

Guy's, King's
and St Thomas' Dental Institute
Oral Health Services Research &
Dental Public Health

King's Dental Institute
Denmark Hill Campus
London SE5 9RW
Telephone 020 7346 3481
Telephone 020 7346 3409



DENTAL PUBLIC HEALTH REPORT

An oral health needs assessment for Lambeth, Southwark & Lewisham Primary Care Trusts

Dental Public Health Team

GKT Dental Institute

Including

H Best

B Daly

J Gallagher

K Jones

E Lane

R Kulasegaram

D Wright



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EXECUTIVE SUMMARY: A. GENERAL ISSUES

I. Context

A myriad of NHS policy initiatives and broader legislative issues currently provide the opportunity for new strategic and local working to provide dental services in adapted ways to local communities. The Health and Social Care Act (2003) enables flexible local commissioning of service according to needs for all dental services from 1st April 2005.

The current environment provides the opportunity for key local issues such as inequalities in oral health and service uptake to be tackled in a proactive manner. Bringing all dental services under the commissioning power of Primary Care Trusts (PCTs) provides the opportunity for new relationships to be forged in support of oral health and initiatives created to ensure that the broader health issues are addressed. It is important to recognise that salaried and specialist dental services are also under review, together with possible initiatives such as Oral Health Promotion and general dental practitioners with a special interest. Furthermore, parliamentary assent has strengthened the legislation supporting water fluoridation in support of oral health.

The National Strategy for Neighbourhood Renewal seeks to reduce health inequalities so that in 10 to 20 years no one should be seriously disadvantaged by where they live. Public health authorities with their partners such as commissioning groups, Local Strategic Partnerships and local Councils need to prioritise considerations of dental issues during this unique period for the development of dental services to set a pathway for success in the short, medium and long term.

This report provides new insights into dental needs and demands of local residents. It links demographic issues, oral health status, public priorities and current dental service provision and relates them to local policy and strategic initiatives to provide practical recommendations for future work. New data from the Dental Practice Board have provided important insights into service uptake locally. A brief synopsis is presented below followed by 'Key issues' for each of the Primary Care Trusts of Lambeth, Southwark and Lewisham. Section XIII of this summary highlights specific areas for further action.

II. Demography

The resident populations of Lambeth, Southwark and Lewisham Primary Care Trusts are young, mobile, socially deprived and ethnically diverse. Overall the three boroughs exhibit high levels of social deprivation, which characteristically are associated with inequalities in oral health, unmet oral health needs and low service uptake.

III. Oral Health

A complex pattern of decay prevalence for 5 and 12 year olds exists across the 3 boroughs of Lambeth, Southwark and Lewisham with distinct inequalities in health status between localities. Bermondsey/Rotherhithe in Southwark and Neighbourhood 1 in Lewisham exhibit the highest proportion of 5 year olds with active decay. This raises the issue of the requirement for effective oral health promotion amongst pre-school children.

For 12-year-old children, Locality North in Lambeth exhibits significantly higher disease levels than other areas of Lambeth, Southwark and Lewisham and also exhibited a low care index, which requires further investigation.

For adults, there is a lack of data on oral health status and inferences require to be developed from National Surveys. Adult oral health needs vary with age and social class. Many young adults

have little or no decay and restorations, although 16-24 year olds have more untreated primary dental caries than the adult dental population as a whole, and this is important locally because of the young age profiles. A key challenge for other adult age groups is the maintenance of their heavily restored dentitions because of extensive caries experience. Older people have increased levels of tooth decay, gum disease and tooth wear and older people living in care homes have worse dental health when adjusted for age and other factors than their community residing counterparts. Furthermore, older people present new challenges such as root caries and oral cancer, as their risk of oral disease increases in parallel with the ageing process.

The impact of dental status on measures of 'Quality of Life' is receiving increased attention within dental academia and such measures may be more widely used in the future to inform needs assessments and evaluations of services.

IV. Public Priorities

It is now well accepted that both patient and the broader public's views are important components of need assessments and decision making for health services. Importantly there are not direct proportional relationships between normative need and the functional and social status of individuals. Various stakeholders undertake regular surveys of public attitudes to their own health and health services.

For this report, it was identified that specific subgroups of communities express quite different preferences for health service development although generally the public want services delivered in a flexible manner. In certain sections of the community, there is support for dental services co-located with general medical services. It is unclear as to whether the public has made the correct linkages between preventive dental information and preventive dental outcomes. This has implications for both co-location of primary dental care services with other services as well as broader health promotion issues.

V. Primary Dental Care Services

The residents of Lambeth and Southwark have access to a diverse range of services within their boroughs although Lewisham has only general and community dental services within the borough. Across the three boroughs there is a clear evidence that:

- overall service uptake is lower than registration rates provided by the Dental Practice Board have traditionally indicated for children, adults and older people
- this may be an indication of low frequency of dental attendance rather than a minority attending regularly and others not attending dental services at all
- registration rates per head of local population are also lower than the national average
- local residents tend to use services in their local or adjoining PCT, with the vast majority accessing dental services within SE London
- there is a net patient flow into primary dental care services in these boroughs and the use of dental services
- principal dentist and contract list sizes are slightly less than the national average
- the prescribing profile involves greater volumes of treatment per patient than the national average and most other PCTs.

Current availability of dental care will need to be maintained and possibly expanded to meet local need. Some of this expansion may be provided through a change in the nature of care provided by local practitioners, but recognizing local patient needs and demands, population demands and population mobility this may not happen immediately or easily.

VI. Secondary & Tertiary Services

Secondary and tertiary dental care services have evolved in association with dental teaching hospitals, the Guy's campus and Kings College campus of GKT Dental Institute being located in Southwark and Lambeth respectively. These services are the subject of current reviews in the light of the new environment for local commissioning

VII. Key Issues

- ◆ There is variation between boroughs and localities/neighbourhoods in terms of demographic profile; however, overall the population is young, socially deprived and ethnically diverse
- ◆ There is variation between boroughs and localities/neighbourhoods in terms of their oral health needs and demands
- ◆ Geographic coverage of dental services is essentially good; however the existing services would appear to be providing significant volumes of care for a minority of residents
- ◆ Patient flow data from the Dental Practice Board show that service uptake is worse than national data would suggest and there is a requirement to address the low uptake of dental care in a proactive manner across all PCTs, with Southwark and Lambeth having very low uptake of services
- ◆ Overall, inequalities in oral health require to be addressed with a current opportunity for new ways of commissioning and working to address local needs

VIII. Future Action

In planning for the future, PCTs should consider the following issues in their Dental Development Plans and subsequent actions:

- ◆ Evidence based **oral health promotion** initiatives using the common risk factor approach and addressing hygiene, smoking, diet and fluoride, in line with the National Neighbourhood Renewal Strategy and the forthcoming Oral Health Promotion Strategy for England.
- ◆ Oral health promotion programmes need to be supported to address inequalities through caries prevention in pre-school children and older people
- ◆ Evaluation of health promotion programmes needs to be incorporated into existing and any new arrangements.
- ◆ **Promoting self care** by the local population
- ◆ Facilitating the population **uptake of dental care**. In order to achieve this, there is a need to understand how existing services may be adapted to the needs of the local population, particularly vulnerable groups such as children and older people
 - ensuring that new services are linked to other primary care services or located in shopping centres
 - building in flexibility into the new GDS contracts
 - triggers/reminders for dental care

- ◆ Developing an understanding of current clinical **treatment profiles** of local practitioners and how these may shift towards a more preventive style of practice
- ◆ Encouraging and supporting dental teams in the provision of clinical assessment, **preventive care** and **patient centered care**
- ◆ Building **quality services** that are **acceptable** to the local population
- ◆ **Modernized systems** of data capture are required to improve the quality of needs assessment information, particularly in lieu of current National IT strategies developed by the Department of Health. There should be **equivalent information systems** across primary dental care to enable comparisons of activity and case mix and ethnic monitoring
- ◆ Building acceptable **oral health data** into new information systems for primary dental care to facilitate ongoing monitoring of needs of patients utilizing clinical services
- ◆ Ensuring that **local health surveys** of young people and adults have an oral health component, including questions about the use of dental services
- ◆ The oral health needs and demands of **older people** need to be examined and the benefits of screening within the Single Assessment Process
- ◆ Ensuring that the level of **orthodontic services equates with need** and there is timely access to care.
- ◆ Recruiting, retaining and developing the **NHS dental workforce**: workforce considerations should include ensuring that the current level of service is maintained and expanded. There is a need to understand the attitudes and needs of the local workforce and how their services are best commissioned and utilized in the new primary dental care environment.
- ◆ The primary care trusts of Lambeth, Southwark and Lewisham should collaborate with other primary care trusts in London to explore the feasibility of **water fluoridation** schemes to address inequalities in oral health
- ◆ Strategic planning needs to take into account the anticipated **population growth** within the boroughs
- ◆ Dental Public Health should actively work with Public Health across Health and Social Services to explore opportunities to address oral health and access to dental services within current and new regeneration projects in particular for children and older people.

EXECUTIVE SUMMARY: B. ISSUES FOR INDIVIDUAL PCTS

This section provides an overview of key points for each PCT, where appropriate recognizing issues, which relate to neighbourhoods or localities.

I. Lambeth Borough and Primary Care Trust

The borough of Lambeth has a resident population of 266,169 living in 188,447 households, which is greater than that of its counterparts of Southwark and Lewisham. It has a high proportion of adults in 20-39 age bands and a higher birth rate when compared with the national picture but a lower proportion of children/young people and older people. The male: female ratio is 49:51. The population of the South East locality is the largest of the three, followed by South West. The population is ethnically diverse with 25.8% of the population from black minority groups, 4.8% mixed, 4.6 Asian groups and 2.5% Chinese or other ethnic group. Just over one quarter (26.4%; n=31,300) of households have one or more persons with a long term limiting illness, which is higher than London (n=29.4%) and lower than England (n=33.6%). Lambeth is highest of the SE London boroughs in terms of employment deprivation and 17th worst nationally. It is 21st worst on average of ward ranks nationally for income deprivation. Lambeth residents have higher numbers of HIV positive residents than other boroughs in SE London. The borough receives a high influx of asylum seekers with a total of 2117 recorded as at 28th November 2003 which included 519 families.

One third of five year olds have had experience of dental caries (tooth decay), with these children having almost four teeth (3.75) on average affected by decay. Children in the northern locality would appear to have the highest levels of disease experience and untreated decay at five years. At 12 years the Locality North of Lambeth had just over one quarter (26%) of children with active decay. There is a clear need to target this borough with treatment and preventive services. Gaps in information include orthodontic need for young people and the oral health of adults, particularly older people. National data would suggest that adults in London have more teeth and more untreated decay and the levels of disease are generally higher in socially deprived areas.

Public priorities in Lambeth would appear to be for flexible walk-in services, walking to care and having services in same place as GPs.

Lambeth residents have access to GDS, PDS, EDS and HDS. The most recent analysis of patient flow data show that only 39.6% of children, 36.3% of total adults and 27.6% older people resident in the borough of Lambeth were registered for dental care with GDS/PDS on 30th September 2003. Of these, around 71% of all people are registered with a dentist in Lambeth/LSL PDS and 11% in the other PCTs in the SE sector. However, Lambeth dentists treat 69% of Lambeth residents and 9% of residents in the SE sector mainly from the adjoining borough of Southwark.

In contrast to other boroughs, PDS practices provide a significant proportion of care for Lambeth residents as 4 out of the 5 practices are within Lambeth. There is an interesting pattern of service provision in Lambeth in that some GDS contracts have few or no registered patients. GDS services bring about 8.7 million pounds gross fees for Lambeth. A high proportion of claims (5.6%) are for £300 or more. Over half of the adult claims (51.5%) are for exempt patients, the highest in SE London and twice the national average. This fits with the economic status of local residents.

II. Southwark Borough and Primary Care Trust

The borough of Southwark has a resident population of 244866. Overall its population is relatively young. However, 10.4% of the population is aged 65 years and over. There are important variations by locality with respect to age distribution and Dulwich has 1.6 times more residents 65 years and over as compared to Peckham/ Camberwell. The gender distribution is relatively similar for the localities.

Ethnic variation between the localities within Southwark is a further important issue. The proportion of white people in Walworth/ Borough and Peckham Camberwell is only 58.1% and 49.7% respectively with the proportions of black people being 27.5% and 39%. This contrasts with the localities of Bermondsey/ Rotherhithe and Dulwich, which have proportions of 70.3% and 69.2% white residents. Other minority groups form relatively small proportions within each of the localities. Overall each of the localities of Southwark are relatively deprived and the levels of deprivation exceed the other two boroughs for specific measures. The localities have relatively similar proportions of residents with disabilities. The number of asylum seekers at the end of November 2003 was 1669, which included 378 families.

With regards to oral health there are important variations by age and social class. For 5 year olds, the % of children with active decay range from 20% for the localities of Dulwich and Peckham/Camberwell, to 21 for Walworth /Borough and 30% for Bermondsey/Rotherhithe. Each of these proportions is higher than the LSL average (18%) and in particular Bermondsey/Rotherhithe but is below the national average of 35%. Of the 5 year olds in Southwark who have experience of decay the average number of decayed teeth present is 2.10 with Peckham/Camberwell demonstrating the highest rate of 2.31. The average % of 12-year-old children with active decay in Southwark is 10%, which is well below the value for 5 year olds.

With regard to public priorities for services, co-location of dental services with medical practices would appear to be key issues for those wards where black people live and providing advice in shopping centres e.g. in a mobile surgery would appear to be a key issue for wards where young people live. With regard to the provision of smoking cessation services, consideration should be given to targeting services in Walworth/ Borough and Peckham Camberwell given the high proportion of black residents in the area and the identified high smoking rates for this group. Southwark residents would appear to want telephone calls or reminders for their appointments.

The General Dental Services is the main provider of Dental Services in Southwark and importantly the Guy's site of GKT Dental Institute is within the Walworth/ Borough locality of Southwark. The most recent analysis of patient flow data show that only 38% of children, 32% of total adults and 22.4% older people resident in the borough of Southwark were registered for dental care on 30th September 2003. Of these, around 71% of all people are registered with a dentist in Southwark and 13.6% in the other PCTs in the SE sector, including the LSL PDS. However, Southwark dentists treat 69% Southwark residents and 23% of residents in the SE sector mainly from the adjoining boroughs of Lambeth and Lewisham.

It is to be noted however that the rate of fillings in Southwark is much higher than the London figure and twice the national figure. Extractions are more common than in Lambeth but similar to London overall and one in five patients is receiving extensive treatment for periodontal (gum) diseases.

III Lewisham Borough and Primary Care Trust

The borough of Lewisham has a resident population of 248,922 living in 107,412 households. Overall the population is relatively young. Around 11% is over 65 years. However, there is wide variation in the proportion of people aged 65 years and over between neighbourhoods ranging from 7% in neighbourhood 1 to 13.5% in neighbourhood 4. Gender distribution is similar for neighbourhoods and to that for London. The population is ethnically diverse. Overall the proportion of white people in Lewisham is 66%. However there are variations between neighbourhoods ranging from 53% in neighbourhood 1 to 71% in neighbourhood 3. Blacks make up the next largest group ranging from 19% in neighbourhood 3 to 34% in neighbourhood 1. Lewisham scores highly in terms of social deprivation but less than Southwark and Lambeth in its national ranking and scores.

Although Lewisham as a whole has already achieved the national oral health target (dmft =1) for 5-year-old children in 2003; neighbourhood 1 has not. Here, 5-year-old children have twice the levels of disease compared with Neighbourhood 3 and 20% fewer children are decay free. Those with disease have between 3 and 4 teeth affected and this is the same for all neighbourhoods. In 12 year olds there are fewer children with dental disease with a mean DMFT of 0.39. Neighbourhood 3 has fewer children with disease but those children with disease have more than twice as many decayed teeth than other neighbourhoods.

Public priorities for Lewisham would appear to be for flexible services such as walk in centres, extended opening times and integration of dental services in primary care centres. Geographical access to dental services does not appear to be a problem.

The most recent analysis of patient flow data show that only 46% of children, 37% of total adults and 30.6% older people resident in the borough of Lewisham were registered for dental care on 30th September 2003. Of these, around 80% of all people are registered with a dentist in Lewisham and 15% in the other PCTs in the SE sector. However, Lewisham dentists treat 72% Lewisham residents and 22% of residents in the SE sector mainly from the adjoining boroughs of Bromley and Greenwich.

The general dental services are the main providers of primary care dental services supplemented by the community dental services. There are 37 general dental practices with neighbourhood 1 having less dental practices than the other neighbourhoods. Each of the neighbourhoods has one community clinic. Uptake of services by adults is better than the national average and that for children slightly less. Some practices have low volume of registered patients possibly because of the private element. Practitioners in Lewisham carry out more routine work and less intricate work when compared to London as a whole. Lewisham has higher rates of extraction of teeth. Around 41% of adult residents in Lewisham are exempt from dental charges. This compares to the national figure of 24% and fits in with the socio-economic characteristics of the PCT population. The total gross fees paid to general dental practitioners in Lewisham for the period October 2002 to September 2003 was 9.7 million pounds.

Lewisham as a whole compares well with London with respect to oral health indicators for primary school children. Patient flows show that that utilisation of dental services by children and adults is better than Lambeth and Southwark but still low compared with the national picture. However these figures mask stark inequalities in oral health and service utilisation in the different neighbourhoods. The way forward, in addition to the general recommendations above should include initiatives to reduce the gap in utilisation of dental services for children and adults in general and older people in neighbourhood 1 and Lewisham as a whole.

I. INTRODUCTION

1.1 Background

Lambeth, Southwark & Lewisham Primary Care Trusts require specific information on the oral health needs and demands of the local population to inform the local agenda for change in dental services (Department of Health, 2004). The aim of this report is to provide an assessment of the oral health needs and demands of the populations of Lambeth, Southwark & Lewisham Primary Care Trusts, and to identify priorities for commissioning oral health services and identify gaps for further work in line with the specification provided by Southwark PCT (Appendix 1).

Oral Health is defined as the

‘standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being’

(Department of Health, 1994).

