Summary of: The oral health of adults in Yorkshire and Humber 2008

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FULL PAPER DETAILS

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Background and aim Although national surveys are conducted of the oral health of adults in the UK, few data are available at regional and primary care trust levels to inform local commissioning. A postal survey was conducted to investigate the oral health and use of dental services by adults in the Yorkshire and Humber region. **Method** A questionnaire was developed and piloted, then sent to a random sample of 25,200 adults. Data were analysed by sex, gender, age and deprivation. **Results** 10,864 (43.0%) questionnaires were returned completed. Nearly three-quarters (71.6%) of respondents had 20 or more teeth and approximately one quarter (25.3%) rated their oral health as fair, poor or very poor. The percentage reporting painful aching, discomfort when eating and being self-conscious about their mouths (occasionally or more often in the last 12 months) were 28.8%, 32.8% and 29.1% respectively. Overall, 80.3% reported attending a dentist in the last two years, although nearly a quarter (22.6%) of respondents reported difficulties accessing routine care. However, there were marked inequalities between those living in the most and least deprived neighbourhoods. **Conclusion** This survey was the first to investigate the oral health and service use of adults in the Yorkshire and Humber region. The findings have implications for the local commissioning of dental services.

EDITOR'S SUMMARY

Knowledge of oral health in a given country, region or locality is of crucial importance to the planning of services and all the attendant resources that are implicated in providing them as efficiently and effectively as possible.

As these authors point out, while the data from the Adult Dental Health Surveys are valuable they are only collected once a decade whereas updated local knowledge is of greater immediate application. The accuracy of the data collected here may be variable, as also pointed out by our Commentator, John Renshaw who also quotes the Dental Practice Board data. Sadly this is no longer available to us as it was in the days of the 'national' dental contract arrangements when all NHS treatment was recorded centrally and available for critical analysis and determination of service provision and oral health.

In the absence of such accurate and regular data, local solutions need to be found and this piece of research, in indicating ways in which this might be achieved, also demonstrates some of the advantages of a smaller scale piece of epidemiology (although still large enough to be a considerable piece of work). These include the ability to adapt the questions asked to specific local or regional needs and circumstances and also to be able to enquire about more detailed use of services as they currently exist, or as they might be planned to exist.

With the current emphasis on local commissioning, the need for well collated and sensibly analysed information of this sort has to be welcomed. Without it, the ability to provide and co-ordinate effective services at city, town and even village level, in fact in terms of rural healthcare provision specifically at village level, is potentially severely limited. The situation of infrastructure such as transport links, parking facilities and practice opening hours also has an impact on access to care and in coming times we are more and more likely to have to play a part in helping to both assess and plan the way in which services are developed. It is a far cry from the days of merely getting on with the clinical dentistry.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 209 issue 6.

Stephen Hancocks
Editor-in-Chief

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IN BRIEF
- One quarter of respondents rated their oral health as fair or worse, with a similar proportion reporting difficulties accessing routine care.
- Most frequently reported barriers were 'no dentists taking patients', 'dentists only treating privately' and 'treatment too expensive'.
- Marked inequalities existed between those living in the most and least deprived neighbourhoods.

RESEARCH

COMMENTARY

This paper reports a major survey of oral health status undertaken in 2008 amongst the adult population of Yorkshire and Humberside. The data is substantial and is broken down into localities and placed in a context of social deprivation. The authors should be congratulated on completing a massive piece of work and producing some interesting results.

Having witnessed some extraordinarily poor oral health needs assessments carried out at PCT and SHA level recently (and the damaging effects of the application of inadequate information), it is gratifying to see that one area of the country at least is trying to quantify oral health needs as a basis for more effective funding allocation to meet those identified needs.

However, if you feel a 'but' coming, you would be very perceptive! My greatest concern is for the validity of data gathered purely from patient questionnaires filled in by the patient without much in the way of guidance. There is an attempt made to bolster the strength of the results by comparing them favourably with results from past Adult Dental Health Surveys where data is checked and verified to some extent by dental professionals.

Two examples where the data may well be flawed are the estimated number of teeth a person possesses and the time lapse since a person's last visit to the dentist. Asking patients to count their own teeth can produce highly variable and unreliable results. Figures show the estimated time lapse since the last visit was less than two years for some 80% of those surveyed. DPB data (much more reliable) showed a figure of 53%. There are non-NHS providers active in the area but a discrepancy of 27 percentage points looks high.

This report could be used to justify decisions about commissioning new dental services when the data may be questionable. If the report was in the background it would form an excellent addition but treated as a stand-alone decision making platform it leaves a lot to be desired.

This paper is welcome but its value must be kept in context and its impact carefully controlled.

J. Renshaw, General Dental Practitioner, Scarborough, North Yorkshire

AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

This survey was carried out as part of the NHS dental epidemiology programme. The programme for England for 2007/8 was a 'year of innovation' with strategic health authorities and primary care trusts (PCTs) encouraged to undertake surveys to meet local needs. In the Yorkshire and Humber region it was agreed that a postal survey should be undertaken to investigate the oral health of adults and their use of dental services. The results of this survey will inform PCTs' commissioning decisions, particularly in terms of reducing barriers to difficulties accessing dental care, and optimising the sources of help that people rely on when they are having problems finding a dentist.

2. What would you like to do next in this area to follow on from this work?

There are several opportunities for further research to follow on from this survey.

The Yorkshire and Humber Dental Public Health Observatory Group will continue analysing the data gained from this survey, including the application of social marketing tools. Such work will enable segments of the population to be targeted, particularly those who reported access problems in geographical areas where services are known to be available. In addition, further qualitative research is needed with members of the public, to find out their preferences for sources of information on how to find a dentist.

The questionnaire also contained several open sections. Further work to analyse these comments would also provide more detail on the issues of concern to participants themselves.