

Joint Strategic Needs Assessment 2015-2016

Executive summary

This factsheet considers the oral health of people over 65years (older people).

People are not only living longer but also retaining their natural teeth for longer into old age. Changes that can occur over time in the gum tissues expose vulnerable root surfaces to the oral environment and thus, potentially to the decay process. Therefore while older people are still at risk of dental decay, gum disease and toothwear, they are also at increased risk of developing root decay and oral cancer. The treatment needs of older people can be complex with systemic disease and medication compounding oral risk factors, such as dry mouth to make oral hygiene and treatment more difficult.

Twenty seven percent of older people in Tower Hamlets have decayed teeth, 47% bleeding gums and 55% gum disease.

In Tower Hamlets the main barriers to accessing dental services by older people are low perception of need, poor general health and difficulty in travelling to a practice. Other studies have shown that barriers to accessing services by older people include cost or 'fear of cost', fear and anxiety, availability of dental services and characteristics of the dentist.

Current programmes include a health promotion programme for older people (Still Smiling Project), a rolling programme of screening older people in nursing and residential homes, domiciliary dental services for frail elderly and a mouth cancer awareness programme.

Older people in Tower Hamlets report a good dentist/patient relationship, express confidence and trust in their dentist and report that the dentists treat them with dignity and respect.

Recommendations

- Develop an action plan to address gaps in service provision for older people
- Strengthen links with other agencies working with older people such as LinkAge Plus and Age UK Tower Hamlets use these links to implement strategies to improve oral health and increase the uptake of dental services
- Ensure an oral health input into the work of the Older People's Delivery Group and the Older People's Partnership Board
- Carry out a needs assessment for domiciliary dental services for older people that are housebound
- Continue to implement mouth cancer awareness programmes and encourage opportunistic screening for mouth cancer

1 What is oral health?

Oral health is defined as a standard of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, pain, discomfort or embarrassment and which contributes to general well-being¹. In addition to pain and discomfort poor oral health can result in disruption of family life, loss of sleep, time of work /school, loss of self-esteem and limited food choices.

¹WHO definition

2 What is the policy context?

A number of policy documents have been issued in relation to improving oral health and commissioning dental services for older people.

- The NHS outcomes framework (2014-15) includes indicators related to patients' experiences of NHS dental services and access to NHS dental services
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417894/At_a_glance_acc.pdf
- Public Health England (2014). Delivering Better Oral Health- an evidence based toolkit for prevention
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367563/DBO_Hv32014OCTMainDocument_3.pdf
- Public Health England (2014). Local authorities improving oral health: commissioning better oral health - An evidence-informed toolkit for local authorities
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBO_HMaindocumentJUNE2014.pdf
- Department of Health (2013) Securing Excellence in Commissioning NHS Dental services – guidance on commissioning dental services that are cost and clinically effective, offer patients a positive experience and improve health outcomes
<http://www.england.nhs.uk/wp-content/uploads/2013/02/commissioning-dental.pdf>
- Statutory Instrument 2012 No. 3094 : Dental Public Health functions – Section 4 Local authorities have a responsibility to 'provide, or make arrangements to secure the provision' of oral health surveys and oral health promotion and oral health improvement as part of overall population health improvement
<http://www.legislation.gov.uk/uksi/2012/3094/contents/made>
- Department of Health (2007) Valuing people's Oral Health – a good practice guide for improving the oral health of disabled children and people
http://www.sepho.org.uk/Download/Public/12757/1/valuing_peoples_oral_health%5B1%5D.pdf

3. What is the local Picture?

People are not only living longer but also retaining their natural teeth for longer into old age. Changes that can occur over time in the gum tissues expose vulnerable root surfaces to the oral environment and thus, potentially to the decay process. Therefore while older people are still at risk of dental decay, gum disease and toothwear, they are also at increased risk of developing root decay and oral cancer. The treatment needs of older people can be complex

with systemic disease and medication compounding oral risk factors, such as dry mouth to make oral hygiene and treatment more difficult. Despite their increased need, the uptake of dental care by older people is characteristically poor and unmet need may be high. Barriers to the uptake of care include a lack of perceived need, together with concerns about availability, cost and fear of cost and fear and anxiety and characteristics of the dentist^{1,2,3}.

A functional dentition is defined as having 21 or more teeth and plays an important role in eating speaking and socialising. Older people in Tower Hamlets were more likely to have a functional dentition than older people in England^{4, 5}.

