Oral Health in Wirral: briefing paper

Wirral Intelligence Service (Public Health)

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The purpose of this briefing is to provide an overview of oral health in Wirral. National evidence suggests access and dental health are declining, especially in children and young people, with the number of dental extractions increasing year on year. This briefing note provides a Wirral position and compares (where possible), the local position with regional and/or national situation.

Contents

Background

Many risk factors for oral health such as poor diet, smoking and alcohol are also risk factors for poor general health. Consequently, supporting and promoting oral health will also effectively help people care for their general health.

Oral and dental diseases are widely prevalent, and whilst oral health has improved in recent decades in England, most people are at risk of developing some oral disease during their lifetime. The most common diseases are dental caries and periodontal diseases, with oral cancer being the most serious and tooth wear an increasing concern.

The impact of oral disease (most notably dental caries) includes pain, days lost from work and school and adversely affects people's quality of life.

Within healthcare generally, there is a drive for greater emphasis on prevention of poor health and reduction of inequalities by providing advice, support to change behaviour and application of evidence-informed actions from birth and across the life course. Effective self-care, together with professional support, is important for good oral health. It is vital that health professionals (particularly dental care staff, but other healthcare staff also), provide consistent messages that are up to date, and based on the best evidence.

Dentistry in England

NHS dentistry provides treatment that is clinically necessary to keep mouths, teeth and gums healthy and free of pain and includes primary, community, secondary and tertiary dental services. In 2021/2022 the NHS contribution to dentistry was about £2.3 billion [7]. NHS Dentistry services use a 'contractor' model of care, which means that almost all NHS primary care services are delivered by independent providers contracted to the NHS.

Around three-quarters of the dental providers in England (there are around 11,000 in total) hold contracts to provide NHS services. Dental providers who have a contract to provide NHS funded dental services can also offer private treatment to their patients. There is no national registration system in dentistry like there is in general practice, but all dental practices must be registered with the Care Quality Commission.

Strategic position

From 2013 to March 2023, NHS England was responsible for commissioning primary and secondary dental care in England. From April 2023, integrated care boards (ICBs) took over responsibility for commissioning primary, secondary and community dental services.

The change from NHS England to ICBs is intended to enable commissioning and provision of dental care that meets the needs of local populations and address inequalities in oral health and in access to care. Local commissioners will use national commissioning standards and guidance to assess local need, set a minimum standard for services and ensure outcomes and quality measures are included in service specifications and contracts.

Locally, a Cheshire and Mersey Oral Health Steering Group was established and met for the first time in September 2023 with the following aims (across the life-course):

- Enable the development of a system-wide approach to reduce oral health inequalities
- Provide oversight and opportunities for joint working and economies of scale
- Consider national guidance and frameworks and how they may be interpreted locally
- Share good practice and challenges to help formulate a solution-based approach for tackling issues related to oral health improvement and access to dental services
- Support scoping exercises and the development of evidence-based actions
- Help keep stock of the changing landscape and the ICB transformation agenda.

Insight

There are several sources of data relating to oral health in England currently, most relate to children and young people. The Dental Public Health Epidemiology Programme for England (NDEP) for example, is an oral health survey of 5 year old children, which is usually conducted biennially; the latest results are for 2022.

The other main source of dental data is the NHSBA (NHS Business Services Authority) data on dental treatment in those aged 0-17 and provides some additional data which shows lower geographies (e.g., Wirral ward).

Dental Health in children

The Public Health Epidemiology Programme for England (NDEP) is a series of standardised and national surveys of the oral health of 5 year old children in England that are conducted to standards set by the British Association for the Study of Community Dentistry (BASCD); there have been six surveys so far. OHID (formerly PHE) has responsibility for coordinating the surveys in England which result in comparable data for use by local and national government and the NHS. The latest survey was completed during the 2021/22 academic year.

Wirral was not included in the survey prior to the latest round in 2021/22 (the 2019 survey), meaning the last time data was available at Wirral level prior to 2022, was 2015. Consequently, the most current data for 2021/22 (see below) has been compared to 2015 for context and trend. In 2021/22, this involved using data from 266 Wirral children and showed that in Wirral, each child aged 5 had on average 0.8 dmft (decayed, missing, or filled teeth) at age 5. See **Table 1**.

Table 1: Comparison of prevalence of dental decay in 5 year olds in Wirral, Sefton (near statistical neighbour), North-West & England, 2015 and 2022

Year	Area	Average number of d3mft	% children with decay experience
2015	*Wirral*	*1.2*	*32.9*
	Sefton	0.6	22.7
	North-West	1.3	33.4
	England	0.8	24.7
2022	*Wirral*	*0.8*	*29.3*
	Sefton	1.2	32.6
	North-West	1.2	30.6
	England	0.8	23.7

Source: OHID, Public Health Epidemiology Programme for England (NDEP), 2023

As **Table 1** shows, in 2015, 5 year olds in Wirral had on average 1.2 decayed, missing, or filled teeth recorded; by 2022 this had fallen to 0.8, which is the same as the England average. By contrast, in Sefton (our near statistical neighbour), the dmft average had risen from 0.6 in 2015 to 1.2 in 2022.

England overall had stayed the same (0.8 in both years), while the NW overall fell from 1.3 to 1.2 over the period.

