surveys assessing acceptability and perceived behavioural impact. Descriptive and thematic analyses were conducted, findings integrated to assess feasibility and alignment with population need. A rolling epidemiological model has been established, with repeat survey of five-year-olds scheduled for 2026. Ethical approval was not required.

Results: Within 24 months, Smile of Mann expanded to 48 settings (21 early years, 15 primary, 12 specialist provision centres). Acceptability was high, with 96% of settings and 87% of parents/carers reporting improved oral health habits. Reported improvements included brushing technique, understanding, and willingness to brush. All settings used 1450ppm fluoride toothpaste. Implementation was feasible, with 92% reporting delivery was not difficult. Baseline epidemiology confirmed high unmet need.

Conclusion: Smile of Mann demonstrates that a universal oral health programme can be delivered at scale with high acceptability, supporting behaviour change and fluoride exposure. In a system with constrained dental access, it provides a prevention platform and generates intelligence to inform service planning and policy. Ongoing epidemiological surveillance will enable assessment of long-term impact.

Funding source: None

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BASCD 2026 Abstract #29

Implementation of a supervised toothbrushing programme

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Background: In 2025–26, Coventry and Warwickshire implemented a supervised toothbrushing programme (STP) as part of the national initiative to improve oral health for 3–5-year-olds living in the 20% most deprived communities. Recognising that no single organisation could tackle oral health inequalities alone, we adopted a partnership-driven approach to develop the programme from the ground up.

Objective: The programme aimed to deliver an evidence based, targeted STP through development of a targeting strategy to identify and prioritise populations, implementation of a communications strategy and development of resources to support engagement. Collaboration with partners was needed to drive delivery and secure engagement from stakeholders. Performance management and governance systems were established, providing shared strategic leadership.

Methods: Stakeholders involved throughout the programmes design and delivery were the local authorities, dental public health, oral health improvement team, early years settings, integrated care boards (ICBs), education partners and dental professionals. Establishing the programme from scratch required leadership, teamworking and effective communication to enable engagement. Programme rollout and evaluation planning was aligned with national priorities, while remaining appropriate for the local population. Development of shared communication resources involved community-facing teams to shape posters, social media content and FAQs. Ethical approval was not required for this process evaluation.

Results: A STP was successfully initiated across Coventry and Warwickshire. Although onboarding of settings is still in its early stages, a foundation has been established for a sustainable community intervention. Targeted local communications were disseminated and ensured local resonance. Engagement with and dissemination of resources by stakeholders increased the programme's visibility and supported consistent implementation across settings.

Conclusion: Coventry and Warwickshire delivered a coordinated, evidence-based STP. Partnership working strengthened operational consistency, increased engagement across settings and helped establish a strong foundation on which the programme can build and expand to reduce oral health inequalities.

Funding source: National funding used in the roll out of the programme.

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BASCD 2026 Abstract #30

Trends and inequity in National Health Service (NHS) dental access in Wales, 2019/20–2024/25

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Background: COVID-19 caused significant disruption to National Health Service (NHS) dental service delivery, reducing capacity for routine care and potentially widening inequalities. Quantifying shifts in access and understanding differential recovery across deprivation groups is essential for informing equitable service planning in Wales.

Objective: To quantify NHS dental access in Wales and evaluate temporal trends and inequalities across routine versus urgent care, age groups, deprivation quintiles, and health boards.

Methods: A descriptive analysis using administrative data from FP17W dental claim forms processed by NHS Business Services Authority (BSA) Dental Services between 2019/20 and 2024/25. Population denominators were from the Office of National Statistics population mid-year estimates, and Welsh index of multiple deprivation (WIMD) was assigned using patients' Lower Super Output Area (LSOA). Analysed access trends and routine/urgent care by age, WIMD quintiles, across seven boards.

Results: Over the 24 months to March 2025, overall NHS dental access was 45.4%, 4.3 percentage points lower than the 24 months to March 2021. Access fell from 49.7% (2021) to 32.6% (2022), with partial recovery to 45.4% (2025). Adult routine access dropped sharply (from 34.5% to 19.2%, 2021–2022) and remained below baseline in 2025 (29.8%); adult urgent access was consistently low (8–11%). Children experienced the steepest fall in routine access (from 61.2% to 13.1%, 2019/20–2020/21) with strong recovery to 49.5% (2024/25). Persistent WIMD gradients were observed—least deprived adults had higher routine access (2021: 36.9% versus 32.1%; 2025: 33.1% versus 29.0%), with inequalities evident across ages and health boards, and higher urgent care use in the most deprived.

Conclusion: Despite gradual recovery, NHS dental access in Wales remains below pre-pandemic levels, with persistent inequalities - underscoring the need for targeted, equity focused action to improve routine care.

Funding source: None

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BASCD 2026 Abstract #31

Training for early years settings in supervised toothbrushing: Improvement through audit

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Background: In March 2025, funding for an expanded national supervised toothbrushing programme (STP) was announced for children attending early years settings aged 3-5 years targeted to areas of social deprivation. The need for comprehensive training of early years settings as part of this expansion is essential. A checklist of the recommended content of training was developed by the optimising toothBrushing pRogrammes in nUrseries and ScHools (BRUSH) research team.

