

Joint Strategic Needs Assessment 2015-2016

Executive summary

This factsheet considers the oral health of adults.

The possession of 21 or more natural teeth is used to define a minimum functional dentition to ensure good oral health. In Tower Hamlets 92% of adults have a functional dentition compared to 86% in England.

Thirty nine percent of adults in Tower Hamlets have decayed teeth and 77% gum disease.

Fewer adults in Tower Hamlets access dental services compared to London and England.

The public would like shorter waiting times for dental appointments, flexible opening and more information about oral health promotion programmes.

The oral health promotion team is providing training in oral health promotion for non-dental frontline staff as well as a mouth cancer awareness programme.

More information is needed on the trends in oral diseases in adults so regular repeat surveys of adult oral health are essential. Information is needed on why uptake of dental services is lower than elsewhere and the age and ethnic breakdown of people with mouth cancer.

Recommendations

- To continue to develop and implement strategies to increase access to and uptake of dental services particularly among vulnerable and adults with special care needs
- To continue to implement training programmes for front line teams that create an awareness of oral health problems and promotes self-care
- To develop clinical networks and care pathways that will ensure that dental patients receive quality care and services appropriate to their clinical needs
- To work with tobacco cessations teams to deliver smoking and smokeless tobacco cessation by dental professionals
- To work with the local authority cancer team review and enhance the mouth cancer awareness programme
- To continue to participate in the local and national dental survey programme to identify oral health needs of adults and monitor trends in oral diseases
- To carry out a review of the oral health promotion function to enable it to be in line with the new public health structure

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.

¹ WHO 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 adults.

- 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 Dental 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 adults
http://www.sepho.org.uk/Download/Public/12757/1/valuing_peoples_oral_health%5B1%5D.pdf

3. What is the local Picture?

The possession of 21 or more natural teeth is used to define a minimum functional dentition to ensure good oral health. In Tower Hamlets 92% of adults have a functional dentition compared to 91 % in London and 86% in England^{1,2}.

A high proportion of adults in Tower Hamlets have poor mouth hygiene. Good oral hygiene helps prevent the accumulation of plaque which contributes to the development of dental decay and gum disease. Daily preventive care including brushing is essential.

The oral health of adults in Tower Hamlets is summarised below:

- 39% with decayed teeth compared to 28% in London and 30% in England
- There is marked variation among ethnic groups (White 71%, Black 54%, Asian 45%)^{1,2}.
- 77% have gum disease compared to 46% in London and 45% in England
- A higher proportion of Asians (65%) have gum disease compared to the other ethnic groups (White 50%, Black 44%)^{1,2}.
- 77% brush their teeth twice a day compared to 77% in London and 75% in England
- 96% have visible debris on their teeth compared to 67% for London 66% for England.

Clinical indicators of dental problems may not directly reflect the problems people experience. Several measuring tools have been developed to provide insights into quality of life experiences of both patients and the public. One such indicator is the Oral Health Impact Profile (OHIP) which includes measures on pain, disability and dysfunction. In Tower Hamlets-

- 67% of adults with teeth reported having experienced one or more oral problems that had an impact on some aspect of their life compared to 39% for England
- The most frequently experienced problem was dental pain at 32% (30% England) followed by psychological impacts of self-consciousness or embarrassment at 21% (20% England)^{1,2}.

In a recent study of oral health in adults with learning disabilities in Tower Hamlets 46% had decayed teeth. Mouth hygiene was better than the general adult population. The main barriers to accessing dental services in this group of adults were fear, limited mobility and lack of a carer to accompany them to the clinics³.

The risk of developing mouth cancer increases with age. However the incidence of oral cancer in younger adults has been increasing in recent years. Oral cancer incidence rates have risen by a third in the last decade. This is thought to be due to heavy drinking, smoking and infection with 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 England^{4,5}.

There is convincing evidence that smokeless tobacco, often used as a component of betel quid, and betel quid without tobacco, are both strong and independent risk factors for oral cancer⁶. The levels of paan chewing in the Bangladeshi population would be expected to have significant impacts on oral health due to the association of oral tobacco and areca nut use with oral cancer. In addition, tobacco has adverse impacts on oral health⁷. Tower Hamlets has amongst the highest rates of tobacco use in the country.

The proportion of adults accessing dental services in Tower Hamlets in 2015 was 38.8% compared to 46.2% for London and 52.2% for England⁸. Compared to five years ago whilst a greater proportion of adults are accessing dental services in London and England, fewer adults are accessing dental services in Tower Hamlets.

Around 27% of adults in Tower Hamlets attend for a regular dental check-up compared to 61% for England. Around 8% never visit the dentist^{1,2}.

