NHS ENGLAND AND NHS IMPROVEMENT

ORAL HEALTH NEEDS ASSESSMENT

SOUTH WEST OF ENGLAND

January 2021

APPENDIX 7 DORSET STP ANALYSIS

Ottaway Strategic Management

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NHS England and NHS Improvement
Oral Health Needs Assessment
South West of England

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Appendix 7 Dorset OHNA STP Appendix

Contents

1 Summary

Highlighted oral health needs.

1.1 This appendix to the OHNA for the South West has identified a series of factors that impact on the oral health needs and the provision of dental services in Dorset. Some of these issues relate to the whole population, for example particular risk factors that determine the oral health of the population, epidemiological research and the context of current provision.

1.2 Additionally, engagement with stakeholders in the county has taken place particularly with patients, the general public and providers of oral health services locally. Clear themes emerge from this engagement as well as clear implications for the findings of this local appendix.

1.3 Dorset has a population of 772,268 people. Its population consists of more females (51%) than males (49%) - a gender profile that is consistent with the population of England. Compared with England as a whole, there are less people of working age and more people of retirement age and the proportion of children and young people in Dorset is slightly below the national demographic profile. The BAME population in Dorset is 2% compared to 4% in the South West and 14% in England.

1.4 Population growth is a significant factor for oral health services and in particular primary care dentistry, as by 2028 the total population of Dorset will have grown by 3% (an additional 23,708 people). The child population will have decreased by 6% (-7,882) and the older adult (65+) population will have grown by 18% (an additional 35,504 people). From an oral health service perspective, this significant increase in the older demographic will result in services needing to meet a greater level of older people's dental needs. The shift in the child population suggests that there will be less child patients, and this is will impact on the oral health needs of children in the county.

1.5 From IMD 2019 there are eleven areas in Dorset Council that are within the top 20% most deprived nationally for multiple deprivation, up from ten in 2015. Ten are within the Dorset South SUG area and one in the Dorset West SUG area. In IMD 2015 showed that Poole had no neighbourhoods in the worst national decile (national 10%) for multiple deprivation. Of the seven principal domains in the Indices, Poole fares worse with respect to education, skills and training, where it has six neighbourhoods in the worst national decile. In IMD 2015 Bournemouth was ranked 121st out of 326 local authorities across England in the rank of average score (where 1 is the most deprived and 326 is the least deprived). This puts it in the middle third most deprived areas. The most deprived LSOA in Bournemouth is Boscombe Central.

1.6 The mortality rate for cardiovascular disease is lower in Dorset than national and South West rates[1]. The mortality rates for respiratory disease in Dorset are lower than the rates in England and the South West.

1.7 Most recent data suggests the percentage of those that are physically active in Dorset account for 67%,undertaking 150* minutes per week which is above the national rate at 64% and consistent with the South West profile of 67%. Correspondingly there are lower levels of physical inactivity across Dorset, with those who are inactive representing 21% which is below the national profile at 25% and the same as the South West profile at 21%.

1.8 Reception Years data from the national child measurement programme shows a consistent proportion of children that are obese and or overweight (22%) when compared to national and South West levels. The levels of obese or overweight in the adult population is lower at 61% than the national (62%) and regional (63%) level. Finally, smoking prevalence in Dorset is 12.4% which is below the national (14.5%) and South West comparators (13.7%).

1.9 The patient and public survey completed as part of this OHNA suggests that 66.7% of patients travel to their dentist by car. However, for those households without access to a car or van, particularly in rural areas, there will be difficulties in accessing healthcare services including dentistry.

1.10 The recent Adults in practice national dental epidemiological survey was not completed for Dorset. Reasons for this are unclear, but efforts should be made to secure this important epidemiological data to better understand the impact of oral health on the residents of Dorset. Data for Dorset shows a lower level of 3-year-old dental decay (9.9%), when compared to national (11.7%) and regional (10.4%) findings. The data for the 5-year-old survey in 2019 was not collected for Dorset. For 12-year-olds the level of dental decay in Dorset (32.8%) is just lower than national (33.4%) and South West (33.3%) levels.

1.11 Dorset, in 2019-2020 had 120 dental practices commissioned to carry out 1,242,431 UDAs. This represented 376 dentists delivering NHS dentistry. Indeed, Dorset saw a decrease of 2 dentists in 2019-2020 from the year before, a -0.5% decrease. The average UDAs per person was higher than the South West rate at 1.61 UDA/person as compared to 1.52 UDA/person.

1.12 In terms of access to dentistry the percentage of children that accessed NHS dentistry in the last 12 months was 48.9% in Dorset, below the England (53%) percentage and below the South West (54%)[2]. In Bournemouth, Christchurch and

[1] PHE Fingertips: Rate per 100,000 of deaths from Respiratory Disease among people aged 65 years and over 2016-18

[2] NHS Dental Services, NHS Business Services Authority (BSA).

Poole the child rate was 55%, above national and regional levels. The percentage of adults that accessed NHS dentistry in the last 24 months was 45.6% in Dorset, which is below both the South West (47.3%) and the national level (47.1%). For Bournemouth, Christchurch and Poole the adult rate was 50.6%, which is above national and regional levels.

1.13 Clawback from dentists that did not reach their UDA target for Dorset has been made in the last three years, as was the case across the South West, and was particularly high in 2019-2020 with £2,295,381.

1.14 62% of treatments were Band 1, 25% Band 2, 4% Band 3 and 9% urgent treatment. This shows comparable levels of Band 1, 2 and 3 treatments and a higher level of urgent treatment when compared to national and regional levels. More urgent care tends to reflect lower levels of regular routine dentistry. It may also reflect the difficulty some people face in accessing NHS dentistry. Further examination of urgent care shows a higher proportion of non-paying adults (16%) than paying adults (10%) accessing urgent care.

1.15 Fluoride varnish application rates are higher than the rate in the South West with 58% of the child population. Oral cancers in Dorset affect 15.25 per 100,000 people and in Bournemouth Christchurch and Poole it is 17.50 per 100,000 thus in both areas there was a higher rate of oral cancer than the England (14.5 per 100,000) and South West (14.9 per 100,000) rates.

1.16 The key priorities emerging out of both Healthwatch Dorset and the patient and public surveys are summarised below. These provide commissioners with real insight into the priorities and concerns of patients in the area:

- More access to NHS dentists in your locality should be made easier
- Better dentist allocation
- NHS dentistry should be affordable
- Finding a private dentist is easy, there need to be more NHS dentists
- Improve the quality of care
- Increase capacity in all areas
- NHS dentistry should provide all services offered by private dentists
- Reduce waiting lists
- Urgent appointments should be easier to get for broken teeth and infections
- Work with young people to promote life-long good oral health.

Key Priorities

1.17 The need for a **targeted increased of access to NHS dentistry** is an issues for key parts of Dorset. This is emphasised for a number of reasons:

1.17.1 NHS Digital data for 2019-2020 shows that access for children in Dorset was 49% which is below England (53%) and the South West (54%). Moreover, the percentage of adults that accessed NHS dentistry in Dorset (46%) was also below the South West level (47.3%) and below the national level (47.1%).

1.17.2 The population in Dorset is set to grow by 3% (an additional 23,708 people people) in the next 8 years.

1.17.3 Dorset's rate of UDAs per person (1.61) was higher than the South West rate of UDA/person (1.52), this may require the apportionment of UDAs to those people in greatest need of NHS dentistry.

1.17.4 Residents engaged both through the survey and focus groups raised the difficulty they have had in accessing an NHS dentist, often experiencing extensive waiting times and with many dentists not opening their lists to any further patients.

1.18 There is a need to **support dental care services for older people** in the population. This is emphasised for a number of reasons:

1.18.1 There are proportionally more people of retirement age in the county (25%) {29% in the County Council area} compared to the South West (22%) and England (18%)

1.18.2 The 50 plus age groups within Dorset's population is proportionally larger for both male and females in the current baseline data for the area. (See chart 1 in section 2).

1.18.3 By 2028 the older adults (65+) population in Dorset will have grown by 18% (an additional 35,504 people).

1.18.4 The projected increase in the proportion for older adults may result in increased demand for treatment.

1.19 There is a need to **support the recruitment and retention of dentist** working in NHS dentistry.

1.19.1 Stakeholder feedback has highlighted recruitment and retention concerns for dentists in rural and coastal areas.

1.19.2 Dorset saw a 0.5% reduction in its dental workforce between 2018-2019 and 2019-2020.

1.19.3 Joint action with local partners (LDN/LDC, HEE, local authorities) to facilitate recruitment of dentists and other members of the dental team in rural areas.

1.20 There is evidence that **difficulty is being experienced by dentists in meeting their contractual targets.**

1.20.1 The increasing amounts of clawback identified (£2.3M in 2019-20[3]).

1.20.2 There are risks for future service provision because of the commercial viability of certain contracts.

1.20.3 General dental practitioners responding to the Stakeholders surveys from Devon identified concerns regarding the GDS contract and the fulfilment of UDA targets.

1.21 There are a range of **other oral health priorities** that have emerged through this OHNA. Many of these will require support from key partners and in some cases, they would be best served through partnership work. These include:

1.21.1 The area presents moderate prevalence of smoking, alcohol consumption and obesity. NHSE&I may wish to develop and strengthen the integration of dental services with local authority commissioned oral health improvement programmes in line with the Making Every Contact Count[4] (MECC) model.

1.21.2 Higher than national and regional prevalence of oral cancer suggests opportunities for joint actions with locally commissioned prevention and screening services.

