Section 5: health promotion and preventative services

Dental health

a single version of the truth

NHS Wiltshire Clinical Commissioning Group

Wiltshire Council Where everybody matters

Wiltshire Assembly Public Services Board

Related briefings in the JSA for Health and Wellbeing

Briefing (and hyperlink)	Section
Minority groups	Health inequalities
Dental health	Children and Young People
Physical disability	Burden of ill health

Outcome Frameworks summary

The Public Health Outcomes Framework for England, 2013-2016[1] outlines the overarching vision for public health as "to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest". The following indicators from this framework are relevant to this section.

Framework	Reference	Indicator
Public Health	4.2	Tooth decay in children aged five years

Edition

Edition	Version no.	Changes/Comments

Executive summary

There are inequalities in dental health within Wiltshire with higher levels of tooth decay in relatively deprived areas.

As an increasing number of adults are retaining their own teeth and the population in Wiltshire is getting older, the Wiltshire Council will need to ensure that appropriate care is available to deal with the more complex restorative problems of old age.

Smoking is a critical risk factor for periodontal disease and mouth cancer. Smoking reduction strategies should emphasise this point and the link between smoking and oral disease should be made clear to dental patients.

Access to NHS dentistry in Wiltshire is good. Most residents, with the exception of those living in Tisbury, do not have to travel more than 5 miles to obtain NHS dental care.

According to the most recent figures available 48.7% of the Wiltshire population (45.2% of adults) had accessed NHS dental services in the previous 24 months. Although these proportions are increasing faster than regional or national averages, the percentage of Wiltshire residents accessing NHS dental services is still below the regional and national average.

Why this area is important

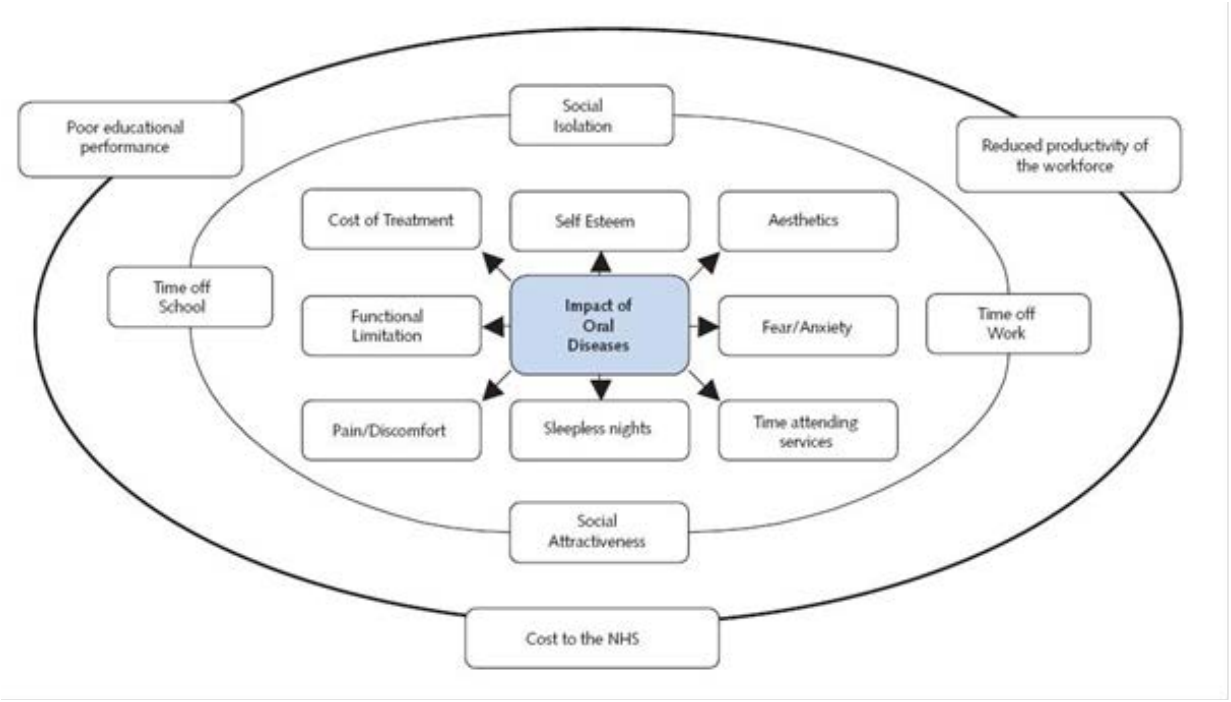
The following introduction is taken from the Wiltshire Oral Health Improvement Strategy and Action Plan 2010-2015[2].

