

# PLYMOUTH ORAL HEALTH NEEDS ASSESSMENT SUMMARY 2019



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## Overview

Despite improvements in oral health in England over the last forty years, many people continue to suffer the pain and discomfort associated with oral diseases, which are largely preventable. A healthy mouth and smile means that people can eat, speak and socialise without pain or discomfort and play their part at home and in society. Oral health is an integral part of health and wellbeing and many of the key risk factors are associated with other diseases.

The distribution and severity of oral diseases varies between areas. Unacceptable inequalities exist with more vulnerable, disadvantaged and socially excluded groups experiencing more oral health problems. As with health inequalities, oral health inequalities are not inevitable. They stem from inequalities in income, education, employment and neighbourhood circumstances throughout life, and they can be reduced. Focusing on the wider determinants of health and individual behavioural change approaches to improving oral health are necessary to achieve sustainable improvements in oral health-related behaviours. Social, environmental or economic circumstances and behaviours can adversely affect health. These factors can place vulnerable groups at high risk of poor oral health or make it difficult for them to access dental services.

## Plymouth's population

Plymouth's population has increased by nearly 12,000 people (4.7%) over the last ten years. The number of people in Plymouth aged 65+ is predicted to rise by 15,400 people (32.7%) between 2016 and 2034. With an increase in age, health and wellbeing needs increase; there is a higher burden of chronic disease, an increased susceptibility to the negative impacts of social isolation and an associated raised need for health care services, including dental services. The Index of Multiple Deprivation 2015 (IMD 2015) is the official measure of deprivation and shows deprivation in Plymouth is higher than the England average.

## Populations at particular risk of poor oral health

All age groups and populations are at risk of poor oral health even though it is largely preventable. Oral diseases such as tooth decay, gum disease and mouth cancer are increasingly concentrated in vulnerable and socially disadvantaged groups. A number of distinct population groups are particularly likely to experience poor oral health.

Looked after children are at risk of extremely poor oral health and their carers are finding it increasingly difficult to access dental services in Plymouth for their routine care, and to alleviate dental pain. Children with a disability have more decayed teeth which remain untreated and they have more frequent teeth extractions if they do receive treatment, than children without a disability.

Individuals with learning disabilities generally experience more oral disease and have fewer teeth than the general population. Physical access to dental services is a major barrier for a large number of people with learning disabilities.

Over a third of asylum seekers and refugees reported dental problems, when accessing Plymouth's Health Screening Programme between April 2016 and March 2019. There is no local data on the prevalence of oral disease in Gypsy, Roma and Travelling communities.

Poor oral health is among the most common physical health problems of people experiencing homelessness and it has an adverse effect on their quality of life and ability to move on from homelessness. There is limited local data on the prevalence of oral disease in drug misusers. There is an increased level of dental decay, tooth erosion, gum disease and oral cancer in people who misuse alcohol.

There is a growing body of evidence to support a reciprocal relationship between poor general health and poor oral health, particularly diabetes, heart disease and stroke. Smoking is linked to many oral health problems, including mouth cancer, staining of teeth, bad breath and slower wound healing.

Poor oral health has a disproportionate impact on the quality of life for older people. Mouth pain, difficulties in eating, and sleepless nights can lead to increased agitation, malnutrition and dehydration and reduced self-esteem. Maintaining oral health for people with dementia can be challenging, as a person living with dementia may lose the ability to clean their own teeth and to communicate that they are in pain.

## **Oral health in Plymouth**

In Plymouth, 21.4% of five year old children had visible tooth decay and for those children, an average of 3.6 of their 20 teeth were decayed, missing or filled. A previous survey of children's oral health across the Plymouth neighbourhoods showed that there was considerable variation, with 56.0% of five year olds in Barne Barton having visible tooth decay, whereas only 6.7% of children in Elburton & Dunstone had visible tooth decay.

There is little information available on the oral health of adults in Plymouth at present.

Oral (mouth) cancer is one of the more serious oral conditions. The main risk factors are tobacco and alcohol use and exposure to sunlight. The age-standardised incidence rate and the mortality rates for oral cancer in Plymouth are significantly higher than in England as whole.

## **Oral health improvement in Plymouth**

A new Child Poverty Action Plan has recently been developed by PCC for the three-year period 2019-22. Oral health improvement (OHI) remains a priority for the Council and one of the two priorities for the health component of the Child Poverty Action Plan is to continue to deliver the OHI programme for children. This programme includes a range of oral health improvement activities in community settings, such as supervised tooth brushing in many schools and nurseries, a Dental Buddy programme for older children and Dental Ambassador training for people with learning difficulties.