1.21.3 Carers of adults with learning disabilities to be supported and given training in techniques to help support the oral health of those they care

[3] Figure relates to Dorset
[4] https://www.makingeverycontactcount.co.uk/

for. Most currently understand this importance but it can be challenging to get compliance from this patient groups.

1.21.4 The OHNA has highlighted the need to support residents in domiciliary care and to ensure that services providing for them are based on evidence-based interventions and that training programmes for health, social care and domiciliary care staff should be available[5].

1.21.5 Promoting early dental attendance and supporting programmes like Dental Check by One (DCb1)[6].

1.21.6 Having been unable to carry out/complete and or report recent national dental survey responses there is a critical need to ensure that future epidemiological surveys are carried out for Dorset.

1.21.7 From an oral health improvement[7] perspective there is a need to continue to target resources to those areas of higher deprivation that are prevalent across the county. These targeted interventions could include joint interventions with local authority partners such as:

- Supervised toothbrushing programmes for nurseries and primary schools in areas where children are at high risk of poor oral health, with the provision of toothbrushes and toothpaste by health visitors.
- Targeting of oral health programmes for key vulnerable groups in the community including the substance misusing population, the homeless, the traveller and gypsy community, older people and migrant communities.
- Developing the capacity of the oral health improvement workforce and that of health, social care and educational professionals.
- Reorientating the dental practices towards prevention.
- Multiagency working to develop and strengthen healthy eating policies in school and preschool settings.

[5] https://www.e-lfh.org.uk/
[6] https://dentalcheckbyone.co.uk/
[7] Dorset declines the opportunity to engage in this OHNA due to Covid pressures. Hence it was not possible to review existing OH improvement priorities locally.

2 Introduction

2.1 Dorset was newly incorporated into the South West NHSE and NHS Improvement (NHS E&I) commissioning area; it was formerly in the Wessex area of South Central. Dorset borders Devon to the west, Somerset the north-west, Wiltshire to the north-east, and Hampshire to the east.

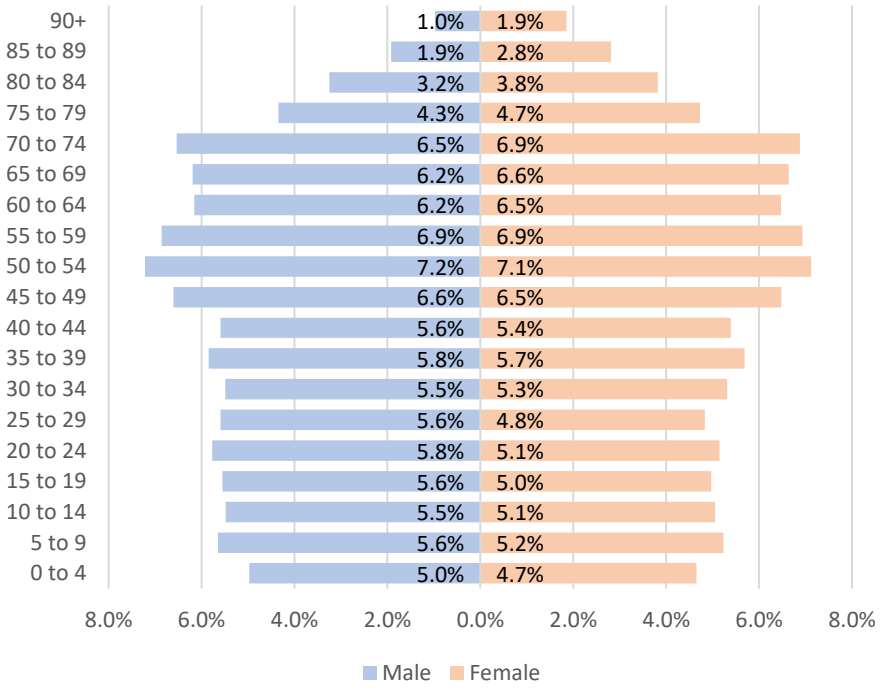
2.2 This section will set out the oral health needs and profile for Dorset. It will start with its demographics, risks and determinants of poor oral health, relevant national epidemiology research findings and detail the local oral health services, oral health improvement programmes and key findings for the oral health of the local population.

3 Demographics

Gender and Age

3.1 The population of Dorset is an estimated 772,268[8] and consists of more females (51%) than males (49%) - a gender profile that is consistent with the population of England. The age and gender profile of the population of Dorset is set out in the population pyramid below.

Chart 1: Gender and Age Dorset: ONS Mid -18 Estimates



3.2 58% of the population of Dorset are of working age, (16 to 64 years), 25% are of retirement age (65 years and over) and 17% are children and young people (aged

[8] ONS mid-2018 estimates

under 16 years). This is in contrast to the profile of these age groups across England, where there are fewer older people, more children and young people and a higher proportion of working age people in the population. The age profile is set out in the table below.

Table 1: Dorset Age profile ONS

	Children and young people (under 16 years)		Working-age population (16-64 years)		Retirement age population (65 years and older)		Total population
	(n)	(%)	(n)	(%)	(n)	(%)	(n)
Dorset	59923	16%	208745	55%	107816	29%	376484
Bournemouth, Christchurch and Poole	67753	17%	242786	61%	85245	22%	395784
South West	986908	18%	3382627	60%	1230200	22%	5599735
Dorset (STP)	127676	17%	451531	58%	193061	25%	772268
England		18%		64%		18%	

Population projections

3.3 A review of the subnational population project for England (2018)[9] indicates the potential future populations for English local and health authorities. The data below for Dorset has been taken from the CCG dataset. This data has been broken down by total population shift, shifts in the child (0-15) population and shifts to the older population (65+). It is defined by total counts, the additional numbers of people in each category and the level of growth based on a percentage (%) against the 2018 figure.

Table 2: NHS Dorset Population Projections 2018-2043

Population growth	2018	2023	2028	2033	2038	2043
Total Population shift	772268	784813	795976	803776	809383	815792
Additional people		12545	23708	31508	37115	43524
% Growth		2%	3%	4%	5%	6%
0 to 15 population shift	127676	127479	119794	113328	111989	113792
Additional Young people		-197	-7882	-14348	-15687	-13884
% Growth		0%	-6%	-11%	-12%	-11%
65+ population shift	193061	208126	228565	250879	266781	273594
Additional older People		15065	35504	57818	73720	80533
% Growth		8%	18%	30%	38%	42%

3.4 What is evident from this analysis is that by 2028 the total population of Dorset will have grown by 3% (an additional 23,708 people), the child population will have declined by 6% (-7,882) and the older adult (65+) population will have grown by

[9] Subnational population Projections for England 2018 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based

18% (an additional 35.504 people). This demographic change may inform the planning of dental services around the increase of older people's dental needs. The shift in the child population suggests that there will be marginally less child patients, and this will not impact on the oral health needs of children in the county.

Ethnicity

3.5 There is less ethnic diversity in the population of Dorset (excluding Bournemouth and Poole) compared to England, 2% of the population are from BAME groups whilst across England this group represent 15%. The proportion of the population that are from BAME groups in Dorset (excluding Bournemouth and Poole) is less that in the South West. There are some variations in the ethnic profile at local authority area level – particularly when looking at Bournemouth where both the BME population and the BAME population is above the South West and in Poole where the BME population is consistent with the South West whereas the BAME population is just below the South West. However, in both locations the BME and BAME populations are below that of England overall.

Chart 2: Ethnic profile compared Dorset, South West and England ONS 2011

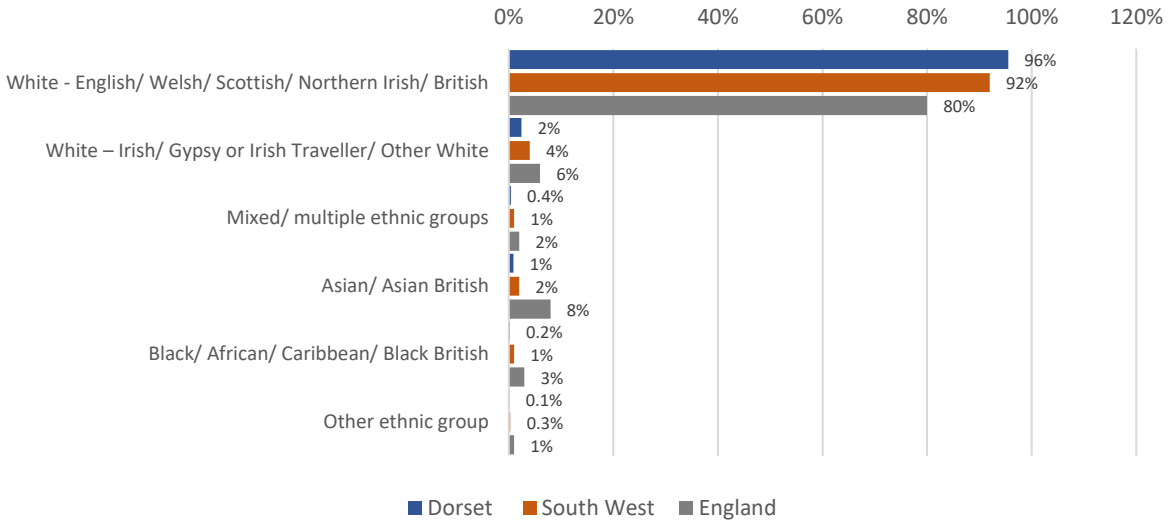


Table 3: Ethnic profile compared Dorset, South West and England ONS 2011

	White - English/ Welsh/ Scottish/ Northern Irish/ British	White – Irish/ Gypsy or Irish Traveller/ Other White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other ethnic group	BME (total)	BAME (total)
Bournemouth UA	84%	8%	2%	4%	1%	1%	16%	8%
Poole UA	92%	4%	1%	2%	0.3%	0.3%	8%	4%
Christchurch	95%	2%	1%	1%	0.2%	0.1%	5%	2%
East Dorset	96%	2%	1%	1%	0.1%	0.1%	4%	2%
North Dorset	95%	3%	1%	1%	0.3%	0.1%	5%	2%
Purbeck	96%	2%	1%	1%	0.1%	0.0%	4%	1%
West Dorset	96%	2%	1%	1%	0.1%	0.1%	4%	2%
Weymouth and Portland	95%	3%	1%	1%	1%	0.1%	5%	3%
Dorset	96%	2%	0.4%	1%	0.2%	0.1%	4%	2%
South West	92%	4%	1%	2%	1%	0.3%	8%	5%
England	80%	6%	2%	8%	3%	1%	20%	15%