Oral health is an integral part of general health and concerns itself with the health of dental tissues (the teeth and supporting bone) and the soft tissues of the mouth and gums. Dental disease is still commonplace in England, despite significant improvements in dental health since the 1970s with the advent of fluoridated toothpaste. Figure 1 shows how oral diseases and conditions have significant impacts upon quality of life, including sleep disturbances, dietary restriction, social limitation and absence from school and work. Uncontrolled, oral diseases can be life-threatening.

There is also national evidence that inequalities in oral health are persisting and in fact may be worsening. The ageing population brings with it more complex issues; as people retain more natural teeth longer so they need more dental treatment into old age compared with previous generations. However, there have been significant improvements in oral health in England over the past 40 years and England now compares very favourably with the rest of Europe and North America.

Rising expectations for oral health have accompanied overall reductions in disease levels. Just as there are inequalities in the experience of oral disease, so too there are variations in how people value their oral health.

Figure 1: Impact of oral diseases



The two most common dental diseases are dental caries (tooth decay) and periodontal disease (gum disease). The most serious oral disease is oral cancer with a high death rate. There are also several other oral conditions that can affect the mouth such as tooth wear and developmental disorders such as cleft lip and palate, orthodontic malocclusion and disorders of tooth formation.

The causes of oral diseases are multi-factorial but other than the developmental conditions, the risk of developing oral disease is mainly determined by lifestyle factors such as poor diet, particularly diets with frequent sugar or acidic drink consumption, the use of tobacco, excessive alcohol consumption, poor oral hygiene and the inadequate use of fluorides.

Deprivation as with many diseases is a key determinant of poor oral health and underlies many of the adverse lifestyle behaviours linked to oral disease.

What are the needs of the population?

The Oral Health Improvement Strategy and Action Plan[3] provides detailed information on the needs of Wiltshire's residents. The following extracts provide a summary of the information on adult dental health and have been updated to reflect the currently available data.

Local information

No local adult oral health surveys have been undertaken to date across Wiltshire. The next National Adult Survey was undertaken in 2010 however, the survey only provides adult oral health data on a regional basis but not at a local authority level. The correlation between dental decay and deprivation is well known as is that people in socially deprived areas have higher levels of dental disease than those living in

more affluent areas. Social deprivation can therefore be used as an indicator of the likely prevalence of dental disease in the planning of services. In order to reduce inequalities, areas of deprivation should be the first to be targeted with new services and oral health campaigns.

Peridontal disease

Periodontal disease is a chronic disease starting with inflammation of the gums (gingivitis) and slowly progressing to cause the loss of supporting tissues around the teeth and eventually loss of the teeth themselves. Whilst there is no local data on the prevalence of this condition in Wiltshire the last National Adult Dental Health Survey in 2009 found that 54% of adults over the age of 16 had significant levels of gum disease. In young adults (16-24) 50% were affected and of those aged 65 to 74 who were dentate, 49% had significant periodontal disease. The risk and severity of periodontal disease therefore increases with age however the rate of progression is usually slow.