As well as the mean (average) number of dmft per child, **Table 1** also shows the overall % of children who have any signs of obvious decay. For Wirral in 2015 this was 32.9% of children (or 1 in 3). By 2022, this had reduced to 29.3% of 5 year olds. Despite the fall between the two time periods, it remains the case that Wirral has a higher percentage of 5 year olds with obvious decay than England overall (and this was also the case in 2015).

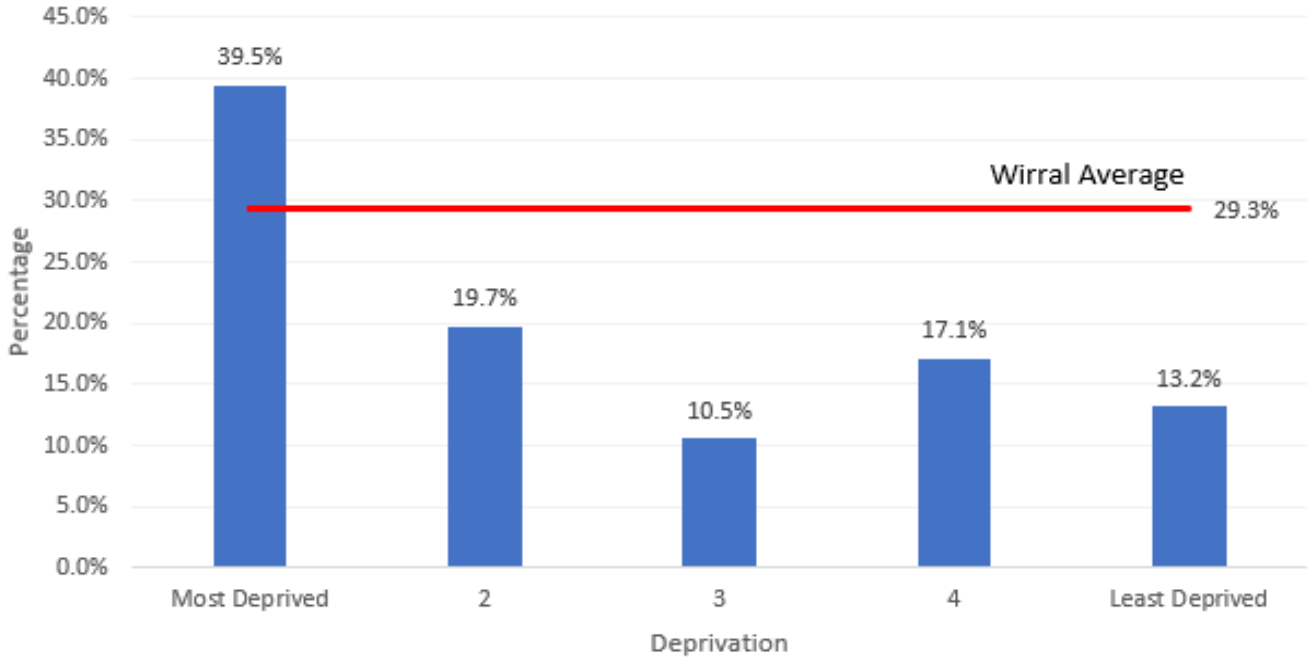
Wirral had a higher % of children with obvious decay than our near statistical neighbour Sefton in 2015 (32.9% vs 22.7%), but a lower proportion in 2022 (29.3% vs 32.6%).

In numbers, based on the proportion of 29.3% (based of the 2022 sample), this equates to around 1,070 children (aged 5 years) in Wirral likely to have obvious signs of decay experience. Back in 2015 when the dmft percentage in Wirral was higher at 32.9%, it is likely that around 1,240 children aged 5 year olds would have had signs of obvious decay.

As mentioned above, it is well evidenced that oral health is subject to significant inequalities. **Figure 1** below shows the percentage of 5 year old children with obvious signs of decay by deprivation quintile in Wirral. As **Figure 1** shows, decay appears highest the most deprived 20% of the Wirral population, compared to all the other quintiles.

Interestingly, Quintile 3 has the lowest percentage of children with any decay, at 10.5%, compared to 39.5% of children in Quintile 1 (most deprived).

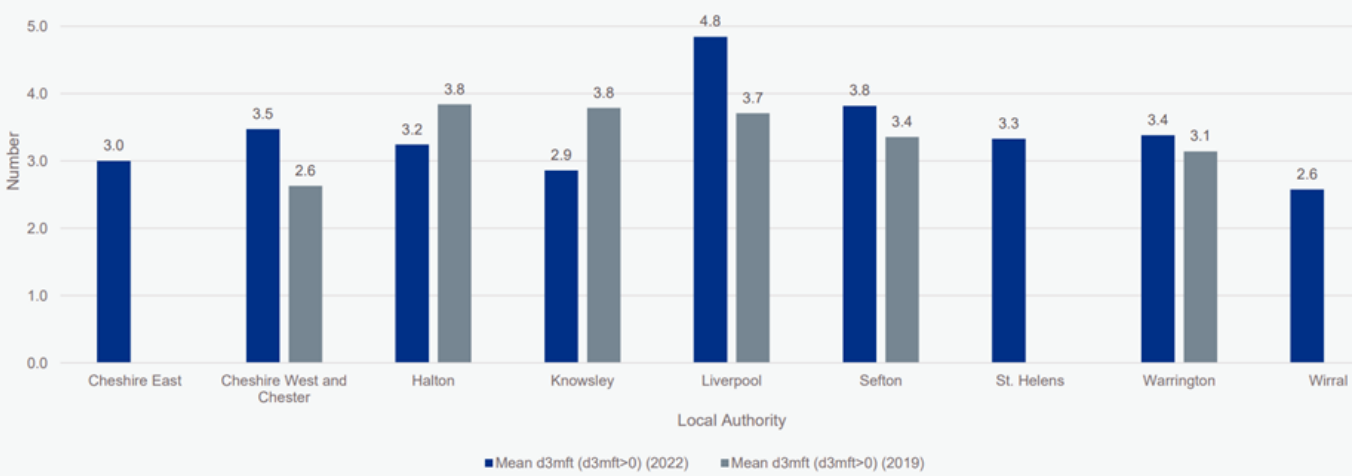
Figure 1: Percentage of 5 year old children in Wirral with dmft in 2022, by deprivation quintile



