



Kent Joint Strategic Needs Assessment (Kent JSNA)

## Kent 'Dental Health Adults' JSNA Chapter Summary Update '2014/15'

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# Kent Dental Health in Adults JSNA Chapter Update 2014

## Introduction

Oral health refers to the condition of gums, teeth, surrounding bone and soft tissues of the mouth; enabling function and being free of disease and pain. Although oral health in England has improved significantly over the past 30 years, not all have benefited from these improvements. According to the national Adult Dental Health Survey of 2009-10 one in five adults in the South East have untreated tooth decay, most of whom are likely to be from lower socio-economic backgrounds. In addition, some seven per cent of adults reported experiencing some pain from their teeth or gums at the time of the survey. A significant minority of older adults also suffer from gum disease.

Tooth decay is largely preventable. The risk factor is a frequent and high sugar diet, which is also common to diabetes and obesity. The availability of topical fluoride such as in toothpastes, varnishes and mouth rinses helps to prevent tooth decay.

NHS dental access rates for the years 2012-14 indicate that Kent has a lower rate than the South of England regional average (42% and 50% respectively). This disparity in dental access may be due to a lack of capacity, or a lack of ability to use dental services.

## Key Issues and Gaps

- a Geographical inequality in uptake of primary care dental services.
- b geographical inequality in commissioned activity per population.
- c Current available data suggests 20% of adults in the South East have active tooth decay and 25% of older adults have severe gum disease, with 7% reporting pain.
- d There is a lack of local data on dental health. National adult surveys provide data at the previous SHA level.
- e The requirement for specialist dental services needs to be reviewed. Currently there are no sedation services in West Kent and access to advanced restorative care is limited.

## Who's at Risk and Why?

Marked inequalities in oral health are evident; with people living in areas of material and social deprivation having much higher levels of tooth decay. They are more likely to have high and frequent sugar diets and less likely to brush their teeth as often as necessary. Vulnerable groups in society such as those with a learning disability and mental illness also have poorer oral health.

Other groups at risk include people in long term institutional care (such as residential homes, psychiatric hospitals and prisons), homeless people and some refugee and

asylum seeker groups. Some minority ethnic groups more likely to be living in areas of disadvantage may encounter language and cultural barriers to accessing care and advice.

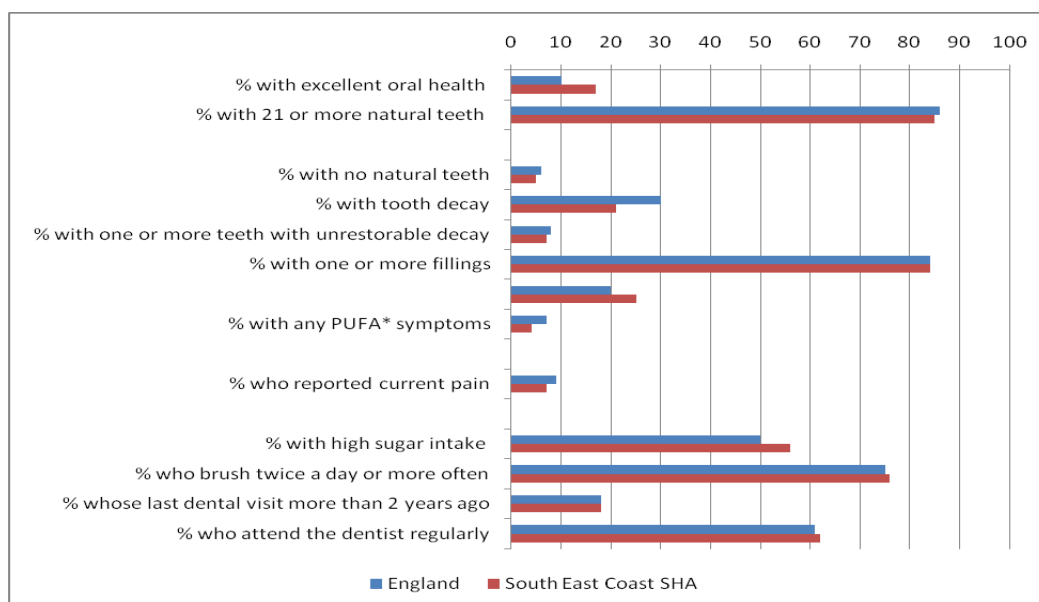
Young men from semi-skilled or unskilled manual backgrounds are less likely to use dental services in the transition from childhood to adult life. Expectant mothers and nursing mothers require special consideration. Elderly people living in residential care tend to have a poorer diet than those living in their own homes. Other vulnerable groups include people requiring palliative care and people undergoing chemotherapy, radiotherapy or a bone marrow transplant.