Root caries

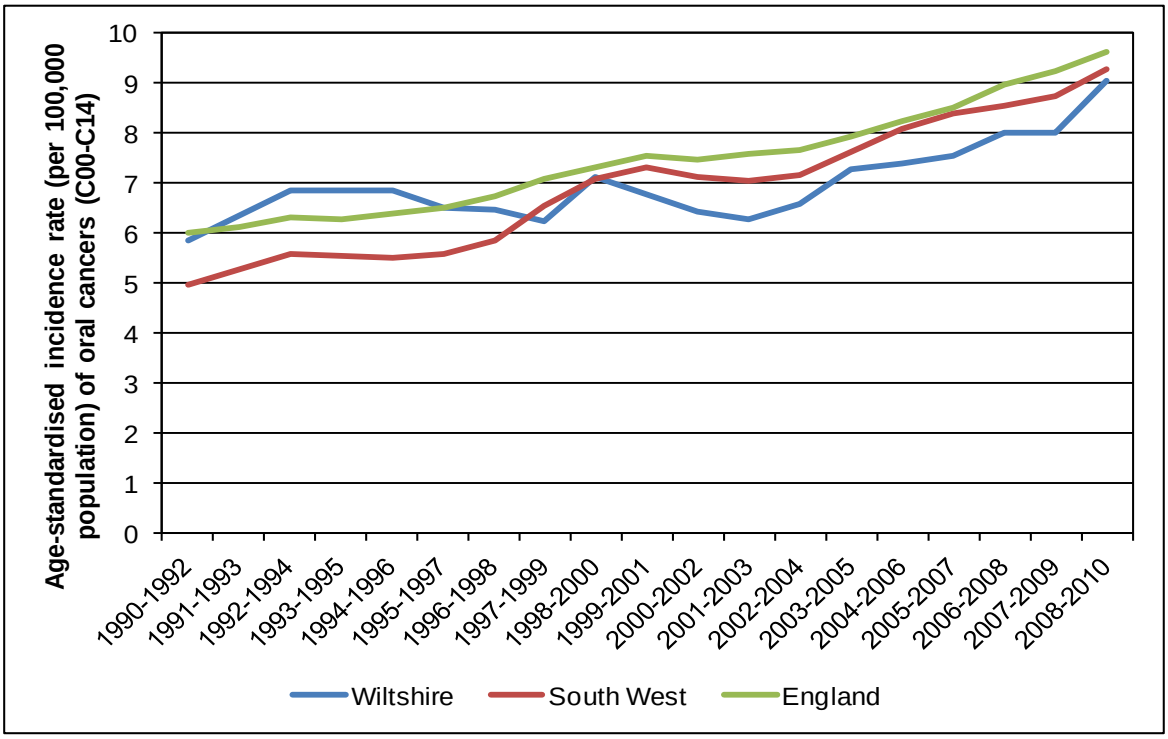
As people retain their teeth longer into old age root caries is likely to become more prevalent causing a real challenge in terms of conservative dentistry. Again there is currently no local data for Wiltshire however the 2009 National Adult Survey found that two thirds of dentate adults (73%) had at least one tooth with a root surface that was either exposed, worn, filled or decayed, with an average of 7.3 teeth involved.

Oral cancer

Oral and pharyngeal cancers are malignant tumours of the lip, tongue, mouth, salivary glands, oropharynx, and other sites accounting for about 1.8% of all cancers diagnosed in the UK and 1.5% of deaths from cancer. The commonest oral cancers are squamous cell carcinomas arising on the tongue and floor of mouth. Most cases arise in people aged over 50 years.

The long term trends in incidence of oral cancer are upward for England, the South West and Wiltshire is rising[4]. In Wiltshire in 2008-10 around 50 cases per year were diagnosed.