Source: OHID, Public Health Epidemiology Programme for England (NDEP), 2023

Figure 2 below show the average *number* of decayed, missing or filled teeth (dmft), in the roughly one in three Wirral children who had any sign of obvious decay, in Wirral compared to other Cheshire & Merseyside comparators.

Figure 2: Average number of decayed, missing or filled teeth (dmft) among those 5 year olds with any signs of obvious decay; comparison of 2022 and 2019

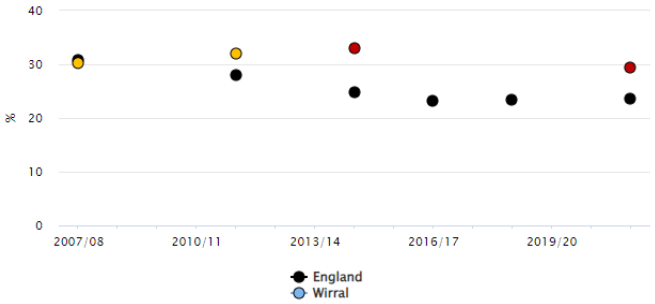


Source: OHID, Public Health Epidemiology Programme for England (NDEP), 2023
*Wirral, Cheshire East & St. Helens did not take part in the 2019 survey

As **Figure 2** shows, in 2022, children aged 5 in Wirral who had any form of obvious decay, had the lowest number of teeth affected of all the LAs in Cheshire & Merseyside, with an average of 2.6 teeth affected. Liverpool had the highest, with each child who had any form of decay, having on average, 4.8 teeth affected. Children in near statistical neighbour Sefton had on average, 3.8 teeth affected.

Figure 3 below is taken from the Public Health Outcomes Framework and shows the longer trend data from the Dental Public Health Epidemiology Programme for England for Wirral and England.

Figure 3: Trend in percentage of 5 year olds with experience of visually obvious decay (decayed, missing, or filled teeth), England, and Wirral, 2008/08 to 2021/22



Recent trend: Could not be calculated

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2007/08		-	30.2%	27.8%	32.7%	38.1%	30.9%
2011/12		-	32.1%	26.0%	38.2%	34.8%	27.9%
2014/15		-	32.9%	26.4%	39.5%	33.4%	24.7%
2016/17		-	*	-	-	33.9%	23.3%
2018/19		-	*	-	-	31.7%	23.4%
2021/22		-	29.3%	24.2%	35.1%	30.6%	23.7%

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five year old children (Biennial publication - latest report 2022) https://www.gov.uk/government/collections/oral-health#surveys-and-intelligence:-children

Source: Public Health Outcomes Framework, 2023

Other demographic information (e.g., sex) is unavailable from the Dental Public Health Epidemiology Programme for England data, other than LSOA (Lower Super Output Area) of residence which enabled deprivation analysis.

Dental Health in adults and older adults

Good oral health is an essential component of active ageing; social participation, communication and dietary diversity are all impacted when oral health is impaired [6].
Significant gains in oral health have been made in the last 30 years and the majority of older people now retain some natural teeth. Increasing age means a higher likelihood of increased risk of dental disease however and compounding this increased risk, older people are more likely to have general health complications that make treatment planning more difficult and may require modification of services [6].

In addition, household resident older people may not be able to easily access routine dental services due to functional limitations, transport difficulties and multiple long-term conditions. Coupled with this, as more people are keeping their teeth for longer the range of dental treatment required will be more complex than in the past and is more likely to demand the facilities of a dental surgery. This changing demographic picture makes identifying and accessing those who need preventive services and treatment more complex, and a whole-systems approach is required [6].

In 2015, Public Health England (now OHID, the Office for Health Improvement & Disparities) published a report which compiled and collated data from existing national, regional and local surveys of oral health in older people along with social, demographic and health data to provide a summary of what is already known about the current and future oral health needs of older people in England (and Wales) [6]. The results of the survey indicated that:

- The majority of the information on oral health in older people relates to the minority of older people who live in residential and nursing care homes; little is known about the much larger and increasing proportion of older people who are living independently at home or being cared for by friends, family or formal carers [6]; more information is required on the oral and general health of the household resident older population [6]
- Older adults living in residential and nursing care homes were more likely to be edentulous (have no natural teeth) and less likely to have a functional dentition
- Untreated caries is higher in the household resident elderly population than in the general adult population and older adults living in care homes have higher caries prevalence still (the majority of dentate residents had active caries)
- Signs of severe untreated caries were more common in the oldest age groups across all settings and current pain was also slightly higher than in the general adult population
- Periodontal disease was most common in the age groups of 65 to 84
- Older adults were less likely to rate their oral health as good, and appear to have poorer oral health related quality of life than the general adult population
- Care home managers experience much more difficulty in accessing dental care for their residents than household resident older adults do
- For older adults living in care homes, dental services were patchy and often no regular or emergency dental care arrangements exist; this was highlighted as especially worrying, considering that approximately half of residents in care homes would find it difficult or impossible to receive emergency treatment in a general dental practice due to medical or psychological complications

