

## Oral Health in Oxfordshire

### Report to the Health Overview & Scrutiny Committee

5<sup>th</sup> July 2012

An Oral Health Needs Assessment was carried out from January 2010 – May 2010 and the final report was completed in September 2010. It aims to inform the delivery of oral health promotion and dental treatment services in Oxfordshire from 2011.

#### Key findings:

- Studies have shown that there are higher levels of oral disease in populations which are socioeconomically deprived. While Oxfordshire is a relatively affluent county and the majority of areas are in the least deprived quartile for England, there is 3% of the county which features in the most deprived quartile. Key wards within Oxford City and Banbury have higher levels of social deprivation and child poverty.
- Oxfordshire has an ageing population. By 2031 there could be an additional 61,500 people in Oxfordshire aged over 65, and 18,400 more people aged 85 years and over. As oral health continues to improve it is expected that by 2026, only 4% of adults will have no natural teeth. This has significant implications on dental services as more people will be maintaining teeth that have already been heavily restored.
- Key populations within Oxfordshire are at risk of poor oral health due to poor diet and nutrition, poor oral hygiene, lack of exposure to fluoride, tobacco and alcohol use and injury. Other public issues such as obesity or alcohol share these risk factors and their underlying determinants and therefore the common risk factor approach provides a rationale for linking oral health improvement into other joint strategic health improvement work and working in partnership to ensure consistent messages are relayed to the public.
- In Oxfordshire, access to NHS Dental services is improving and Mosaic data would suggest that services are addressing the needs of people who are more socially deprived. However, access for adults still lags behind other PCTs in the rest of England.
- Key population groups including older people, rural populations, children in deprived areas, certain ethnic minorities and vulnerable groups such as people with learning disabilities, drug and alcohol users and travellers continue to be at risk of poor oral health due to a number of factors including lifestyle behaviours, a lack of oral hygiene and less frequent use of dental services. Common barriers include lack of awareness of local NHS dental services or a lack of NHS services, distance to travel, language & cultural differences.
- A good range of services are now delivered in primary care and by salaried dental services, meeting the needs of a diverse range of patients and there is on-going work to develop a clinical network to ensure that treatments such as restorative dentistry, including endodontic treatment, continues to be available in primary care. GDPs and salaried services should ensure that they stress the importance of regular dental check-ups and preventative care for all and are sensitive to the cultural norms of different ethnic groups. Further work should be done to ensure that all GDPs are easily accessible to populations at risk, to reduce inequalities in oral health.

## **Ethnicity and oral health**

There is no predisposition in any particular ethnic group to better or worse oral health. However there is a link between ethnicity and socio-economic deprivation which in turn has a link with poorer oral health.

In 2007 it was estimated that around 7% of Oxfordshire's population was non-British, with Oxford having the most ethnically diverse population with 17% of people from non-white ethnic groups. Asian or Asian British and Chinese accounted for the largest non-white ethnic groups.

A mosaic profiling tool has been used to help identify which areas in Oxfordshire have higher or lower proportions of black and minority ethnic groups. Mosaic profiling of the BME population reflects the information from the National Insurance Recording System and School Census Data that the majority of the BME population in Oxfordshire is resident in Oxford, followed by Cherwell and South Oxfordshire.

More recently the main group of migrants into the PCT has been from Poland and the Slovak Republic, in the Cherwell almost half of all registrations were by Polish nationals. People from Eastern Europe may not have enjoyed the same access to dental services in their own country and consequently may experience a higher level of unmet need which potentially can place a greater burden on local dental services.

## **Population changes and Oral Health**

Oxfordshire has a steady population growth which is predicted to reach 680,000 by 2016. Oxfordshire also has an aging population with the largest growth expected to be within older age groups. The population of over 50's is predicted to rise over the next ten years by 27.5%. By 2031 there could be an additional 61,500 people in Oxfordshire aged over 65, and 18,400 more people aged 85 years and over. Projections up to 2016 show that while there will be an expansion of the over 50 year olds there will be some contraction of the population under 50.

As oral health continues to improve it is expected that a decreasing number of older adults will have no natural teeth. This has significant implications on dental services as more people will be maintaining teeth that have already been heavily restored.

For those people under 45, the likelihood of retaining not just some teeth, but a considerable number of healthy teeth through the whole of a long life, is now very high. In particular, the prospects for young adults aged 16 to 24 look better than they have ever been. For those aged over 45, the legacy of higher disease levels earlier in the life course and different patterns of dental care remain visible in the form of far fewer teeth and fewer sound teeth, but this generation still has a better outlook than their predecessors.