	Regular check-up (%)	Occasional check-up (%)	Only when in trouble (%)	Never (%)
Tower Hamlets	27	23	42	8
London	44	17	35	4
England	61	10	27	2

1. Awojobi O, Wright D et al. (2009) Oral health of adults in Inner North East London PCT Report
2. Health and Social Care Information Centre. Adult Dental Health Survey 2009
<http://www.hscic.gov.uk/pubs/dentalsurveyfullreport09>
3. Wright D, Patel R, Ward E (2010) Oral health of adults with learning disabilities in Tower Hamlets PCT Report
4. Public Health England (2015). Tobacco Profiles <http://www.tobaccoprofiles.info/tobacco-control#gid/1000110/par/E12000007/ati/102/page/0/>
5. Cancer Research UK
<http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/oral-cancer>
6. Gupta, Bhawna; Johnson, Newell (2014) Systematic review and meta-analysis of association of smokeless tobacco and of betel quid without tobacco with incidence of oral cancer in South Asia and the Pacific. *W PloS* 2014, vol. 9, no. 11, p. e113385.
7. Warnakulasuriya et al, (2002) Areca nut use: an independent risk factor for oral cancer *BMJ* 6:324 799-800
8. Health and Social Care Information Centre. NHS Dental Statistics for England 2015
<http://www.hscic.gov.uk/searchcatalogue?productid=17973&topics=1%2fPrimary+care+services%2fDental+services&sort=Relevance&size=10&page=1#top>

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 encourage tooth brushing twice daily with a fluoride toothpaste in order to prevent dental decay and gum disease in adults^{2, 3}
- We should support behavioural interventions as they contribute to dental anxiety reduction and result in improved dental attendance in adults⁴
- We should support programmes using more innovative approaches than the medical/behavioural model as they have more potential for achieving longer-term behaviour changes. The use of tailored approaches based on active participation and addressing social cultural and personal norms offer longer-term changes in behaviour compared with simple one off interventions⁵
- We should encourage adults with gum disease to use chlorhexidine mouthwashes as they are effective in improving plaque control and gum health when used as an adjunct to tooth brushing⁶
- We should encourage dentists to carry out opportunistic screening for oral cancer for adults who are at high risk⁷

- We should encourage dental professionals to deliver tobacco cessation interventions as they may be effective in helping tobacco users to quit^{8,9}

1. Moynihan (2002) Dietary advice in dental practice .Br Dent J 193 ,563-568
2. Yeung A (2007) Fluoride prevents caries among adults of all ages. Evidence Based Dentistry 8, 72-73
3. Van der Weijden, Hioe K (2005) A systematic review of the effectiveness of self performed mechanical plaque removal in adults with gingivitis J clin Periodontol. 32 : 214-228
4. Ilana Eli. (2005) Behavioural Interventions and Dental attendance. Evidence Based Dentistry 6, 46
5. Public Health England (2014) Delivering Better Oral Health- an evidence based toolkit for prevention
6. Gunsolley JC (2010) clinical efficacy of antimicrobial mouth rinses J Dent. 38 S6-10
7. Conway D (2006) To screen or not to screen? Evidence Based Dentistry 7 (81-82
8. West et al. (2004) Smokeless cessation guidelines for health professionals Br Dent J 196 (10) 611-8
9. 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_FIN_ALjw.pdf

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

- 31 general dental practices have been commissioned to provide routine dental care
- A new dental practice will soon open near the Ocean Estate
- 2 practices provide specialist care in a primary setting for people with complex gum disease
- A new service for out of hours urgent dental care is being procured. This will ensure equity of access for those who require urgent dental care
- Delivering Better Oral Health -An evidence based oral health promotion toolkit published by Public Health England is being implemented in dental practices
- The oral health promotion team runs twice yearly 'training the trainers' courses for front line staff
- A mouth cancer awareness programme is being implemented
- A dental service within Barts Health NHS Trust provides care for adults with special needs including people with learning disabilities

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

- Overall satisfaction rates for dental treatment continue to increase
- Satisfaction rates for getting an appointment with a dentist continue to increase
- Evaluation reports from the Training the Trainers programmes have demonstrated increased knowledge and confidence by frontline staff in promoting oral health and self care

7. Impact on Public Health Outcome Framework indicators

There are no Public Health Outcome Framework indicators for adult oral health

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

In June 2015

- 91.8% of residents in north east London were satisfied with dental services (92.2% London, 94.1% England)¹
- 82.4% were satisfied with time waiting for a dental appointment (84.7% London, 89.9% England)¹

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%)².

1. NHS Business Services Authority- PCT Vital Signs Report -June 2015. Data only available at NHSE Area Team Level
2. NHS England GP patient survey dental Statistics July to September 2014

9. What more do we need to know?

- Are there ethnicity differences in oral health status and the uptake of dental services in adults
- More information on the impact of oral health on the quality of life in adults
- Why uptake of dental services in adults is lower than elsewhere - what can we do to increase uptake
- More information on the oral health needs of vulnerable people such as people with mental health , the homeless and people dependent on drugs and alcohol
- Age and ethnic breakdown of people with mouth cancer

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

- To carry out a review of the oral health promotion function to enable it to be in line with the new public health structure
- To work with commissioners at NHS England, Public Health England, Dental Networks and other stakeholders to develop of an oral health promotion strategy
- To increase the number of adults who access dental services
- To reduce the incidence of mouth cancer
- To promote dental self-care in adults
- To develop dental care pathways for adults with special needs and providing training for primary care dentists to enable more people with special needs to be seen in mainstream services
- To develop a programme of workplace oral health promotion

11 Key contacts /stakeholder involvement / links to further information

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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

13 Crosscutting links with other JSNA topics

- JSNA Adult diet and nutrition
- JSNA Tobacco control

Factsheet info							
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		Signed off by (LBTH Lead if different to above(name)):					