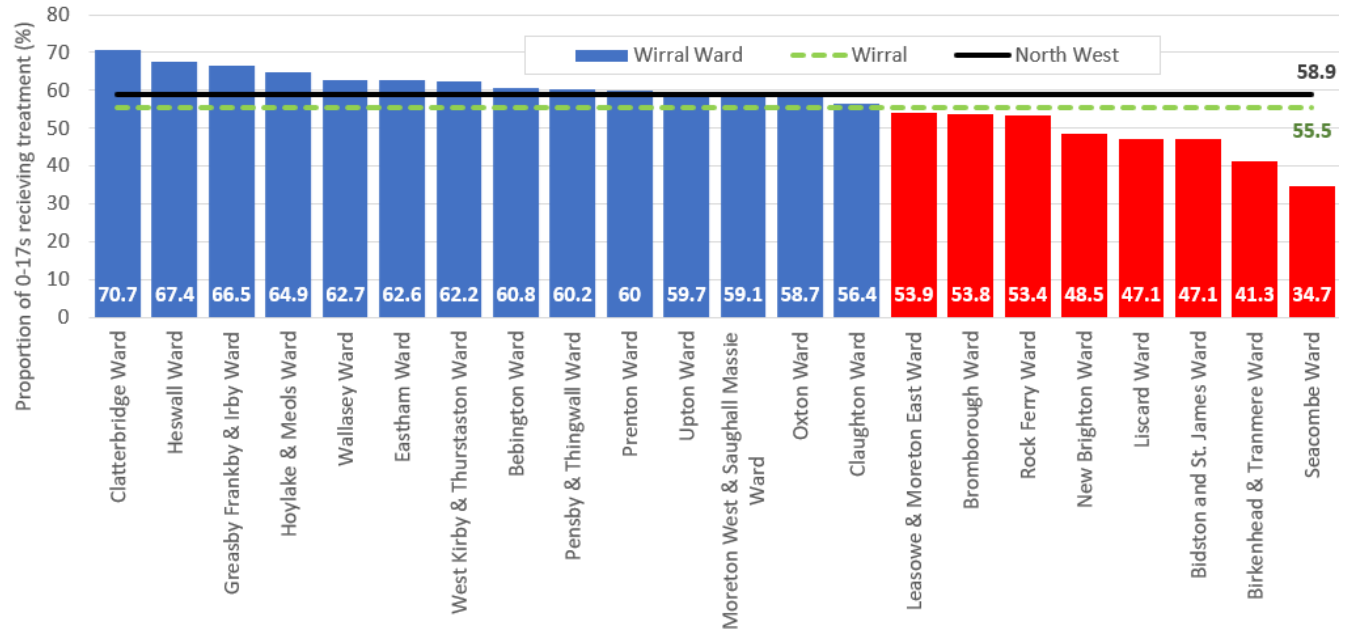
- Little is known about access to services for the increasing numbers and proportions of older people receiving care at home services; this type of care is predicted to increase further as government policy aims to support people to live in their own homes for as long as possible
- Oral health policies, oral health needs assessments, staff training on oral health care and a system to ensure oral hygiene support is received are all more common in residential and nursing care homes than in care at home services and hospitals with inpatient facilities
- Oral health needs assessments and staff training focus mostly on presence of teeth and dentures, and oral hygiene or denture cleaning skills. What is less common and required, is training on the recognition of urgent problems in residents and how to access urgent or emergency dental care
- Dental services for older people must be more integrated within the wider health and social care landscape. Developments in training, information sharing, and referral pathways are necessary to achieve this [6]
- According to PHE (now OHID), in order to develop holistic patient-centred services, varying levels of prevention and care need to be available as part of the same care pathway; this may mean a service providing domiciliary care for routine prevention and simple treatments, plus access to mobile dental surgeries, transport and multi-specialist centres for more complex treatments [6]
- Increasing integration with general medical and social services for older adults would mean that patients with progressive long-term conditions could receive a dental assessment and treatment plan when their long-term condition is diagnosed [6]. This would allow a proactive approach to ensure the patient is dentally healthy before their general health makes treatment provision difficult and would facilitate earlier access to dental staff with experience of providing dental care for older adults and knowledge of the complexities involved

Dental treatment data

The data in **Figures 4** and **5** is provided by the NHS Business Services Authority (NHSBSA) and shows two indicators of NHS dental care for children and young people aged 0 to 17; the proportion of 0-17s who saw a dentist at all during 2022/23 and the proportion of 0-17s who required urgent treatment during the same time period.

NHSBA estimate that 53% children aged 0 to 17 years living in England received NHS general dental treatment in 2022/23 (excluding orthodontics). The proportion receiving treatment overall was lower among Core20 children than non-Core20, while there was a higher proportion of Core20 Children receiving urgent treatments to address oral health problems, decay, or fillings. This also appears to be the case in Wirral, see **Figures 4 and 5** below.