Deprivation

3.6 From IMD 2019 there are eleven areas in Dorset Council[10] that are within the top 20% most deprived nationally for multiple deprivation, up from ten in 2015. Ten of them are within the Dorset South SUG area and one from Dorset West SUG area. There are six areas within the top 10% nationally all within Dorset South SUG. Melcombe Regis Town Centre and Littlemoor West are the most deprived. With respect to the health and disability deprivation domain, thirteen areas fall into the top 20% most deprived nationally for this indicator, which is one more than in 2015. Twelve of these areas fall within the former Dorset South SUG area and one in Mid Dorset SUG. Nine Lower Super Output Areas are within the top 10% most deprived nationally, all within either Weymouth or Portland.

3.7 In IMD 2015 Poole[11] had no neighbourhoods in the worst national decile (national 10%) for multiple deprivation. Poole has two neighbourhoods in the worst national decile for relative poverty among children. One is in Turlin Moor and the other in the Bourne Estate. Poole has one neighbourhood, in Newtown, which is in the worst national decile for relative poverty among older people. Poole's position for multiple deprivation relative to other authorities in England has slightly improved since the release of the 2010 Indices. Of the seven principal domains in the Indices, Poole fares worse with respect to education, skills and training, where it has six neighbourhoods in the worst national decile. Educational disadvantage among young people is especially pervasive and appears to be worsening, in relative terms. For this sub-domain of the education, skills & training domain, there are nine

[10] The Indices of Deprivation 2019 a summary report for Dorset Council
[11] IMD 2019 not accessible: 2015 Source: The English Indices of Deprivation 2015 Borough of Poole

neighbourhoods in Poole in the worst national decile and twenty-seven in the worst national quartile (worst 25%).

3.8 In IMD 2015 Bournemouth[12] was ranked 121st out of 326 local authorities across England in the rank of average score (where 1 is the most deprived and 326 is the least deprived). This puts it in the middle third most deprived areas.

- The most deprived LSOA in Bournemouth is E1015282 Boscombe Central
- The least deprived LSOA is E1015295 Broadway

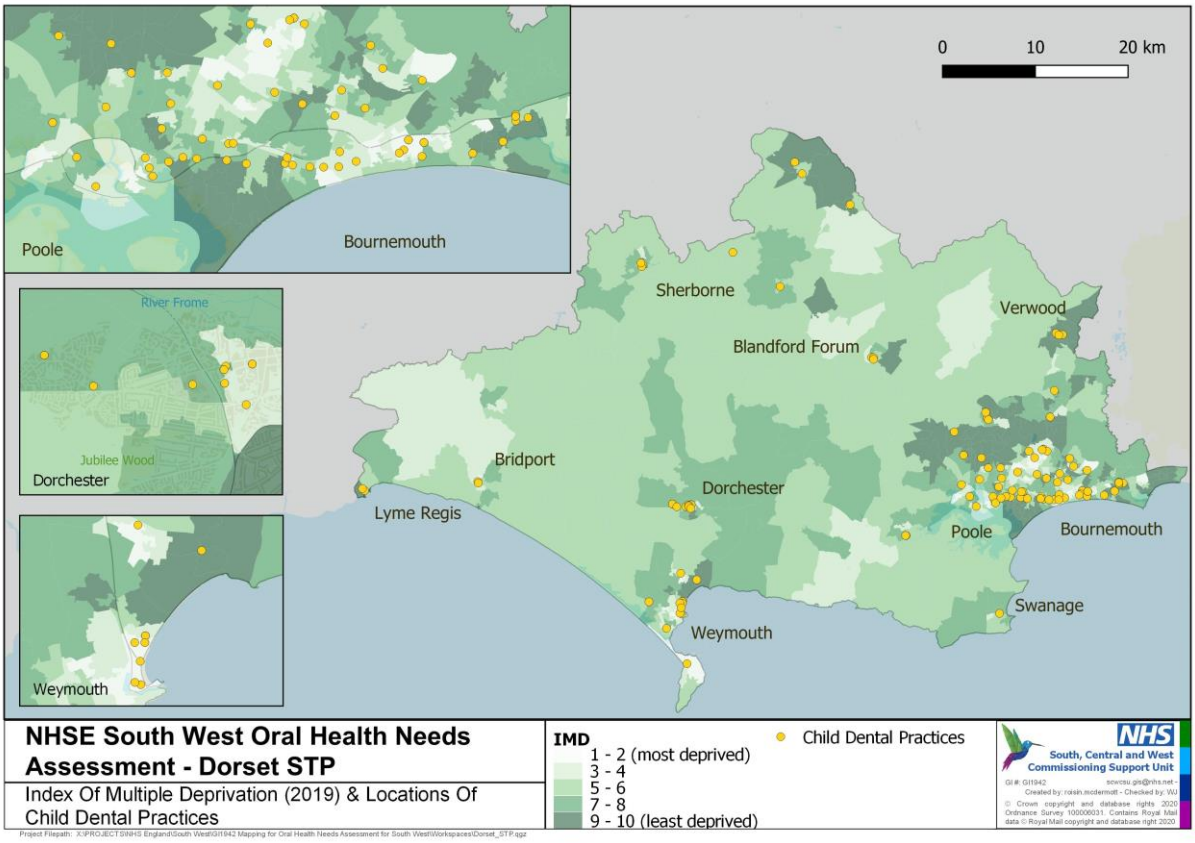
3.9 The local authority results for Bournemouth reveal the different ranks vary between 93 for the employment scale and 123 for the rank of extent[13]. The various ranks put Bournemouth in the middle third of most deprived local authorities for most measure. However, the income scale and the employment scale are within the most deprived third. The income scale estimates that 26,043 residents in Bournemouth are income deprived. This accounts for around 14% of the population. The employment scale measures the number of people who would like to work but are unable to do so through unemployment, sickness or disability. In Bournemouth there are 13,554 residents in this position. This amounts to around 12% of the working age population (18-59/64).

[12] IMD 2019 not available 2015 source: https://www.bournemouth.gov.uk/councildemocratic/bournemouth-borough-council-historical-information/Statistics/Documents/IndicesofDeprivation/IMD-2015/IMD-2015.pdf

[13] • Extent - Proportion of a district's population living in the most deprived LSOAs in the country

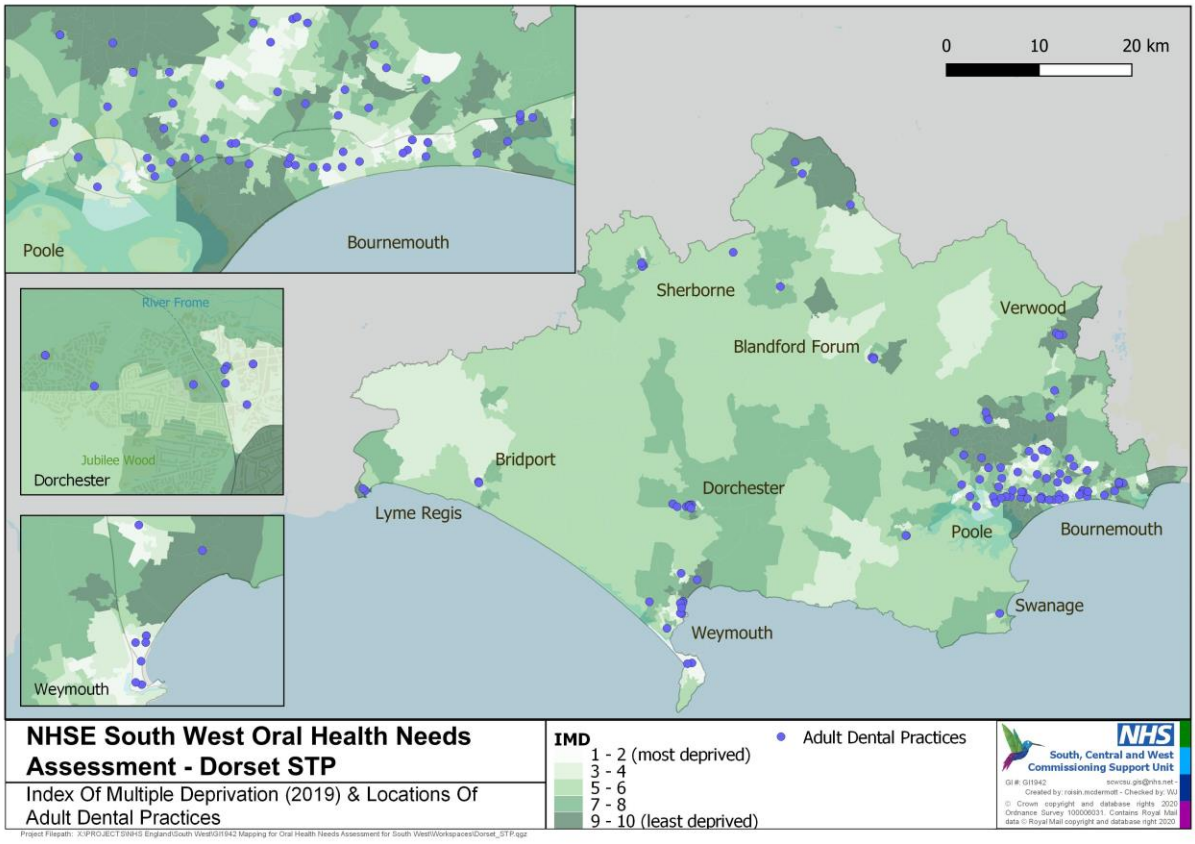
3.10 The maps below describe the Index of Multiple Deprivation (2019) and sites the location of dental practices that provide for children.