Under the Health and Social Care Act (2003) each Primary Care Trust (PCT) must, ‘to the extent that it considers necessary to meet all reasonable requirements, exercise its powers so as to provide primary dental services within its area or secure their provision within its area.’ It is thus important that commissioners are aware of the demography of the local resident population, its oral health needs and demands and current service provision. Each of these areas is addressed in turn in the following chapters.

1.2 Measuring need and demand

This report outlines the available data on the needs and demands of the resident population of the boroughs of Lambeth, Southwark and Lewisham. Need is considered from the perspectives of the dentist (normative need) drawing on data from epidemiological surveys, and dental service use (expressed need) including public priorities for health and health services. Local data are used where available and presented at locality level where the data permitted this level of analysis. Comparisons with London and national data are made to provide a context for the local data. Where no local data are available, London and national data are used.

1.3 Determinants of health

Dental and oral diseases are prevalent. They are behaviourally associated with diet, hygiene, smoking and alcohol consumption, levels of available fluoride and access to care. However, socio-economic factors are recognised as being the wider determinants of oral health inequalities. Epidemiological data at both national levels clearly indicate a

social gradient across social classes. Whereas nationally just over one quarter of adults smoke (26%), lifestyle surveys in local boroughs during the 1990's suggest that up to 40% of adults smoke in Southwark (Health Quest Southeast Regional Report, 1993) and 38.8% in the former Lambeth Southwark & Lewisham Health Authority (1998 Health Survey of England). Alcohol consumption in London is considered to be about the national average but it is recognised that London data may be affected by the higher proportion of adults who do not drink, many from ethnic minorities. Londoners do not have access to optimally fluoridated water in support of oral health.

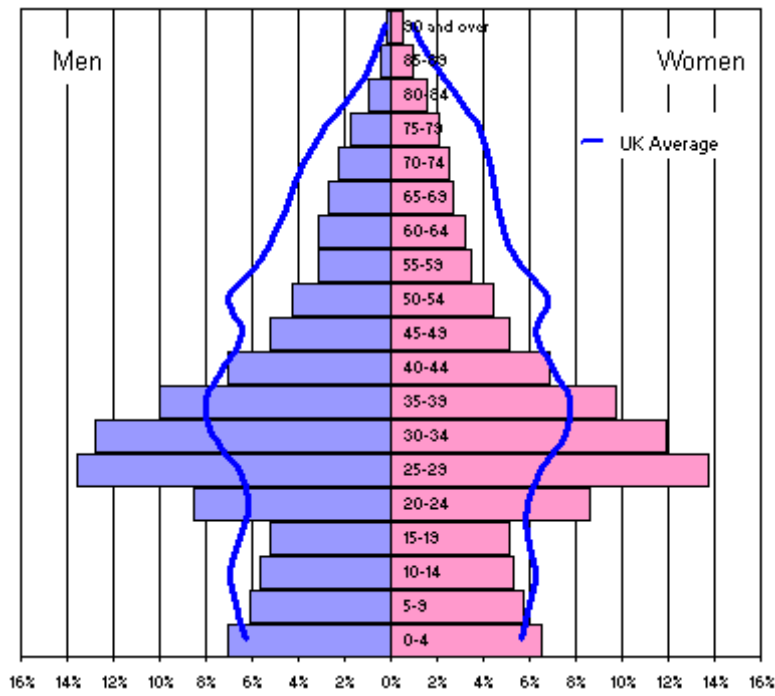
2. DEMOGRAPHY

This section contains an analysis of the demographic characteristics of the resident population of the three boroughs of Lambeth, Southwark and Lewisham rather than the formally defined PCT population. The latter involves all patients on lists of General Medical Practitioners (GMP) in the PCT; this difference must be noted as the wealth of data available relate to residents of the three boroughs. The resident population of each of the three boroughs is young, ethnically diverse and socially deprived, a profile which is similar to most other inner London boroughs. In general this section includes information at borough and locality level. For more detail on each of the key descriptors of the population by ward level, please see Appendices 2-5. Ward data were used to build locality profiles. For Lambeth and Lewisham this was straightforward; however for Southwark where locality and ward boundaries are not coterminous, wards were allocated to the locality of which they form a major component, following consultation with the Director of Public Health for Southwark.

2.1 Population structure

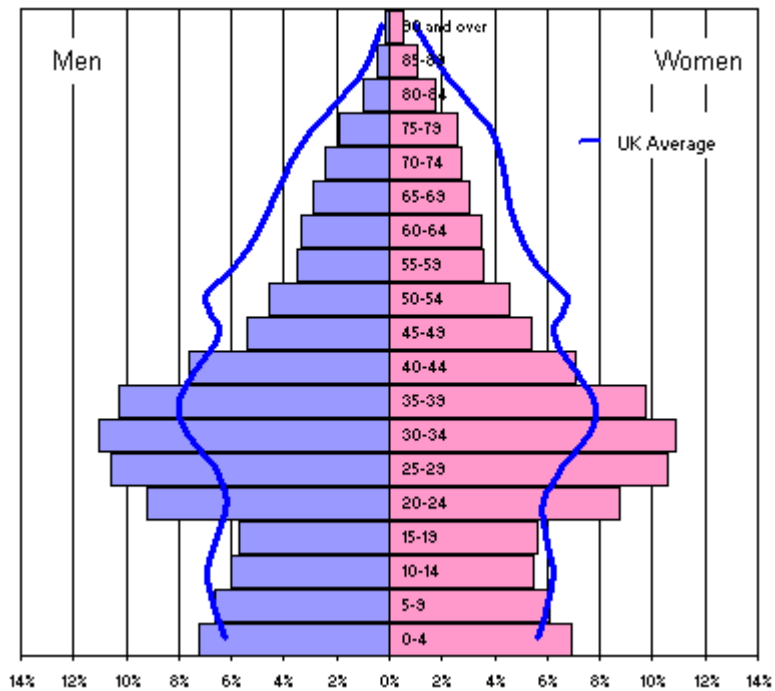
The population profile across the three boroughs is similar. Differences include Lambeth being the largest in terms of total population and Lewisham having the largest volume of older people. For England and the boroughs of LSL about 15% of the population is under 16 years of age. Figures 2.1, 2.2 and 2.3 illustrate the overall age and gender breakdowns for Lambeth, Southwark and Lewisham in comparison to averages for the United Kingdom as a whole. They visually present an overview of the population profiles showing marked differences from the population of England as whole, particularly the high level of young adults. Table 2.1 provides age breakdown for each of the localities of Lambeth, Southwark and Lewisham. Further specific details are provided for local gender and age profiles in Sections 2.2 and Appendix 2.

Figure 2.1: Population Structure: Lambeth and United Kingdom



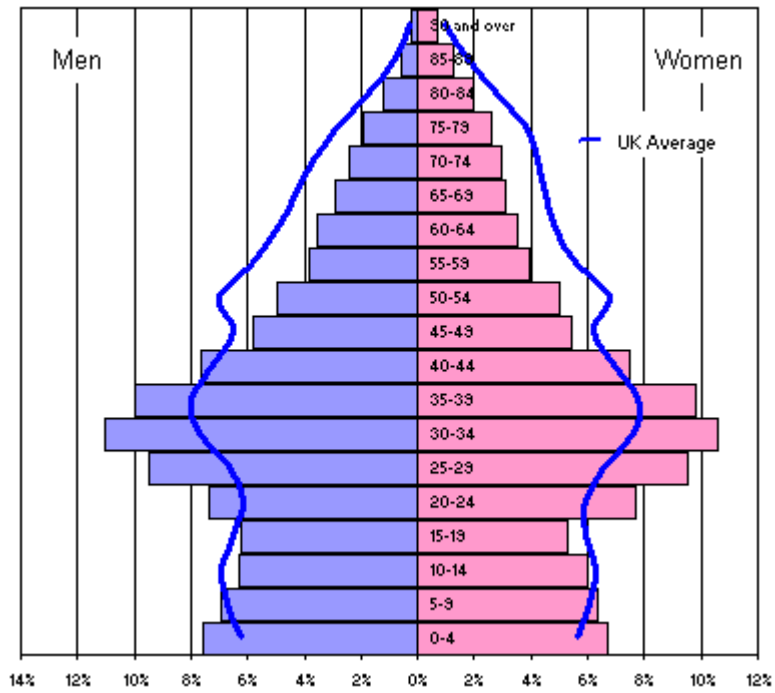
Source: ONS, 2001 census

Figure 2.2: Population Structure: Southwark and United Kingdom



Source: ONS, 2001 census

Figure 2.3: Population Structure: Lewisham and United Kingdom



Source: ONS, 2001 census

Table 2.1: Population of LSL boroughs by age-band and locality

	All people	People aged < 18 yrs	People aged ≥ 18 yrs	People aged 0 – 4yrs	People aged 5-15yrs	People aged 16-64yrs	Total People aged 65+ yrs	Total People aged 75+ yrs
Lambeth	266169	56561	209608	18063	32991	190499	24616	11139
Locality: North	60135	12574	47561	4136	7336	43084	5579	2474
Locality: South East	116074	26099	89975	7962	15479	82137	10496	4617
Locality: South West	89960	17888	72072	5965	10176	65278	8541	4048
Southwark	244866	58523	190399	17355	32303	169853	25355	11719
Walworth/Borough	63740	14458	43270	4561	8226	44548	6405	3015
Bermondsey/Rotherhithe	69406	10120	40692	4606	8609	49075	7116	3283
Peckham/Camberwell	47288	17012	51919	3686	7493	31580	4529	2045
Dulwich	64432	16933	54518	4502	7975	44650	7305	3376
Lewisham	248922	54953	189913	17772	34817	168972	27361	13198
Neighbourhood: 1	57728	14107	49633	4557	8521	40391	4259	1903
Neighbourhood: 2	50812	14574	54832	3327	5811	36008	5666	2749
Neighbourhood: 3	68931	12369	34919	4784	10322	44501	9324	4546
Neighbourhood: 4	71451	13903	50529	5104	10163	48072	8112	4000
Bexley	218307	51349	166958	13277	32629	137892	34509	16229
Bromley	295532	65578	229954	18681	40190	186851	49810	24293
Greenwich	214403	52126	162277	15538	31100	139991	27774	13970
London	7172091	1618582	5723855	478187	970049	4832265	891590	423523
England	49138831	11132847	39237250	2926238	6975343	31429250	7808000	3705159

Source: ONS 2001 census

2.2 Local Gender and age profiles

The ratio of females to males in London is 52:48 and nationally 51:49 as shown in Table 2.2. Locally, there are more males, with some localities across all three boroughs have a 50:50 split or approaching this. This is in keeping with the younger population profile of the three boroughs.

Table 2.2 Population of LSL boroughs by gender and locality: All people

	2001 population All people	2001 population Males	% M	2001 population Females	%F
Lambeth	266169	131152	49	135017	51
Locality: North	60135	30102	50	30033	50
Locality: South East	116074	56555	49	59519	51
Locality: South West	89960	44495	49	45465	51
Southwark	244866	119817	49	125049	51
Walworth/Borough	63740	31273	49	32467	51
Bermondsey/Rotherhithe	69406	34901	50	34505	50
Peckham/Camberwell	47288	22789	48	24499	52
Dulwich	64432	30854	48	33578	52
Lewisham	248922	119979	48	128943	52
Neighbourhood: 1	306650	148049	48	158601	52
Neighbourhood: 2	50812	24744	49	26068	51
Neighbourhood: 3	68931	32965	48	35966	52
Neighbourhood: 4	71451	34200	48	37251	52
London	7,172,091	3,468,793	48	3,703,298	52
England	49,138,831	23,922,144	49	25,216,687	51

Source: ONS, 2001 census

Overall, each of the boroughs of Lambeth, Southwark and Lewisham has a young population. This still includes 24.6 – 27.3 thousand older people. There is variation in the volume between localities/neighbourhoods with the southern localities generally having higher numbers of older people, Table 2.3. There is wide variation in the volume of older people between localities.

Table 2.3: Population of LSL boroughs by gender and locality: older people

Lambeth						
	All females 65+	All males 65+	All people 65+	All females 75+	All males 75+	All people 75+
Locality						
North	2913	2364	5277	1504	972	2476
South East	5947	4630	10577	2861	1758	4619
South West	4927	3831	8758	2463	1581	4044
Total	13787	10825	24612	6828	4311	11139
% of Total	56%	44%	100%	61%	39%	100%
Southwark						
Walworth/Borough	3709	2702	6411	1920	1099	3019
Bermondsey/ Rotherhithe	4121	2995	7116	2065	1218	3283
Peckham/ Camberwell	2611	1916	4527	1315	727	2042
Dulwich	4206	3092	7298	2136	1237	3373
Total	14647	10705	25352	7436	4281	11717
% of Total	58%	42%	100%	63%	37%	100%
Lewisham						
Neighbourhood: 1	2374	1889	4263	1144	764	1908
Neighbourhood: 2	3407	2261	5668	1757	992	2749
Neighbourhood: 3	5623	3700	9323	2951	1596	4547
Neighbourhood: 4	4854	3251	8105	2581	1414	3995
Total	16258	11101	27359	8433	4766	13199
% of Total	59%	41%	100%	64%	36%	100%

Source ONS, 2001

2.3 Population size and projections by borough

Change to the size and makeup of the population will have significant impact on the nature and volume of services used and planned for (Table 2.4). The population trends should be kept under review. About 36% (70,000) of the projected 195,000 population increase in SE London to 2016 will occur in three zones of change. The areas where this increase is projected outlined below include schemes within the boroughs of LSL:

- Lewisham/Greenwich/Deptford with 10,446 new dwellings
- Greenwich Peninsula with 12,850 new dwellings
- Charlton to Crayford.

Table 2.4: Population projections for South East London

SESTHA				
Boroughs	2001	2006	2011	2016
Lambeth	266,791	282,126	297,504	311,389
Southwark	245,416	261,211	276,310	289,980
Lewisham	249,451	265,177	276,921	276,882
Greenwich	215,238	238,580	260,083	269,878
Bexley	218,756	223,053	223,455	224,208
Bromley	296,155	301,488	307,740	314,876
Total population	1,491,807	1,571,635	1,642,013	1,687,213
<i>Increase from previous</i>		79,828	70,378	45,200
<i>Increase 2001-16</i>				195,406

Thames Gateway Health Services Assessment, 2003

The need for additional premises and investment to primary and acute care have been highlighted by the Thames Gateway Health Services Assessment (2003). Dentistry is not specifically referred to in this document but provision for the health needs of the expanding population will need to be considered.

It is to be noted that the growth in the population in London is mainly due to net natural change (more births than deaths). The main reason for the remaining quarter is net civilian migration. The sociodemographic trend of high birth rates, the net influx of migrants from overseas and trends towards lone person or parent households in London (ONS 2003) should have important impacts on the character of health service planning but should not overshadow effective local analyses of social demographic trends.

2.4 Distribution of ethnicity

The distribution of the total frequencies of residents within broadly defined ethnic groups for Lambeth, Southwark and Lewisham boroughs are presented in the Table 2.5 below. Further details by subgroup and Ward are presented in Appendix 3. The proportion of white residents of is 62.4%, 63% and 65.9% for Lambeth, Southwark and Lewisham respectively as compared to 71.2% for London overall. The predominant local ethnic minority group is the 'Black Group' ranging from 23.4 to 25.8% for Lewisham and Lambeth respectively. Overall, Lambeth, Southwark and Lewisham boroughs are characterised by similar distribution of overall percentages of ethnic groups but there are important variations at locality and neighbourhood level for Southwark and Lewisham which require to be assessed on an individual basis (Figures 2.4-2.13).

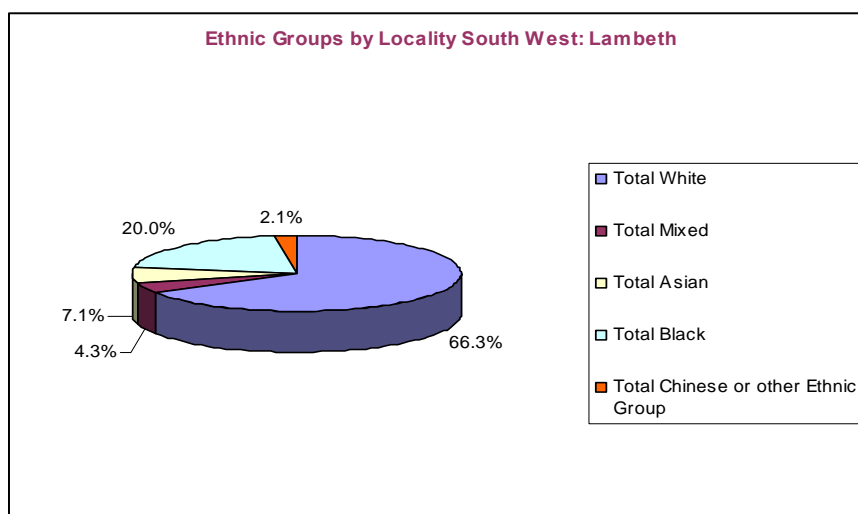
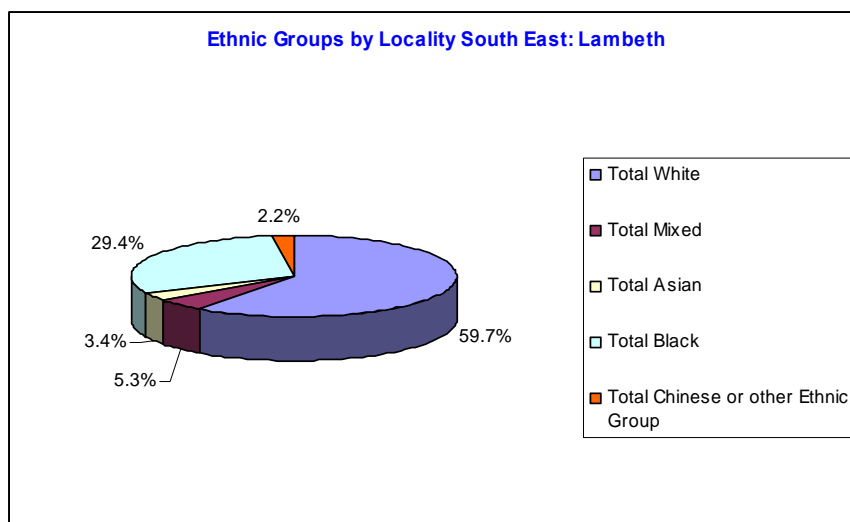
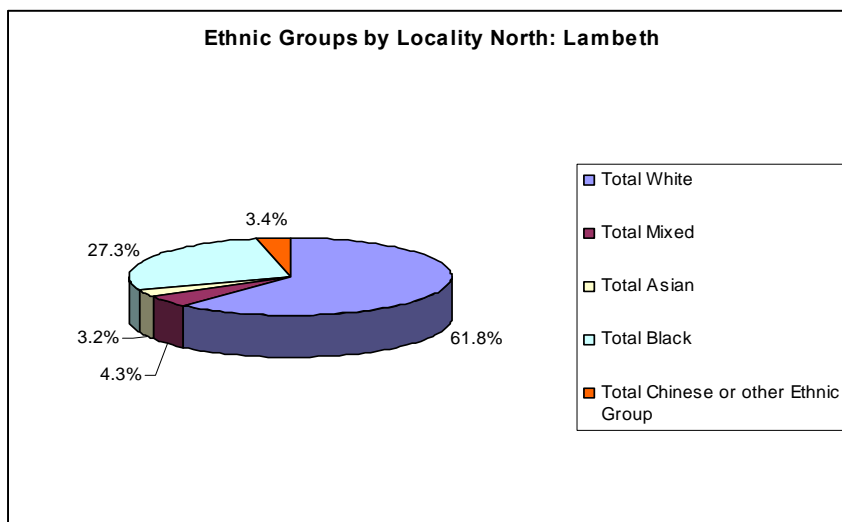
Table 2.5: Distribution of Ethnic Groups for the Lambeth, Southwark and Lewisham