Figure 4: Proportion of 0-17s in Wirral who saw a dentist in 2022/23, by ward and other comparators

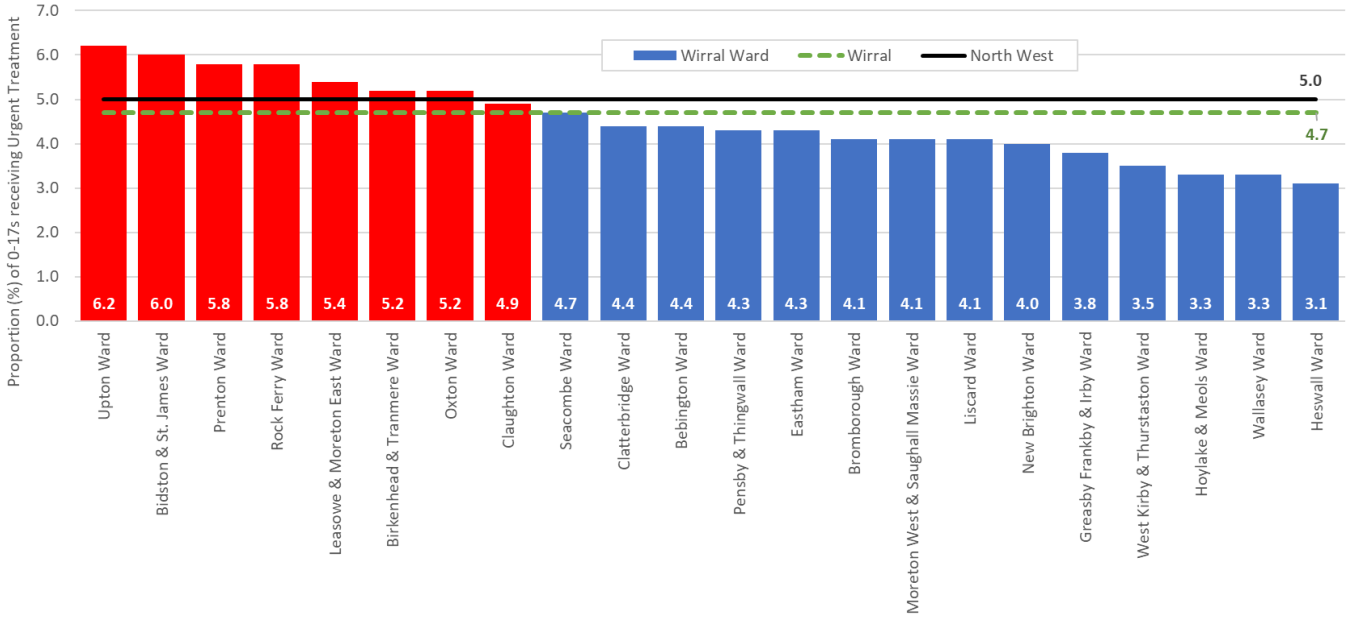


Source: NHS Business Services Authority (NHSBSA), NHS Dental Statistics for England, 2022-23 (2023)

As **Figure 4** shows, the most deprived wards in Wirral had the lowest proportion of children aged 0-17 who had seen a dentist in 2022/23, while the more affluent wards had the highest proportions. As **Figure 4** also shows, both Wirral (55.5%) and the North-West (58.9%) overall had a slightly higher proportion of children aged 0-17 who had seen a dentist than was the case in England overall (53%).

Figure 5 below shows the proportion of 0-17s in Wirral who received urgent treatment in 2022-23, by ward.

Figure 5: Proportion of 0-17s in Wirral who received urgent treatment in 2022-23, by ward



Source: NHS Business Services Authority (NHSBSA), NHS Dental Statistics for England, 2022-23 (2023)

Figure 5 shows that overall, 4.7% (or 1 in 20) of all 0-17s in Wirral required urgent treatment in 2022/23, compared to 5% in the North-West overall (also 1 in 20).

The overall figure, however, hides large variations in urgent treatment rates, with children from the deprived wards far more likely to have required urgent treatment, compared to children living in the more affluent wards of Wirral. This is a reversal of the picture for seeing a dentist at all.

Oral cancer

Oral cancer, can affect any part of the mouth, including the gums, tongue, inside the cheeks, or lips. Anyone can get oral cancer, but the risk increases with age and other risk factors such as:

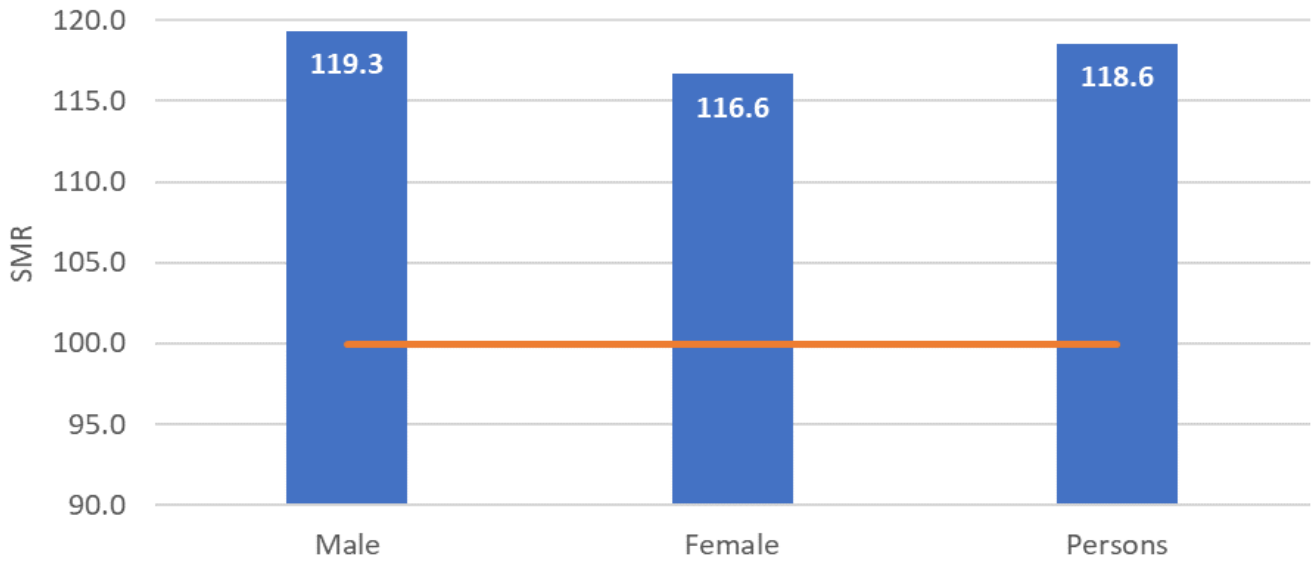
- Smoking or chewing tobacco, betel nut or paan
- Drinking alcohol regularly
- Having leukoplakia
- Exposure to a lot of sunlight or sunbeds, which can cause skin cancer affecting the lips
- Any previous cancer diagnosis
- A weakened immune system, e.g., due to HIV or AIDS, or immunosuppressant medicine
- Genetic factors
- Having some types of human papillomavirus (HPV) infection in your mouth

Most people are diagnosed between the ages of 66 and 70, and there are a range of symptoms (dental care staff are trained to look out for these during routine dental appointments, which is another reason access to routine dental care is important).

Mortality from oral cancer

There were 108 deaths from Oral Cancer (ICD-10 codes C00-C14) in Wirral residents between 2016 and 2020 (5 years pooled); an average of around 22 deaths per year. This figure includes only those for whom oral cancer was their main cause of death; it does not include all those who may have developed oral cancer alongside other illnesses or cancers, but for whom this was not their main cause of death (e.g., oral cancer can develop as a secondary form of cancer; figures are not available at a local level on this however).

Figure 7: Standardised Mortality Rate (SMR) from Oral Cancer in Wirral, 2016-20 by sex



Source: Primary Care Mortality Dataset (PCMD), 2023 (restricted data source)
Note: England shown by orange line (England is always 100 for all SMRs)

As **Figure 7** shows, mortality from oral cancer is higher in Wirral compared to England; an SMR of 118.6 means that mortality from this cause is 18.6% higher in Wirral compared to England (England is always 100 for all SMRs).

The chart in **Figure 7** also shows that men have slightly higher mortality than women from this cause (19.3% higher in Wirral than England, vs women who had 16.6% higher mortality in Wirral compared to England). Higher mortality rates in men compared to women from this cause and is a similar pattern to the national picture, which is thought to be related to higher rates of smoking and drinking among men compared to women.

Local Initiatives

As part of the **Healthy Child Programme** for 0-19 years (commissioned by Public Health in Wirral), the **Bright Smiles Programme** is provided at both the 9-12 month and the 2-2½ year developmental reviews.

There is also a toothpaste distribution scheme for children up to 8 years of age attending primary schools in the 40% most deprived LSOAs. Children are provided with a pack containing toothpaste, a toothbrush and oral health information. There has been considerable anecdotal feedback that parents are struggling to access an NHS dentist for their children, it is not however, fully understood or quantifiable how many people in Wirral this is impacting.

The **Wirral Health Protection Service** (part of Public Health) has been actively promoting the **e-Bug programme** (operated in the UK by the UKHSA (UK Health Security Agency) to educational settings since early 2023. The programme includes an Early Years, Key Stage 1 and Key Stage 2 plans on oral hygiene and is based on a 'train the trainer' approach. Session learning outcomes aim to ensure that educators have access to simple information that can support them in developing their knowledge of oral hygiene and enable increased confidence in supporting students, parents and carers to learn about and practice better oral hygiene.

Each stage is age appropriate and covers tooth decay causes and prevention, tips for effective tooth brushing and the impact of diet. To date, the Wirral Health Protection Service has provided training, ready-made lesson plans and visual aids and activities at 6 sessions to 88 staff supporting children across Wirral Childminders Association, Wirral's Children's Centres and the Wirral Network of the National Day Nurseries Association – as well as promoting the programme to 21 primary school headteachers at the Wirral Primary Headteachers' Forum and attending a number of school assemblies.

As a result of these sessions, feedback has demonstrated that 100% of staff feel that e-Bug could be incorporated into their Early Years educational timetable and 89% of attendees said that they would feel confident delivering training on e-Bug oral hygiene topics following the session. Work is ongoing to roll out further training and engagement to target settings as well as assessing local and national data to monitor the impact of the programme on Wirral.

Future developments

A Year 6 (ages 10 and 11) epidemiology study was completed in the previous academic year, the results of which are still to be published. The 5 year old study is being repeated in the current academic year.

As part of the BEYOND programme, several professionals within the Early Childhood Services and Wirral 0-19 Team were trained in Healthy Eating for the Really Young (HENRY). One of the modules within this programme is on oral health and has it has recently been delivered in some local nurseries. Current resource implications mean there is no capacity to deliver this initiative at scale, however.