Twenty seven percent of older people in Tower Hamlets had decayed teeth. White and Black older people are more likely to have decayed teeth than Asians⁴.

The presence of bleeding and gum pockets used to assess the condition of the gums and bone that support the teeth; 47% have bleeding gums, 55% moderate and 16% severe gum disease. The level of gum disease in older people in Tower Hamlets was comparable to that of older people in England^{4,5}.

Toothwear is commonly seen in older people due to attrition, abrasion or erosion; 46% had toothwear⁴.

Older people in East London who had unmet dental needs and who expressed a lack of trust in their dentist are more likely to experience poor oral health related quality of life⁵.

The oral health life-course of older people is an important influence on their perceptions of oral health and dental attendance. They consider oral health of importance and place great emphasis on their citizenship and rights of access to state funded oral health care. This raises important issues for the funding and delivery of NHS oral health care for older people⁶.

In the Tower Hamlets the main barriers to accessing dental services for older people are low perception of need, poor general health and difficulty in travelling to a practice⁴. Studies have shown that barriers to accessing services by older people include cost or fear of cost, fear and anxiety, availability of dental services and characteristics of the dentist².

Improving access to care involves actions at individual, societal and system level. The latter includes appropriate management of older people by health promotion teams and clinicians and clear information on dental charges, exemption categories and how to access services^{2,6}.

Older people are more at risk of developing mouth cancer⁸. The risk factors are alcohol, tobacco, betel nut and the human papilloma virus. The age standardised rate for oral cancer registrations per 100,000 population in Tower Hamlets is 21.5 compared to 13.5 for London and 13.2 for England⁹. The incidence rates for oral cancer vary by ethnic groups, appear to be unique to the different cancer subtypes and may reflect ethnicity related risk factors¹⁰

1. Borreani et al. (2010) Informing the debate on oral health care for older people *Gerodontology* (1) 11-18
2. Borreani Elena, Wright Desmond, Scrambler Sasha, Jennifer Gallagher (2008) Minimising barriers to dental care in older people *BMC Oral Health* 8: 7
3. National Working Group for Older People. Meeting the Challenges of Oral Health for Older People: a strategic review. *Gerodontology*. 2005;22(SI)
4. Marcenos W, Muirhead V, Wright D, Evans P, O'Neill E, Fortune F (2012) The oral health of older people in East London & the City

<http://www.dentistry.qmul.ac.uk/documents/125418.pdf>

5. Muirhead Vanessa, Marcenes Wagner, Wright Desmond. Do health provider-patient relationships matter? Exploring dentist-patient relationships and oral health-related quality of life in older people. Age Ageing. 2014 May;43(3):399-405. doi: 10.1093/ageing/aft183. Epub 2013 Nov 25.
6. Health and Social Care Information Centre. Adult Dental Health Survey 2009
<http://www.hscic.gov.uk/pubs/dentalsurveyfullreport09>
7. Borreani Elena, Jones Kate, Wright Desmond , Scrambler Sasha, Gallagher Jennifer (2010) Improving access to dental care of older people Dental Update 37: 297-302
8. Cancer research UK. Oral cancer statistics
<http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/oral-cancer>
9. Public Health England Public Health England (2015). Tobacco Profiles
<http://www.tobaccoprofiles.info/tobacco-control#qid/1000110/par/E12000007/ati/102/page/0/>
10. Donaldson et al. (2012) Oral cavity, pharyngeal and salivary gland cancer: Disparities in ethnicity specific incidence among the London population. Oral Oncology 48: 799-802

4. What are the effective interventions?

- We should encourage dental teams to give dietary advice in dental practice as this promotes good oral health¹
- We should develop oral health promotion programmes combined with skills training for carers as this can benefit older people²
- We should encourage the use of high concentration fluoride toothpaste and fluoride varnish as this can prevent or reverse tooth decay in older people³
- Where appropriate we should encourage dentists to use the atraumatic restorative technique (ART) as this is an effective method of treating root caries in older people⁴
- We should encourage dentists to carry out opportunistic screening for oral cancer for people who are at high risk⁵
- We should encourage dental professionals to deliver tobacco cessation interventions as they may be effective in helping tobacco users to quit^{6,7}.