## **Primary dental care in Plymouth**

There are 22 dental practices in Plymouth which provide some NHS dental care, 10 dental practices which only provide private dental care and two orthodontic practices which provide some NHS services.

Plymouth Community Dental Service (PCDS), provides urgent dental care for people who do not have access to a general dental practice. It also provides routine dental care for children who are otherwise unable to access NHS dental care and treatment for people with additional needs or dental phobia. PCDS also hosts a minor oral surgery service and provides treatment under general anaesthetic at Derriford Hospital.

Peninsula Dental Social Enterprise (PDSE) is responsible for improving dental health in the South West through treatment, education, community engagement and training. Its dental students provide an extensive range of dental treatments, under qualified supervision.

Domiciliary NHS dental care in Plymouth and the surrounding area has been provided by Fore Street Dental Practice, Ivybridge, since 2012.

## **Secondary care dental services in Plymouth**

University Hospitals Plymouth (UHP) NHS Trust provides specialist dental care at Derriford Hospital, including Maxillofacial Surgery, Orthodontics and Restorative Dentistry. More than half of the people who receive dental care at UHP NHS Trust live in the PCC area. It also hosts some Paediatric and Special Care Dentistry provision.

## **Access to dental services**

A helpline team manages a waiting list for access to a routine NHS dental appointment. Over 11,000 adults and over 3,000 children were on the dental waiting list in Plymouth as of 1 October 2019. People living in the most deprived areas of Plymouth are twice as likely to be on this waiting list as people in the least deprived areas.

The proportion of people who accessed NHS primary dental care varies for children (67.1% of the child population), young people and working age adults (51.9%) and older people (46.0%). More deprived areas with more transient populations were associated with a lower proportion of access to NHS primary dental care. Less deprived wards with more static populations were associated with higher proportions of access to NHS primary dental care.

## Dental care activity

Dental practices report difficulties in recruiting dentists and providing the amount of NHS dental care they have been commissioned by NHS England to deliver. In 2017/18, the shortfall in delivery was over 20% of nearly 400,000 units of dental activity (UDAs) commissioned. It is estimated that 27,000 additional patients would have been able to access an NHS dentist in Plymouth if the full activity level had been reached.

Over 16,000 PDSE appointments took place at Derriford and Devonport Dental Education Facilities, treating more than 2,600 patients. 1,246 Plymouth-resident patients were seen in 2018/19, over 1,000 of whom were seen at the Devonport site. Patients seen by PDSE were twice as likely to be from more deprived areas of Plymouth, compared to the less deprived and the highest electoral ward rate was over three times higher than the lowest rate.

Over 20,000 enquiries were made to the PCDS for urgent dental care appointments in 2018/19. The number of enquiries from people living in the highest deprivation group was almost treble that for the lowest deprivation group. In 2018/19, there were 2,186 referrals to the PCDS access centre for routine children, adult special care, minor oral surgery and dental phobia services.

## Dental treatment under general anaesthetic

Despite reductions in the prevalence of tooth decay over the past forty years, substantial inequalities remain. Children from more deprived communities are far more likely to have extensive tooth decay and signs of sepsis than their peers and are at greater risk of more extreme interventions such as extractions under general anaesthetic (GA). Treatment under GA can be a traumatic experience for children and their carers, carries a risk of life threatening complications, and is disruptive in terms of time taken off school and work.

In Plymouth 623 children aged 16 years and under had a total of 3,557 teeth removed under GA in 2018/19. The highest electoral ward rate of children having teeth extracted under GA was almost four times higher than the lowest rate. The total cost to the NHS locally of this activity is estimated to be £540,625.

## Summary

Good oral health is not evenly distributed in Plymouth. People living in the more deprived areas of Plymouth experience more health impacts from poor oral health. They are more likely to need urgent dental care visits and more likely to require a general anaesthetic for dental extractions. This comes at a large cost to individuals, families and the NHS, despite tooth decay being a preventable disease. Although there are a number of primary and secondary dental services in Plymouth, waiting list and access data suggest that many people, especially those living in more deprived areas, are experiencing lengthy delays when they try to access routine NHS dental care.

There are many effective ways to keep people's teeth and mouths healthy. Plymouth has a number of oral health improvement programmes in place, particularly for children and young people. Plymouth's population would benefit from additional oral health improvement activity for people of all ages who are at increased risk of poor oral health, to reduce their experience of oral health problems in the future. People in Plymouth would also benefit from increased access to routine and urgent NHS dental care to manage existing dental problems before those problems impact upon everyday life.

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