Local, Community and Stakeholder views

Healthwatch Wirral are an independent organisation who champion the voice of patients to ensure health and social care decision-makers hear the feedback of local people in order to improve care.

Healthwatch Wirral reported in their January-April 2023 quarterly briefing one of the services they hear about most frequently was dentistry (along with GPs and Arrowe Park) [7]. This is a finding which is also true nationally, with Healthwatch England also finding that dentistry was one of the health issues most frequently raised with them [8].
Locally, Healthwatch Wirral state that around 1 in 10 (11%) of all their contacts in this period were specifically about dentistry (but also stated that the true proportion of calls, emails and face-to-face contacts about dentistry may be higher, as this is one of the most frequent issues they receive calls about, meaning feedback was not always able to be logged) [7]. Concerns about local dentistry centred around:

- Inability of patients to access NHS Dentistry – this accounted for the vast majority of contacts relating to dentistry; this included being unable to access emergency dentistry via the Urgent Dental Care line
- Inability of patients to afford the cost of private procedure
- Other issues included patients whose previous dentist had moved to become fully private, meaning they are struggling to access an NHS dentist and patients delisted due to missing appointments (including appointments cancelled by the surgery themselves)

Groups most at risk

Research has shown that particular groups of the population are at risk of poorer dental health, namely.

- People living in areas of deprivation
- Homeless people
- Looked after children
- People from Gypsy, Roma and Traveller communities
- Older adults living in both their own home and in communal establishments

Key issues and challenges

- Access to NHS dentistry is a significant challenge [8]. In the British Social Attitudes Survey in 2022, satisfaction with NHS dentistry fell to a low of 27% and dissatisfaction increased to a high of 42%. 24% of respondents said they were 'very dissatisfied' with NHS dentistry – a higher proportion than for other health and care services asked about in the survey
- Healthwatch England reports that patients frequently raise issues around access to dentistry. This was replicated locally in Healthwatch Wirral data [7]
- 7 of 42 of England's ICBs reported that they had no dental practices taking new adult NHS patients. While people can theoretically be treated by any dentist with an NHS contract, data from 2022 found that people who had been to a particular practice before were much more successful in getting an NHS dental appointment than those who were not previously known to the practice (82% compared with 32%) [8]
- A report by BBC News and the British Dental Association in August 2022 found 9 in 10 NHS dental practices across the UK were not accepting new adult patients for NHS treatment [8]
- As well as difficulties in securing an appointment, there are wide disparities in the availability of dental practices providing NHS services. There is also a significant geographical variation in the supply of dentists, with dentists concentrated in cities and around dental hospitals and schools. In addition, the number of dentists willing to provide NHS services is falling [8]
- Particular groups of the population continue to be at risk of poorer dental health and worsening health inequalities (see above section 'Groups Most at Risk'); Younger adults and people from minority ethnic groups were reported to have the lowest levels of success in accessing appointments.
- The majority of the information on oral health in older people relates to the minority of older people who live in residential and nursing care homes; little is known about the much larger and increasing proportion of older people who are living independently at home or being cared for by friends, family or formal carers [6]; more information is required on the oral and general health of the household resident older population [6]
- Older people are more likely to have general health complications that make treatment planning more difficult and may require modification of services [6]; in addition, household resident older people may not be able to easily access routine dental services due to functional limitations, transport difficulties and multiple long-term conditions [6]
- As more people are keeping their teeth for longer, the range of dental treatment required will be more complex than in the past and is more likely to demand the facilities of a dental surgery; this changing demographic picture makes identifying and accessing those who need preventive services and treatment more complex, and a whole-systems approach is required [6].
- Consequently, dental services for older people must be more integrated within the wider health and social care landscape. Developments in training, information sharing, and referral pathways are necessary to achieve this [6]
- Also, according to PHE (now OHID), in order to develop holistic patient-centred services, varying levels of prevention and care need to be available as part of the same care pathway; this may mean a service providing domiciliary care for routine prevention and simple treatments, plus access to mobile dental surgeries, transport and multi-specialist centres for more complex treatments [6]

- The COVID-19 pandemic has had a significant impact on primary care dentistry as routine dentistry was completely suspended for several months in 2020. In January 2022, the government announced the investment of £50 million to provide an additional 35,000 urgent dental care appointments to help to drive services back to pre-pandemic levels [9]

Sources

1. Child health insights: Take up of NHS Dental, NHS Prescribing and Supporting Schemes. NHS Business Services Authority (2023): https://nhsbsa-data-analytics.shinyapps.io/child-health-insights/
2. Child Health Profile, Public Health Outcomes Framework. Office for Health Improvement & Disparities
3. National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022. Office for Health Improvement & Disparities (2023) https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022/national-dental-epidemiology-programme-ndep-for-england-oral-health-survey-of-5-year-old-children-2022
4. Oral Health Information and resources to improve oral health and reduce inequalities in England originally published by Public Health England in 2019, updated in 2023: https://www.gov.uk/government/collections/oral-health
5. Delivering better oral health: an evidence-based toolkit for prevention. OHID (originally published by Public Health England in 2014, updated in 2019). https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
6. Oral health of older people in England and Wales. A summary of the oral health surveys of older people in England and Wales to date (2015): https://www.gov.uk/government/publications/oral-health-of-older-people-in-england-and-wales
7. Healthwatch Wirral Quarterly Report (covering public feedback about health and care services Jan-Apr 2023) available at: https://democracy.wirral.gov.uk/documents/s50103479/Enc.%202%20for%20HEALTHWATCH%20WIRRAL%20UPDATE%20JUN%202023.pdf
8. Dentistry in England. The Kings Fund. October 2023. Available here
9. The impact of COVID-19 on access to dental care: a report from the 2021 Adult Oral Health Survey. April 2023.

