LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

ORAL HEALTH OF ADULTS CHAPTER

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FOREWORD

The purpose of the Joint Strategic Needs Assessment (JSNA) is to:

- To improve the health and wellbeing of the local community and reduce inequalities for all ages.
- To determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- To provide a source of relevant reference to the Local Authority, Clinical Commissioning Groups (CCGs) and NHS England for the commissioning of any future services.

The Local Authority and CCGs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs. The JSNA offers an opportunity for the Local Authority, CCGs and NHS England's plans for commissioning services to be informed by up to date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, CCGs and NHS England must be able to explain why.

The Health and Wellbeing Board has agreed that the JSNA will be published in subject-specific chapters throughout a three-year time period. Chapters will be developed in line with CCG and local authority commissioning cycles. As many of the relationships required for the JSNA in Leicestershire are wide ranging, involving representation from NHS England, CCGs, Leicestershire Partnership Trust, University Hospitals of Leicester, District Councils and the voluntary sector, a JSNA Reference Group has been established. This Reference Group supports the JSNA work across the Health and Wellbeing Board. To examine the detail of the chapters, Task and Finish groups have been established to bring together local professionals, where they can share their expert knowledge on the work area being examined.

The outputs of the JSNA will include:

1. Subject-specific chapters of an assessment of current and future health and social care needs
2. An online infographic summary of each chapter available on the internet
3. An online data dashboard that is updated on a quarterly basis to allow users to self-serve

high level data requests

This JSNA chapter has reviewed the population health needs of the people of Leicestershire in relation to Oral Health in Adults. This has involved looking at the determinants of the Oral Health, the health needs of the population in Leicestershire, the impact of the Oral Health, the policy and guidance supporting Oral Health, existing services and the breadth of services that are currently provided. The unmet needs and recommendations that have arisen from this needs assessment are discussed.

Please note, the majority of indicators presented in this needs assessment are from national sources so are subject to a time lag due to the time required for data collection, data analysis and publication. Where possible, comparisons have been made to national averages and local context has been included. The term significance is used throughout the report and refers to statistical significance. This examines if the result presented is different to the national result, due to something other than chance. Most often, this is calculated using 95% confidence intervals.

EXECUTIVE SUMMARY

In Leicestershire, 264,282 adults saw an NHS dentist in the 24 months to 30 June 2017, representing 49.0% of all adults resident in the county. This is lower than the national percentage of 51.4%. Four districts in Leicestershire (Blaby, Harborough, Hinckley and Bosworth and Oadby and Wigston) have a higher percentage of the population accessing NHS dental services in 24 months than the national average throughout all age bands. Melton is the only district in Leicestershire that has a consistently lower percentage of the population accessing dental services in 24 months compared to the national average regardless of age.

The GP Patient Survey asked adults about their views on NHS dentistry between January to March 2017. Participants were asked if they had tried to obtain an appointment with an NHS dentist. Nationally just under three fifths (59%) tried to get an NHS dental appointment in the last two years. In both CCGs in Leicestershire, the percentage was higher at 60% in East Leicestershire and Rutland CCG and 63% in West Leicestershire CCG. Of those who did not try to get an appointment with an NHS dentist in the last two years, over a fifth had never tried to get an NHS appointment, specifically 23% of respondents from East Leicestershire and Rutland CCG and 22% of respondents from West Leicestershire CCG. Over half (55%) in East Leicestershire and Rutland and 41% in West Leicestershire CCG mentioned private dentistry as the reason for not trying to get an NHS appointment.

Almost two-thirds (62.7%) of adults in Leicestershire are overweight or obese. Poor diets that may result in overweight or obesity may also have an impact on oral health and levels of tooth decay Therefore services and support to increase levels of physical activity in the whole population alongside support for people to make healthier choices about the food and drink that they consume will be of paramount importance, not just for oral health.

The rate of oral cancers has increased over time, with Leicestershire following national trends. Mouth and throat cancers are linked to alcohol consumption, smoking and diet. About 30% of mouth and throat cancers are linked to drinking alcohol, with more than 60% due to smoking tobacco. Chewing smokeless tobacco and poor diet are other risk factors. This means that a substantial number of oral cancers should be considered preventable, and action to reduce smoking prevalence and alcohol consumption will have an impact on the rate of oral cancers.

Many factors affecting oral health are also linked to deprivation. More deprived groups are more likely to engage in multiple unhealthy behaviours, have poorer oral health and are more likely to be hospitalised for dental health problems. Consequently improving oral health in all adults in proportion to their oral health need will contribute to reducing health inequalities.

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1. Who is at risk?