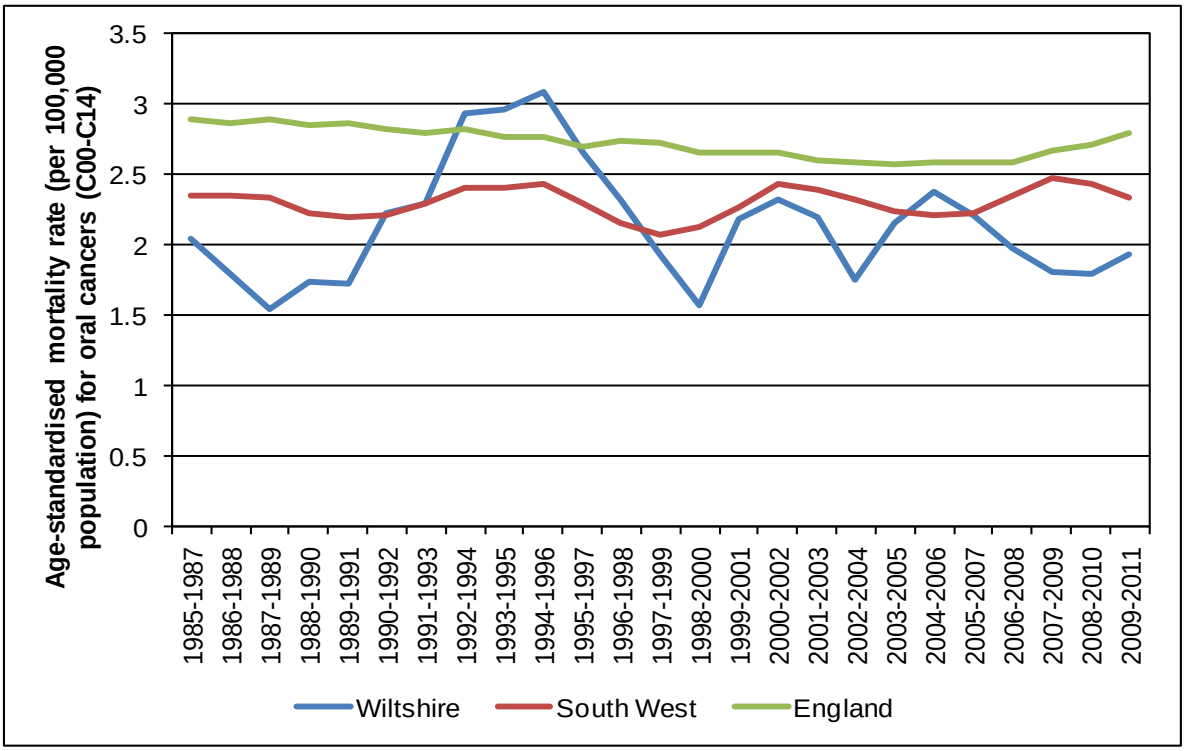
Figure 2: Incidence of oral cancer



Source: National Cancer Intelligence Network

The long term trends in mortality from oral cancer are generally flat for England, the South West and Wiltshire[5]. In Wiltshire in 2009-11 around 12 people per year died from oral cancers.

Figure 3: Mortality from oral cancer



Source: National Cancer Intelligence Network

Oral Health Needs of people with disabilities

Disabled people are entitled to enjoy equal standards of oral health and dental care as the rest of the population however they tend to have fewer teeth, more untreated decay and more periodontal disease than the general population. Older people living in long-term care are often dependent on others for their diet, personal care and access to healthcare. Their oral health can therefore be at even higher risk. Please see the Health and Wellbeing JSA physical disability section for further information on people with disabilities.

Oral health needs of other groups in Wiltshire

There will be an increasing number of army personnel and dependent families living in Wiltshire. Appropriate NHS dental provision in line with the needs of those dependents posted across the county is required.

757 people identified themselves as from a gypsy or Irish traveller ethnic background in the 2011 Census. Studies suggest that these people will have low registration with dental practitioners and therefore unmet needs in dental health. They will need to be aware of available NHS dental services and oral health education will need to be provided as required.

Prisoners at HMP Erlestoke will have high oral health needs and varying motivation with regard to oral health self-care. The Salaried Dental Service providing dental services there will need to work closely with prison authorities to ensure that oral health is seen as an intrinsic part of the prisoners' overall health care improvement.

Please see the section on minority groups of the Health and Wellbeing JSA for further information.

Current service provision

Access to dentistry

The Oral health needs assessment quoted data from 2009 that showed that the percentage of Wiltshire's population had accessed NHS dental services in the previous 24 months was below the regional and national average. In 2009/10 the PCT (now part of Wiltshire Council) received an additional £3.1 million and with this commissioned additional dental services.

For the 2 year period up to 31 March 2013[6] 48.7% of the total Wiltshire population (230,346 patients) had accessed NHS dental services in the previous 24 months and 45.2% of adults had. These figures are still below the regional and national average.

Table 1: Change in % of total population accessing NHS dental care

	% of population seen in previous 24 months (30 Sept 2009)	% of population seen in previous 24 months (31 Mar 2013)	% point change
Wiltshire	44.9%	48.7%	3.8%
South West	53.1%	56.4%	3.3%
England	54.2%	56.1%	1.9%

Table 2: Change in % of adult population accessing NHS dental care

	% of population seen in previous 24 months (30 Sept 2009)	% of population seen in previous 24 months (31 Mar 2012)	% point change
Wiltshire	40.4%	45.2%	4.8%
South West	48.6%	52.6%	4.0%
England	50.0%	52.5%	2.5%

Cost of dental problems

The data relates to the Primary Care Trust, NHS Wiltshire which ceased to exist on 1st April 2013.2011/12 Programme Budgeting data[7] shows that NHS Wiltshire spent £6.7 million per 100,000 of the population on dental problems compared to an average of £6.5 million in similar PCTs and £6.5 for England.

What do service users / the public think?