Appendix

Dental services in Wirral

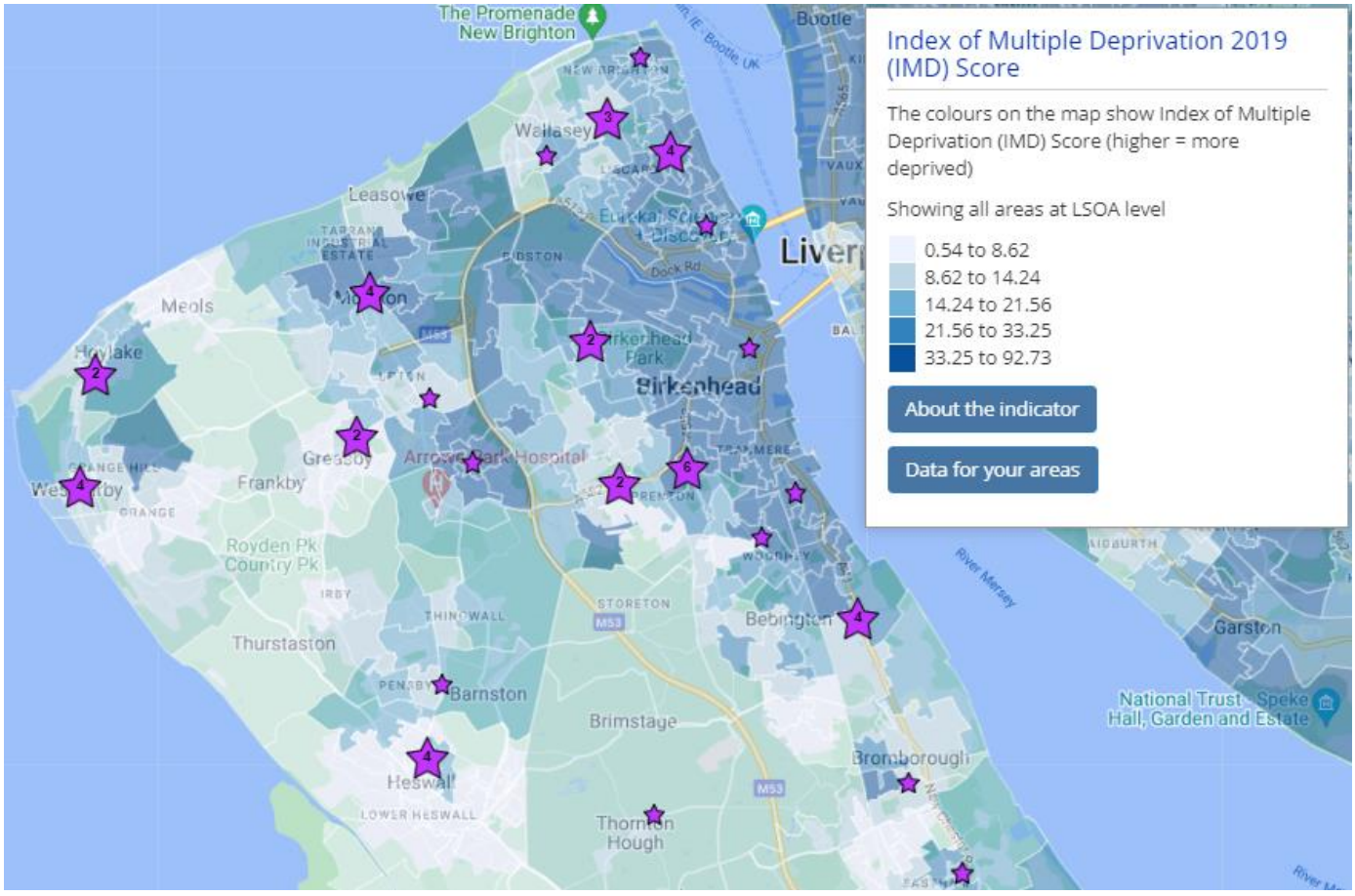
The NHS has a website for patients to find their nearest available practice currently taking patients here: https://www.nhs.uk/service-search/find-a-dentist

Specialist dental services for patients with additional needs which mean they find it difficult to access treatment with a general Dental Practitioner (e.g. clinics which have specialist equipment such hoists and wheelchair tippers for patients who find it difficult to transfer into a dental chair) are also provided by Wirral Community NHS Trust at several locations in Wirral: https://www.wchc.nhs.uk/services/specialised-dental/

To find an emergency dentist in Wirral, people are advised to ring 111 who will then provide details of the nearest out of hours dentist locally: https://www.nhs.uk/nhs-services/dentists/how-can-i-access-an-nhs-dentist-in-an-emergency-or-out-of-hours/

Map 1 below shows the location of the 49 dental practices in Wirral (as of October 2023) overlaid onto the Indices of Deprivation.

Map 1: Location of dental practices in Wirral (as of October 2023) overlaid onto deprivation



Source: Local Insight Wirral, 2023

As **Map 1** shows, there are several areas of Wirral which are both densely populated and deprived, which appear to have no general dental practices, namely the Bidston, North Birkenhead and Leasowe areas.

Contact details

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