Map 1: DorsetSTP IMD 2019 Child Dental practices[14]



[14] NHS South, Central and West Commissioning Support Unit Oct 2020

Map 2: Dorset STP IMD 2019 Child Dental practices[15]



3.11 These maps suggest that there are certain deprived areas where additional provision of dental services is required, namely Bournemouth, Weymouth and Poole. This is critical given the established relationship between deprivation and poor oral health.

4 Risks and determinants of poor oral health

4.1 Healthy behaviours can contribute to the prevention and control of non-communicable diseases such as cardiovascular diseases, chronic respiratory diseases, diabetes and cancers. PHE Fingertips and NHS Digital monitor trends in the nation's health and health related behaviours. It is important to consider these factors as some chronic conditions share common risk factors with oral disease. Furthermore, the age profile of the region suggests a potential increase of the prevalence of chronic conditions which may have implications for the planning of dental services.

4.2 The under 75 mortality rate, per 100,000 from all Cardiovascular Disease in England in 2016-2018 was 71.7, however for the South West this rate was lower at 61.9 and in Dorset it was lower still at 56. The adult populations diabetes prevalence profile (QoF 2018-19) for England was 6.93% and for the South West this was 6.65%.

[15] NHS South, Central and West Commissioning Support Unit Oct 2020

The under 75 mortality rate, per 100,000 from a respiratory disease considered preventable in 2016-2018 was 19.2 per 100,000 in England, and 15.6 in the South West and lower in Dorset at 12.7. The proportion of deaths in a person's usual place of residence (DiPUPR) from a respiratory disease in 2016 was 32.17% in England, 38.25% in the South West and 38.33% in Dorset. This data is set out in the table below:

Table 4: Health indicators, Cardiovascular disease, Diabetes prevalence and Respiratory disease, national, regional and local

Indicator	England	South West region	Dorset
Under 75 mortality rate per 100,000 from all cardiovascular diseases[16]	71.7	61.9	56
Diabetes: QOF prevalence (17+) (%)[17]	6.93	6.65	
Under 75 mortality rate per 100,000 from respiratory disease considered preventable (Whole Pop)[18]	19.2	15.6	12.7
DiPUPR - Respiratory disease (%), Persons, All Ages.[19]	32.17	38.25	38.33

4.3 The key health behaviours reviewed in this OHNA have been healthy eating, physical activity levels (adults), obesity (child and adult), alcohol misuse and smoking prevalence. These lifestyle factors are pertinent to general health and wellbeing as well as oral health.

Healthy Eating

4.4 A healthy and balanced diet is critical to preventing ill health and disease. The annual cost of food related ill health to the NHS is estimated at £5.8 billion.[20] A minimum intake of five portions of fruit and vegetables is an important component of a healthy diet and is the measure used for healthy eating. The proportion of the population aged 15 that eat 5 portions of fruit and vegetables is 52.4% in England but higher at 56.5% in the South West. The proportion of the adult population meeting the recommended 5-a-day on a usual day was 54.61%, although this was greater in the South West at 59.55% and greater still in Dorset at 65.14%.

[16] PHE: Public Health Profiles: Fingertips 2016-18
[17] PHE: Public Health Profiles: Fingertips 2018-19
[18] PHE: Public Health Profiles: Fingertips 2016-18
[19] PHE: Public Health Profiles: Fingertips 2016
[20] The Burden of Food Related Ill Health in the UK; Epidemiology in Community Health Dec 2005

Table 5: Healthy Eating indicators 5-a-day 15 year olds and adults national, regional and local

Indicator	England	South West region	Dorset
Percentage who eat 5 portions or more of fruit and veg per day at age 15[21]	52.4	56.5	Data not available
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)[22]	54.61	59.55	65.14

Physical activity levels (adults)

4.5 Lack of physical activity is an important risk factor for chronic non-communicable diseases such as ischemic heart disease and stroke with an estimated direct cost to the NHS of £1.1 billion and the country of £7.4 billion[23]. Guidelines for physical activity suggest adults (aged 16 and over) should have 150 minutes of activity of moderate intensity each week. Th Active Lives Survey[24] commissioned by Sport England and the PHE Physical Activity survey data[25] differ slightly in what is included as an activity. PHE include non-recreational exercise i.e. gardening in their assessment of activity. The Active Lives data shows that the South West region has a slightly higher level of active residents with 67.4% as compared to England with 63.6%, in Dorset this was 66.5%. Correspondingly the level of inactive residents is 20.8% in the South West and 21.2% in Dorset as compared to 24.6% for England.

[21] PHE: Public Health Profiles: Fingertips 2014-15
[22] PHE: Public Health Profiles: Fingertips 2018-19
[23] PHE: Everybody active everyday Oct 2014
[24] Sport and physical activity levels Adults aged 16+ Nov 18 – Nov 18 % published Sport England Active Lives 23rd April 2020
[25] PHE: Physical activity levels among adults in England, 2015

Table 6: Physical activity levels national, regional and local

Indicator	England	South West region	Dorset
Active (150+ minutes a week)	63.6	67.4	66.5
Fairly Active (30-149 minutes a week)	12.2	11.8	12.3
Inactive (<30 minutes per week)	24.6	20.8	21.2
% Active (150+ mins a week)	57	59.2	58.2
% Some activity (90-149 mins a week)	6.9	7.1	7.6
% Low activity (30-89 mins a week)	7.4	7.3	8.1
% Inactive (<30 mins)	28.7	26.3	26

Obesity (Child and Adult)

4.6 Whilst not exactly a health-related behaviour, being overweight or obese is generally associate with unhealthy diet and lack of physical activity. Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. Obesity in adults is associated with cardiovascular diseases, diabetes, musculoskeletal disorders, and some cancers. It is estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015[26].

4.7 The annual child weight measurement programme is completed locally and is fed into the national database held by PHE. The data set out below is taken from PHE Fingertips data for 2018-2019.

4.8 South West and Dorset profiles for Reception and Year 6 prevalence of overweight including obesity are slightly below the England prevalence. The South West and Dorset profiles for Reception and Year 6 prevalence of obesity are also below the England prevalence. The South West adult percentage of those classified as overweight and obese is 61.35% compared to England at 62.34% and Dorset slightly lower at 60.82%.

Table 7: Overweight and Obesity levels children and adults national, regional and local

Indicator[27]	England	South West region	Dorset
Reception: Prevalence of overweight (including obesity) (%)	22.59	22.05	22.48
Year 6: Prevalence of overweight (including obesity) (%)	34.29	29.88	28.67
Reception: Prevalence of obesity (including severe obesity) (%)	9.68	8.74	8.80
Year 6: Prevalence of obesity (including severe obesity) (%)	20.22	16.52	14.90
Percentage of adults (aged 18+) classified as overweight or obese (%)	62.34	61.35	60.82

[26] Health matters obesity and the food environment PHE March 2017.
[27] PHE: Public Health Profiles: Fingertips 2018-19

Alcohol misuse

4.9 Alcohol use can affect health and increases the risks of accidents, injury, and violence. The health harms of alcohol are dose dependent; that is, the risk increases with the amount drunk.

4.10 The recommended limits to avoid the risk of alcohol-related harm are no more than 21 units per week in men and 14 units per week in women. Adults who regularly drink more than these amounts are at increased risk. Men and women who regularly drink more than eight units a day (or 50 units a week) and more than six units a day (or 35 units a week) respectively, are higher risk drinkers and are exposed to greater risk of harm. The proportion of adults over the age of 16 years who are higher risk drinkers is described below with the South West at 3.21%, lower compared to England at 4.04%. Dorset's admissions episodes per 100,000 for alcohol specific conditions and its alcohol related mortality per 100,000 are below the national and South West rates.

Table 8: Alcohol hospital admissions, mortality rates and consumption rates national, regional and local

Indicator	England	South West region	Dorset
Admission episodes per 100,000 for alcohol-specific conditions[28]	869.25	814.97	618.27
Alcohol-related mortality per 100,000[29]	46.54	45.55	41.29
Estimated weekly alcohol consumption, by region: More than 14, up to 35/50 units (increasing risk) Age Standardised %[30]	18.18	19.56	Data not available
Estimated weekly alcohol consumption, by region: More than 35/50 units (higher risk) Age Standardised %[31]	4.04	3.21	Data not available

Smoking prevalence

4.11 Tobacco use increases the risk of cancers and chronic respiratory and circulatory disease.[32] In England tobacco smoking is the greatest cause of preventable illness and premature death.