Population growth is not predicted to be the same across all local authority areas. Within Oxford, for example, there will be a steady growth in the number of children while in the more rural districts there are predicted decreases within this age group, more reflective of the ageing population profile.

There is predicted a large growth within the pre-school population in the central Oxfordshire area, with a 17% increase. The other two areas (north and south) should remain stable. All of Oxfordshire will see pressure on the primary school age population; a 23% increase in the central area and 10% rises in the other two areas.

## Deprivation and oral health

Studies, including local and national data have shown that there are higher levels of oral health disease in populations which are socio-economically deprived and that these patients are less likely to have a regular dentist and/or access routine dental services. Data from the Index of Multiple Deprivation shows that Oxfordshire is relatively well off on average and scores better than most places. However, distribution of wealth is uneven across the county and there are pockets of deprivation. 10 super output areas are in the 20% most deprived nationally and these areas are in Oxford City and Banbury.

Overall Oxfordshire enjoys better oral health than the rest of the country. In the 2007/2008 BASCD national dental survey 74 per cent of five year olds were caries free compared to 72 per cent in South Central Strategic Health Authority and 69 per cent in England. The average number of decayed, missing and filled teeth (measured as dmft) for Oxfordshire five year olds was 0.86 compared with averages of 1.0 and 1.1 for the SHA and England respectively. Inequalities in oral health are found, however, in the more deprived areas of Oxford City and Banbury. This survey indicated that children living in Oxford City and Cherwell Vale had higher than average levels of tooth decay than children in other areas of the county; a dmft of 1.32 and 1.2 compared to 0.63 in West Oxfordshire, 0.59 in the Vale of White Horse and 0.47 in South Oxfordshire.

## Targeted interventions

### *Prevention*

Oxfordshire PCT has a planned programme of oral health promotion which is aimed at improving oral health and reducing oral health inequalities. This is a targeted programme of activities, delivered through community and practice based schemes, which aims to give the most improvement to those groups of people likely to suffer the worst oral health.

The major determinants of oral health such as diet, smoking and lifestyle factors are also those affecting other areas of health and are best tackled using the Common Risk Factor Approach. Any public health programmes aimed at tackling, for example obesity, coronary heart disease and cancer will also address oral health problems such as dental decay, periodontal disease and oral cancer.

As well as this Oxfordshire PCT is undertaking specific oral health improvement interventions with a number of targeted groups which support the recommendations of the Oral Health Needs Assessment 2011/12

Oral health promotion programmes for children in areas of deprivation and with higher than BME population average include:-

The PCT has commissioned a dental practice in Blackbird Leys to provide a school based Oral Health Promotion and a Fluoride varnish programme. To date eight primary schools have been visited and tooth-brushing books provided alongside signposting letters to parents about accessing NHS dental services to encourage uptake.

A Community based Fluoride varnish scheme in areas of deprivation in OX4 and OX16 areas has been set up with Oxford Health FT. 4386 children across Oxfordshire have been given Oral Health advice, including the use of fluoride toothpaste, in the last year. 92% of the children in Wood Farm have been consented to take part in the Fluoride Varnish programme

and 96% in Orchard Fields in Banbury. Accreditation for Children Centres Healthy smiles programme has been awarded to North Banbury and the Leys Children Centres.

As part of the Care Home support service training has been provided to support improvement of oral health care for older people in residential settings.

Training on Oral health advice and signposting to NHS dental services has been provided to the Health Advocates team who work with ethnic minority groups.

Oral Health Promotion team have run a roadshow as part of National Smile month giving out oral health advice and signposting to NHS dental services via the dental helpline. They also attend the Oxford Gay Pride Festival, Witney Carnival, Oxford United FC on match days, Oxford Active and undertook joint visits with the Playbus to Bloxham Travellers site.

### Access

The availability and supply of dental services in Oxfordshire has been increased and targeted at areas of greatest unmet need. However the utilization of services does not necessarily reflect a health care need and demand for services is often higher in areas that have a low health need. What is important is that people are able to see a dentist when they need to and that these services are easily accessible and are available, affordable, acceptable and appropriate.

There is an important element of self- determination in service use and even in areas where the supply of dental services is excellent people may still choose not to go.

In the last year Oxfordshire PCT has continued to implement a number of initiatives to increase the availability of dental services, remove barriers, such as cost, that may stop patients accessing services and to improve information for patients who are seeking care. To support this aim a voucher scheme offering free dental check-ups to people who had not attended a dentist for more than two years not only removed the barrier of cost for some patients it also identified a high percentage of callers that were on low incomes and who were unaware that they were exempt from charges.