Borough	All people	Total White	Total White %	Total Mixed	Total Mixed %	Total Asian	Total Asian %	Total Black	Total Black %	Total Chinese or other Ethnic Group	Total Chinese or other Ethnic Group %
Lambeth	266169	166058	62.4%	12854	4.8%	12164	4.6%	68554	25.8%	6539	2.5%
Southwark	244866	154316	63.0%	9146	3.7%	9951	4.1%	63416	25.9%	8037	3.3%
Lewisham	248922	164098	65.9%	10399	4.2%	9450	3.8%	58260	23.4%	6715	2.7%
London	7172091	5103203	71.2%	226111	3.2%	866693	12.1%	782849	10.9%	193235	2.7%
England	49138831	44679361	90.9%	643373	1.3%	2248289	4.6%	1132508	2.3%	435300	0.9%

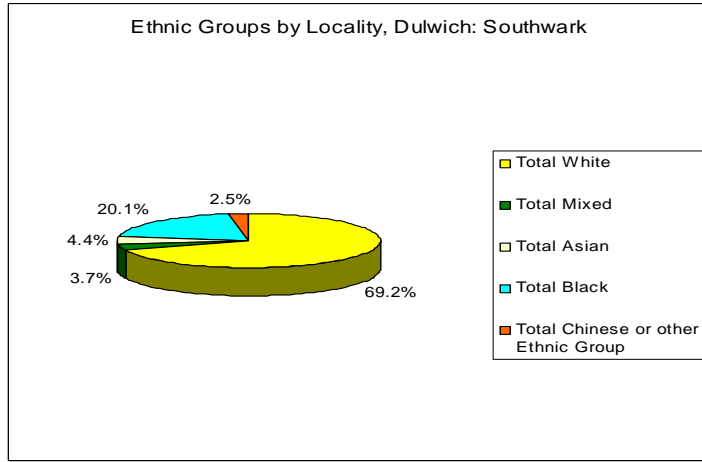
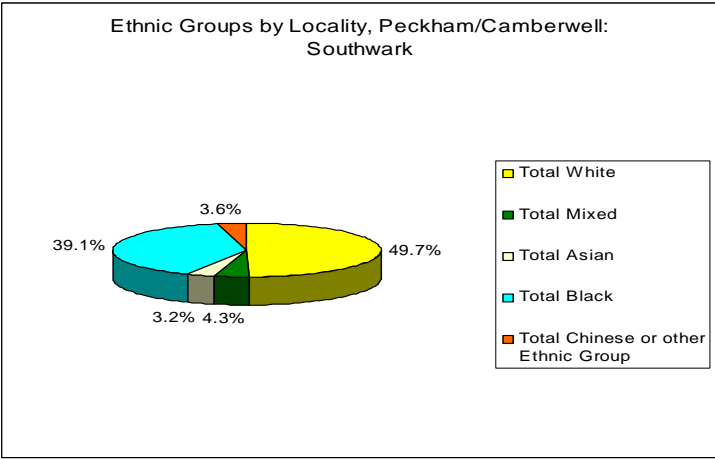
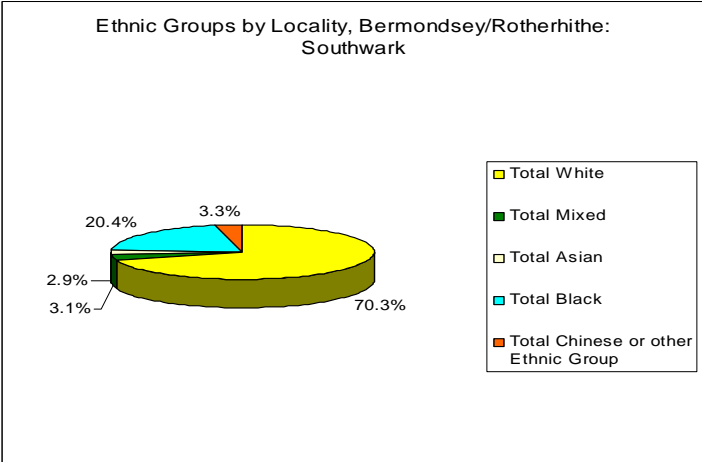
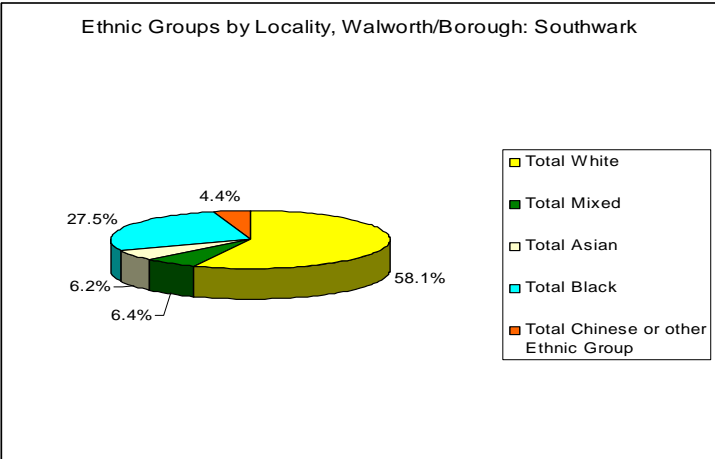
Source: ONS 2001, <http://www.statistics.gov.uk/copyright.asp>

Figures 2.4- 2.7: Pie Charts: Ethnic Group by Locality: Lambeth

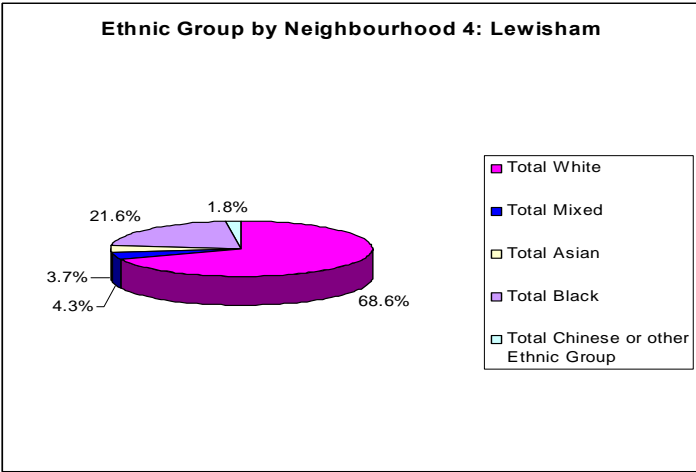
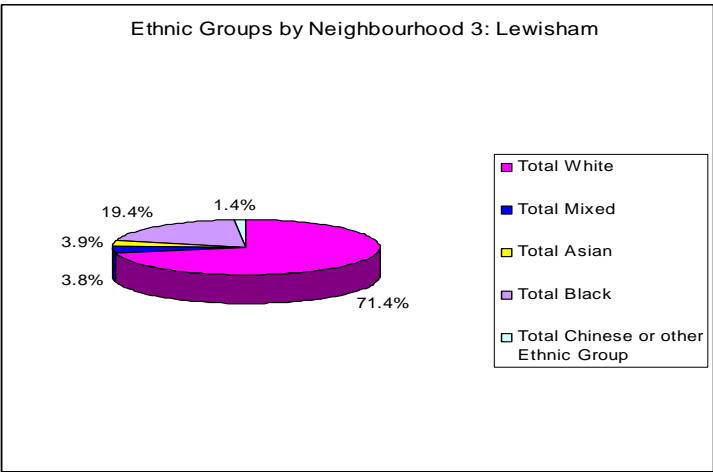
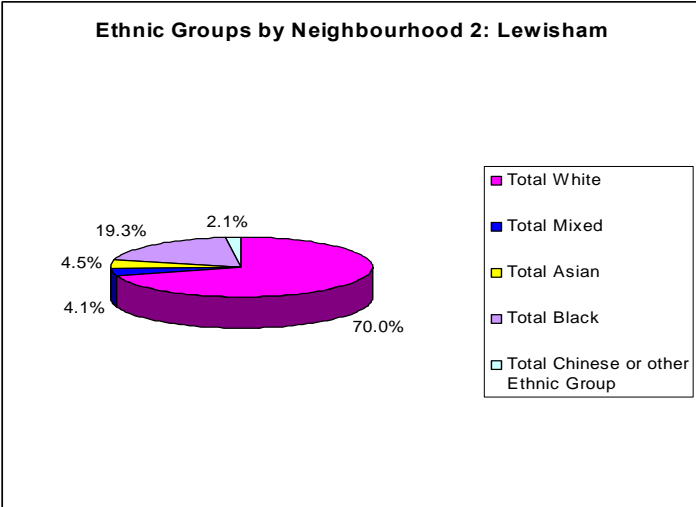
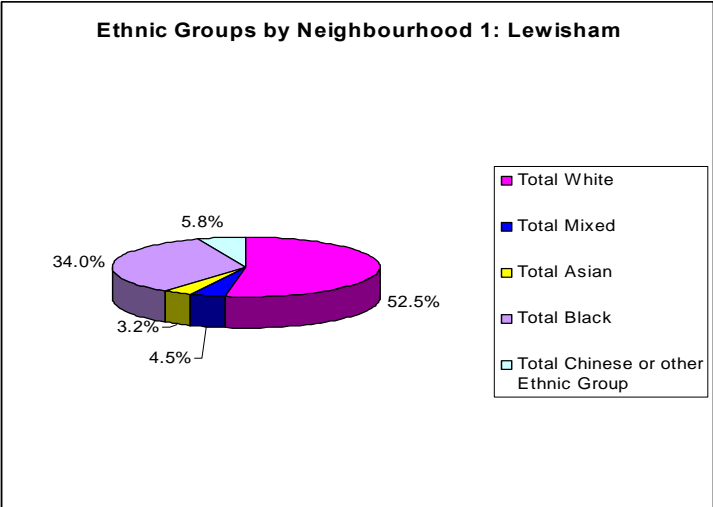
Source: ONS 2001, <http://www.statistics.gov.uk/copyright.asp>



Figures 2.8-2.10: Pie Charts: Ethnic Group by Locality: Southwark (Source: ONS 2001, <http://www.statistics.gov.uk/copyright.asp>)



Figures 2.11- 2.13: Pie Charts: Ethnic Group by Neighbourhood: Lewisham (Source: ONS 2001, <http://www.statistics.gov.uk/copyright.asp>)



2.5 People 'At Risk'

This section explores the demography of specific groups, other than children, who may be at risk of higher levels of oral disease or have problems with accessing care. These include people with long term limiting illness.

2.5.1 Individuals with a limiting long term illness

Social factors are wider determinants of general and dental health. In Table 2.6 it is apparent that Lambeth, Southwark and Lewisham each have important percentages of households with one or more persons with a limiting long-term illness, which approximate the London average value of 29.7%. Neighbourhood 3, Lewisham demonstrates the highest proportion of such households (32%) and the South West Locality of Lambeth, the lowest (24.6%). Further details are presented in Appendix 4.

Table 2.6: Household with limiting long-term illness and dependent children

	All households	Households: With one or more person with a limiting long-term illness	%
North	27334	7244	26.5
South East	51484	14292	27.8
South West	39629	9764	24.6
Lambeth	118447	31300	26.4
Walworth/ Borough	26767	8359	31.2
Bermondsey/ Rotherhithe	26706	7002	26.2
Peckham/ Camberwell	19594	6217	31.7
Dulwich	18503	4968	26.8
Southwark	105806	31472	29.7
Neighbourhood 1	24506	6890	28.1
Neighbourhood 2	22918	6246	27.3
Neighbourhood 3	29314	9322	32.0
Neighbourhood 4	30854	9119	29.6
Lewisham	107412	31577	29.4
London	3015997	894348	29.7
England	20451427	6862037	33.6

Source ONS, 2001

2.5.2 Employment status

In Table 2.7 the number of households with no adults in employment and dependent children exhibits similar average values for each of Lambeth, Southwark and Lewisham, 7.8% 8.4% and 8.2% respectively. However there are important differences at locality levels. Neighbourhood 1, Lewisham has the highest proportion of such households (11.1%) whereas Neighbourhood 2 in Lewisham has only 5.9%. In Southwark, the value for Peckham/Camberwell, is 10.3% but for Dulwich it is only 5.0%. The values for Lambeth localities range from 6.4 to 8.2%.

Table 2.7: Household composition by adult employment status and age of dependent children

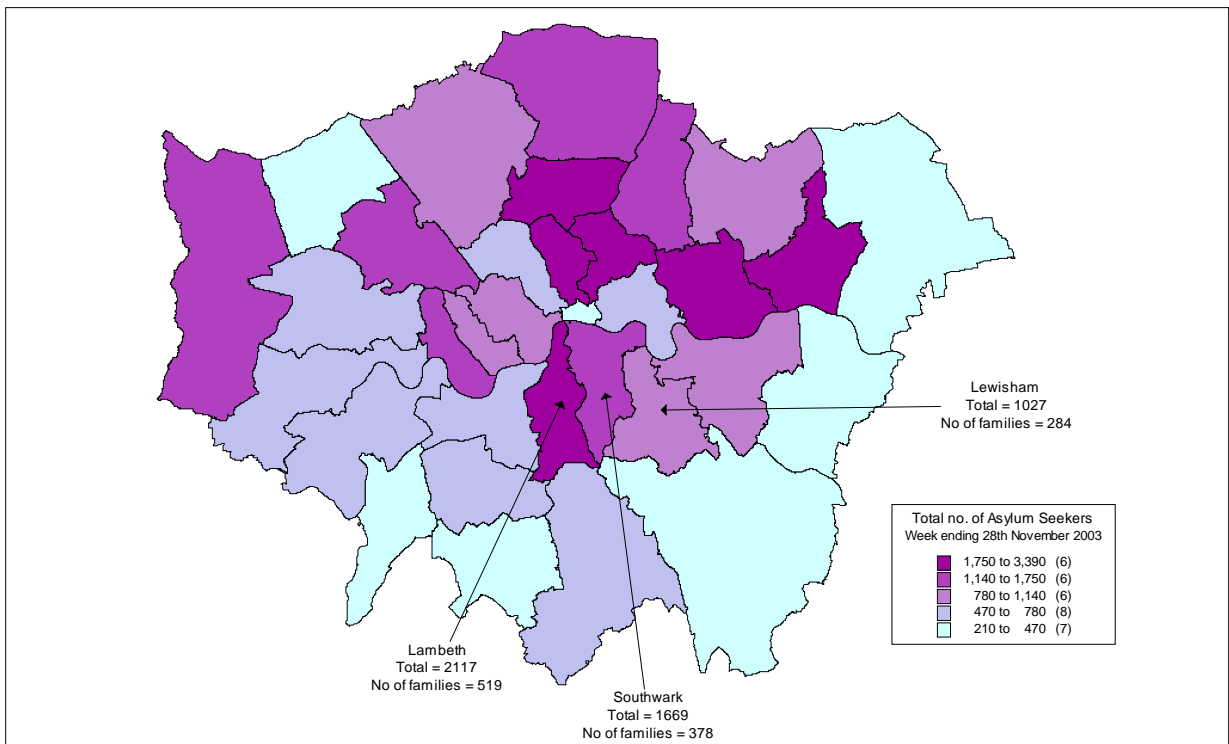
	All households	Households: No adults in employment: with dependent children*	Households: No adults in employment: without dependent children*	Households: With dependent children*: All ages	Households: With dependent children*: Aged 0 -4
Locality: North	27334	2234	7220	6953	3227
Locality: South East	51484	4483	12724	14306	6398
Locality: South West	39629	2550	8656	9921	4664
Lambeth	118447	9267	28600	31180	14289
Walworth/ Borough	26767	2556	7873	7459	3617
Bermondsey/ Rotherhithe	26706	2094	6537	6320	3008
Peckham/ Camberwell	19594	2027	5398	6414	2933
Dulwich	18503	921	4464	5309	2491
Southwark	105806	8864	28631	29798	13903
Neighbourhood 1	24506	2727	5587	7782	3624
Neighbourhood 2	22918	1362	5655	5790	2666
Neighbourhood 3	29314	2302	8093	9495	3970
Neighbourhood 4	30854	2381	7906	9591	4177
Lewisham	107412	8772	27241	32658	14437
London	3015997	198765	803397	873161	374980
England	20451427	988329	6322486	6023856	2326443

Source ONS, 2001

2.6 Asylum seekers

London has a high influx of asylum seekers. The following map provides an overview of the numbers of asylum seekers for London in general and the three PCTS of Lambeth, Southwark and Lewisham. These data were provided by the London Health Observatory. Lambeth receives the highest total number of asylum seekers of the PCTS in South East London, followed by Southwark. The map below shows the level of asylum seekers for a typical week in November 2003.