4.12 The 2009 Adult Dental Health Survey reported that more men than women smoked, and that smoking was socially patterned, with 8.8% of participants smoking in the least deprived areas compared to 26.4% in the most deprived. The 2018 Health Survey for England show that 10% of current smokers lived in the least deprived

[28] PHE: Public Health Profiles: Fingertips 2018-19
[29] PHE: Public Health Profiles: Fingertips 2018
[30] Health Survey for England 2018
[31] Health Survey for England 2018
[32] WHO

areas whereas 28% of smokers lived in the most deprived areas. This suggests that smoking prevalence is becoming more concentrated in with deprived areas.

4.13 The indicators for smoking prevalence show a level of variability from survey to survey. In England just under 10.6% of women were smokers at the time of delivery - this was higher at 10.9% in the South West but lower in Dorset at 10.31%. The prevalence of adult smokers (QoF) in 2018 showed that 17.2% of the population were smokers in England, compared to 16.5% in the South West. The GP Survey in 2018-2019 showed that 14.5% of over 18-year olds were smokers compared to 13.7% in the South West and 12.45% in Dorset.

Table 9: Smoking prevalence rates national, regional and local

Indicator	England	South West region	Dorset
Smoking status at time of delivery (%)[33]	10.59	10.91	10.31
Estimated smoking prevalence (16+) (QOF)[34]	17.19	16.50	Data not available
Smoking prevalence in adults (18+) - current smokers (GPPS)[35]	14.46	13.75	12.45

Oral hygiene practices

4.14 The most prevalent oral diseases - tooth decay and gum diseases can both be prevented by regular tooth brushing with fluoride toothpaste. The fluoride in toothpaste is the important element of tooth brushing to prevent, control and arrest tooth decay. Higher concentrations of fluoride in toothpaste lead to better control. By contrast, the physical removal of plaque is the important element of tooth brushing to control gum diseases as it reduces the inflammatory response of the gum and its consequences.

4.15 In 2008/2009, most 12-year-old schoolchildren in the South West reported brushing their teeth twice daily (73%), the same figure as in England.

5 Transport and Communications in Dorset

5.1 There are many people across the country who are not able to access important local services and activities such as jobs, learning, healthcare, food shopping or leisure because of a lack of adequate transport provision[36]. The University of Leeds

[33] PHE: Public Health Profiles: Fingertips 2018-19
[34] PHE: Public Health Profiles: Fingertips 2018
[35] PHE: Public Health Profiles: Fingertips 2018-19
[36] Inequalities in Mobility and Access in the UK Transport Social and Political Science Group, Institute for Transport Studies, University of Leeds March 2019

report demonstrates that mobility and accessibility inequalities are highly correlated with social disadvantage. This means that some social groups are more at risk from mobility and accessibility inequalities than others:

- Car owners are least mobility constrained across all social groups.
- Lowest income households have higher levels of non-car ownership, 40% still have no car access – female heads of house, children, young and older people, black and minority ethnic (BME) and disabled people are concentrated in this quintile.
- In addition, there are considerable affordability issues with car ownership for many low-income households.

5.2 Inequalities in the provision of transport services are strongly linked with where people live, this is further exemplified in rural and coastal communities. The lack of private vehicles in low-income households, combined with limited public transport services in many peripheral social housing estates, considerably exacerbates the problem in many parts of the UK.

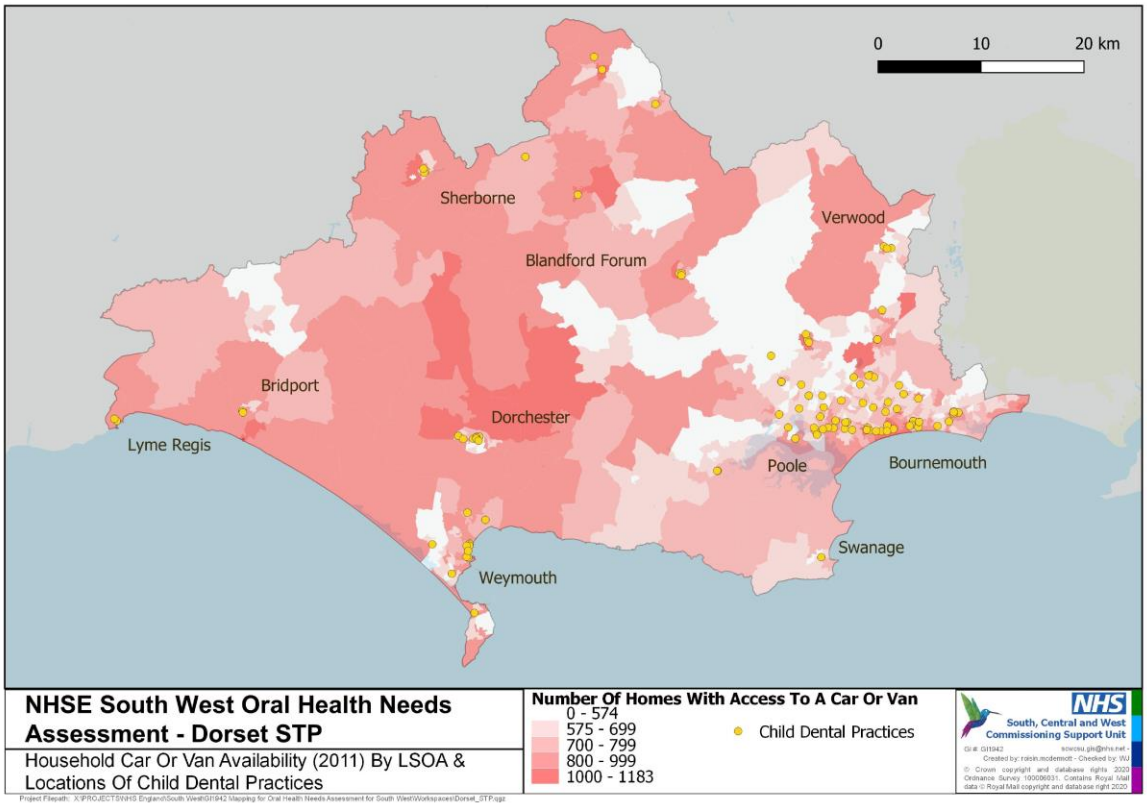
5.3 In 2003 the Social Exclusion Unit report 'Making the Connections[37]' identified that two out of five job seekers could not get a job due to a lack of transport, 31% of people without cars could not access a hospital, 16% of households without cars found it difficult to access a supermarket, and 6% of 16- to 18-year-olds turned down training or further education because of travel costs.

5.4 The recent public and patient survey has shown that 66.7% of respondent travelled to their local dentist by car, 5.1 by public transport and 17.9 by walking/bicycle. To support this OHNA we have worked with the NHSE South West Commissioning Support Unit to identify the level to which people across the area have access to a car or a van. This has be overlayed with the location of dental practices which provide for both children and adults.

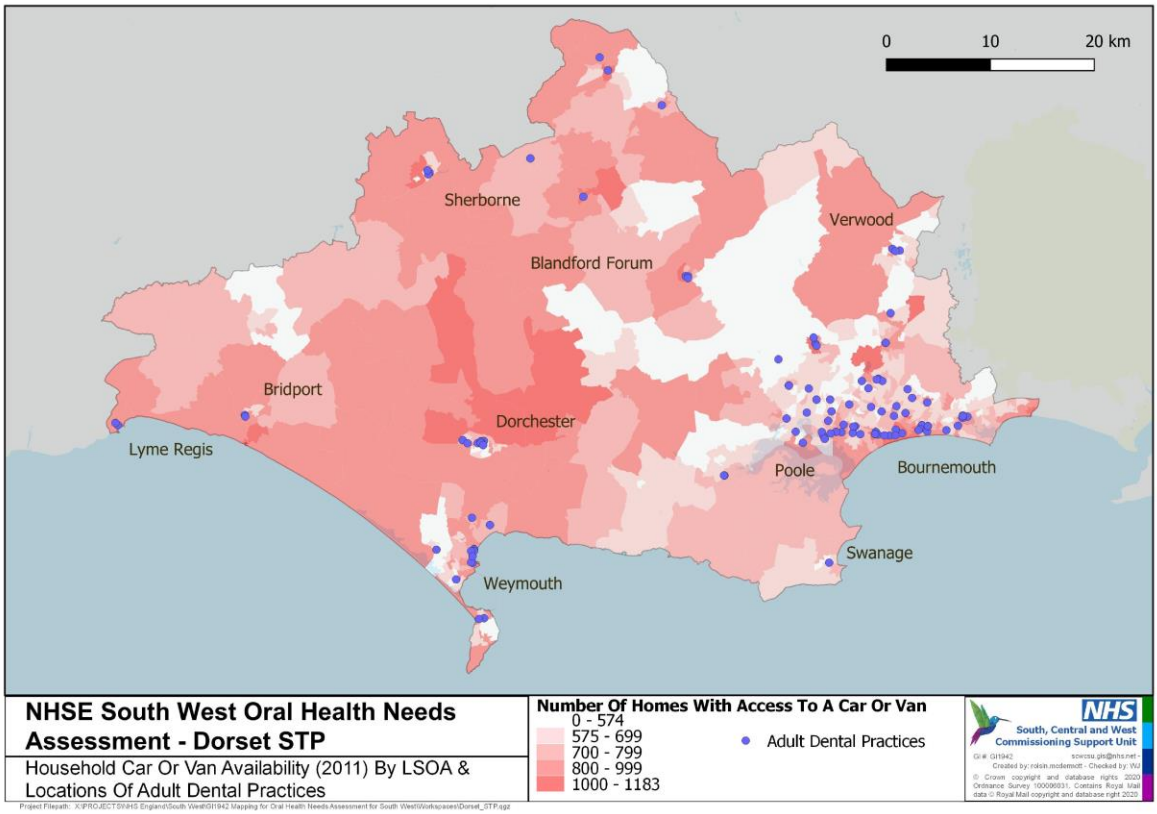
Systemhttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784685/future_of_mobility_access.pdf