Objective: To conduct an audit of the content of training for early years settings across STPs in the North East. The purpose of the audit was to improve the quality of the training.

Methods: First, an audit tool was developed using the BRUSH training checklist and refined through a peer review process involving 19 delegates from local Oral Health Promotion teams. Next, the training presentations delivered locally were reviewed against this audit tool with recommendations made for improvement. These recommendations were then implemented and a second audit cycle conducted. No ethics approval was required for this audit.

Results: The 46-item audit tool included five agreed domains: local data on the prevalence of dental caries, impact of dental general anaesthetics, lived experiences of parents and children, adaptations required for children with special education needs (SEN) and key prevention and access information for parents. The first cycle of the audit showed compliance with 42% of items on the checklist, recommendations were made to improve compliance. A second audit cycle was conducted 2 months later and compliance improved to 96%. The most frequently omitted domain was the adaptations for SEN children.

Conclusion: The audit tool developed collaboratively with Oral Health Promotion teams improved the content of training delivered to early years settings implementing supervised toothbrushing. Future audits will be conducted to continue with improvement as the expansion of the STP in the North East progresses.

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BASCD 2026 Abstract #32

Educators' views on barriers/facilitators in toothbrushing scheme engagement in Welsh primary schools

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Background: A supervised toothbrushing programme (STP) targeting nursery and primary schools in areas of deprivation has been in operation across Wales since 2009. Designed to Smile (D2S) is a Welsh Government-funded STP operated by Community Dental Services. Exploration is needed on how toothbrushing schemes 'fit' within primary schools' current contexts.

Objective: To explore primary school stakeholders' views on which factors hinder or facilitate the positive recruitment and implementation of the D2S scheme.

Methods: Primary school stakeholders (headteachers/teachers/teaching assistants) from participating and non-participating schools were invited by email to take part in a qualitative semi-structured interview. The interviews were conducted over Teams or by telephone. Interviews were transcribed and analysed using framework analysis informed by the Consolidated Framework for Implementation Research (CFIR). Ethical approval was granted by School of Dentistry Ethics Committee (DSREC 2417).

Results: Fourteen interviews were conducted (five from schools not engaged in the STP, nine from schools engaged in the STP). Analysis highlighted similarities in both brushing and non-brushing schools in how outer setting domains (e.g., curriculum demands, funding, pupils with additional needs) impacted on the schools' inner setting domain (e.g., staffing levels, competing priorities, and school culture). Differences emerged between brushing and non-brushing schools in the individual domains (e.g., headteachers, teachers, and teaching assistant views on STPs and motivation to implement, opinions on the shifting role of education and schools), and implementation process domains (e.g., support and staffing, ability to find an appropriate time and establish a routine).

Conclusion: Since D2Ss launch education has seen changes to the focus in educational provision, staffing levels, pupil needs, and teachers' role. These were said to both shape and operate alongside individual opinions and motivations in influencing schools' engagement in toothbrushing schemes. Findings from the study will be used to develop actionable recommendations for improving uptake and implementation of D2S.

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BASCD 2026 Abstract #33

Acceptability of fluoride-based preventive interventions in Scottish prisons: a multi-methods cross-sectional study

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Background: People in custody have poorer oral health than the general population with high levels of untreated disease. Prison dental services are treatment-focused, with reported long waits for treatment. Fluoride-based preventative approaches, such as fluoride varnish (FV) and silver diamine fluoride (SDF), are underexplored.

Objective: To assess preventative service provision in Scottish prisons and explore the acceptability of FV and SDF among dental staff and people with lived experience of being in prison (PWLEP).

Methods: A questionnaire was distributed to NHS Scotland health boards that serve a prison to gather data on current services. To explore acceptability of FV and SDF, two questionnaires, informed by the Theoretical Framework of Acceptability, were distributed to dental teams and PWELP. A series of focus groups were conducted. Quantitative data were analysed descriptively. Within-group and between differences were assessed. Qualitative data were analysed using deductive coding. Ethical approval was granted by University of Dundee Research Ethics Committee (UOD-SREC-SDEN-2025-001).

Results: Eight out of a possible nine health boards responded. FV was delivered on a case-by-case basis by half of health boards with no reports of SDF use. Varied approaches to health promotion were described. Twenty-eight healthcare professionals and 34 PWELP responded to the questionnaire. Healthcare professionals rated FV significantly higher than SDF (Z score=-2.739, p=0.006), as did PWLEP (Z=-2.612, p=0.009). PWELP reported significantly higher acceptability of silver diamine fluoride than healthcare professionals (Z=-2.03, p=0.042). Focus groups with seven dental professionals and seven PWELP identified workload, training and governance challenges. Concerns around SDF aesthetics were raised.

Conclusion: Preventative service provision in Scottish prisons show high levels of variability. Acceptability of FV and SDF demonstrates an opportunity to expand on clinical prevention. Future research should develop and test the effectiveness of clinical prevention interventions in prison settings.

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