Map 2.1 Asylum Seekers in London by borough, week ending 28.11.03



Source: London Health Observatory December 2003

Appendix 5 provides detailed information on the range of categories of asylum seeker and includes comparisons with other boroughs in SE London as well as the London perspective.

2.7 People with Blood Borne viruses

2.7.1 HIV infection

People with HIV infection were historically considered high risk for oral conditions; however current treatment therapy means that most HIV positive people lead normal lives and only when there is late onset of medical problems do they require specialized management, including management of oral manifestations of the disease.

There are a number of surveillance systems in operation to diagnose HIV infection:

1. diagnosing and reporting by clinicians (includes AIDS report cases)
2. laboratory reporting of positive HIV tests
3. unlinked anonymous prevalence monitoring programme (UAPMP) run nationally by the Health Protection Agency.

Lambeth, Southwark and Lewisham has some of the highest levels of sexually transmitted diseases in the country. In 2001, there were 3099 recorded cases of HIV positive residents, a 10.7% increase over the previous year (Heathcock, Health Protection Agency, 2003). In the graph below (Figure 2.14) the prevalence of HIV positive residents in SE London is presented. Lambeth, Southwark and Lewisham have much higher prevalence levels than the outer SE London boroughs of Bexley, Bromley and Greenwich.

Figure 2.14 HIV positive residents by borough in SE London, 2001

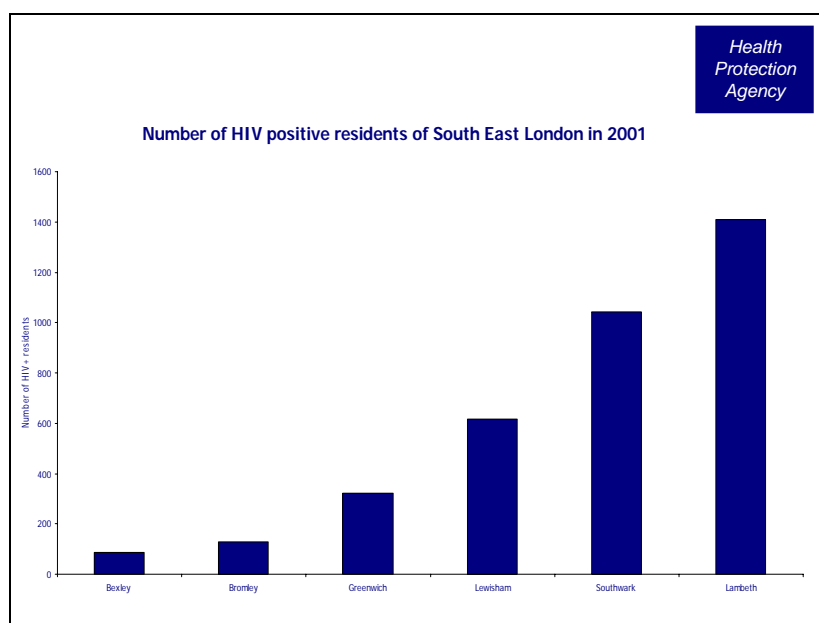


Figure 2.15 below shows the increasing prevalence of HIV infection in women attending antenatal clinics in LSL compared with London and England.

Prevalence is currently high in people attending local antenatal clinics. In Figures 2.16 to 2.18 the breakdown by SE London borough is presented for 3 community groups, which demonstrate a relatively high and increasing prevalence for HIV infection.

Figure 2.15 Prevalence of HIV infected women at antenatal clinics

Prevalence of HIV infection amongst women attending antenatal clinics in Lambeth, Southwark and Lewisham, London and England

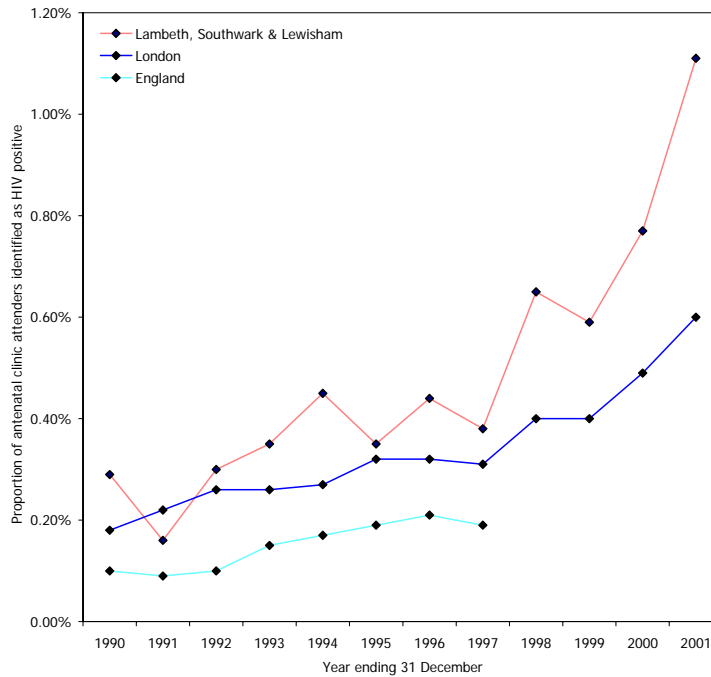


Figure 2.16 Number of HIV positive black Africans in LSL Boroughs

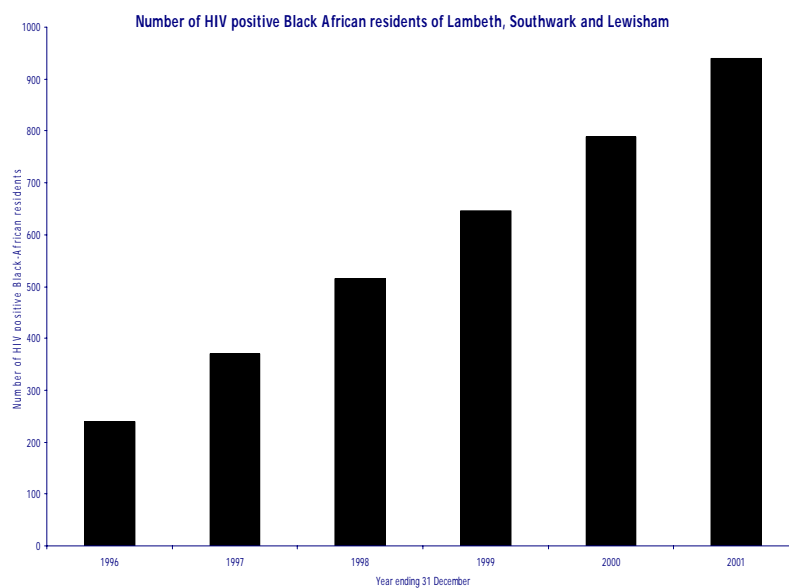


Figure 2.17 Number of HIV positive black Caribbeans in LSL Boroughs

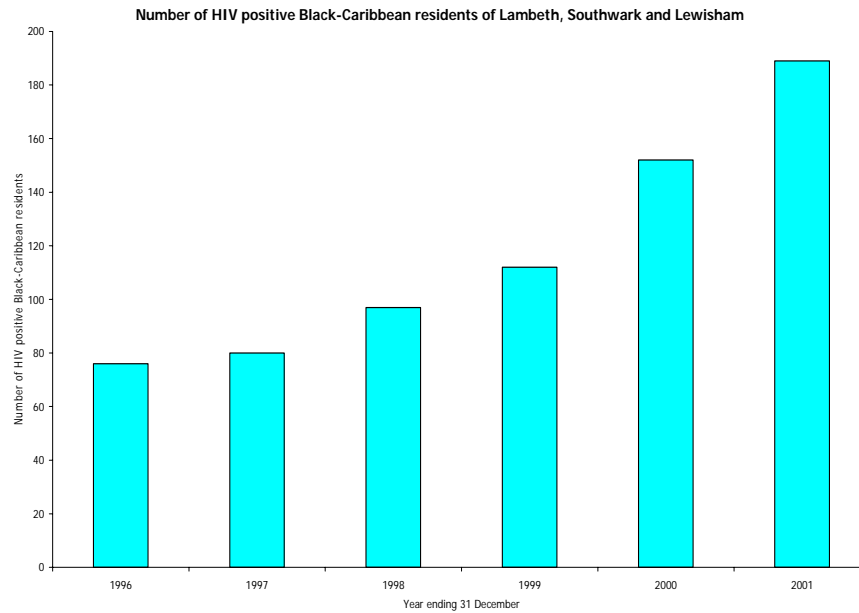
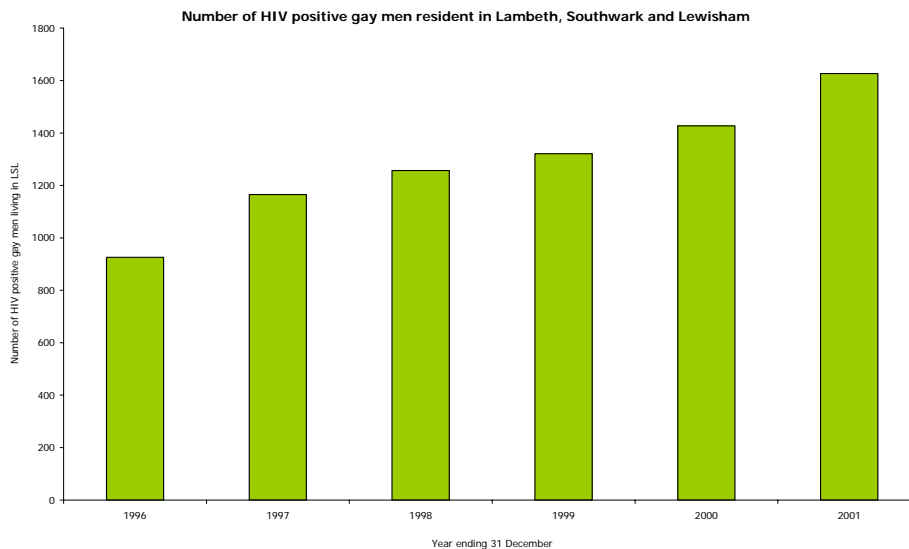


Figure 2.18 Number of HIV positive gay men in LSL Boroughs



2.7.2 Other blood borne viruses

For hepatitis B and C there is a lack of high quality data available for prevalence of these infections and certainly no useful data by locality. There are some data available nationally. For example in 2001, 25% of drug users in the UAPMP in London had evidence of past hepatitis B infection and 35% of drug users in England and Wales had evidence of hepatitis C infection. It is known from the antenatal hepatitis B testing locally, that over 1% of all pregnant women have hepatitis B surface antigen. The Health Protection Agency based in SE London receives notifications of acute hepatitis

B infections, however it is known that there is some underreporting. Hepatitis C rarely causes an acute infection (Heathcock 2003).

2.8 Indicators of deprivation at the area level

The introduction to this report stressed the impact of socio-demographic factors and oral disease. It is therefore important to recognize that the residents of the boroughs of Lambeth, Southwark and Lewisham are socially deprived and this is reflected by the deprivation indices. DETR scores (Department of the Environment, Transport and the Regions, 2000) are presented for the boroughs as a whole to provide an indication of local deprivation across South East London. Once this index of deprivation is available at new ward boundaries and is calculated using 2001 census data it will be important to map these data against oral health and service uptake.

Table 2.7 file contains the district level presentations of the Indices of Deprivation 2000 (DETR, 2000) constructed by the Index Team at Oxford University for the Department of Environment, Transport and the Regions. The six district level summaries show the score and rank for each of the summary measures presented for the six boroughs in South East London. The lower the rank of the district/borough, the more deprived it is for each measure. All three boroughs of Lambeth, Southwark and Lewisham have high numbers of people in these categories and therefore are hold low rankings for numbers of income and employment deprivation.

Average of Ward Scores also describes the district as a whole, taking into account the full range of ward scores across a district. Southwark has the lowest rank average ward score of the three boroughs, providing an indication of the consistency of deprivation across the wards. It again scores lowest on the average of the ward ranks and the extant score. The aim of the latter measure is to portray how widespread high levels of deprivation are in a district. It is the proportion of a district's population living in the wards, which rank within the most deprived 10% of wards in England. It only includes districts, which contain wards, which fall within the top ten percent of the most deprived wards in England. Therefore whereas all three inner city boroughs of Lambeth, Southwark and Lewisham have wards in this category, only Greenwich in outer SE London has some.

Local Concentration (formerly 'Intensity') is an important ways of identifying districts' 'hot spots' of deprivation, Southwark and Greenwich having the lowest for SE London.

Table 2.7 SETR Deprivation scores by borough

LA Name		Number of Employment Deprived	Number of Income Deprived	Average of Ward Scores	Average of Ward Ranks	Extent Score	Local Concentration Score
Lambeth	Value Scale	24684	84792	38.29	7051.98	14.87	7950.58
	Rank of Scale	17	21	42	21	79	87
Southwark	Rank of Scale	22900	81025	44.54	7285.05	56.44	8195.00
	Rank of Scale	22	23	14	9	12	49
Lewisham	Rank of Scale	20746	73960	36.79	6889.25	16.65	7930.99
	Rank of Scale	29	31	53	30	76	89
Greenwich	Rank of Scale	17178	66296	37.87	6651.36	29.86	8091.52
	Rank of Scale	46	42	44	48	47	63
Bromley	Rank of Scale	11275	41603	12.64	2432.15	.00	6944.92
	Rank of Scale	78	76	275	292	158	196
Bexley	Rank of Scale	9359	35736	16.97	3419.78	.00	7325.97
	Rank of Scale	92	92	221	237	158	160

Source: Department of the Environment, Transport and the Regions, Indices of Deprivation 2000

NOTE: The six district level presentations are

1. **Employment Scale:** number of people who are Employment deprived
2. **Income Scale:** number of people who are Income deprived
3. **Average of Ward Scores:** Population weighted average of the combined scores for the wards in a district
4. **Average of Ward Ranks:** Population weighted average of the combined ranks for the wards in a district.
5. **Extent:** Proportion of a district's population living in the wards, which rank within the most deprived 10% of wards in the country.
6. **Local Concentration:** Local Concentration is the population weighted average of the ranks of a district's most deprived wards that contain exactly 10% of the district's population.

2.9 Summary of Population Profile

The resident population of each of the three boroughs of Lambeth, Southwark and Lewisham is young, ethnically diverse and socially deprived, a profile, which is similar to most other inner London boroughs. Differences between the 3 boroughs include Lambeth being the largest in terms of total population and Lewisham having the largest volume of older people. About 15% of the population is under 16 years of age in each of the boroughs.

The proportion of white residents is 62.4%, 63% and 65.9% for Lambeth, Southwark and Lewisham respectively as compared to 71.2% for London overall. The predominant local ethnic minority groups are black ranging from 23.4 to 25.8% for Lewisham and Lambeth respectively. Overall, Lambeth, Southwark and Lewisham boroughs are characterised by similar distribution of overall percentages of ethnic groups but there are important variations at locality and neighbourhood level for Southwark and Lewisham, which require to be assessed on an individual basis.

The number of households with no adults in employment and dependent children exhibits similar average values for each of Lambeth, Southwark and Lewisham, 7.8% 8.4% and 8.2% respectively.

The boroughs of Lambeth, Southwark and Lewisham have relatively high prevalence of HIV positive residents, however current treatment therapy means that most HIV positive people lead normal lives and only when there is late onset of medical problems do they require specialized management, including management of oral manifestations of the disease.

Deprivation is a marked for oral diseases. The boroughs of Lambeth, Southwark and Lewisham have high deprivations scores and fall within the top 50 in the country.

There is much homogeneity across these three boroughs in terms of their demographic profile, each of the boroughs and their localities demonstrating ethnic diversity, social deprivation and a young population.

3.0 ORAL HEALTH NEEDS

Information on oral health needs is drawn from national and local surveys. Where local data are not available, data are drawn from the national surveys only. National data provide a clear indication of overall trends in oral health which include:

- Lower levels of dental caries (tooth decay) in children and adults.
- More people retaining their natural teeth into old age, therefore complete dentures are less common.
- A clear social class divide and inequalities in oral health.
- Increasing levels of tooth wear as people retain their teeth into old age.
- Adults in middle age and older who did not benefit from fluoride in water or toothpaste during their early years having heavily restored dentitions which will require maintenance.
- Gum diseases are prevalent with the majority of the adult population having some evidence of gum disease and between 5-10% of the population having significant levels of disease.

3.1 Children

Over the past 30 years, there has been a steady reduction in the number and proportion of children with experience of dental decay. In the past few years, there have been indications that this steady reduction has levelled off, particularly in young children (Pitts *et al.*, 2003). The pattern of dental decay has also changed with polarisation of caries into fewer children usually from deprived areas.

Dental caries (dental decay) is measured using the DMFT index, which gives an average of the number of decayed (D), missing (M) and filled (F) teeth (T) in a population. In 5-year-old children, this score will be for the deciduous or milk teeth (dmft score). In 12-year-olds, the average number of decayed, missing and filled teeth will be the score for the permanent teeth (DMFT score). Whilst quoting the average score for an age group is useful in describing oral health, it is of limited value in determining the dental needs of a population because of the large proportion of children with no dental decay. Better indicators of need, where data are available include:

- the proportion of children with dental caries experience (dmft/DMFT>0)
- the proportion of children with untreated disease (dt/DT>0)
- the average dmft/DMFT score of those children with dental caries experience
- the average dt/DT score of those with dental caries experience.

- the proportion of decayed teeth that have been treated by restoration (Care Index).

Good epidemiological data are available on the levels of dental decay in children in Lambeth, Southwark and Lewisham. These data are collected to nationally agreed protocols by calibrated clinicians as laid down by the British Association for the Study of Community Dentistry (BASCD). This facilitates comparison of data throughout the UK and over time. Local data at school level are collected by King's Healthcare Community Dental Service.

It is important to monitor children's oral health as it is at this stage in life that there should be a strong emphasis on prevention. National data provide an overview of all aspects of oral health including dental caries, trauma to teeth, erosion (tooth surface loss, normally through acid erosion) and gum diseases.

An Oral health Strategy for England (DoH, 1994) set targets for children's oral health to be achieved by 2003:

- 70% of 5-year old children should have no caries experience.
- On average, 5-year-old children should have or more than one decayed missing or filled primary tooth.
- On average, 12-year-old children should have or more than one decayed missing or filled permanent tooth.