Oral health is an important aspect of an adult's overall health status and is seen as a marker of wider health and social care issues, including poor nutrition and obesity. Poor oral health affects general health by causing considerable pain and suffering and by changing what people eat, their speech and their quality of life and wellbeing. A combination of healthy diet and practising good dental hygiene can help to ensure the population has healthy teeth and gums.

1.1. Poverty

Significant inequalities in oral health exist with children in deprived communities having poorer oral health than those living in more affluent areas. Inequalities by deprivation were also witnessed in adults in the Adult Dental Health Survey (2009).[1] In England in 2015, 16.8% of children (under 16s) were in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income). The figure for the East Midlands was 16.1% and the Leicestershire value was 10.4% which is significantly better than the England value. Within Leicestershire the proportions varied from 6.7% in Harborough to 12.0% in Charnwood and in North West Leicestershire.[4]

1.2. Tobacco

Tobacco is a known risk factor for oral cancers.[2] In England, 65% of hospital admissions (2014–15) for oral cancer and 64% of deaths due to oral cancer were attributed to smoking.[3] Oral cancer registration is therefore a direct measure of smoking-related harm. Given the high proportion of these registrations that are due to smoking, a reduction in the prevalence of smoking would reduce the incidence of oral cancer.

The proportion of the population smoking in Leicestershire was 13.5% in 2016. This is significantly better than the national prevalence of 15.5%.[4]

1.3. Alcohol

Excessive alcohol is one of the main risk factors that can cause mouth cancer with approximately 30% of mouth and throat cancers linked to drinking alcohol.[27]

In 2016/17 there were almost 2,500 admissions to hospital from Leicestershire residents due to alcohol-specific conditions. This equates to a rate that is significantly better than the national average. When examining deaths specifically due to alcohol, between 2014-16 there were 181 deaths to Leicestershire residents. This also equates to a rate that is significantly better than the national rate.[5]

It well documented the co-occurrence of unhealthy behaviours among population subgroups. In general adult populations, there is relatively strong evidence of clustering between alcohol misuse and smoking, with the strongest associations of co-occurrence and clustering of multiple risk behaviours due to occupation and education.[6] This is particularly important due to the synergistic effect of alcohol misuse and tobacco consumption.

1.4. Excess weight in adults

Whilst obesity may not be directly linked to tooth decay, an adult's poor diet in relation to their weight may also affect the health of their teeth. In 2016/17, the prevalence of overweight (including obese) among adults in adults in Leicestershire was 62.7% for Leicestershire. This is similar to the England value of 61.3%.[4]

The number of fast food outlets in Leicestershire in 2014 was 65.6 per 100,000 population. This is significantly better than the England value of 88.2 per 100,000 population. Across Leicestershire, the values ranged from 51.1 in Blaby to 76.9 per 100,000 population in Oadby and Wigston.[7]

It is well known that adults with excess weight are at greater risk of developing type II diabetes than those who are of a healthy weight. However, periodontitis (gum infection) is a common problem in patients with diabetes. The relationship between these two health issues appears bidirectional, insofar that the presence of one condition tends to promote the other.[8]

1.5. Water fluoridation

Public Health England's Water fluoridation, Health monitoring report for England 2018[9], reported the following:

- "Five-year-olds in areas with water fluoridation schemes were much less likely to experience tooth decay, and less likely to experience more severe decay than in areas without schemes.

- The chances of having a tooth/teeth removed in hospital because of decay were also much lower in areas with water fluoridation schemes.

- Children from both affluent and deprived areas benefitted from fluoridation, but children from relatively deprived areas benefitted the most.

- Dental fluorosis (mottling of the teeth as a result of exposure to fluoride, of which fluoridation schemes may contribute) at a level that may affect the appearance of teeth, was observed in 10% of children/young people examined in two fluoridated

cities. However, there was no difference between children and young people surveyed in fluoridated and non-fluoridated cities when asked about their opinion on the appearance of their teeth, taking into account concerns which have resulted from any cause (e.g. poor alignment, decay, trauma or fluorosis)."

The overall results of the analysis and weight of the evidence also showed that there is no causal association between community water fluoridation and non-dental health effects. According to a survey in 2016, Leicestershire County Council has an established community water fluoridation scheme to a very small section of the county.

2. Level of need in Leicestershire

2.1. Access to NHS dentistry

NHS England commissions all NHS Dental Services including General Dental Practice and Specialties including: Oral surgery and Oral Medicine, Orthodontics, Special care dentistry restorative dentistry and paediatric dentistry, for anyone who seeks it, regardless of where they live. A 24 month time period is used for access reporting to reflect National Institute for Health and Care Excellence (NICE) guidelines which recommend that the longest interval between oral reviews for adults should be 24 months.[10] Please note the data presented below does not take into account those who choose to access dentistry under private contract.