[37] Social Exclusion Unit 2003 Making the Connections. http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_policy/---invest/documents/publication/wcms_asist_8210.pdf

Map 3: Household Car or Van availability (2011) by LSOA and locations of Child Dental Practices[38]



Map 4: Household Car or Van availability (2011) by LSOA and locations of Adult Dental Practices[39]



[38] NHS South Central and West Commissioning Support Unit Oct 2020

[39] NHS South Central and West Commissioning Support Unit Oct 2020

5.5 These maps show that there are key areas across the county where car ownership is lower and if correlated to existing dental provision can identify those areas where there is priority for investment both due to inaccessibility or low car ownership and lack of high street dentistry.

6 National Dental Epidemiology Research Findings

6.1 The table below sets out the headline findings for Dorset from the National Dental Epidemiology programme research undertaken for 3-year-olds (2013), 5-year-olds (2019), 12-year-olds (2008-2009) and adults in Practice (2018). It sets out comparators for England and the South West.

Table 10: NDEP Headline results for Dorset

3-year-old 2013	England	South West region	Dorset
3-year-old % tooth decay (% d3mft > 0 including incisors)	11.7	10.4	9.9
3-year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.36	0.31	0.26
5-year-olds 2019	**England**	**South West region**	**Dorset**
5-year-old % tooth decay (% d3mft > 0 including incisors)	23.4	20.4	No data
5-Year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.8	0.6	No data
5-Year-old Number of teeth with decay experience (Mean d3mft including incisors) 2017	0.80	0.60	No data
Care Index % (ft/d3mft)	10.3	10.9	No data
12-year-olds 2008-09	**England**	**South West region**	**Dorset**
12-year-old % tooth decay (% d3mft > 0 including incisors)	33.4%	33.3%	32.8%
12-year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.74	0.73	0.73
12-year-old Care Index % (ft/d3mft)	47%	47%	45.5%

Adults in Practice 2019	England	South West region	Dorset
Adult in Practice % with a functional dentition	81.9	82.2	No data
Adult in Practice % with active decay (DT>0)	26.8	31.5	No data
Adult in Practice Average number of decayed teeth (for those with active decay)	2.1	1.9	No data
Adult in Practice % with filled teeth	90.2	90.8	No data
Adult in Practice % with dentures	15.4	14.4	No data
Adult in Practice % with bleeding on probing	52.9	69.2	No data
Adult in Practice % with PUFA	5.2	6.5	No data
Adult in Practice % with any treatment need	70.5	81.9	No data
Adult in Practice % with an urgent treatment need	70.5	8.2	No data

7 Oral Health Services

7.1 The current primary care NHS dental contracts, the General Dental Service Contract and Personal Dental Service Agreement, were introduced in 2006. The contracting currency for both contracts is the Unit of Dental Activity (UDA). A general dental service provider is contracted for an annual agreed number of units of dental activity.

7.2 Dental practices provide services according to four different bands of care with the provider awarded different numbers of UDAs for each band:

Band 1 Includes an examination, diagnosis and advice. If necessary, it also includes, x-rays, scale and polish, application of fluoride varnish or fissure sealants and preventive advice and planning for further treatment (1 UDA)

Band 2 Includes all treatment covered by Band 1, plus additional treatment, such as fillings, root canal treatment, gum treatments and removal of teeth (3 UDAs)

Band 3 Includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges (12 UDAs)

Band 4 urgent includes urgent care such as removal of the tooth pulp, removal of up to two teeth, dressing of a tooth and one permanent tooth filling (1.2 UDAs).

7.3 Fee paying adults contribute towards the costs of NHS dental treatment with the contribution determined by the band (the patient contribution is the same for Band 1 and Band 4 urgent).

Availability of general dental services

7.4 In 2019/2020, 705 dental practices across the South West were contracted by the NHS to provide a total of 8,520,528 UDAs. In Dorset this represented 150 practices commissioned to deliver 1,242,431 UDAs. The number of dental practices, contracted activity and delivered activity is shown in the table below. The amount dentists were paid per UDA varied considerably from £22.03 to £33.52.

Table 11: Primary Care General Dental Services Provision across the South West

Sustainable Transformation Partnership (STP)	Contracts GDS and Ortho	General Dental Services/Mixed GDS and Ortho	Number of Practices	Commissioned UDAs	Average UDA Value	Ortho Only
Dorset STP	113	103	120	1,242,431	£26.66 (Lowest 22.03 to highest 33.52)	6
Total	748	681	705	8,520,528	-	53

Numbers of Dentists[40]

7.5 In 2019/2020 there were 2,664 dentists in the South West delivering NHS dentistry. This represented 48 dentists per 100,000 population which is slightly higher than the national average of 44 per 100,000 population. In Dorset this was 285 dentists delivering NHS dentistry.

7.6 The average across the South West is 48/100,000, higher than in England at 44/100,000; in Dorset this is 50/100,000. The population per dentist in England is 2,268 which is higher than the population per dentist in the South West of 2,104 and in Dorset it is 2,054. In 2019/2020 Dorset saw a decrease of 2 dentists (-0.5%).

Table 12: Number of dentists with NHS activity, for years ending 31 March, England - NHS England region geography and CCG[41]

			2019/20		
Area	Dentists difference 2018/19 to 2019/20	Percentage difference 2018/19 to 2019/20	Total dentists	Population per dentist[2]	Dentists per 100,000 population[2]
England	**139**	***0.6***	**24,684**	**2,268**	**44**
South West of England	**8**	***0.3***	**2,664**	**2,104**	**48**
NHS Dorset CCG	**-2**	***-0.5***	376	2,054	49

Average UDAs commissioned per person.

7.7 Based on the numbers of commissioned UDA and comparing this to the general population in each locality across the South West it is possible to assess the average UDAs commissioned per person in the region. This shows a potential disparity in the proportionality of commissioned UDA by the local population sizes in each STP area.

7.8 What is clear is that there are higher levels per head of commissioned UDAs in Dorset, compared to the average for the South West.

Table 13: Average UDAs commissioned per head of population.

Area	Average UDAs commissioned per person (n)
Dorset	1.61
Average for South West	1.52

[40] NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report
[41] NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report

Access to Dental Care

Children

7.9 Many children and adults will seek care from an NHS dental practice, with those with additional needs are generally seen in community dental services. According to NICE guidance, adults should be seen for a dental recall at intervals from 3 to 24 months and children should be seen at intervals from 3 to 12 months depending on their level of risk of oral disease[42]. Dental attendance does not necessarily prevent dental disease, but it is important in terms of assessing patient risk to oral diseases and giving appropriate evidence-based advice. Public Health England and NICE have developed specific guidance for dental teams[43]. The indicator used to assess dental access in children is the number of separate people accessing dental services over the previous 12 months.

7.10 From April 2019 to March 2020 access for child patients in the South West was 54.1%. The access levels for child patients is higher than the England average of 52.7%. In Bournemouth, Christchurch and Poole the access level for child patients was 55.4%, above both the South West and England proportion. In Dorset, the access level for child patients was 48.9%, below the South West and England percentage[44].

Adults

7.11 The indicator used to assess dental access in adults is the number of separate people accessing dental services over the previous 24 months. This metric is based upon NICE guidance, which recommends the longest interval between dental recalls[45].

7.12 From April 201 to March 2020 access for adult patients in the South West overall had fallen by 1.51% to 47.3%. Access levels are slightly below the England average of 47.7%. In Bournemouth, Christchurch and Poole the access level for adult patients was 55.4%, above both the South West and England proportion. In Dorset, the access level for adult patients was 45.6%, below the South West and England percentage[46].