The most recent national data drawn from the National Diet and Nutrition Survey of school children in Britain carried out in 1997 (Walker, 2000) show that the oral health of children living in London and the South East is better than the national average (Table 3.1). The past two decades have seen major efforts to improve the oral health of children through a range of health education and health promotion programmes.

Table 3.1 The condition of natural teeth in children in the South East and Great Britain in 1997

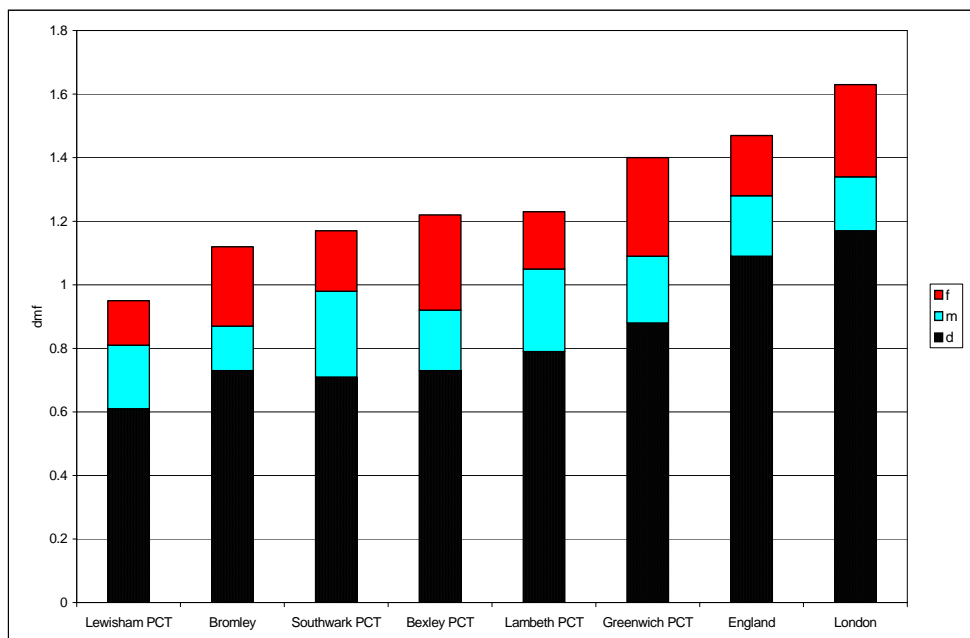
Condition of Natural Teeth	London and South East	Great Britain
% with dental caries experience (either dentition)	%	%
4-6 years	29	37
7-10 years	42	55
11-14 years	37	51
15-18 years	65	67
All children	44	53
% with active decay (primary teeth)		
4-6 years	24	32
7-10 years	26	39
11-14 years	7	12
% with active decay (secondary teeth)		
4-6 years	10	12
7-10 years	11	25
11-14 years	32	36
15-18 years	n/a	n/a
% with trauma to permanent incisors (front teeth)		
4-6 years		
7-10 years	5	5
11-14 years	13	14
15-18 years	22	18
All	12	11
% with erosion		
4-6 years	55	65
7-10 years	49	61
11-14 years	41	52
15-18 years	47	62
All	n/a	n/a
% with enamel opacities		
11-14 years	48	44
15-18 years	53	39
All		
% with at least one fissure sealed tooth		
4-6 years	1	1
7-10 years	22	19
11-14 years	25	26
15-18 years	28	30
All	20	20
% with unhealthy gums		
4-6 years	14	16
7-10 years	32	33
11-14 years	44	44
15-18 years	38	44
All	33	35

Source: National Diet and Nutrition Survey of young people aged 4-18 years, Walker et al 2000

BASCD data show dental caries at PCT level and enable comparisons across the South East sector of London, London and England (Figure 3.1, Table 3.2). These data on dental caries show that for young children oral health is good overall and that 5-

year-old children living in Lambeth, Southwark and Lewisham have better oral health than the London and national average for this age group. However, average levels of disease do not reveal the marked inequalities in oral health that exist in the local population.

Fig 3.1 Dental caries in 5-year-old children in London 2001/02 by PCT



Source: British Association for the Study of Community Dentistry, 2003

Table 3.2 Mean dmft and proportion with disease experience in 5-year-old children, 2001/02

PCT	Mean dmft	Mean dmft (dmft>0)	Proportion with decay experience
Lambeth	1.22	3.75	32.6
Southwark	1.17	4.14	28.3
Lewisham	0.95	3.73	28.4
Bexley	1.21	3.35	36.3
Greenwich	1.40	3.75	37.3
Bromley	1.12	3.33	34.1
London	1.63	4.12	39.7
England	1.47	3.80	38.8

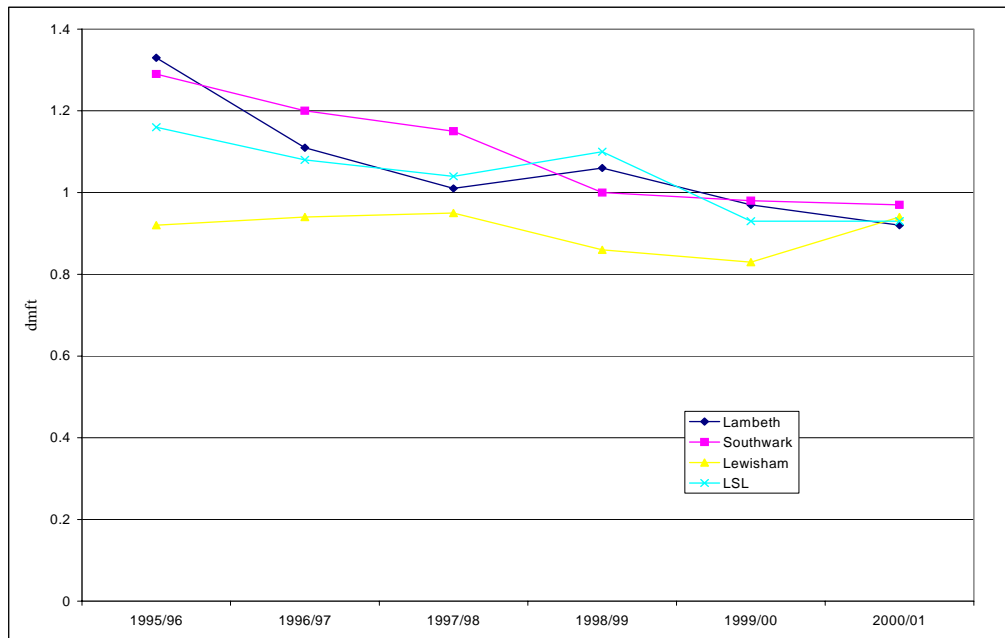
Source: British Association for the Study of Community Dentistry, 2003

King's College Hospital Community Dental Service screen local school children annually at age 5 and age 12 and collate detailed information on the prevalence of dental caries within these children. These data provide evidence of local inequalities and are a useful barometer of change.

The oral health of children in Lambeth, Southwark and Lewisham has improved over the past decade, as measured by local surveys of oral health (Figure 3.2). However, in the past few years there has been a levelling off in this improvement and more

recently, a small increase in disease levels. There is a need to maintain these improvements in oral health and ensure that the 2003 national oral health targets are met in 5-year-olds.

Figure 3.2 Trends in the mean number of decayed, missing and filled teeth in 5-year-old children in Lambeth, Southwark and Lewisham

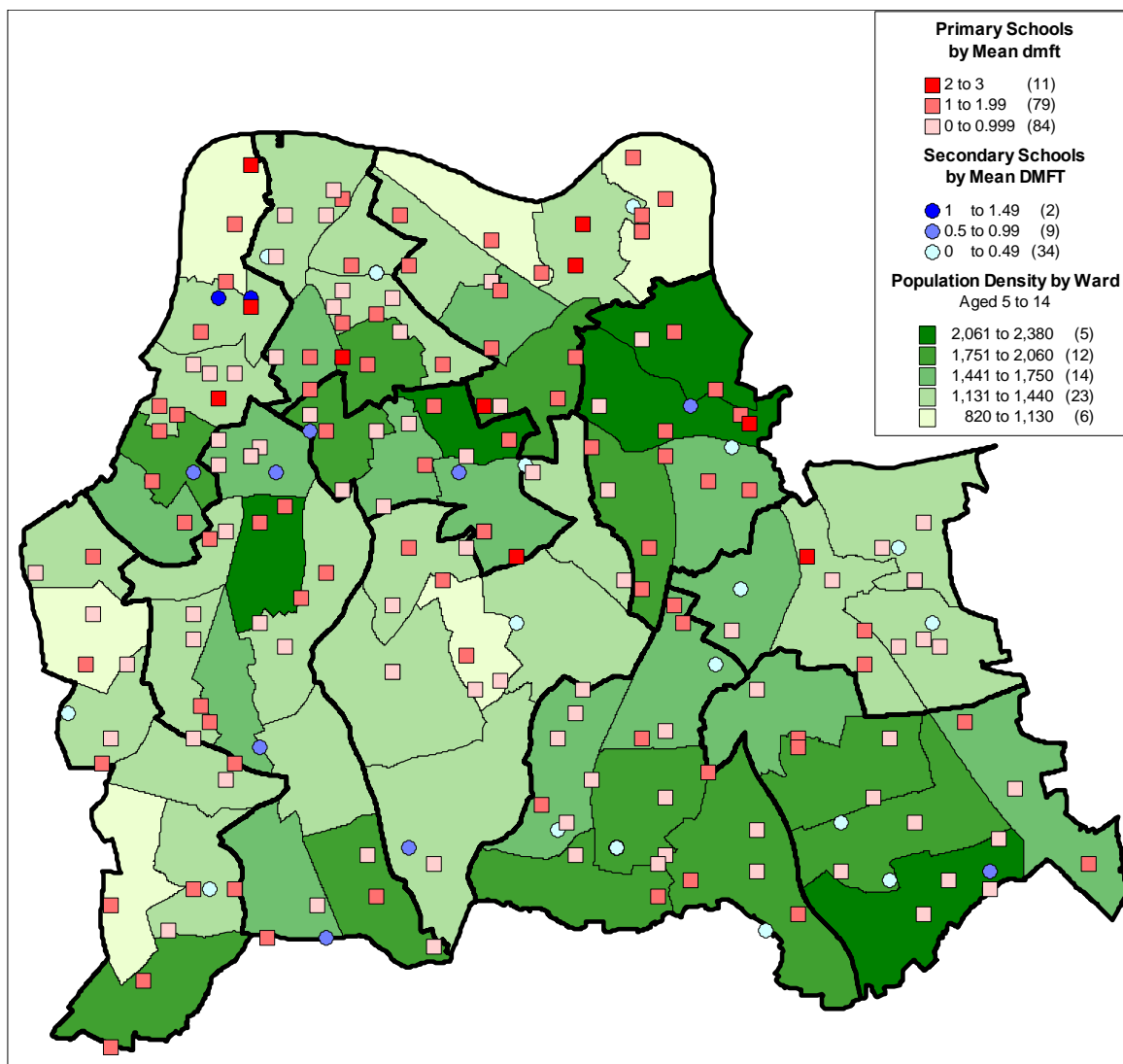


Source: King's Healthcare CDS

The following map shows the spread of primary schools in particular across the three boroughs and their localities. Only state schools are represented, as private schools, of which there are a number in the Dulwich area, are not surveyed. There are many more primary than secondary schools and the most distinctive issue here is that the schools with high and low average disease levels are intermingled across the boroughs.

Map 3.1 Location of Primary and Secondary Schools and average dental caries scores by dmft/DMFT, 2002/03

Map Location of Schools by Type, DMFT/dmft and Population Density: 5-14 year-olds



Source: King's College Hospital CDS, ONS 2001 census

The following tables show the oral health of children attending schools within Lambeth, Southwark and Lewisham at locality and borough level and provide comparisons with national data. Thirty per cent of local 5-year-olds had evidence of dental caries experience by their first year at school; these children had 3-4 teeth affected on average as shown in the shaded rows on the following tables (dmft>0).

Almost one in five of this age group of children in LSL had active tooth decay. This varied by borough and locality of the school. The localities with the highest proportion of 5-year-olds with active decay were Bermondsey/Rotherhithe in Southwark and Neighbourhood 1 in Lewisham. Within the localities in Lambeth (Table 3.3), locality North had the poorest oral health and the 2003 national targets for dental caries in 5-

year-old children had not been reached. In addition to having the highest disease levels, this locality had the lowest care index.

Table 3.3 Oral health of 5-year-old children in Lambeth localities

Variable	Locality				LSL	London	England
	north	south east	south west	Total			
Decayed teeth (mean)	0.89	0.6	0.66	0.68	0.62	1.17	1.09
Decayed teeth >0 (mean)	2.69	1.99	2.18	2.21	3.40	3.37	3.18
Missing teeth (mean)	0.20	0.22	0.19	0.2	0.21	0.17	0.19
Filled teeth (mean)	0.23	0.18	0.22	0.20	0.19	0.29	0.19
dmft (mean)	1.32	0.99	1.06	1.09	1.02	1.63	1.47
dmft>0 (mean)	3.99	3.31	3.53	3.54	3.50	4.12	3.80
Caries free (%)	67	70	70	69	71	60	61
Active decay (%)	25	23	25	24	18	35	34
Care index (%)	17	18	20	19	19	18	13

Source: King's Healthcare CDS

Within Southwark, the Bermondsey/Rotherhithe locality had not achieved the national targets and 10% more children in this locality had dental caries compared to the other localities (Table 3.4). Dulwich children had the best oral health.

Table 3.4 Oral health of 5-year-old children in Southwark localities

Variable	Locality				Total	LSL	London	England
	Bermondsey /Rotherhithe	Dulwich	Peckham/ Camberwell	Walworth/ Borough				
Decayed teeth (mean)	0.80	0.47	0.60	0.61	0.62	0.62	1.17	1.09
Decayed teeth >0 (mean)	2.09	1.75	2.31	2.10	2.07	3.40	3.37	3.18
Missing teeth (mean)	0.32	0.22	0.26	0.18	0.24	0.21	0.17	0.19
Filled teeth (mean)	0.27	0.15	0.18	0.19	0.20	0.19	0.29	0.19
dmft (mean)	1.39	0.84	1.04	0.98	1.06	1.02	1.63	1.47
dmft>0 (mean)	3.64	3.11	4.02	3.36	3.54	3.50	4.12	3.80
Caries free (%)	62	73	74	71	70	71	60	61
Active decay (%)	30	20	20	21	23	18	35	34
Care index (%)	19	18	17	19	19	19	18	13

Source: King's Healthcare CDS

In Lewisham, Neighbourhood 1 had twice the levels of disease compared to Neighbourhood 3 and 20% fewer children were caries free. Neighbourhood 2 was closer to the London and national figures. Neighbourhood 1 was the only neighbourhood not to achieve the 2003 national targets.

Table 3.5 Oral health of 5-year-old children in Lewisham neighbourhoods

Variable	Neighbourhood					LSL	London	England
	1	2	3	4	Total			
Decayed teeth (mean)	0.86	0.61	0.39	0.51	0.10	0.62	1.17	1.09
Decayed teeth >0 (mean)	2.27	2.3	2.07	1.89	0.40	3.40	3.37	3.18
Missing teeth (mean)	0.32	0.09	0.16	0.13	0.06	0.21	0.17	0.19
Filled teeth (mean)	0.22	0.14	0.15	0.19	0.23	0.19	0.29	0.19
dmft (mean)	1.4	0.84	0.71	0.83	0.39	1.02	1.63	1.47
dmft>0 (mean)	3.7	3.19	3.72	3.09	1.62	3.50	4.12	3.80
Caries free (%)	62	74	81	73	76	71	60	61
Active decay (%)	32	20	16	21	6	18	35	34
Care index (%)	16	17	21	23	59	19	18	13

Source: King's Healthcare CDS

In 12-year-old children in Lambeth, children in the North locality had around twice the disease levels as children in the other localities and this is the only locality throughout the three PCTs where the 2003 national target for tooth decay was not achieved. Only 58% of children in locality North were caries free compared to over 70% in the other localities. In addition, the North locality has the lowest care index (Table 3.6).

Table 3.6 Oral health of 12-year-old children in Lambeth localities

Variable	Locality			Total	LSL	London	England
	north	south east	south west				
Decayed teeth (mean)	0.48	0.17	0.11	0.22	0.15	0.28	0.39
Decayed teeth >0 (mean)	1.14	0.75	0.40	0.75	1.72	1.6	1.81
Missing teeth (mean)	0.16	0.09	0.05	0.09	0.07	0.03	0.06
Filled teeth (mean)	0.41	0.32	0.27	0.32	0.26	0.41	0.41
DMFT (mean)	1.05	0.58	0.43	0.63	0.48	0.73	0.86
DMFT>0 (mean)	2.51	2.55	1.50	2.18	1.91	2.35	2.33
Caries free (%)	58	77	71	71	75	69	63
Active decay (%)	26	12	7	13	9	17	21
Care index (%)	39	55	62	1	54	57	48

Source: King's Healthcare CDS

No data were available for the Bermondsey/Rotherhithe locality in Southwark for 12-year-old children. There was little difference between the other three localities but Walworth/Borough children had a higher care index and consequently fewer teeth with active decay (Table 3.7).

Table 3.7 Oral health of 12-year-old children in Southwark localities

Variable	Locality				LSL	London	England
	Peckham/ Camberwell	Walworth/ Borough	Dulwich	Total			
Decayed teeth (mean)	0.17	0.09	0.28	0.19	0.15	0.28	0.39
Decayed teeth >0 (mean)	0.77	0.40	1.20	0.80	1.72	1.6	1.81
Missing teeth (mean)	0.09	0.04	0.06	0.07	0.07	0.03	0.06
Filled teeth (mean)	0.24	0.24	0.24	0.24	0.26	0.41	0.41
DMFT (mean)	0.50	0.38	0.59	0.50	0.48	0.73	0.86
DMFT>0 (mean)	2.24	1.60	2.49	2.15	1.91	2.35	2.33
Caries free (%)	78	76	76	77	75	69	63
Active decay (%)	9	6	16	10	9	17	21
Care index (%)	48	65	41	49	54	57	48

Source: King's Healthcare CDS

In Lewisham, Neighbourhood 3 had fewer children with disease but those children with disease had more than twice as many decayed teeth than children in the other neighbourhoods (Table 3.8).