2.1.1. Leicestershire

In Leicestershire, 264,282 adults saw an NHS dentist in the 24 months to 30 June 2017, representing 49.0% of all adults resident in the county. Nationally 51.4% of all adults were seen by an NHS dentist in the 24 months to June 2017. In the previous year, 49.6% of adults in Leicestershire were seen by an NHS dentist in the 24 months to June 2016, lower than the national percentage of 51.8%.[11][12]

2.1.2. Districts in Leicestershire

The percentage of the population accessing dental services in 24 months has been examined at a district level between 2014/15 to 2015/16. This looks at the number of unique dental patients resident in each Leicestershire district, expressed as a proportion of the average population in 2014 and 2015, by five-year age bands.

Nationally, the percentage of the population accessing NHS dental services in 24 months increases with age between 20-24 years and 35-39 year olds. Between 2014/15 to 2015/16, 44.1% of 20-24 year olds accessed an NHS dentist in 24 months, rising to 54.3% for 35-39

year olds. A drop was witnessed at 40-44 year olds where 51.4% of the population accessed an NHS dentist. The percentage then increased throughout the age bands to a second peak at 53.3% for 55-59 years. As age increases above 75 years, the percentage accessing NHS dentistry declines, from 48.4% in 75-79 years to 35.1% in 90+ age band.

Four districts in Leicestershire (Blaby, Harborough, Hinckley and Bosworth and Oadby and Wigston) have a higher percentage of the population accessing NHS dental services in 24 months than the national average throughout all age bands. This pattern is true for Charnwood, aside from in the 20-24 year olds age-band, where the percentage is lower than the national average. This is likely to be a reflection of the student population residing in this district. North West Leicestershire has an access percentage for adults broadly similar to the national average, although has a higher access percentage in the younger age bands (20-24 to 35-39s) and the eldest age band (90+). Melton is the only district in Leicestershire that has a consistently lower percentage of the population accessing dental services in 24 months compared to the national average regardless of age.[13]

2.1.3. Small area geographies in Leicestershire

The variation in the percentage of the population accessing NHS dental services in 24 months by five-year age bands between 2014/15 to 2015/16 is presented by Middle Super Output Area (MSOA) in the corresponding Tableau dashboard, available here: https://public.tableau.com/profile/r.i.team.leicestershire.county.council#!/vizhome/AccessandActivity201415_201516NHSChoicesv1_0/AccessActivityLA?publish=yes[13]

2.1.4. Accessibility of NHS Dentistry

2.1.4.1. Accepting NHS Patients

Data examining the variation in the NHS dental practices accepting NHS patients has been collected from NHS Choices in August 2018.[14] Table 1 examines the count and percentage of NHS dental practices in Leicestershire accepting NHS patients. The table shows over half of all practices were accepting children as new NHS patients. For adults, approximately 40% of practices were accepting new adult NHS patients (including those entitled to free NHS dental care). The Tableau dashboard accompanying this chapter maps the four indicators presented in the below table by dental practice location. The dashboard is available at the following link: https://public.tableau.com/profile/r.i.team.leicestershire.county.council#!/vizhome/AccessandActivity201415_201516NHSChoicesv1_0/AccessActivityLA?publish=yes[13]

Table 1: Count and Percentage of NHS Dental Practices in Leicestershire Accepting NHS patients, August 2018[14]

	Accepting NHS patients by referral only		Accepting new adult NHS patients		Accepting new adult patients entitled to free NHS dental care		Accepting children as new NHS patients	
	Count	%	Count	%	Count	%	Count	%
Yes	15	19.5%	31	40.3%	30	39.0%	41	53.2%
No	61	79.2%	37	48.1%	38	49.4%	27	35.1%
Unknown	1	1.3%	9	11.7%	9	11.7%	9	11.7%

2.1.4.2. Facilities

Table 2 examines the count and percentage of NHS dental practices in Leicestershire by their facilities. The table shows 85% of all practices had wheelchair access and two-thirds of all practices had step free access. Just under two thirds of practices had a disabled WC whereas under half of all practices had disabled parking. The Tableau dashboard accompanying this chapter maps the facilities indicators presented in the below table by dental practice location.[14] The dashboard is available at the following link: https://public.tableau.com/profile/r.i.team.leicestershire.county.council#!/vizhome/AccessandActivity201415_201516NHSChoicesv1_0/AccessActivityLA?publish=yes

Table 2: Count and Percentage of NHS Dental Practices in Leicestershire by Facilities, August 2018[14]

