DENTAL HEALTH

What’s the issue?

Dental caries is one of the most common health problems in the world, although the national adult survey conducted during 2009 showed that there has been a “continuation of improvement in younger age groups, first detected over 20 years ago, are now evident up to age 45. However, for those who do have decay or gum problems, disease can be extensive, whilst for many people in old age and older middle age, dental needs are very complex. Good health behaviours, such as regular brushing, are shown to be associated with better health and a greater proportion of dentate adults than ever before are engaging in these behaviours. The large majority of adults also indicate that they are attending the dentist at least once every two years, and do not have problems accessing the NHS dental service” [98]. Smoking increases the risk of gum disease, tooth loss and tooth discolouration [99].

“Poor oral health can affect confidence, diet and communication, and pain caused by dental caries can affect diet, sleep and lead to absence from work. Poor dental health does not just affect teeth, but is also linked to other serious problems with gum disease increasing the risk of stroke, diabetes, heart disease, and rheumatoid arthritis. It is thought the body over-reacts to the bacteria that is caused from plaque build-up, and that this enters the bloodstream and causes damage to blood vessels over a long time period” [100]. A dental check-up can also highlight other serious medical conditions and diseases such as oral cancer.

One factor that will make the biggest differences to people’s oral health is using appropriate levels of fluoride as it can strengthen tooth enamel making it more resistant to tooth decay and reduces the amount of acid that the bacteria on teeth produce. Fluoride occurs naturally in many foods and is present in water supplies (and is sometimes added to drinking water). It is also added to toothpaste and can be applied to teeth as varnishes or gels. Adding fluoride to water has shown to reduce tooth decay by 40-60% [101].

Looked after children and people with learning disabilities tend to have worse dental health, although there is no specific data on these groups.

What’s our situation?

For 2015/16, Hull has a relatively high number of dentists per population with 57 dentists per 100,000 population, and this increased by 13 dentists from 134 dentists in 2011/12 to 147 dentists in 2015/16 [102]. It is not known how many residents of neighbouring East Riding of Yorkshire use dental services in Hull, but it is likely that a sizeable proportion do so. Based on the local adult Health and Lifestyle Survey 2011-12 [63, 102], around 70% of men and 76% of women had seen a dentist within the last two years. From the local Young People Health and Lifestyle Survey 2016 [86], over four fifths of pupils had visited the dentist in the last 6 months, with 92% having been at some time in the past year (and 96% in the last two years) [102]. From the GP patient survey (January to March 2016) [103], 96.7% of patients who had tried to get an NHS dental appointment within the last year had been successful. The majority were satisfied with their overall experience of NHS dental services with 56% rating the service as ‘very good’ and a further 33% as ‘fairly good’. One in twenty rated their experience as ‘fairly poor’ (3%) or ‘very poor’ (2%). In the most recent dental survey among 5 year olds conducted during 2014/15 [104], Hull children have relatively high levels of tooth decay with 1.55 decayed, missing or filled teeth (0.84 for England and 1.01 for regional average) and 38% had at least one tooth that was decayed, missing or filled (England 25% and regional average 29%) [26, 82, 102].

For more detailed information, see the JSNA Toolkit: Dental Health report.
What are the strategic needs?

Partnership working between the local authority, NHS England, Hull CCG, Public Health England, the local authority’s recently established Oral Health Advisory Group, local dental providers and other key stakeholders should underpin development of dental commissioning and oral health improvement strategies to ensure that local people’s oral health needs are met. This should be based upon national evidence-based guidance.

Parents and carers should ensure they start good oral hygiene routines with their children as soon as their infants get their first teeth, and that these routines continue throughout childhood and into adulthood with regular dental check-ups. Ensure that parents and carers know the effects of leaving a baby with a bottle of milk or fruit juice, and the effects of sugary foods and drinks on tooth decay. Ensure that people have appropriate levels of fluoride (whether this is through toothpaste, tooth varnishes or gels, or fluoridation of the water). Ensure that everyone who needs it has access to good NHS dental services, and that residents understand the value of having regular check-ups. There should be support for prevention-orientated NHS dental services. It is necessary to explore equity of access and barriers to NHS dental services particularly for people from more vulnerable groups.

References