Table 3.8 Oral health of 12-year-old children in Lewisham neighbourhoods

Variable	Neighbourhood				Total	LSL	London	England
	1	2	3	4				
Decayed teeth (mean)	0.12	0.06	0.10	0.10	0.10	0.15	0.28	0.39
Decayed teeth >0 (mean)	0.43	0.28	0.87	0.34	0.4	1.72	1.6	1.81
Missing teeth (mean)	0.14	0.05	0.06	0.04	0.06	0.07	0.03	0.06
Filled teeth (mean)	0.31	0.16	0.19	0.25	0.23	0.26	0.41	0.41
DMFT (mean)	0.58	0.27	0.36	0.39	0.39	0.48	0.73	0.86
DMFT>0 (mean)	2.00	1.20	3.02	1.35	1.62	1.91	2.35	2.33
Caries free (%)	71	77	88	71	76	75	69	63
Active decay (%)	7	3	5	6	6	9	17	21
Care index (%)	53	59	54	64	59	54	57	48

Source: King's Healthcare CDS

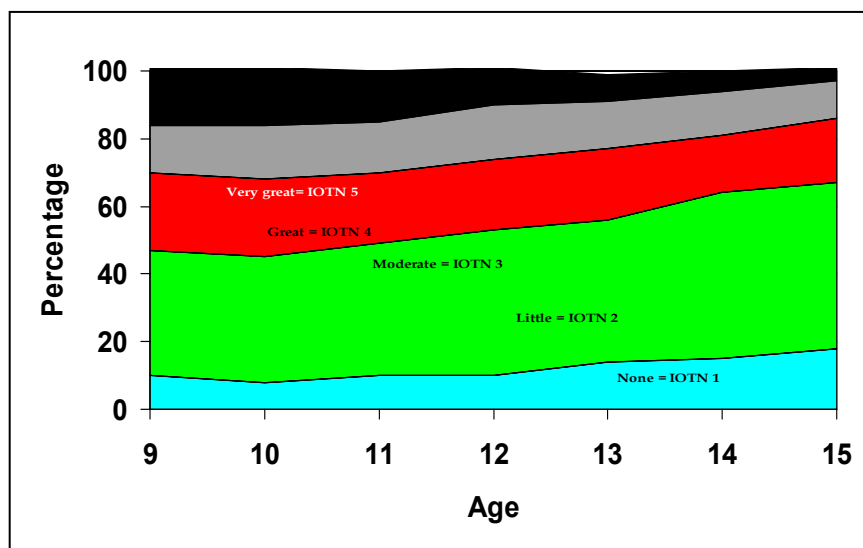
3.1.1 Orthodontic Need

The need for orthodontic treatment is measured using the index of orthodontic treatment need (IOTN); a score of 5 is the highest need for treatment and a score of 1 is the lowest need for treatment. The demand for orthodontic treatment relates to young people's psychosocial functioning.

The 1993 children's dental health survey (O'Brien, 1994) provides information on orthodontic treatment need. About one third of young teenagers had a moderate to severe orthodontic need (figure 3.3). At the age of 15 years, 26% of children had received or were receiving orthodontic treatment, which involves the wearing of braces, either fixed or removable appliances. There were no reported geographic or social class differences in the national data.

It is generally accepted that IOTN grades 4 and 5 constitute the most important categories for which treatment should be available. Data from the 2003 children's dental health survey data will provide an indication of whether more of this need is being treated. Table 3.9 shows the need for orthodontic treatment by age and IOTN score at a national level. There are no data on the orthodontic needs of local children.

Figure 3.3 Orthodontic treatment need by age



Source: UK Child Dental Health Survey of 2003, (O'Brien, 1994)

Table 3.9 National need for orthodontic treatment by age and IOTN score

Orthodontic need	%
IOTN 3 (moderate treatment need)	
10 years	23
12 years	21
15 years	19
IOTN 4 (great treatment need)	
10 years	16
12 years	16
15 years	11
IOTN 5 (very great treatment need)	
10 years	17
12 years	11
15 years	4
Children in treatment at time of survey (IOTN not given)	
10 years	2
12 years	9
15 years	11

Source: O'Brien, 2003

If there are approx 3000 children in each borough aged 15 years it is anticipated that there could be in the region of 15% (450 children) with a great or very great (IOTN 4 & 5) orthodontic treatment need. Some of these young people may be in treatment or receive it later. Examination of the statistics for King's College Hospital in 2002/03 (Section 5) would suggest that many young people might be having their orthodontic treatment in their late teens. The population survey would suggest that orthodontic services are important (Section 4.) and the level of orthodontic need, recognising the ethnic diversity of the population (Section 2.4) should be examined at greater detail to determine the relationship between need/demand and supply and the appropriateness of the timing of their orthodontic care.

3.2 Adults

There have been attempts to conduct local dental surveys of adults by postal questionnaire. However, the response rate was very poor therefore national data are used to present an overview of key oral health indicators in adults.

National surveys are undertaken every 10 years; the most recent one was carried out in 1998. These data were drawn from the most recent national survey, which provides data at London level and for the South East of England (Table 3.10).

These national data show that the oral health of adults has improved over time, particularly in the south; however, oral health needs vary with age and social class. As

the oral health of children has improved, many young adults have little or no dental caries and restorations; however their risk of oral disease remains and the last adult dental health survey showed that 16-24 year olds have more untreated primary dental caries than the adult dentate population as a whole (Kelly et al, 2000). This is important locally as London's population is young, and there are many young people studying in the capital.

Table 3.10 The condition of natural teeth in adults

Condition of natural teeth	London (%)	South East England (%)	England (%)
Sound and untreated teeth (n)			
0	1	2	1
1 to 5	5	6	7
6 to 11	23	26	24
12 to 17	19	30	26
18 to 23	29	22	24
24 or more	23	16	17
Proportion with 18 or more	52	38	41
Mean	17	15.1	15.5
Decayed or Unsound (n)			
0	43	48	45
1 to 5	52	46	49
6 or more	5	6	6
Proportion with 1 or more	57	52	55
Mean	1.5	1.4	1.5
Restored (otherwise sound) (n)			
0	11	9	9
1 to 5	33	24	29
6 to 11	37	34	36
12 or more	20	33	26
Mean	7.1	8.8	7.8
Edentulous (no natural teeth) (n)			
All adults	n/a	12%	13%
65-74	n/a	32%	
65+	n/a		36%
75+	n/a	57%	56%

Source: Kelly et al., 2000

Note: n/a=not available

Compared to other regions, adults in London had better oral health. They were most likely to have 18 or more sound teeth and least likely to be edentate (9% compared 12% in England). However, 57% of adults in London had one or more decayed teeth compared to a national average of 55%. Londoners were also least likely to attend for regular dental check-ups.

As people are now keeping their teeth for longer and living longer, a key challenge over the next few decades will be to provide care for those people who have had more extensive dental caries experience and have more heavily restored dentitions. This is

particularly the case for adults in their middle years. Nationally, gum diseases are prevalent amongst adults but less than 10% of the population has a high risk of severe gum diseases.

3.3 Older people

The oral health profile of older people is drawn from the 1995 National Diet and Nutrition Survey of Great Britain and the 1998 UK Adult Dental Health Survey. Older people have increased levels of tooth decay, gum diseases and tooth wear. The development of caries on the roots of teeth is a particular issue for older people and an important element of dental care, particularly prevention. Older people living in care homes have worse dental health when adjusted for age and other factors (Lester, Ashley and Gibbons, 1998; National Diet and Nutrition Survey, 1998).

A comparison of national data by age group is presented below (Table 3.11 and Table 3.12). The key issues for older people will be to ensure that they have the support to minimize their risk of oral disease that can detract from their quality of life in latter years. Furthermore, it is important that the more vulnerable older people such as those people living in care homes do not have their oral health needs neglected.

There is no information locally on the oral health of older people and this is an area for local survey work in future.

Table 3.11 Oral health of older people aged ≥ 65 years

Condition	Free living sample	Institution sample
Edentulous	50%	76%
Coronal caries	62% had at least one unsound tooth	Data not available
Mean number of unsound teeth	1.0 (dentate free-living sample)	1.8 (dentate institution sample)
Root caries	26%(RCI) ¹ 13%(RCId) ²	46%(RCI) ¹ 39%(RCId) ²
Mean number of unsound teeth in those with unsound teeth	2.6	3.5
Periodontal disease	60% of dentate of those aged ≥ 65 years had at least one tooth which had attachment loss of 6mm or more 22% of dentate older adults had some pockets of 6mm or more	Not presented as sample size too small
Tooth wear	15%	11%
Partial dentures	48%	31%
21 or more teeth	29% of dentate subjects or 14% of all free-living subjects	16% of dentate subjects or 4% of institution sample

Source: National diet and Nutrition Survey, 1998

Note: ¹ RCI: the Root Caries Index or the proportion of roots that are exposed in the mouth that are recorded as being decayed or restored or restored and decayed.
² RCId: the Root Caries Index or the proportion of roots that are exposed in the mouth that are recorded as being decayed or restored and decayed.

Table 3.12 Oral health of adults compared with older people

Condition	≥ 18 years	≥ 65 years	≥ 75 years
Edentulous	13% ^b	36% ^a	56% ^a
Coronal caries	13% ^a	54% ^b (of those aged ≥ 65 years)	
Mean number of unsound teeth	2.3 ^a (in those with unsound teeth)	2.2 ^b (in those aged ≥ 65 years with unsound teeth)	
Root caries	13% ^a	29% ^b (of those aged ≥ 65 years)	
Mean number of unsound teeth in those with unsound teeth	2.3 ^a	2.3 ^b (among those aged ≥ 65 years)	
Periodontal Disease	5% of dentate adults had at least one tooth which had attachment loss of more than 5.5mm ^b	15% of dentate older adults (aged ≥ 65 years) had at least one tooth which had attachment loss of more than 5.5mm ^b	
Tooth wear (severe)	1% ^b	6% ^a (of those aged ≥ 65 years)	
Presence of partial dentures	16% ^a	35% ^a	27% ^a
21 or more teeth	72% ^b 83% of dentate subjects ^a	29% ^a 46% of dentate adults aged 65-74 ^a	10% ^a 23% of dentate adults aged ≥ 75 ^a

Source: ^a Kelly et al., 2000, ^b Nuttall et al., 2001, ^c Steele et al., 1998.

Note: ¹ RCI: the Root Caries Index or the proportion of roots that are exposed in the mouth that are recorded as being decayed or restored or restored and decayed.
² RCId: the Root Caries Index or the proportion of roots that are exposed in the mouth that are recorded as being decayed or restored and decayed.

3.4 Indicators of the impact of oral health on quality of life (adults)

Clinical indicators of dental problems may not directly reflect the problems people experience as a result of their dentition. Several measuring tools have been developed to provide insights into quality of life experiences of both patients and the public alike. One of the most commonly used instruments is the Oral Health Impact Profile, known as OHIP14. The OHIP14 is based on a model that proposes that a hierarchy of impacts can arise from oral disease. For example, oral diseases can lead to the loss of teeth (impairment). At some stage this may lead to difficulties in chewing (functional limitation) or sometimes soreness brought on by dentures (discomfort). Eventually this may lead to restricted ability to eat or the need to avoid favourite foods (disability). In extreme cases this may even deter some people from eating anywhere outside the home or with their family members leading to a feeling of social isolation (handicap). OHIP was used in the National Adult Dental Health Survey for the first time in 1998. Data were reported at United Kingdom level and provide a useful insight into patient perceptions. Key results from the survey are listed below:

- Over half (51%) of dentate adults reported having experienced one or more oral problems that had an impact on some aspect of their life occasionally or more frequently in the 12 months preceding the survey.
- The most frequently experienced problem among dentate adults during the 12 months preceding the survey was oral pain (40%). Two percent of dentate adults experienced oral pain very often during the 12 month period.
- The next most frequently experienced problems stemming from oral condition were psychological in nature (difficulty relaxing or embarrassment). Psychological discomfort (self-consciousness, feeling tense) was reported by 27% of adults. Psychological disability (difficulty relaxing or embarrassment) was reported by 19% of dentate adults.
- Dentate adults age 65-74 were the age group least affected. Dentate adults age 35 to 54 were the most likely to be affected. However adults whose oral condition was characterised by both natural teeth and dentures had higher levels of reported problems, in particular physical pain. Dentate adults, who reported having experienced one or more oral problems that had an impact on some aspect of their life, had 1.8 fewer sound and 0.6 more decayed teeth on average than those who did not report a problem.
- Eight per cent of dentate adults reported being severely affected by their oral health in that they felt their life was less satisfying or that they were totally unable to function at some time in the preceding year as a result of their oral condition.

(Kelly et al, 2000)

3.5 Head and neck cancer

Data from the Thames Cancer Registry (TCR) (2001) showed an incidence of 950 new cases of head and neck cancer in 1998 and a male: female ratio of 1.6:1 (Table 3.11). This represented a 12% increase for new head and neck cancer cases and included a 25% increase in oral cancer over a four-year period. With the exception of thyroid cancer, all head and neck cancers were more common in men than women.

Table 3.11 Number of new head and neck cancers in London residents, 1998

Site	Males (n)	Females (n)	Total (n)	% of total	% increase from 1994
Oral and Pharynx	266	148	414	44%	25%
Salivary	40	27	67	7%	40%
Nasopharynx	23	11	34	4%	26%
Larynx, trachea	193	47	240	25%	-6%
Nasal sinuses	25	19	44	5%	-1%
Thyroid	42	109	151	16%	9%
Total	589	361	950	100%	+12%

Source: Thames Cancer Registry, 2001 and Gallagher 2002

In 2001, in Lambeth, Southwark and Lewisham, the age-standardised rate per 100,000 population of head and neck cancers was 11.1 in females and 19.8 in males. This was higher than the London average of 10.4 and 15.8 in females and males respectively.

Smoking and alcohol consumption are key risk factors for oral and pharyngeal cancer. Tobacco use in London is similar to the rest of the UK, London having approximately two million adult smokers (Walters, 1999). Whereas nationally about 25% adults smoke, within some of London's more deprived boroughs lifestyle surveys in LSL suggest that about 40% of adults smoke.

Alcohol consumption in London is considered to be about the national average but it is recognised that London data may be affected by the higher proportion of adults who do not drink, many from ethnic minorities.

The reported incidence of head and neck cancer for London residents through the Thames Cancer Registry is increasing, despite demographic trends showing a decrease in the population for five-year age-bands between 60 and 84 years. Oro-pharyngeal cancer showed the highest increase of all aspects of head and neck cancer.

3.6 Summary and implications for future action

Although the oral health of children appears better than the national averages, inequalities in oral health and levels of restorative treatment exist at locality level and need to be addressed. Much emphasis has been placed on oral health promotion across these three boroughs in recent years and this influence should be maintained and targeted to support good oral health in vulnerable groups, particularly in young children. Such services should have a clear evidence base and be appropriately evaluated to contribute to the wider evidence base for health promotion.

Young adults have more untreated primary dental caries. This is important locally as London's population is young, and there are many young people studying in the capital. There is a need to understand more about the oral health needs of local adults; however, recognizing the challenges of past attempts to survey such adults, this should be undertaken as a pilot in a local area which is socially deprived and where there is a the opportunity for community development.

There is no information locally on the oral health of older people and this is an area for local survey work in future, which national data would suggest is a more important area to tackle than adults in general. As with the national situation, an ageing population coupled with people retaining their teeth for longer presents a key challenge as these people probably have had more extensive dental caries experience and have more heavily restored dentitions, which will require high quality maintenance in the future. National data suggest that older people are at increased risk of oral diseases and that people in care homes who represent the most vulnerable section of the community are those with the highest levels of disease. A survey of local care homes should be undertaken, followed by work with older people living in the community.

4 PUBLIC PRIORITIES FOR DENTAL SERVICES

4.1 Public perceptions of need

This section explores the population views on their priorities or 'felt need'. Historically, professionally defined need that is 'normative need' has been the predominant mechanism for estimating service requirements for a population. However, there are important limitations of this method. Professional decision making is neither objective nor value free and it is recognised that there are not proportional relationships between normative need and the functional and social status of individuals (Sheiham and Spencer 2002).

It is now well accepted that both the patients and public views are important components of needs assessment and decision making for health services. However need, whether defined by single or multiple methods, does not always translate into use of services.

In order to assess priorities for services for residents of Lambeth, Southwark and Lewisham Primary Care Trusts the following data sources were used:

- i. A household interview survey of 738 randomly selected residents of Lambeth, Southwark and Lewisham Primary Care Trusts conducted by MORI in 2003 (Best and Newton 2003)
- ii. PCT baseline national patient survey, 2002/2003 (DOH 2003)

4.2 Attitudes to service design issues

Access is a key dimension of patient satisfaction with dental services and is highlighted within a range of policy documents such as The NHS plan: a plan for investment, a plan for reform (DOH 2000), Modernising NHS Dentistry – Implementing the NHS Plan (DOH 2000) and NHS Dentistry 'Options for Change' (DOH 2002). Penchansky and Thomas' (1981) widely cited model for access to services 'summarizes a set of more specific dimensions describing the fit between the patient and the health care system'. The specific dimensions are availability, accessibility, accommodation, affordability and acceptability.

It is worthwhile to initially consider the reasons cited for not attending an NHS dentist cited in the 2002/2003 national patient survey by residents of Lambeth, Southwark and Lewisham Primary Care Trusts (Table 4.1).

Not being able to find an NHS dentist and opening times are not rated as important barriers for non-attendance. Cost is also not rated highly but this may be due to the fact that a significant proportion of the adult population is exempt from dental charges as described in Section 5 (41% in Lewisham to 52% in Lambeth).

Interestingly about a quarter of respondents say they have not attended a dentist because they do not perceive a need for dental services.