		Yes	No	Unknown
Braille translation service	Count	3	58	16
	%	3.9%	75.3%	20.8%
Disabled parking	Count	36	37	4
	%	46.8%	48.1%	5.2%
Disabled WC	Count	48	25	4
	%	62.3%	32.5%	5.2%
Induction loop	Count	26	48	3
	%	33.8%	62.3%	3.9%
RNID typetalk	Count	1	58	18
	%	1.3%	75.3%	23.4%
Signing service available	Count	6	67	4
	%	7.8%	87.0%	5.2%
Step free access	Count	51	15	11
	%	66.2%	19.5%	14.3%
Wheelchair access	Count	66	7	4
	%	85.7%	9.1%	5.2%

2.2. NHS dental activity

NHS dental treatment is divided into patient charge bands depending on the level and complexity of treatment provided. Patient charge bands are associated with a Course of Treatment (CoT) as stated in Part 5 Treatment Category of the FP17. The FP17 is the form dentists complete to record NHS dental treatment for their patient. There are three standard charge bands for all NHS dental treatments:

- Band 1 course of treatment: covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if needed, and application of fluoride varnish or fissure sealant.
- Band 2 course of treatment: covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth.
- Band 3 course of treatment: covers everything listed in Bands 1 and 2 above, plus crowns, dentures and bridges.
- Urgent care is a separate Band 1 category.

2.2.1. Leicestershire

In Leicestershire, there were 359,343 CoT delivered to adults in 2016/17. Of these CoTs, 60.9% (218,919) were Band 1 treatments. CoT delivered in 2016/17 equated to 758,827 Units of Dental Activity (UDA) in adults, 9,455 fewer than the previous year.[11][12]

Aside from examinations, scale and polish was the most common Band 1 treatment provided to adults, with 102,038 CoTs delivered. This represents a 2.5% increase (99,545) from 2015/16. Aside from examinations, the most common Band 2 treatment provided to adults was permanent fillings and sealant restorations with 70,267 CoTs delivered. This represents a 4.9% decrease (73,895) from 2015/16. Radiograph(s) taken followed by crown(s) provided accounted for the most common Band 3 treatments, behind examinations, for adults in Leicestershire.[11][12]

2.2.2. Districts in Leicestershire

The number of FP17s associated within each charge band has been calculated as a proportion of the total number of FP17s, by each district in Leicestershire, between 2014/15 to 2015/16. Districts have been assigned based on patient residence recorded on the FP17. Please note, activity does not reflect the unique numbers of patients as a patient can be counted more than once if, for example, over the analysed period they have attended different contacts.[13]

Between 2014/15 to 2015/16, nationally 50.5% of CoTs in adults were Band 1 treatments. In Leicestershire, all districts had a higher percentage than the national percentage, ranging from 56.8% in North West Leicestershire to 60.5% in Hinckley and Bosworth. Nationally nearly a third (30.1%) of all CoTs in adults were due to Band 2 treatments. In Leicestershire, all districts, bar North West Leicestershire (30.3%), had a lower percentage than the national average, ranging from 25.4% in Harborough to 29.9% in Melton. Band 3 treatments in adults accounted for 7.3% of all CoTs nationally. In Leicestershire, all districts had a lower percentage compared to national, ranging from 4.7% in Hinckley and Bosworth to 5.3% in North West Leicestershire. Nationally, 11.3% of CoTs in adults were Urgent treatments. In Leicestershire, all districts had a lower percentage compared to the national percentage, ranging from 6.6% in North West Leicestershire to 9.4% in Harborough.[13]

The treatments provided as recorded on FP17s have been examined at a district level in Leicestershire. Key treatments with relevance to dental public health have been selected for this analysis. The data shows extractions were the most common treatment provided to adults, with 7.5% of FP17 claims nationally including this treatment. In Leicestershire, three districts had a higher percentage than the national for extractions treatment, these are Melton (9.3%), North West Leicestershire (7.7%) and Hinckley and Bosworth (7.6%). Harborough had the smallest percentage of all Leicestershire districts with only 5.4% of FP17 claims including this treatment.[13]

The second most common treatment provided to adults nationally was fluoride varnish with 2.6% of FP17 claims including this treatment nationally. In Leicestershire, the percentage of total treatment ranged from 1.6% in Harborough and Melton to 3.4% in Blaby and North West Leicestershire.[13]

2.2.3. Small area geographies in Leicestershire

The variation in the percentage of FP17s by patient charge band and the percentage of FP17s by treatment between 2014/15 to 2015/16 at MSOA geography is presented in the corresponding Tableau dashboard, available here: https://public.tableau.com/profile/r.i.team.leicestershire.county.council#!/vizhome/AccessandActivity201415_201516NHSChoicesv1_0/AccessActivityLA?publish=yes[13]