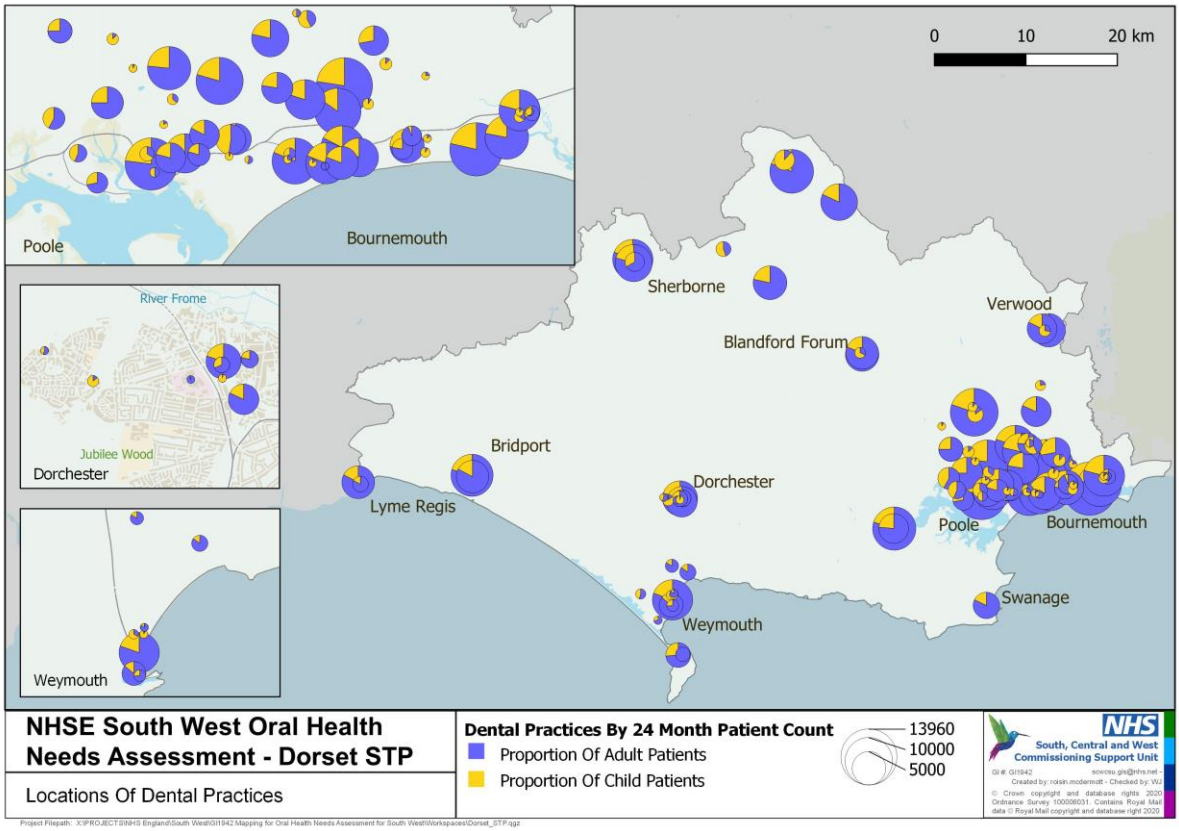
[42] The National Institute for Health and Care Excellence. Dental checks: intervals between oral health reviews: Clinical guideline [CG19] 2004 [Available from: https://www.nice.org.uk/guidance/cg19]
[43] https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
[44] Source: NHS Dental Services: NHS Business Services Authority: June 2020
[45] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215663/dh_126005.pdf
[46] Source: NHS Dental Services: NHS Business Services Authority: June 2020

Table 14: Adult patients seen in the previous 24 months and child patients seen, in the previous 12 months as a percentage of the population, by patient type and LA[47]

Area	Adult % of pop.	Child % of pop
England	47.1	52.7
South West	47.3	54.1
Bournemouth, Christchurch and Poole	50.6	55.4
Dorset Council	45.6	48.9

7.13 The map below sets out the activity of dental practices based on the count of patients seen - in the case of adults in the last 24 months and in the case of children in the last 12 months - as per the guidelines used by NHS Digital. What the map describes is the location of the practices across the region and the pie charts show the split and size of practice as per the legend.

Map 5: Local of Dental Practices by proportion of Adult and Child Patients[48]



7.14 Considerable concerns were raised through the patient and public survey to suggest that there is great difficulty in accessing NHS dentistry in the county. Practices that have NHS patients are presented in this map. A key issue is the geographical spread of the practices, which inevitably seem to be linked to the major towns across the county. Moreover, there is no indication as to whether these practices

[47] NHS Dental Services, NHS Business Services Authority (BSA).
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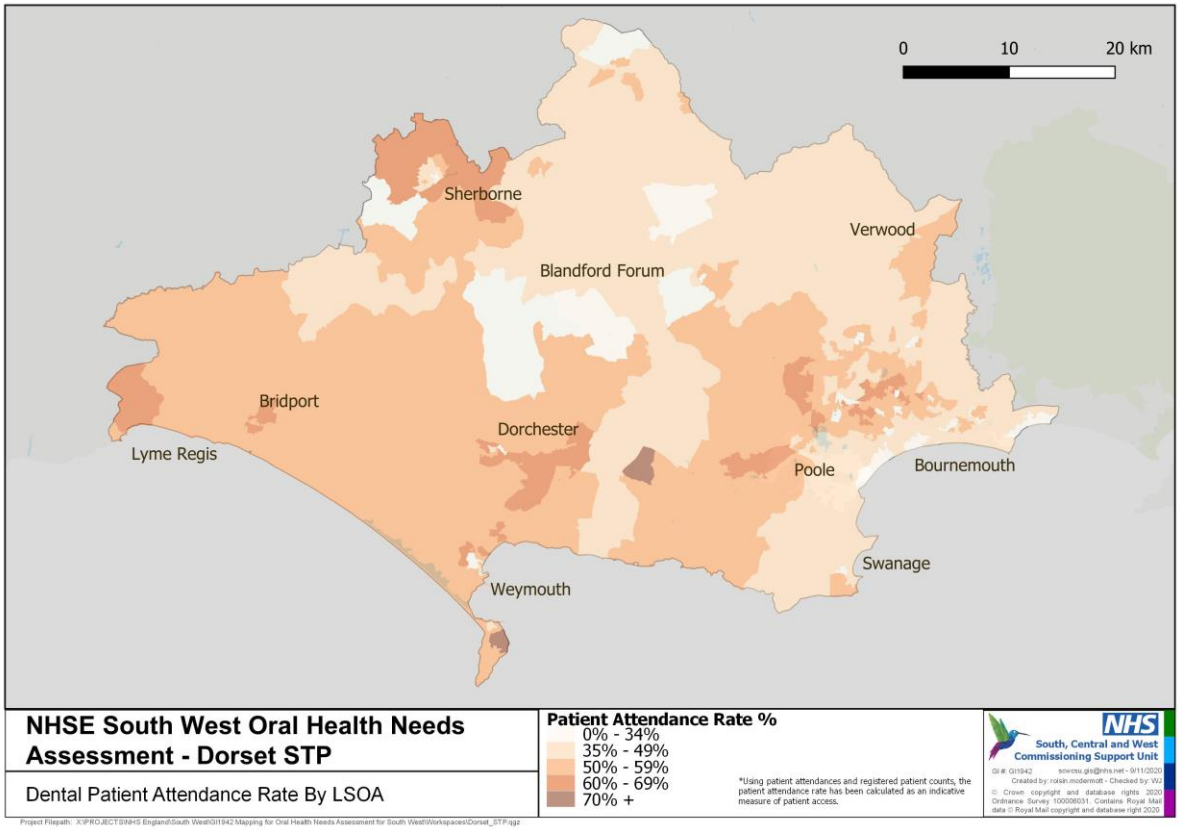
are taking on new patients and for this OHNA there is also no data available on the size and lengths of waiting lists.

7.15 The map below sets out the patient attendance rate as a percentage of the local population. It would seem that most of the county is based on a 50-59% attendance rate but there are some localities where this is significantly lower.

Map 6: Dental Patient Attendance Rate by LSOA (%)[49]



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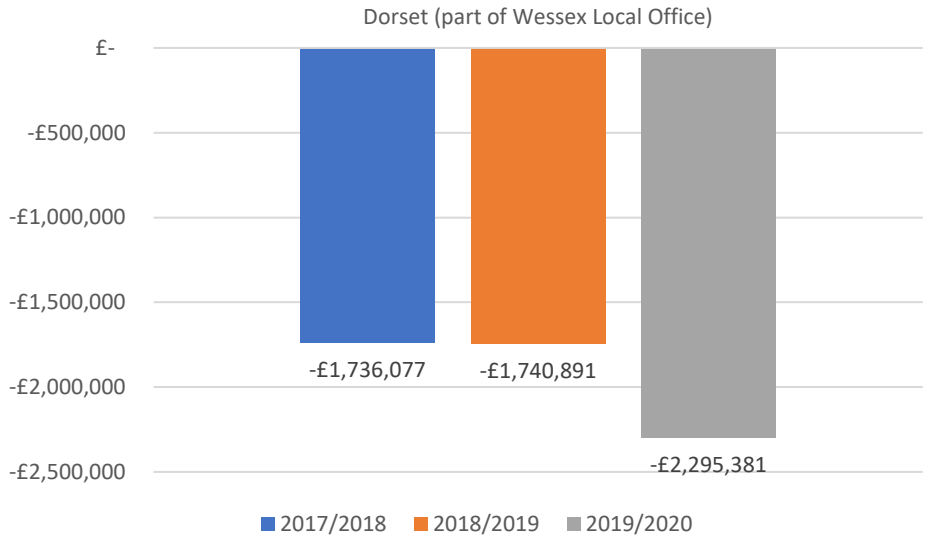
UDA/Contract performance

7.16 In England in 2015/2016, £54,505,326 was clawed back from practices who have not met their contractual targets. This increased to £81,506,678 in 2016/2017, £88,774,248 in 2017/2018 and £138,438,340 in 2018/2019.

7.17 The chart below sets out the achievement against target for dentistry funded through the UDA contracting system for Dorset. The chart below shows the percentage of UDAs achieved against this target.