Table 4.1 Reasons cited in the 2002/2003 national patient survey for not attending an NHS dentist

Q	Which of the following best describes why you have not been to a dentist as an NHS patient recently?				
Results from 2002/03 national patient survey	England	South East London SHA	Lambeth PCT	Southwark PCT	Lewisham PCT
<i>Base: All not visiting dentist recently</i>	(47,499) %	(916) %	(141) %	(134) %	(121) %
Cannot find an NHS dentist	19%	16%	12%	8%	9%
No need to – teeth are alright	18%	21%	26%	28%	22%
Prefer to use a private dentist	16%	14%	18%	14%	15%
Treatment too expensive	9%	12%	11%	7%	14%
Afraid to go to dentist	9%	9%	9%	14%	11%
Opening times are inconvenient	1%	2%	1%	3%	2%
Did not think I was eligible for NHS treatment	7%	10%	9%	12%	7%
Other	21%	16%	14%	14%	19%

Source: National Patient Survey 2002/03 (DOH 2003)

The MORI household interview survey (Best and Newton 2003) supports the findings of the national patient survey with over 70% of respondents claiming that availability and geographical access to dental services is not a problem. It is relatively easy to get to local dentists by foot or public transport. For the identified 23-31% of patients who don't believe that is so, no statistically significant relationships could be established for the socio-demographic variables, age, gender, ethnicity or class, which paradoxically has important service planning implications.

The uptake of dental services in Lambeth and Southwark is relatively low in relation to PCTs with comparable sociodemographic characteristics as well as nationally.

However uptake in Lewisham is above the London average and close to the national average. It should be added that the figures available are only for NHS services. Moderate levels of agreement to the statement 'I should be able to see my/a local dentist if I need to without having to make an appointment' is in keeping with the present concept of flexible services such as walk-in-centers and extended opening times. More information to patients and telephone reminders could provide at least partial solutions to the seemingly intractable uptake issues for the Trusts.

The national patient survey did not suggest that fear and anxiety was an important barrier to access to dental services. This is surprising as other studies (Finch et al, 1989; Kelly et al, 2000) have shown that this is one of the biggest barriers to access to dental services.

Broader access to information services is suggested though by moderate levels of agreement to the statement 'Local dentists should provide advice in local shopping areas – e.g. in a mobile surgery'. More females than males, younger people (25-44 years) as compared to older people (55-75+), lower middle class, pensioners and Southwark residents tend to agree with this statement. Lambeth and Lewisham residents tended to disagree with this statement (Table 3). A review of the evidence base of oral health promotion literature is being undertaken. This should inform any action planned on this opinion.

Surprisingly there is only a moderate level of agreement to the statement 'Dental surgeries should be in the same place as local GP surgeries' particularly given the promotion of dental health as being integral to general health and well being. However ethnicity and class were statistically significantly associated with this response pattern. Support was higher among black and ethnic minority residents (57%), semi skilled, unskilled manual workers and pensioners. The long-term vision of PCTs should be more integration of primary care services.

With regard to access to specific clinical services, responses to the statement 'Referrals to specialist services need to be improved in the area' and 'Access to orthodontic treatment for children needs to be improved in the local area' were characterised by a relatively high percentage of 'Don't know' or 'Does not apply'.

Table 4. 2: Attitudes of residents of Lambeth, Southwark and Lewisham Primary Care Trusts to access issues for dental services

	Primary Care Trust						Total N= 738
	Lambeth Sample size N=231		Southwark Sample size N=249		Lewisham Sample size N=258		
	% Agree	% Don't know/does not apply	% Agree	% Don't know/does not apply	% Agree	% Don't know/does not apply	Total % Agree of overall sample
It is easy to get to my/a local dentist by foot or by using public transport.	69	20	75	15	77	12	74
I can always see the same dentist when I want to.	66	21	75	7	71	13	71
Dental surgeries should be in the same place as local GP surgeries.	50	8	53	5	45	5	50
I should be able to see my/a local dentist if I need to without having to make an appointment.	49	12	59	7	47	12	52
Access to orthodontic treatment for children needs to be improved in the local area.	48	43	40	44	36	43	41
Local dentists should provide advice in local shopping areas – e.g. in a mobile surgery.	35	9	54	6	42	7	44
Referrals to specialist services need to be improved in the area.	29	37	54	29	39	30	41

Source: Best and Newton (2003)

4.3 Attitudes to receiving/using specific dental/health related services

From a different perspective, respondents were asked about their interest in receiving/using specific dental/health related services. Interest in preventive dental advice is relatively low for such an important issue from the dental professional's perspective. Because the percentage of people interested in advice on how to clean teeth and for advice on eating a healthy diet (36% and 23%) is importantly lower than the advice on how to avoid dental problems (49%) it could be questioned as to whether the public has made the correct linkages between preventive information and preventive outcomes. This has implications for both intra-clinic dental services as well as broader health promotion.

Southwark residents appear to have more positive attitudes toward prevention of dental diseases than for the other primary care trusts of Lambeth and Lewisham.

The level of expressed interest in receiving advice on how to quit smoking (average 14% across the 3 PCTs) is of interest to public health teams and primary care management. Exploratory work to provide insights into this result is warranted to inform future models for smoking cessation services, for the promotion of uptake of the existing services and for the role of dentists in providing smoking cessation services. The survey did not categorise the respondents according to smoking status however. The percentage for cigarette smoking status for England was 27% for 1999 (DOH 2004). Combining these data sets suggest that the level of interest in smoking cessation services for smokers could be of the order of 50%. The study reveals a relatively low level of awareness of users and non-users of dental services regarding smoking cessation services.

In 1999, Bangladeshi men were the most likely group to smoke cigarettes (44 per cent), followed by Irish (39 per cent) and Black Caribbean men (35 per cent). Like men, Irish and Black Caribbean women had the highest smoking rates in 1999 (33 per cent and 25 per cent respectively), although only Irish women had rates higher than the general population (27 per cent).

However, unlike men, women in every other ethnic group were much less likely to smoke than women in the general population. As with men, the pattern remained the same after allowing for differences in age structure.

Although very few Bangladeshi women smoked cigarettes, a relatively large proportion (26 per cent) chewed tobacco. This method of using tobacco was also popular among Bangladeshi men (19 per cent), but they tended to use it in conjunction with cigarettes.

In the general population men and women were equally likely to be smokers. However, among minority ethnic groups women were less likely to smoke than men. The sex difference was particularly marked among the Bangladeshi group.

Smoking behaviour is also strongly related to a person's socio-economic class. People from lower socio-economic classes are more likely to smoke than those from higher classes. Part of the pattern of smoking among the different ethnic groups is explained by the socio-economic differences among the groups. For example, Bangladeshi men were over represented in the lowest socio-economic class (semi-routine or routine occupations), and these men also had the highest rates of smoking (DOH 2004).

Table 4.4: Attitudes for interest in receiving/using specific dental/health related services of residents of Lambeth, Southwark and Lewisham Primary Care Trusts

	Primary Care Trust			Average across PCT's Total N= 738 % Yes
	Lambeth	Southwark	Lewisham	
	Sample size N=231	Sample size N=249	Sample size N=258	
	% Yes	% Yes	% Yes	
Telephone call or letter to remind patients of appointment	40	78	43	54
Advice on how to avoid dental problems	37	63	46	49
Advice on how to clean teeth	31	47	35	36
Cosmetic services: such as teeth whitening or straightening	26	50	28	34
Advice on eating a healthy diet	19	21	30	23
Advice on how to quit smoking	8	14	19	14

Source: Best and Newton 2003

4.4 Summary of findings for public priorities for dental services

- Availability and geographical access to dental services does not appear to be a problem
- The fact that cost was not rated highly as a barrier to care must be viewed in the light of section 5 which identifies that a high proportion of patients attending GDS in the area are exempt from dental charges

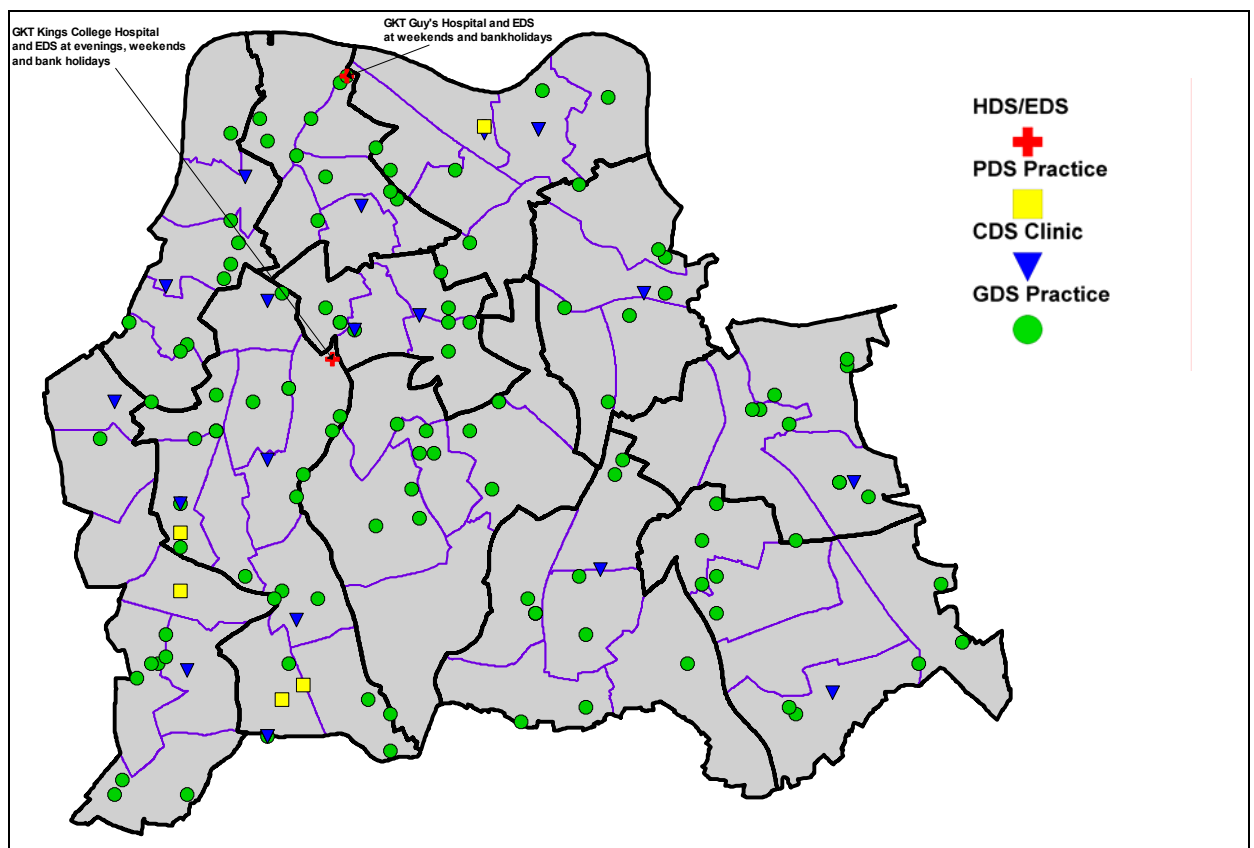
- About half of the respondents feel that dental services should be located in the same place as GP practices suggesting the need for more integrated primary care services
- The studies suggest the need for more flexible services
- Even though around half the respondents want triggers/reminders about accessing dental care and advice on how to avoid dental problems they place less emphasis on specific issues such as mouth hygiene, a healthy diet, or how to quit smoking, in decreasing order. However, if all of the 14% requesting smoking advice were smokers this could represent up to a half of the smokers in the community.
- It will be important to monitor the public's response to the anticipated shift towards preventive care outlined in Options for Change (Department of Health, 2002) and the Health and Social Care Act (2003).

5.0 DENTAL SERVICE PROVISION

5.1 Overview of services

The range of treatment services provides an indication of the level of expressed need, that is, people who have actively sought dental care; however there is no manner of indicating exactly how much of this need was preventive and how much a need to have symptoms addressed. Nevertheless, the indication from the main providers of primary dental care, general dental services is that the majority of attendees receive a higher proportion of active treatment than nationally. Residents of the boroughs of Lambeth, Southwark and Lewisham have access to General Dental Services (GDS), Community Dental Services (CDS), Personal Dental Services (PDS), Out of hours Emergency Dental Services (EDS) and Hospital Dental Services (HDS). However, Lewisham differs in that it only has GDS and CDS provided within its borough boundaries and only a small level of outpatient services at Lewisham Hospital.

Map 5.1 Dental Services in Lambeth Southwark and Lewisham



GDS are the main providers of primary dental care across each of the three boroughs as shown in the map above, with a spread of services across the boroughs, meaning that if all services are accepting all categories of patient, there should be geographical access to dental care within one mile for most local residents. In comparing service data it is clear that there are not equivalent data collected on each of the dental systems; this makes direct comparison of services impossible (Table 5.1). Registrations in GDS (15 months) and PDS (24 months) are not for the same time period and CDS first contacts relate only to the financial year in which they were first seen (12 months). This is an issue which may be addressed by PCTs over time in the new dental commissioning environment, which will have a strong IT focus (Department of Health, 2002). However, it will also be necessary within data sets to reflect the specific nature of services and their client groups, as many of the services are complementary in nature.

Table 5.1 Overview of Dental Services Provided Within The Boroughs of Lambeth, Southwark and Lewisham, 2002/03

	Number of Registered Patients (March 2003)	Total Number Of Attendances	Approximate Cost of Service (£million)
GDS	317,493	-	26.71
CDS		23,689	1.76
PDS	24,154 ¹		1.67
EDS		9990 KCH ⁵ 3911 Guy's ⁶	0.49 ²
HDS		750,000 ³ (2 sites)	Awaited

Note

1. PDS registration is a 2-year period of GDS 15 months
2. Both sites
3. Includes undergraduate training activity and specialist care
4. GDS costs relate to financial year October 2002/Sept 2001
5. KCH data for 12 months ending 31st December 2003
6. Guy's data for 12 months ending 31st December 2002.

Table 5.2 Summary Table for Child Registrations (GDS & PDS) and First Contacts (CDS*) by Type of Service and Age for the Localities within Lambeth, Southwark and Lewisham

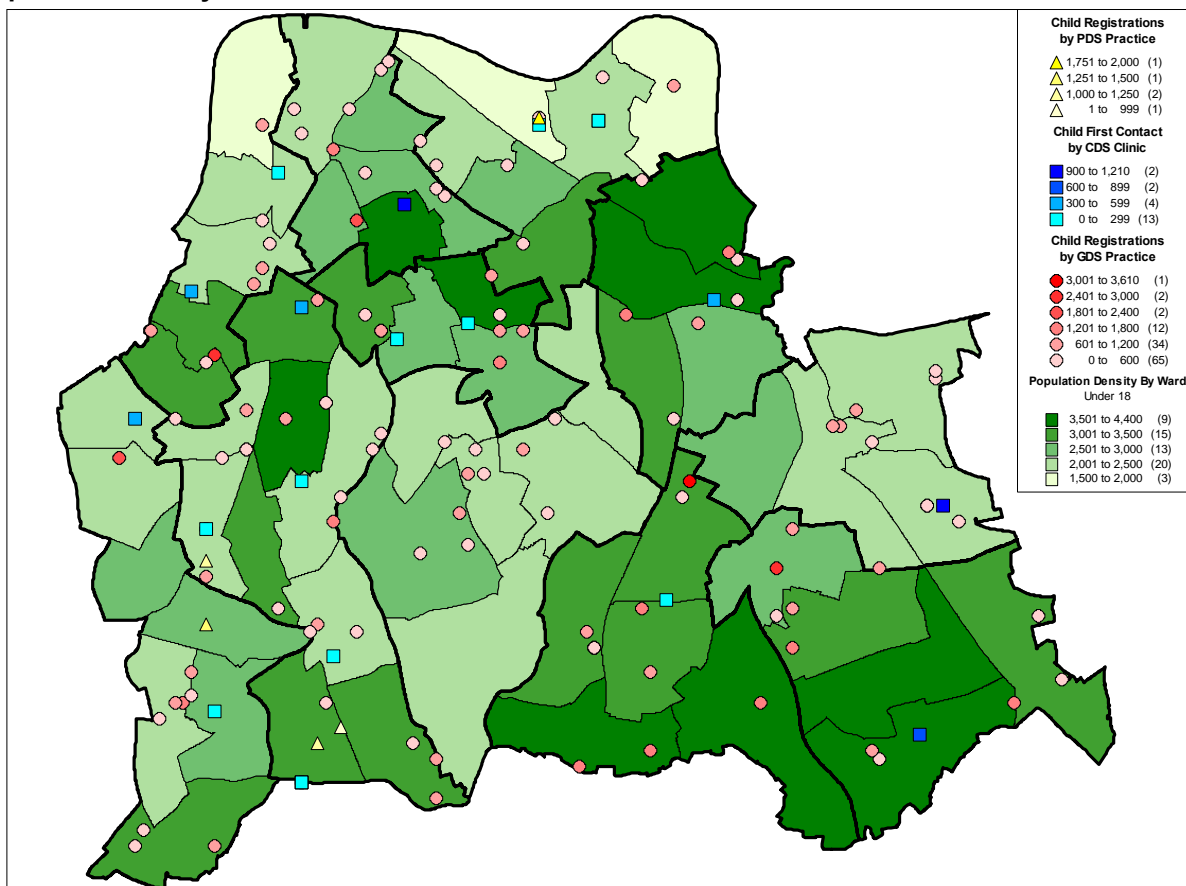
Locality	Type of Service	No. of Service sites	Age Ranges for GDS & PDS				Age Ranges for CDS		Activity		
			0 to 2	3 to 5	6 to 12	13 to 17	0 to 4	5 to 16	Total GDS	Total PDS	Total CDS
Lambeth											
North	GDS	9	213	1160	3952	2272			7597		413
	CDS	1					73	340			
South East	GDS	20	411	1237	4014	2325			7967		642
	CDS	3					101	541			
South West	PDS	3	125	504	1525	889			7265	3043	407
	GDS	9	243	1266	3637	2119					
	CDS	1					46	361			
PDS	1	43	264	675	349				1331		
Southwark											
Ber/Roth	GDS	8	126	608	1984	1028			3764		1397
	CDS	3					228	1169			
	PDS	1	120	334	902	499				1855	
Dulwich	GDS	12	322	1353	3554	2038			7267		150
	Peck/Camb	GDS	9	203	931	3307	1953				
Walw/Bor	CDS	1					44	106	6394		
	GDS	11	142	809	2672	1705				5328	
Lewisham											
N1	GDS	6	213	796	2456	1404			4869		408
	CDS	1					45	363			
N2	GDS	10	258	976	2914	1661			5809		1205
	CDS	1					513	692			
N3	GDS	10	433	1473	4221	2592			8719		777
	CDS	1					119	658			
N4	GDS	11	572	2133	6588	3903			13196		192
	CDS	1					27	165			