2.3. Patient experience

In January to March 2017, 2.2 million adults were asked about their views on NHS dentistry from the dental section of the GP Patient Survey. Participants were asked if they had tried to obtain an appointment with an NHS dentist and, if so, whether it was with a practice they had been to before and if they had been successful. They were also asked what their overall

experience was of NHS dentistry. Patients who hadn't tried to obtain an NHS dentist in the previous two years were asked to select the main reason why they hadn't tried. The results from the survey responses are presented at CCG level.[15]

Nationally of all respondents asked, just under three fifths (59%) tried to get an NHS dental appointment in the last two years. In both CCGs in Leicestershire, the percentage was higher than nationally, at 60% in East Leicestershire and Rutland CCG and 63% in West Leicestershire CCG. In both CCGs of the respondents who had tried to get an appointment in the last two years, 86% rated their NHS dental experience as positive, this is higher than the national percentage of 85%. Both CCGs also have a higher percentage of respondents who were successful in getting an appointment compared to nationally (93%) with 94% of respondents successful in East Leicestershire and Rutland CCG and 95% in West Leicestershire CCG.[15]

In both CCGs, respondents who had not been to the practice before were less successful in getting an NHS dental appointment. Younger adults and ethnic minorities also reported a lower success rate.[15]

Of those who did not try to get an appointment with an NHS dentist in the last two years, over a fifth had never tried to get an NHS appointment, specifically 23% of respondents from East Leicestershire and Rutland CCG and 22% of respondents from West Leicestershire CCG. In East Leicestershire and Rutland CCG, of those who had not tried to get an appointment[15]:

- Over half (55%) mentioned private dentistry as the reason for not trying to get an NHS appointment; 30% prefer private dentistry and 25% stayed when their dentist moved from NHS to private.
- Just over one in ten (12%) of those adults who did not try stated they had "not needed to visit the dentist" as the reason for not attending.
- 11% of the respondents who didn't try to get an NHS dental appointment gave their reason as "I didn't think I could get an NHS dental appointment".

In West Leicestershire CCG, of those who had not tried to get an appointment[15]:

- 41% mentioned private dentistry as the reason for not trying to get an NHS appointment; 24% prefer private dentistry and 17% stayed when their dentist moved from NHS to private.
- Almost a fifth (18%) of those adults who did not try stated they had "not needed to

visit the dentist" as the reason for not attending.

- 9% of the respondents who didn't try to get an NHS dental appointment gave their reason as "I didn't think I could get an NHS dental appointment".

2.4. Oral health survey of mildly dependent older people

The National Dental Epidemiology Programme for England undertook a pilot oral health survey of mildly dependent older people in 2015/16.[16] MDOP are defined as older people (aged 65 years and older) with mild dependency who live in "extra care" housing establishments. This was the first oral health survey of this population group and the method was implemented as a pilot. The key findings for Leicestershire are:

- 6.8% of participants reported having oral pain on the day of the examination, while 11.4% were found to have an open pulp, ulceration, fistula or an abscess
- 16.3% had none of their own teeth
- 1.6% of participants were considered to be in urgent need for dental care
- 3.6% needed dental care provided in their home

Over a quarter (25.5%) of participants from Leicestershire reported not seeing a dentist in the last two years. One in ten (10.6%) participants did this because they say it's difficult to get to and from the dentist whereas 9.6% of the population could not afford NHS charges. The proportion of people reporting not seeing a dentist in the last two years because they can't find an NHS dentist was 5.3%.[16]

2.5. Oral health questionnaire for Care Providers

Public Health England undertook a survey in February 2018 across Lincolnshire, Leicestershire, Leicester, Rutland and Northamptonshire examining access to oral health services from care providers and the training of staff in care providers[17]. There were 1075 questionnaires circulated across the areas and a 38% response rate was achieved. Please note, there were 176 people that did not declare the area in which they worked, therefore the responses specified from Leicestershire should not be viewed as complete as some of the responses from unspecified areas may have come from the county. The results for Leicestershire found the following:

- Of the 50 responses received from workers in Leicestershire, 38% (19) worked in residential care followed by 34% (17) who did not declare their type of care provider.

- When asked if resident/clients/service users access their own dentist or is this arranged through the care provider, 40% (20) stated they rely on the care provider to organise dental appointments. Almost a third, 32% (16) stated resident/clients/service users access their own dentist.