Chart 3: UDA Clawback Value (£) by Subregion 2017-2020 Source NHS England Aug 2020



Cross-Border Flow and Seasonal Variation

7.18 As people may visit a dental practice anywhere in the country, it is useful to explore cross border flows for three reasons. Firstly, large numbers of people accessing services from outside an area can limit access to services for residents. Secondly, such patterns may indicate a lack of service availability or poor service quality in the area. Thirdly, some areas in the South West have seasonal migrant workers and others, such as Dorset are popular holiday destinations, which may lead to seasonal variations in access to care, especially urgent care.

Complexity of care

7.19 The proportion of people having Band 1 courses of treatments is higher in all areas of the South West relative to the England average. This suggests that people needing more complex care may be facing additional barriers to accessing care. Therefore, NHS England and NHS Improvement may want to consider undertaking

a health equality audit to ensure the equitable availability and access to NHS primary dental care in Dorset.

Table 15: Proportion of courses of treatment in each band (adults and children combined)

Area	Band 1	Band 2	Band 3	Band 4 Urgent
NHS Dorset CCG	61.96%	24.53%	4.13%	9.04%
South West	62.24%	24.14%	3.71%	9.58%
England	59.96%	25.48%	4.78%	9.47%

Evidence based prevention and care

7.20 Evidence-based guidance recommends the application of fluoride every six months for all children aged three years and above and more frequently for those at risk of decay. Fluoride varnish application is also recommended twice a year for vulnerable adults. Fluoride varnish application two-three times a year can reduce tooth decay by 33% in baby teeth and 46% in adult teeth[50].

7.21 In 2018-2019 there were 599,188 fluoride varnish application in the South West, unfortunately this data is not available for 2019-2020. In 2018-2019 the % of the population that have received fluoride varnish was 42.8% for children and 1.2% of adults. In Dorset there were 93,121 application representing 15.5% of the regional applications. 11.2% were for adults and 88.8% were for children. This represented 12.1% of the population - 1.7% of adults, which is slightly above the South West proportion and 57.7% of children, above the South West proportion.

Table 16: Fluoride varnish application Children and Adults by STO 2018-19

Fluoride Varnish	Fluoride Varnish Count	Regional %	CCG % by age	Population in 2018 (ONS 2018)	Fluoride varnish as a % of the population
NHS Dorset CCG	93121	15.5%		772,268	12.1%
Adult (over 18)	10409	1.7%	11.2%	629,008	1.7%
Child (u18)	82712	13.8%	88.8%	143,260	57.7%
South West	599188	100.0%		6,332,319	9.5%
Adult (over 18)	59207	9.9%		5,070,946	1.2%
Child (u18)	539981	90.1%		1,261,373	42.8%

7.22 NICE has published evidence-based guidelines for dental recall intervals. Adults should be seen for a dental recall at intervals from 3 to 24 months and children should be seen at intervals from 3 to 12 months depending on their level of risk of oral disease. Therefore, adults whose care falls under Band 1, that is those people

[50] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002279.pub2/full

with low levels of disease activity, should usually have a recommended recall interval of 24 months.

7.23 The table below presents the proportion of people re-attending every three months in the South West. The data shows that the proportion of people seen every three months is comparable with the England average. This is despite a greater proportion of Band 1 courses of treatments being provided in the region. What stands-out, is the recall intervals for children compared with the England-average.

Table 17: 3-month recall intervals (high-risk) patients 2019 Source: NHS England

Area	Children (%)	Adults (%)
Wessex (includes Dorset)	5.8	11.8
England	7.0	12.7

Other primary care services

7.24 Primary care activity is also provided at Bristol Dental Hospital and its associated outreach clinics, predominantly by dental students.

7.25 In addition, many NHS dental practices provide primary care dentistry on a privately funded basis and there are also several wholly private dental practices. There is no local data available on private dentistry activity and costs.

Domiciliary services

7.26 Domiciliary oral healthcare is provided to those people who cannot visit a dentist. Care is provided at the location that the patient permanently or temporarily resides including patients' own homes, residential units, nursing homes, hospitals and day centres. Adequate provision of these services will ensure dental services facilitate a reasonable alternative route for older people and vulnerable groups in accordance with the Equality Act 2010.

7.27 Domiciliary care is provided by the Community Dental Services in Dorset. There is currently no cap on this provision and thus no sessions/UDAs attributed to this service. Data previously outlined in this section describes the demographic characteristics of the population, with more people of retirement age and less people of working age living in Dorset. This will lead to a greater need for domiciliary care. Therefore, commissioners might wish to consider if there is adequate provision of domiciliary dental care in Dorset to meet future need. Commissioners may seek to combine innovative models of domiciliary care and personal dental contracts with flexible commissioning.

Unplanned dental care

7.28 Access to urgent care is critical to support the relief of pain and for accidental damage. Patients' use of urgent care services is more complex than just a failure to access preventive or routine care. 25% of the adult population in the South West reported that they only went to the dentist when they had a problem (ADHS 2009). In the recent 2018 Adult in Practice survey, 8.2% of patients in the South West stated they had an urgent treatment need compared to 4.9% across England.

7.29 Across the South West, approximately half of the adult population and a third of the child population have not visited the dentist in the last two years, and thus may not have a regular dentist when a problem occurs.

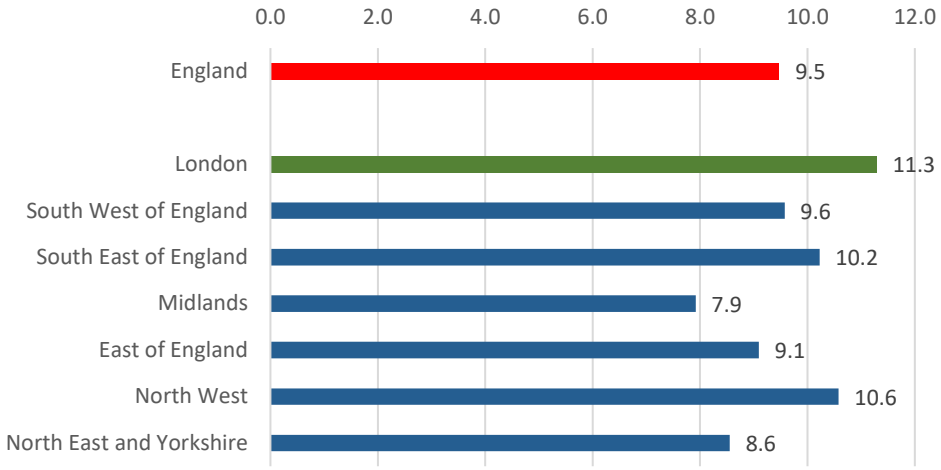
7.30 Unplanned dental care is best reviewed by assessing the levels of urgent care as per the bands of provision in the dental care system. The table below sets out the number and % of urgent care in 2019-2020 by region. It shows that in the South West 9.6% of dental care was urgent, which is slightly above the proportion of urgent care nationally at 9.5%.

Table 18: Number and percentage of Courses of Treatment by NHS Commissioning Region1 and treatment band, 2019-20 (NHS Dental Services, NHS Business Services Authority (BSA))[51]

Org Name	Urgent	Urgent (%)[52]
England (19/20)	3,638,000	9.5%
England (18/19)	3,621,000	9.1%
South West of England (19/20)	370,000	9.6%
South West of England (18/19)	372,000	9.2%

51 Data is affected by COVID-19.
52 Figures presented are rounded

Chart 4: Percentage of Urgent Care Treatment by NHS Commissioning Regions (% of total Bands) 2019-20 NHS Digital



Urgent Dental treatment by type (Child/non-paying Adult/paying Adult)

7.31 Across the South West the profile of urgent care as a proportion of all treatment bands had been taken from the review of treatment bands nationally by region, STP, LA and by Cost of Treatment 2019-2020 (Sum and %).[53]

7.32 In the South West region, the level of urgent care for children was 4% (as compared to England at 4.2%), for non–paying adults it was 16.4% (as compared to England at 16.2% and for paying adults it was 10.8% as compared to England at 10.5%

7.33 Across the South West there are some variances in the levels of urgent care between children, non-paying and paying adults. The table below compares this STP with the South West's levels of urgent care activity by type of patient.

Table 19: Review of Urgent care treatment Bands by STP in the South West by Cost of treatment 2019-2020 (Sum and %) NHS Digital 2020

Row Labels	Type	% within Type
NHS Dorset CCG		
Urgent/Occasional	Child	3.8%
	Non-paying adult	16.0%
	Paying adult	9.8%
South West		
Urgent/Occasional	Child	4.0%
	Non-paying adult	16.4%
	Paying adult	10.8%

53 Source: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report : NHS Dental Statistics for England - 2019-20: Annex 3 (Activity)

7.34 In Dorset in 2019/2020, 3.8% of urgent care was for children compared to 4.4% for the South West, 16.0% was for non-paying adults as compared to 16.4% for the South West and 9.8% was for paying adults compared to 10.8% in the South West.

Oral Cancer

7.35 Mouth cancers make up 2% of all new cancers in the UK[54]. Oral cancer rates in the South West are 14.9 per 100,000 – lower in comparison to England (at a rate of 15.0 per 100,000).I In Bournemouth, Christchurch and Poole it is 17.50 per 100,000 and in Dorset it is 15.25 per 100,000, all of which are higher than the England and South West rates.

[54] State of mouth Cancer UK Report 2018-2019 https://www.dentalhealth.org/Handlers/Download.ashx?IDMF=21dc592b-d4e7-4fb2-98a9-50f06bed71aa