

## 5.1.04 Oral Health

### Introduction: why is this important?

Dental health is becoming increasingly significant as people keep their teeth for longer. The impacts of poor dental health on quality of life cannot be underestimated as they affect everyday activities from smiling and eating to sleeping and communicating. The key issue for the Local Authority is to continue to promote access to NHS dentistry and oral health advice in order to:

- improve oral health
- reduce inequalities in service access
- ensure the implementation of the screening and epidemiology programmes so that the local oral health needs are understood

Oral health encompasses all dental disease and is not limited to dental decay. Gum disease, tooth wear and oral cancer are important oral diseases. Studies have demonstrated that young adults, the elderly and those of a lower socioeconomic status are more likely to experience dental caries. However, these groups do not regularly access dental services and cost can be a significant barrier to accessing these services. Prevention and early intervention to promote good oral health is key starting in childhood; see more details about these areas in the oral health section in the JSNA chapter on children.

### What do the facts and figures tell us?

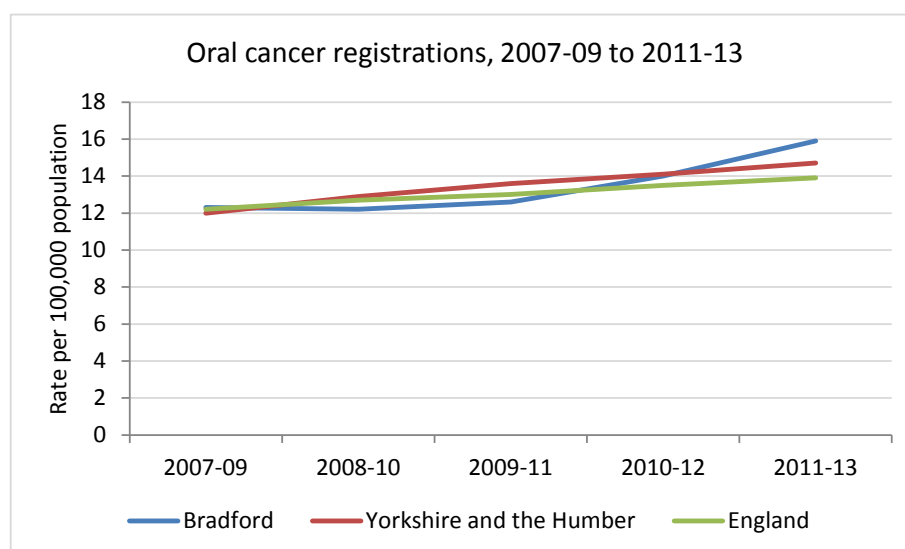
#### Patients seen by an NHS dentist

As of the June 2015 52.2% of patients aged 18+yrs had seen an NHS dentist in the previous two years, slightly above the average for England of 52.0%. This proportion has remained roughly the same since June 2013.

#### Oral cancer – incidence

Oral cancer (mouth cancer) is cancer that occurs in any part of the mouth, including the surface of the tongue, lips, inside the cheek, in the gums, in the roof and floor of the mouth, in the tonsil, and also the salivary glands. The main risk factors are tobacco, alcohol consumption and an unhealthy diet. Cancer from other areas of the body can spread and present in the mouth. Regular dental visits will allow patients to be screened for signs/symptoms of oral cancer.