The GP survey asks a range of questions about access to dentistry services. Patients who have not tried to get an NHS dental appointment for themselves in the last 2 years were asked why. In January to March 2012[8] the most common reasons given by Wiltshire residents were that they stayed with their dentist when it changed from NHS to private (27% compared to 26% in the South West and 19% in England) and that they prefer to go private (27% compared to 22% in the South West and 19% in England). Women in Wiltshire were more likely than men to say they stayed with their dentist when it changed from NHS to private (31% compared to 23%). Only 2% in Wiltshire said NHS dental care is too expensive (compared to 4% nationally) but 16% didn't think they could get an NHS dentist (compared to 13% nationally).

What works and what resources are there?

NICE guidance

The NICE dental recall clinical guideline[9] helps clinicians assign recall intervals between oral health reviews that are appropriate to the needs of individual patients. The recommendations apply to patients of all ages (both dentate and edentulous) receiving primary care from NHS dental staff in England and Wales. The guideline takes into account the potential of the patient and the dental team to improve or maintain the patient's quality of life and to reduce morbidity associated with oral and dental disease.

The recommendations take account of the impact of dental checks on: patients' well-being, general health and preventive habits; caries incidence and avoiding restorations; periodontal health and avoiding tooth loss; and avoiding pain and anxiety.

Delivering Better Oral Health

Delivering Better Oral Health: An evidence-based toolkit for prevention was updated in July 2009: http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102331

This document provides practical, evidence-based guidance to help promote oral health and prevent oral disease in patients. It is intended for use throughout dental care services.

Securing excellence in commissioning NHS dental services

Securing Excellence in commissioning NHS dental services focuses on commissioning the entire dental pathway as an integrated model of service delivery. http://www.england.nhs.uk/wp-content/uploads/2013/02/commissioning-dental.pdf

Dentistry statistics

The Information Centre for health and social care provides information and data on dentistry, dentists and dental payments: http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry

Challenges for consideration

The following challenges are based upon the key issues and recommendations contained in the Wiltshire Oral Health Improvement Strategy and Action Plan 2010-2015[10].

There are inequalities in dental health within Wiltshire with higher levels of tooth decay in relatively deprived areas.

Given the diverse water supply water fluoridation is not likely to be implemented in the short to medium term. Other programmes will be needed to increase fluoride use particular in high need areas.

As an increasing number of adults are retaining their own teeth and the population in Wiltshire is getting older, appropriate care must be available to deal with the more complex restorative problems of old age.

Smoking is a critical risk factor for periodontal disease and mouth cancer. Smoking reduction strategies should emphasise this point and the link between smoking and oral disease should be made clear to dental patients.

The incidence of oral cancer is rising nationally and in particular amongst males in Wiltshire. There are likely to be social inequalities in risk for oral cancer, based on lifestyle factors.

Disabled people in Wiltshire must enjoy equal standards of oral health and access to dental care as the rest of the population. Care plans must include oral health care.

Appropriate dental services need to be available for other high need groups including the dependents of military staff, gypsies/travellers and prisoners.

There are likely to be social inequalities in risk for oral cancer, based on lifestyle factors. The distribution of primary care services to identify and refer patients with pre-cancer or cancer may be uneven and should be reviewed.

Wiltshire's Oral health promotion team undertake a number of initiatives linked to national health promotion and educational objectives. The Wiltshire Council will want to ensure that these initiatives continue to have a sound evidence base of effectiveness, are targeted to the high need areas and the outcomes are evaluated.

The use of fluoride varnish in general dental practice is currently disappointing particularly in those areas with high need.

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[1] Department of Health http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358]
[2] Oral Health Improvement Strategy and Action Plan 2010-2015, NHS Wiltshire, 2010.
[3] Oral Health Improvement Strategy and Action Plan 2010-2015, NHS Wiltshire, 2010.
[4] NCIN, National cancer intelligence network
[5] NCIN, National cancer intelligence network
[6] NHS Dental Statistics for England: 2012/13. Copyright © 2012, Health and Social Care Information Centre, Dental and Eye Care Team.
[7] 2011-12 Programme Budgeting Benchmarking Tool Version 25.01.13.xls, Department of Health, 2013.
[8] GP patient survey Jan-Mar 2012, dentistry questions. url; http://www.gp-patient.co.uk/
[9] Clinical Guideline CG19. Dental Recall. National Institute for Health Clinical Excellence (NICE) October 2004. http://guidance.nice.org.uk/CG19
[10] Oral Health Improvement Strategy and Action Plan 2010-2015, NHS Wiltshire, 2010.