1. Moynihan (2002) Dietary advice in dental practice .Br Dent J 193 ,563-568
2. Public Health England (2014). Delivering Better Oral Health- an evidence based toolkit for prevention
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367563/DBOHv32014OCTMainDocument_3.pdf
3. Ines N, Evans (2009) Caries prevention for older people Evidence Based Dentistry 10 (3) 83-87
4. Steele (2007) ART for treating root caries in Older People Evidence Based dentistry 8 51
5. Conway D (2006) to screen or not to screen? Evidence Based Dentistry 7 (81-82
6. Public Health England (2014). Smokefree and smiling- helping dental patients quit tobacco
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/288835/SmokeFree_Smiling_110314_F

5. What is being done locally to address this issue?

- The Still Smiling Programme is aimed at improving the oral health of older people. It is mainly targeted at people who live independently but also at family and professional carers. It involves resource support, support on accessing dental services and training for carers.
- The community dental services, part of Barts Health provides a domiciliary dental service for housebound older people
- The community dental service has a rolling programme of dental inspections in nursing and residential homes and either provides treatment or signposts older people to treatment services
- Tower Hamlets Council is implementing a programme of mouth cancer awareness activities which include community awareness activities
- Information on oral health and how to access dental services is being disseminated regularly to the various stakeholders. This includes an articles on oral health in various media outlets
- Links have been formed with the Older Peoples Partnership Board

6. What evidence is there that we are making a difference?

- The Still Smiling Programme has developed oral health promoting resources and provided training for carers of older people. The programme has developed a network with key organisations working with older people including Link Age Plus, Sundial Centre, Sonali Gardens and Age UK
- The community dental services delivered its target for inspections in nursing and residential homes
- A mouth cancer awareness programme is being delivered by the oral health promotion team and partners

7. Impact on Public Health Outcome Framework indicators

There are no Public Health Outcome Framework indicators for older people's oral health

8. What is the perspective of the public on the support available to them?

Older people living in Tower Hamlets report good dentist-patient relationship. Ninety-four percent (94%) feel that the dentists treat them with dignity and respect, 89% express confidence and trust in their dentist, 58% feel that they are involved in making decisions about their dental care and 64% say they are given enough time to discuss their oral health. This figures were however lower than those for England¹. 95.8% of older people who had tried to get a dental appointment in the previous three years were successful similar to the national figure¹.

In June 2015

- 91.8% of residents in north east London were satisfied with dental services (92.2% London, 94.1% England)²

- 82.4% were satisfied with time waiting for a dental appointment (84.7% London, 89.9% England)²

In the GP patient survey (September 2014) the proportion of residents in Tower Hamlets who tried and were successful in getting a dental appointment in the previous twelve months was 85.6% (London 91% and England 95%)³.

1. Marcenes W, Muirhead V, Wright D, Evans P, O'Neill E, Fortune F (2012) The oral health of older people in East London & the City
<http://www.dentistry.qmul.ac.uk/documents/125418.pdf>
2. NHS Business Services Authority- PCT Dental Vital Signs report –June 2015
3. NHS England GP patient survey dental Statistics July to September 2014

9. What more do we need to know?

- We need to know why uptake of dental services in older people is lower than elsewhere and what can we do to increase uptake
- We need data on age and ethnicity for people with mouth cancer
- We need more information on effective interventions in preventing dental disease and promoting health in older people

10. What are the priorities for improvement over the next 5 years?

- Develop a strategy for improving oral health of older people
- Commissioning services to increase access and reduce inequalities in oral health for people over 65 years
- Carrying out a needs assessment of domiciliary dental services and using the findings to ensure that the house bound have access to domiciliary dental services
- Reducing the incidence of mouth cancer through an awareness training and targeted screening

11 Key contacts /stakeholder involvement / links to further information

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Manny Eke – Public health programme manager (oral health)
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For general JSNA queries email: JSNA@towerhamlets.gov.uk

Other Stakeholders

NHS England Dental Commissioning Team
Public Health England

Barts Health NHS Trust
Dental School, Queen Mary University

12 Communication strategy/plan

- On-going engagement with local dental network including Local Dental Committee
- Meetings, workshops and local authority intranet
- Engagement with older people organisations

13 Crosscutting links with other JSNA topics

- JSNA Tobacco control
- JSNA cancer

Factsheet info

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Factsheet signoff

Date signed off by Senior JSNA leads	05/08/2015	Signed off by (Public Health Lead (name))	Desmond Wright	Date signed off by Strategic Group:		Sign off by Strategic Group (name):	
		Signed off by (LBTH Lead if different to above(name)):					