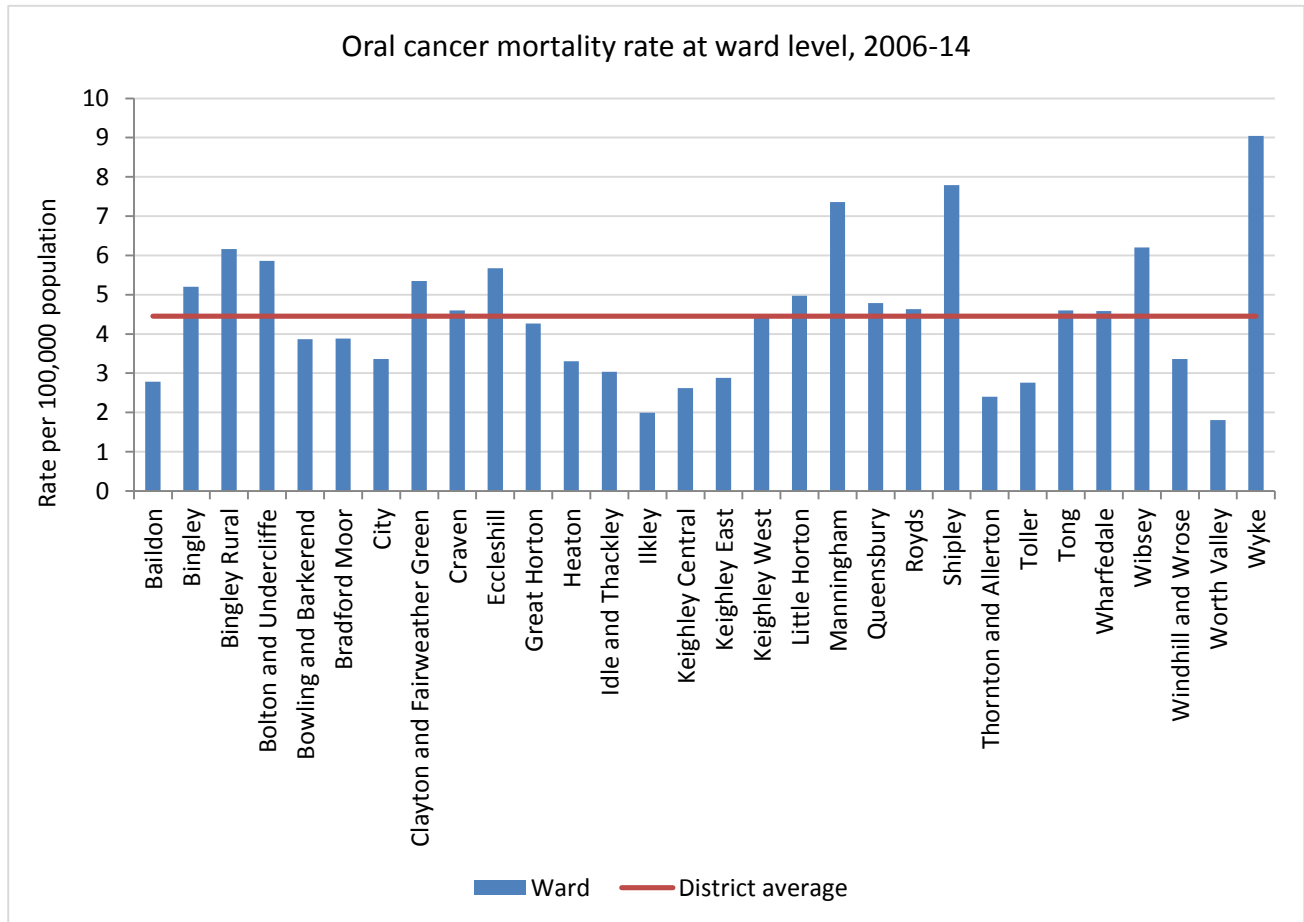
The incidence of oral cancer registrations has been slowly increasing within the district. Between 2011-13 the incidence of oral cancer was 15.9 per 100,000 population (193 registrations of oral cancer). Incidence of oral cancer within Bradford District is higher than both the average for England (13.9 per 100,000 population) and for the region (14.7 per 100,000 population).



Source: Public Health Profiles

## Oral cancer – mortality

There are on average 15-25 deaths due to oral cancer within Bradford District per year. The mortality rate for oral cancer varies across the district, with higher rates seen in wards including Wyke, Shipley, Manningham and Wibsey and lower rates seen in Worth Valley, Ilkley, Thornton and Allerton, Keighley Central and Toller.



Source: Bradford Public Health Analysis Team

## What strategies, policies and best practice have been developed locally and nationally?

NHS dental services are commissioned by NHS England, formerly known as the NHS Commissioning Board. This includes primary, community and secondary care dental services including dental hospitals and Out of Hours services.

Public Health England (PHE) works closely with NHS England to deliver dental services. They are involved in delivering the new structure at local and regional levels. Consultants in dental public health assist the local commissioning teams and local professional networks to enable improvements in dental services and reduction in health inequalities.

## What challenges have been identified in a local context?

- Although dental access has improved within the district, the challenge to maintain access for new patients still remains
- Access for vulnerable groups must be prioritised and appropriate services available

### What do our stakeholders tell us?

Patients are surveyed on an annual basis to see how successful they obtained an NHS appointment in the last two years (NHS Outcomes Framework Indicator 4.4ii). In Bradford District 89.2% of respondents successfully managed to obtain an appointment within the last two years in 2014-15. This is below the England average of 95.0% and for Yorkshire and the Humber (94.2%).

### Recommendations: What do we need to do? How do we ensure this remains a priority?

- Continuing to improve access to NHS Dentistry
- Work with NHS England to deliver Dental Public Health Outcomes
- Work with NHS England to continue to develop and implement commission strategies for prevention of oral diseases
- There is a need to manage patient's perceptions of dental access in the district through appropriate information for their needs
- Reducing oral health inequalities and achieve sustained improvements in oral health for all
- Maintain strong relationships through Health and Wellbeing Boards with NHS England Yorkshire Area team and Clinical Commissioning teams
- Building a portfolio of dental care through which our patients can receive the right balance of primary, secondary and specialist dental care, underpinned with evidence based oral health improvement
- The Local Authority should also consider oral health improvement programmes across the life course particularly for vulnerable groups such as the dependent elderly, those with special needs and the homeless

### References

The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, Statutory Instrument No.3094, Part 4: page 8.

<http://www.legislation.gov.uk/ukSI/2012/3094/made>

The NHS Outcomes Framework 2015/16 (2014) Department of Health

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/385749/NHS\\_Outcomes\\_Framework.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS_Outcomes_Framework.pdf)