- When asked if residents/clients/service users need emergency dental care, where do they access this, over half, 52% (26) stated they use their usual dentist.

- Over half of respondents in Leicestershire have not experienced difficulties in getting routine dental treatment (54%, 27) and emergency dental treatment (54%, 27) over the last 12 months for any of their residents/clients/service users. However, 22% and 16% of respondents from Leicestershire stated yes to experiencing difficulties in getting routine dental treatment and emergency dental treatment.

- Only 8% (4) of responses stated there was no formal assessment undertaken by the care provider of each resident/client/service user's oral health needs on admission.

- Over a third of respondents, 38% (19), stated the service they worked at had a policy about oral care for resident/client/service user. However 30% of respondents (15) answered no to this question and 9 respondents were unsure.

- When asked if induction training is provided for staff on oral health, over a third, 38% (19) of responses stated no. Just under a third, 32% (16), stated yes and 16% (8) stated this was provided on an ad hoc basis. No response was received from seven individuals.

2.6. Antimicrobial prescribing

Antimicrobial resistance (AMR) is a global problem that leads to antibiotics no longer being effective in treating even simple infections. Dentists have a vital role to play in keeping antibiotics working by prescribing them only when necessary, and by educating patients to take and dispose of them responsibly.

Between October 2015 and March 2017, there were 160,443 antimicrobial items prescribed in dentists in Leicestershire and Lincolnshire, accounting for 7.7% of total FP17s. This is lower than the national percentage of 7.9%.[18]

In Leicestershire and Lincolnshire the top four antimicrobial items prescribed between October 2015 and March 2017 were Amoxicillin (66.7%), Metronidazole (25.7%),

Erythromycin (4.6%) and Clindamycin (0.5%). The proportion of Amoxicillin, Erythromycin and Other antimicrobial items prescribed as a percentage of all antimicrobial items in Leicestershire and Lincolnshire were higher than the national percentages of 65.5%, 3.9% and 1.8% respectively.[18]

2.7. Oral Cancer

2.7.1. Oral cancer registrations

Nationally the rate of oral cancer registrations has risen with each time period between 2007-09 to 2013-15 and in Leicestershire, the rate of oral cancer registrations has broadly followed this trend. The local rate has remained similar to the national average over time, apart from between 2011-13 and 2012-14 where the rate remained constant and was significantly better than the national rate. The latest data for Leicestershire shows there were 255 oral cancer registrations in Leicestershire between 2013-15.[19]

2.7.2. Oral cancer mortality

Over the last decade in England (between 2005-2007 and 2014-2016), the directly standardised rate of oral cancer mortality has increased from 3.7 per 100,000 population to 4.6 per 100,000 population. The trend in oral cancer mortality rate in Leicestershire has remained similar to the national rate since 2008-10, however since 2011-13 the local rate has risen with each time period, although has not increased significantly This reflects an increase in deaths from oral cancer of 62 in 2011-13 to 81 in 2014-16.[19]

3. Policy and Guidance

The government has made a commitment to oral health and dentistry with a drive to:

- Improve the oral health and reduce inequalities of the population
- Introduce a new NHS primary dental care contract, embedding a preventative focus
- Increase access to primary care dental services

The NHS Outcomes Framework[20] includes indicators related to patient's experiences of dental health services and access to dental health services

The NICE Public Health Guidance 55 (October 2014) 'Oral Health: Local Authorities and partners'[21] include recommendations:

- *Prioritising* oral health as a key health & wellbeing priority, *assessing* through an oral

health needs assessment and *promoting* oral health e.g. ensuring that all public service environments promote oral health such as free drinking water, sugar free foods, encouraging and supporting breast feeding.

- *Giving information and advice* on oral health – for examples include oral health in all health and wellbeing and disease prevention policies for children and young people such as nutrition and breast feeding and weaning practices, obesity.

Delivering Better Oral Health: An evidence based toolkit for prevention: 3rd Edition (2017)[22] summarises and provides guidance on:

- A quick guide to a healthy mouth in adults (looking after your mouth and gums, mouth cancer how to reduce your risk, looking after dental implants, visiting the dentists)
- Prevention of caries in children aged from seven years and young adults
- Prevention of periodontal disease
- Risk factor control
- Prevention of oral cancer
- Evidence based advice and professional intervention about smoking and other tobacco use
- Evidence based advice and professional intervention about alcohol and oral health
- Evidence based advice and professional intervention about healthy eating
- Advice and information on tooth brushing and fluoride

NICE Guideline Oral health for adults in care homes (2016)[23] provides guidance on oral health, including dental health and daily mouth care, for adults in care homes. The aim is to maintain and improve their oral health and ensure timely access to dental treatment.

