Dental Health Need Assessment
Wirral Summary

Aims

The aims of this dental health need assessment were to determine the current health needs of the population, to investigate the current service provision for dental health in children and adults, highlighting gaps and inequalities. We also developed a set of evidence based recommendations for local commissioners on oral health promotion and prevention and for NHS England on the provision of dental health services for the local population; from Cheshire and Merseyside, through to local authority level.

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Headline findings for Cheshire

• Dental health across Cheshire and Merseyside is varied. Children in Cheshire East, Cheshire West and Chester and Warrington have more routine treatments than the England average. Children in Wirral have more complex treatments than in other areas of Cheshire.

• The level of deprivation is linked to the complexity of the treatment, with more children from more deprived areas needing more complex and urgent treatment than those in more affluent groups.

• Units of Dental Activity claimed for each patient is a fundamental measure of the intensity of resource use. The UDA per child patient in Cheshire and Merseyside is similar to the England average.

• On average, 3 year olds in England have 11.7% of their teeth decayed, missing or filled. The North West average is 14.3%, Cheshire East 11.2%, Cheshire West and Chester 7.9%, Warrington 10.5% and Wirral 13.4%. At age 5, all Cheshire areas were below the level of the North West (34.8%) for children with decayed, missing or filled teeth, but Warrington (31.6%) and Wirral (32.1%) were above the England average (27.9%).

• LPHO conducted a telephone survey and found that, in Cheshire, 84% of NHS dental practices had some out of hours’ weekday access, but only 12% on a Saturday, and that 26.7% of NHS dental practices had expected routine appointment waiting times of more than 2 weeks. Of all dental practices, 68.7% hold NHS contracts for adults and of these practices, approximately 77.2% were currently accepting new NHS adult patients.
Key recommendations for improving dental health in Cheshire and Merseyside

Increased provision of data

- Utilise public health and ward level data (where available) to help inform commissioning intentions and decisions.
- Explore the needs of people on low incomes but who are not exempt from dental charges.
- Undertake an additional health needs assessment into domiciliary dental care provision.

Targeted interventions

- Place oral health needs on a wider agenda for change in order for collaboration with relevant sectors and agencies to take place, for example linking with related public health programmes such as healthy eating.
- Work towards a multi-partnership oral health programme strategy for older people.
- Pursue fluoridation of public water supplies.

Improved knowledge of oral health, sharing of good practice and reporting of information

- Encourage local authorities to share good oral health practice and procedures.
- Explore tobacco cessation and alcohol awareness training for dental practices.
- Monitor NHS access to dental care at regular intervals.


Evidence of oral health promotion

Following the oral health promotion review in 2014, many existing programmes to prevent dental caries in children were expanded. As an example of local practice in Cheshire and Merseyside, details of health promotion activities in St Helens are given here. Priorities for St Helens include reducing inequalities in dental health of vulnerable adults. Local promotion, prevention and delivery now includes:

- Weaning advice from Health Visitors and the Health Early Years Award for nurseries are helping to make sure that young children have a healthy diet. This promotes health eating in young children.
- Brushing for life- the health visitor led programme provides oral health information, advice and a free toothbrush and toothpaste to parents of babies aged 0-3 years old (2,000 packs already distributed in quarter 1).
• In 2014 a scheme was extended to significantly increase the numbers of nurseries and children benefitting from a supervised tooth brushing programme aimed at strengthening children’s teeth using fluoride. 4,000 children currently benefit.

• All children aged 3-11 years old benefit from a free toothbrush and toothpaste 4 times per year (expanded in 2014 and now covering 9,000 children).

• Local dentists have been strengthening children’s teeth with fluoride varnish particularly in children who have had some teeth affected by dental decay.

• 30 nursing and care homes have received training on oral health assessment, a denture marking kit and updated policies on oral health.

• Oral health care packs and training available for carers of other vulnerable groups- YMCA, homeless charities, drug and alcohol services, carers of people with learning disabilities.

**Dental Health in Wirral**

Evidence suggests that the general health of people in Wirral (population 320,000) is varied compared with the average health of the population in England. Deprivation levels are higher than the national average. The Health Profile for Wirral can be found by following this link: [http://www.apho.org.uk/default.aspx?QN=HP_FINDSEARCH2012](http://www.apho.org.uk/default.aspx?QN=HP_FINDSEARCH2012) with some more recent data available here: [http://fingertips.phe.org.uk/profile/health-profiles/data](http://fingertips.phe.org.uk/profile/health-profiles/data)

The common risk factors to poor oral and dental health include unhealthy diet, smoking and harmful alcohol use. Available indicators would suggest that Wirral compares worse or is similar to the national average for most of these risk factors.

The dental health of local populations is difficult to determine as only limited data is collected, usually related to the health of children’s teeth. In Wirral, nearly 1 in 3 (32.1%) children aged 5 have decayed, missing or filled teeth. This is the highest level in Cheshire and higher than the national average of 27.9%, although lower than the North West average of 34.8%. See main report for further findings.

**Dental Access in Wirral**

Child dental access rates in Wirral are better than the England average for each age group except those aged 13 to 17 (Figure A, below). Adult access rates are 59.6%, which is higher than the England average of 52.0%. Research has shown\(^1\) \(^2\) that dental disease correlates closely with social and economic deprivation, meaning that usually, dental need is greater in areas of deprivation and in areas of prosperity, dental need is less. There has been a reported seven fold difference between

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\(^1\) The Office of National Statistics (1998), Adult Dental Health Survey, Oral health in the United Kingdom

the populations of (former) PCTs in England with the best dental health compared to those with the worst dental health³.

**Practice locations**

The distance travelled to a dentist can be seen as an indicator of need and effectiveness of dental commissioning. In Map G, the red areas are the most deprived nationally, dark green the least deprived. The map shows the geographical location of NHS and private dental practices mapped over the Indices of Multiple Deprivation Quintiles and how in general, the more deprived an area, the more dental practices it has. There are still areas of relative deprivation that do not have as much provision of dental practices as might be needed. Map G also plots the location of care homes in Wirral. The dental health of vulnerable people, particularly of older people in care homes and the location of practices to care homes is an important consideration for commissioners of services.

³ British Association for the Study of Community Dentistry, 2003/04 survey of five-year-olds
Most of the dental practices in Wirral are accessible to the local population within an 8.4 minute drive. However Map H shows that there are geographical areas where there are no NHS practices accessible by either walking a 15 (orange) or 30 minute (yellow) distance.

\[\text{Map H}\]

**Dental Practice Opening Times**

The opening times of practices have an impact on how often the general population can use available dental services. Dental practices are not required to open between specific times although in most areas there are some dental practices which open outside the usual working hours of Monday- Friday 9am-6pm.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Number of NHS Dental Practices</th>
<th>Open beyond 9-5pm at least one weekday</th>
<th>Open Saturday at least occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wirral</td>
<td>39</td>
<td>38 (97.4%)</td>
<td>2 (5.1%)</td>
</tr>
<tr>
<td>Cheshire Total</td>
<td>150</td>
<td>126 (84.0%)</td>
<td>18 (12.0%)</td>
</tr>
</tbody>
</table>

Source: LPHO telephone survey, Feb/March 2015

**Patient Satisfaction Information**

The GP Patient Survey Data (2014) reports that the proportion of people in Cheshire successfully able to get an NHS dental appointment is 96% compared to the 93% England average, and 56% report experiencing a very good overall experience compared to 48% across England.