### **The Level of Need in the Population**

Dental need may be estimated from the latest national Adult Dental Health Survey undertaken in 2009-10. The findings indicate that oral health has improved significantly over the past few decades; for example, six per cent of adults were assessed as having no natural teeth in 2009-10 compared to 28% in 1978 (Figure 1). However, as people retain their teeth for longer, the potential for dental diseases increases and the need for maintenance can be substantial. In 2009-10, one in five adults in the South East Coast Strategic Health Authority (SHA) have active tooth decay and may need fillings, and over two in ten of those aged 55 years and older have severe gum disease that require periodontal treatment.

A significant seven per cent, compared to 10% for England, reported experiencing pain from their teeth or gums at the time of the survey. Extrapolating this to the Kent and Medway adult population suggests that some 100,000 adults are experiencing current dental pain.

**Figure 1: Oral health of adults in the South East Coast SHA compared to the England population**



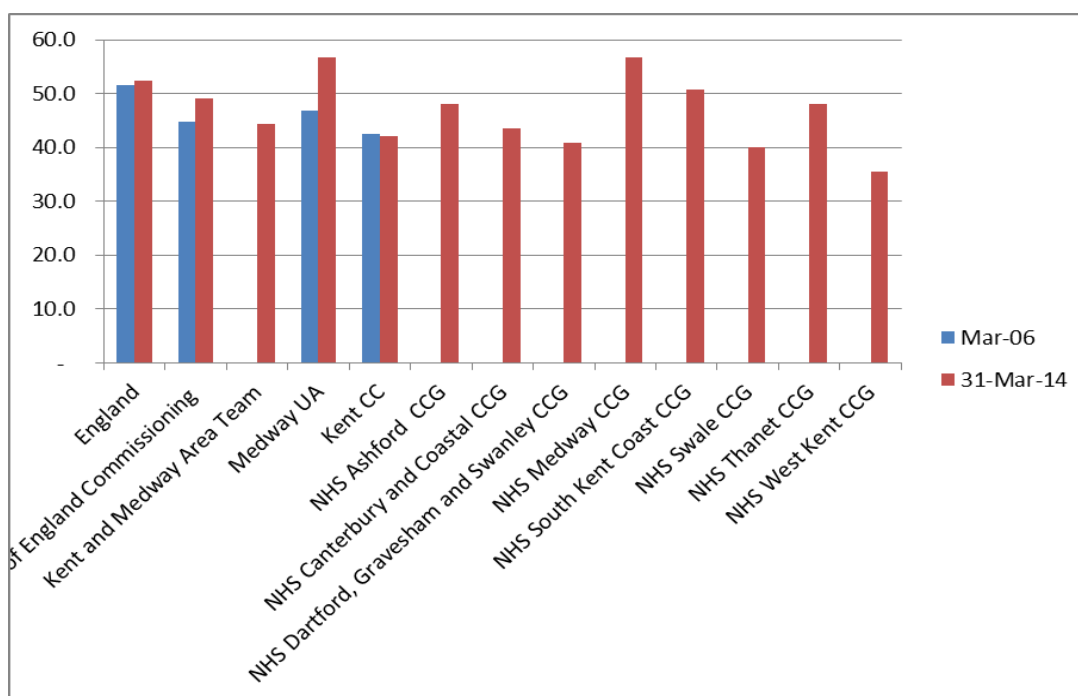
(Source: 2009 Adult Dental Health Survey). \*LOA=loss of attachment, PUFA=pain, ulceration, fistula or abscess.

### Current Services in Relation to Need

Most NHS dental services are provided in the primary care setting. Dental services are commissioned geographically but individuals may access any dentist they wish. Since the introduction of the new dental contract in 2006 primary care dental services have been procured in areas of need as identified in Oral Health Needs Assessments (OHNAs). However, across Kent and Medway the dental activity commissioned varied, which suggests an inequity in the availability of dental services may exist.

The use of dental services as measured by numbers of patients seen as a proportion of the population also suggests that there are gaps in current service provision (Figure 2). For example, NHS dental access in the KCC area is lower than in the South of England as a whole. In the 24 months prior to 31 Mar 2014, the number of patients treated in the KCC area represented 42.2% of the adult population compared to 49.9% for the South of England. Further geographical differences are also evident (Figure 2). This disparity in dental access may be a lack of capacity, or a lack of ability to use dental services.