NICE Quality Standard 139 Oral Health Promotion in the Community (2016)[24] provides a quality standard covering activities undertaken by local authorities and general dental practices to improve oral health. It particularly focuses on people at high risk of poor oral health or who find it difficult to use dental services. It describes high quality care in priority areas for improvement. It provides Quality Statements for: Oral Health Needs assessment, Oral health in care plans, routine attendance after emergency care.

PHE (2016) Local Health and Care Planning: Menu of Preventative Interventions[25] provides good practice prompts for planning comprehensive interventions. It includes oral health interventions in section 12.

Oral health: Local authorities and partners (PH55)[21] makes recommendations on undertaking oral health needs assessments, developing a local strategy on oral health and delivering community based interventions and activities.

Oral health Promotion: General Dental Practice (NG 30)[26] covers how general dental practitioners can convey advice about oral health hygiene and the use of fluoride. It also covers diet, smoking, smokeless tobacco and alcohol intake.

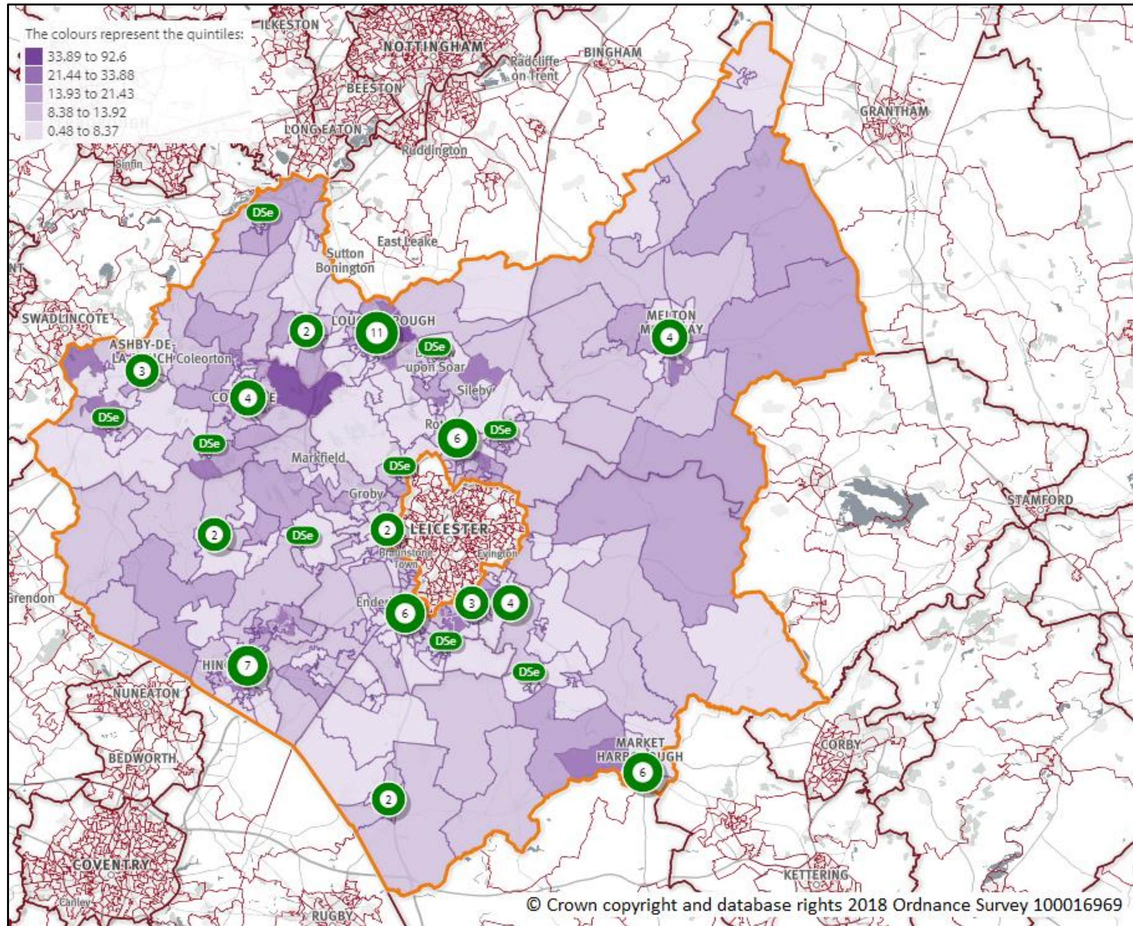
4. Current Services

Leicestershire County Council's Public Health currently commission two dental services:

- A Dental Epidemiological field work service to provide oral health epidemiological data to inform oral health programmes and NHS Dental services
- Oral Health Promotion service to increase awareness and knowledge around oral health promotion amongst the wider public health workforce, including dental practice staff, to ensure they are giving up to date and evidence based oral health messages
- The oral health promotion/healthy eating message is also included in other services including the Stop Smoking (Quit Ready service) and weight management services that are either provided or commissioned by public health

NHS England commissions all NHS Dental Services including General Dental Practice and Specialties including: Oral surgery and Oral Medicine, Orthodontics, Special care dentistry restorative dentistry. Figure 1 shows the location of NHS dental practices in Leicestershire, examined by Index of Multiple Deprivation 2015 national quintiles. The darker the colour the more deprived the area.

Figure 1: Location of dental practices in Leicestershire by Index of Multiple Deprivation 2015 National Quintiles



Please note, there are no specialist primary care sedation providers in Leicestershire and Rutland, however sedation is provided in Leicestershire by the Special Care Dental Services provider Community Dental Services Community Interest Company.

In Leicester, Leicestershire and Rutland it is provided at the following locations:

- Westcotes Health Centre, Leicester
- Merlyn Vaz Health and Social Care Centre, Leicester
- Loughborough Dental Clinic, Loughborough Hospital
- Hinckley Health Centre
- Melton Mowbray Clinic, Melton Mowbray Hospital

4.1. Unmet needs/Gaps

The rate of oral cancers has increased over time, with Leicestershire following national trends. Mouth and throat cancers are linked to alcohol consumption, smoking and diet. About 30% of mouth and throat cancers are linked to drinking alcohol, with more than 60% due to smoking tobacco.[27] Chewing smokeless tobacco and poor diet are other risk factors. This means that a substantial number of oral cancers should be considered preventable, and action to reduce smoking prevalence and alcohol consumption will have an impact on the rate of oral cancers.

62.7% of adults in Leicestershire are overweight or obese. Poor diets that may result in overweight or obesity may also have an impact on oral health and levels of tooth decay. Therefore services and support to increase levels of physical activity in the whole population alongside support for people to make healthier choices about the food and drink that they consume will be of paramount importance, not just for oral health.

Many factors affecting oral health are also linked to deprivation. More deprived groups are more likely to engage in multiple unhealthy behaviours, have poorer oral health and are more likely to be hospitalised for dental health problems.[28] Consequently improving oral health in all adults in proportion to their oral health need will contribute to reducing health inequalities.

It is important to stress the data presented in terms of access and activity for adults in Leicestershire is related to NHS dentistry only. The latest GPPS survey reports three fifths of the adult population tried to get an NHS dental appointment in the last two years, specifically 60% in East Leicestershire and Rutland CCG and 63% in West Leicestershire CCG. This means we are unable to assess the health needs of 40% of the population who do not choose to access NHS dentistry. This is a huge gap in our understanding of our population.

5. Recommendations

- Ensure that the level of provision of NHS dentists is sufficient to meet the oral health needs of Leicestershire's population
- Partnership approach to oral health promotion, to support widespread practice of optimal oral health care (as per Public Health England's Delivering Better Oral Health), and to help adults make healthier food and drink choices.
- Work towards reducing inequalities in oral health in Leicestershire adults.
- Continue to work to further reduce smoking prevalence in adults residing in

Leicestershire, including smokeless tobacco.

- Continue to work to reduce levels of alcohol consumption to lower risk levels, both to reduce risk of oral cancer, and to reduce the direct risk of tooth decay.
- Partnership approach to working with dental practices to provide them with the support to adopt an holistic prevention approach to patient care, including utilising the principles of making every contact count (MECC).
- NHS England to work on starting dental practices to participate in Anti -Microbial Resistance audit making use of the government’s Dental antimicrobial stewardship: toolkit with a view to decrease antimicrobial resistance.
- Partnership approach to increasing awareness, knowledge and skills for staff in care homes to ensure optimal oral health of residents in care homes.
- Focus on strategies that increase the levels of fluoride to the protect oral health for adults, this includes the use of fluoride toothpaste and exploring the barriers and opportunities to fluoridate the water supply
- Investigate avenues to understand the dental health needs of 40% of adult population who do not use NHS services

GLOSSARY OF TERMS

AMR	Antimicrobial Resistance
CCG	Clinical Commissioning Group
CoT	Courses of Treatment
d3mft	Decayed, missing or filled teeth
FP17	NHS dental treatment form
JSNA	Joint Strategic Needs Assessment
MSOA	Middle Super Output Area
MECC	Making Every Contact Count
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PHE	Public Health England
UDA	Units of Dental Activity

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