As of March 2012, 47.5% of the adult population in Oxfordshire saw an NHS dentist in the last 24 months, compared with England average of 52.8%<sup>1</sup>. When asked as part of the latest GP survey 97% of respondents who tried to get an NHS appointment were successful<sup>2</sup>. For those that did not try to get an NHS dental appointment this was because of a range of reasons as detailed in Table 1. below. The most common reasons for not seeing an NHS dentist stated by Oxfordshire residents were that they either preferred to see their private dentist or stayed with their dentist who opted out of NHS provision

Not needed to visit a dentist	No longer have any natural teeth	Not had time to visit a dentist	Don't like going to the dentist	Didn't think they could get an NHS dentist	On a waiting list for an NHS dentist	On a waiting list for an NHS dentist when dentist changed from NHS to private	Prefer to go to a private dentist	Find NHS dental care is too expensive	Another reason
14%	5%	2%	5%	18%	0%	21%	23%	4%	9%

Table 1.

Following Social Marketing research, that identified the need for more proactive approaches to improve dental access in areas of low take-up, Berkshire & Oxfordshire PCTs have commissioned with neighbouring PCTs a mobile dental service pilot. The service will visit the more deprived wards, also areas where there is low uptake of dental services and rural areas focusing on assessing dental needs, signposting to services and raising awareness of oral health messages.

A scheme has been offered to Care Homes to screen residents and provide dental care, particularly for those unable to attend a dental practice. 15 homes have taken part in the pilot and 242 residents have been screened to date.

Additional access has been commissioned in Carterton to support the increase in population in part due to the transfer of military personnel and their families following the closure of other air force bases. Information about how to access NHS dental services is provided by the Forces Families Welfare teams.

Additional surgery capacity has been commissioned in Bicester to accommodate the increase in the local population.

The practice in Cowley Centre has been relocated which now provides modern and expanded facilities alongside other surgery improvements have been supported using a capital grant scheme.

However, not everyone wishes to visit the dentist regularly or access dental services in the same way and some patients will only seek care when they have a problem. The 2009 Adult Dental Health Survey found that almost two-thirds (61 per cent) of dentate adults said that the usual reason they attended the dentist is for a regular check-up. Furthermore, 10 per cent said that they attended for an occasional check-up. Twenty seven per cent, however, said that they attended when having trouble with their teeth, and two per cent said that they never attended the dentist.

To meet the needs of this group of patients Oxfordshire PCT commissions both out of hours and urgent care services. In addition many practices now offer extended opening hours in the evening to improve access for patients who may have difficulty visiting the dentist during normal working hours.

Access to information is important for patients wishing to use dental services. The PCT continues to run a dental helpline which provides up to date information about practices offering NHS dental care 01865 337267. Information about NHS dental services can be found on the PCT website <http://www.oxfordshirepct.nhs.uk/local-services/dentists/default.aspx>

#### *Improving access to specialist dental services*

As more people keep their teeth for longer and as more patients access NHS dental primary care there is likely to be an impact on specialist dental services such as oral surgery and restorative dentistry. A collaborative programme across Berkshire, Oxfordshire and Buckinghamshire has reviewed the services available and where necessary redesigning services, in order to ensure there are appropriate care pathways in place for these patients in the future.

## **Collaborative working in the future.**

During the next nine months the NHS organisational architecture is changing and responsibility for commissioning dental services will rest with the NHS Commissioning Board. There will be a Local Area Team covering the counties of Berkshire, Oxfordshire and Buckinghamshire with a Dental Local Professional Network (LPN) who will guide the local strategic development of services. Dental public health consultants will be part of Public Health England.

From April 2013 Local Authorities will also have a key role in commissioning oral health promotion and epidemiology services and there are opportunities to improve oral health and reduce oral health inequalities through close working relationships with these other organisations.

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Data source

1. [http://www.ic.nhs.uk/webfiles/publications/007\\_Primary\\_Care/Dentistry/Dental\\_stats\\_11\\_12\\_q3/NHS\\_Dental\\_Statistics\\_for\\_England\\_2011\\_12\\_Q3\\_Annex\\_2\\_PCT\\_SHA.xls](http://www.ic.nhs.uk/webfiles/publications/007_Primary_Care/Dentistry/Dental_stats_11_12_q3/NHS_Dental_Statistics_for_England_2011_12_Q3_Annex_2_PCT_SHA.xls)
2. [http://transparency.dh.gov.uk/2012/06/14/dental\\_gp-patient/](http://transparency.dh.gov.uk/2012/06/14/dental_gp-patient/)