**Figure 2: Dental access in the previous 24 months in March 2006 and March 2014 of adult residents in the South East, KCC, Medway and the clinical commissioning groups within Kent and Medway**



### Projected Service Use and Outcomes in Three-Five Years and Five-10 Years

Although oral health of adults is improving, there remain social and geographical inequalities in its distribution. Due to falling disease patterns and growing reluctance to have extractions and dentures, people are keeping their teeth longer. This may mean that there are more teeth at risk of periodontal disease and decay, and large numbers of heavily restored teeth which may need expensive long term maintenance by dental services.

In the report NHS Dental Services in England (2009), Steele recognises the difficulty accessing an NHS dentist is a localised issue but where it exists it is severe. Improving future capacity is a priority but this alone will not lead to improved access. Empowering patients with information on how to access dental services through social marketing and ensuring the services are of a high quality are also essential.

Population projections in Kent and Medway suggest a dramatic increase in the elderly population. By 2020, 21% of the population of Kent will be over 65 years, which suggests a high service need for dental care for this age group, and very likely a need for more complex maintenance care because of replacement of existing restorative work. There will be an increase in patients who are housebound or in residential care, meaning an increased need for domiciliary dental services.

## Evidence of What Works

**Valuing People's Oral Health** provides guidance on the development of services for those with a disability (Department of Health, 2007).

**Dental recall: Recall interval between routine dental examinations** provides guidance on the recall of dental attendance based on individual risk (NICE, 2004) <https://www.nice.org.uk/guidance/cg19/resources/guidance-dental-recall-pdf> Published 27/10/2004.

British Dental Association <http://tiny.cc/bv5xtx> Published 01/07/2011

Guidance: National Institute for Health and Clinical Excellence (NICE) guidelines on dental recall Published 24/03/2011

Tobacco and oral health Published 02/01/2012

Guidance: Review of clinical pathway used in dental pilot programme published Published 14/12/2012

Guidance: Dental contract pilot scheme Published 12/06/2013

Guidance: Extension to dental contract pilot scheme Published 05/10/2012

Guidance: Dental Quality and Outcomes Framework Published 09/05/2011

Clinical guidelines and integrated care pathways for the oral health care of people with learning disabilities 2012 Published 12/07/2012

NHS Dental Epidemiology Programme (NHS DEP) for England <http://www.nwph.net/dentalhealth/>

NHS dental contract pilots - clinical pathway review after one year: a report by the dental contracts pilot clinical pathway review group. <https://www.gov.uk/government/publications/review-of-clinical-pathway-used-in-dental-pilot-programme-published>

Oral healthcare for older people 2020 vision: check-up January 2012. [http://kingsfund.blogs.com/health\\_management/2012/01/oral-healthcare-for-older-people-2020-vision-check-up-january-2012.html](http://kingsfund.blogs.com/health_management/2012/01/oral-healthcare-for-older-people-2020-vision-check-up-january-2012.html)

Improving oral health and dental outcomes: developing the dental public health workforce in England. <http://tiny.cc/x55xtx>

## Unmet Needs and Service Gaps

Although oral health of adults in Kent and Medway has improved, services are needed for those with active tooth decay and older adults with severe gum disease. Additionally, dental access rates are variable across Kent and Medway. Further capacity is needed in some areas, and action is needed to promote equitable access to dental services.

The changing patterns of dental disease distribution, with older adults experiencing more disease compared to younger adults means the need for services that are appropriate for complex dental need in those who are likely to be medically compromised and unable to leave their homes because of immobility. Young adults will need prevention services in order to maintain their level of oral health. There is therefore a need to develop specialist or special care dental services in the community setting.

## Recommendations for Commissioning

- a Promote orientation of primary care dental services to focus on prevention in line with [Delivering Better Oral Health – a toolkit for prevention](#) (Department of Health, 2014).
- b Improving uptake of services by local residents through ensuring availability of accessible services and provision of information to support uptake.
- c Improving access to specialist services.
- d Promote development of an appropriate skills-mix workforce in order to meet the dental needs of the population effectively and efficiently.
- e Commission specialist sedation according to local need.
- f Develop oral health promotion initiatives for the elderly and other vulnerable adult groups.

## Recommendations for Needs Assessment Work

- dental needs of vulnerable adults
- dental need for advanced restorative care

## References

[Department of Health \(2005\). Choosing Better Oral Health: An Oral Health Plan for England London: DH Publications.](#)

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