* CDS: Note no data for 2 mobile CDS services or 1 special school

Table 5.3 Summary Table for Adult Registrations (GDS & PDS) and First Contacts (CDS*) by Type of Service Age for the Localities within Lambeth, Southwark and Lewisham (*CDS: no data for 2 mobile CDS services, or 1 prison)

Locality	Type of Service Sites	No. of service sites	Age ranges for GDS and PDS							Age Ranges for CDS		Activity			
			18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	17 to 64	65+	Total GDS	Total PDS	Total CDS	
Lambeth															
North	GDS	9	3319	9454	8541	4170	2612	1652	885			30633			
	CDS	1								38	24			62	
South East	GDS	20	2599	5856	6244	2987	1887	1261	592			21426			
	CDS	3								353	120			473	
South West	PDS	3	763	1994	2298	1271	927	578	340			26674	8171		
	GDS	9	2294	8353	6779	3941	2691	1635	981						
	CDS	1								64	120			204	
PDS	1	335	1114	1143	670	370	301	213					4146		
Southwark															
Ber/Roth	GDS	8	1243	3112	2961	1737	1179	777	480			11489			
	CDS	3								139	43			182	
	PDS	1	639	1488	1429	858	605	399	190					5608	
Dulwich	GDS	12	1858	5705	5687	3449	2346	1461	925			21431			
	GDS	9	2213	4505	5303	2895	2071	1446	711				19144		
Peck/Camb	CDS	1								90	50		140		
Walw/Bor	GDS	11	3683	5544	5215	2977	2030	1326	612			21387			
Lewisham															
N1	GDS	6	1863	4412	4120	2140	1324	839	410			15099			
	CDS	1								149	103			252	
N2	GDS	10	1425	3504	3687	2475	1933	1491	957			15472			
	CDS	1								37	12			49	
N3	GDS	10	2489	4638	5480	3485	2853	2036	1270			22251			
	CDS	1								24	39			63	
N4	GDS	11	3714	8189	8922	5521	3936	2606	1442			34330			
	CDS	1								282	68			350	

Map 5.2 GDS and PDS Registrations by Practice and CDS First Contacts by Clinic and Population Density: Children



Source: DPB, March 2003, ONS 2003, King's College Healthcare CDS 2003

Each of the primary dental services will be dealt with in turn in greater detail in the following sections. Where possible the opportunity has been taken to amalgamate data at locality level, to begin to provide a profile of services at local level, recognizing the differences between data sets. Service data are generally presented by the geographical location of the provider at borough and locality level, rather than by patient residence as these data are not routinely captured; an issue which must be addressed in future.

5.2 General Dental Services (NHS)

General dental practitioners nationally provide both NHS and private care. It is estimated that although general dental practitioners have an increasing income from the private sector, that 65% of dentists provide 75% or more of their activity under GDS regulations (BDA, 2004). The level of private dental care within the boroughs of Lambeth, Southwark and Lewisham is unknown but there is little evidence of a significant private sector. Comparative data for General Dental Services will be provided in this section relating to the level of care, registrations, funding and types of

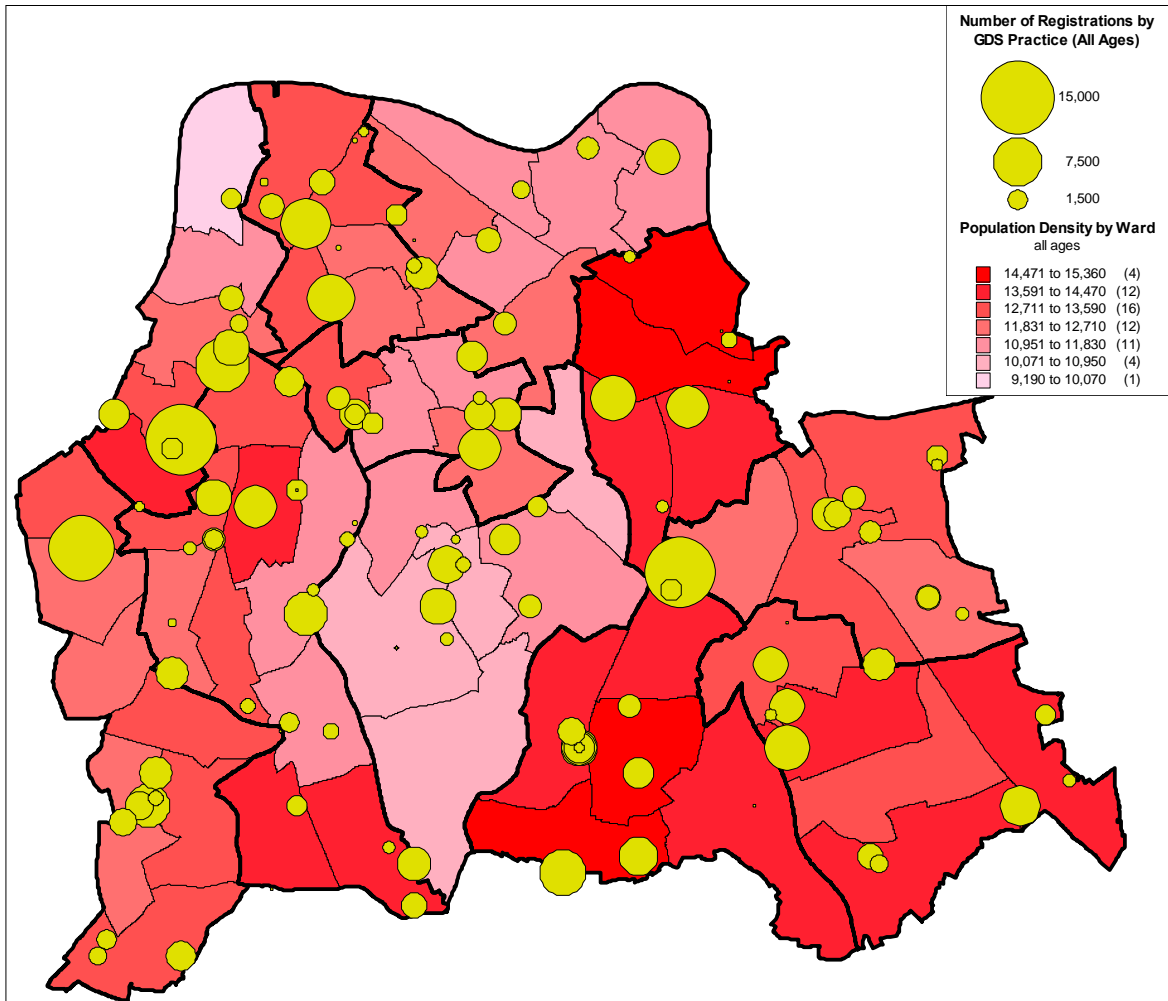
care. Individual practice-based data are soon to be released from the Dental Practice Board and its anonymised data will form the basis of a subsequent report. This will be the first time that data on individual practitioners practicing/prescribing profiles will be made available to health organizations.

5.2.1 Coverage of GDS

The three maps below (Map 5.1-5.3) of population density and practitioners with some registered patients, provides an indication of the spread of practices and relatively short traveling distances for patients. The maps present total population, adults and children registration numbers against the corresponding population density separately. The dentist to population ratio is relatively high at 1:2289. It must be recognized that a significant proportion of practices are single handed (27%) and practitioners will have different working patterns in terms of their time commitment to clinical practice, and within that to the provision of NHS care.

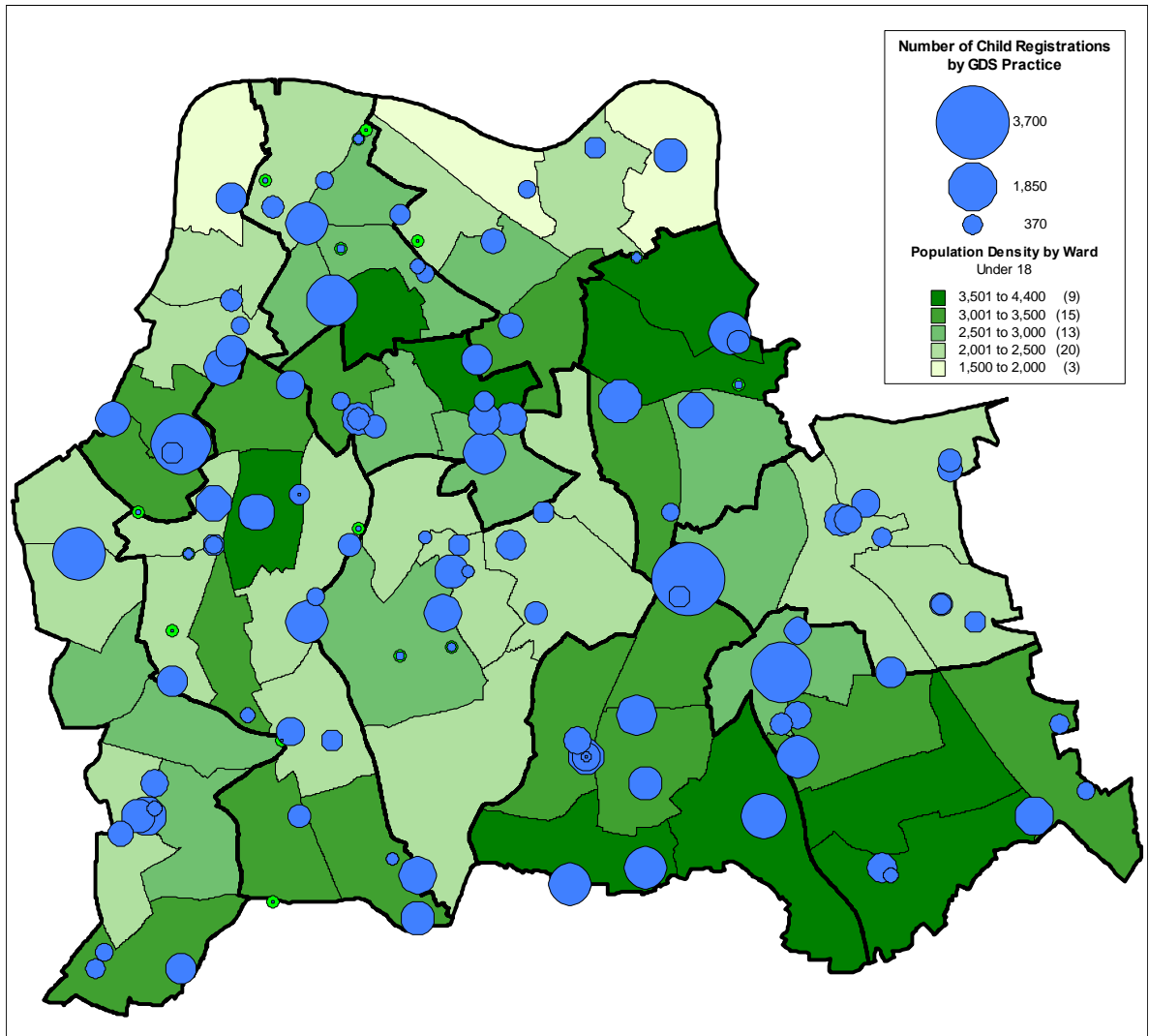
Practices with large numbers of registered patients will tend to be those at which several dentists practice in multi-surgery establishments.

Map 5.3 GDS Registrations by Practice and Population Density: All Age Groups



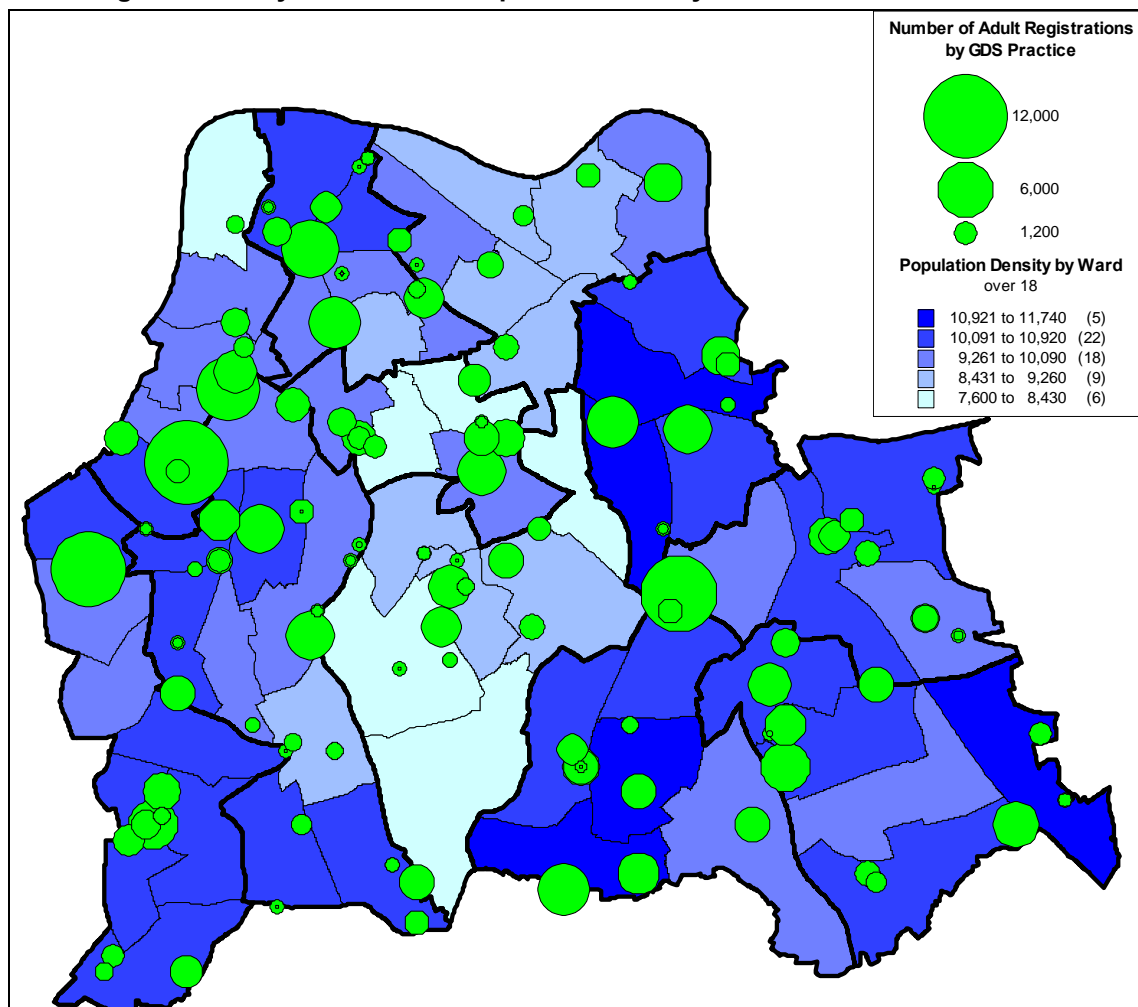
Source: DPB, March 2003, ONS 2003

Map 5.4 GDS Registrations by Practice and Population Density: Children



Source: DPB, March 2003, ONS 2003

Map 5.5 GDS Registrations by Practice and Population Density: Adults



Source: DPB, March 2003, ONS 2003

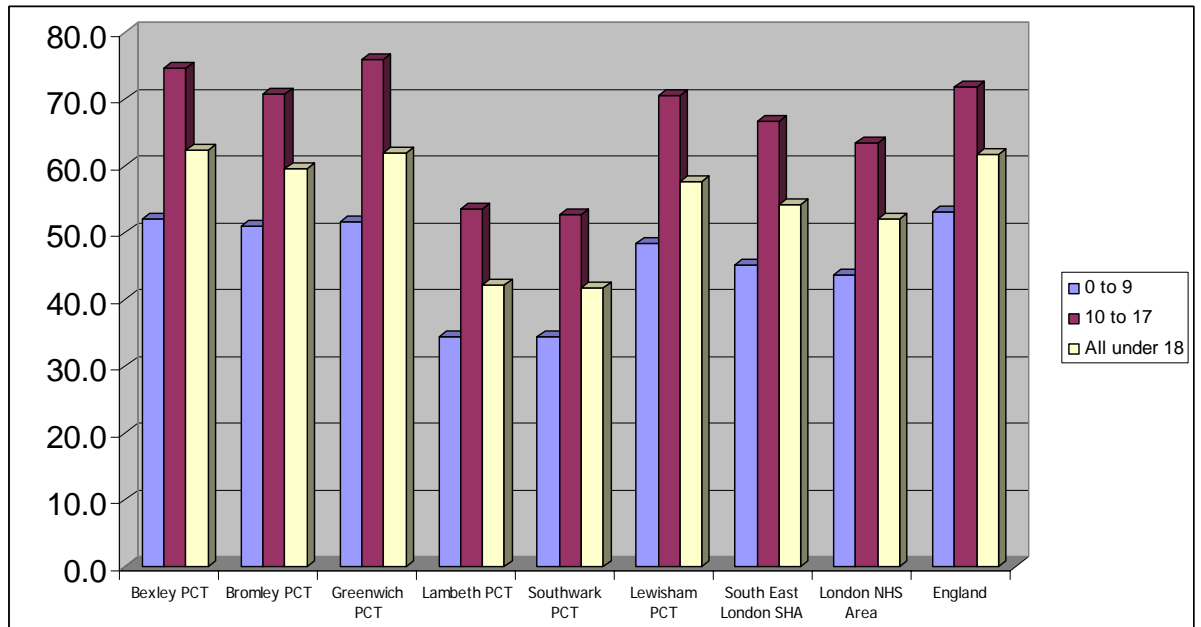
5.2.2 Registration Rates for Care

Registration rates and numbers as traditionally presented by the Dental Practice Board in Fig 5.1-5.2 carry the assumption that it is the local population registered with practices in an area. However, these data provide crude comparisons across PCTs, regions and nationally. Lambeth and Southwark Practitioners have lower registration rates than the other PCTs in SE London and nationally. Further analysis of data from the Dental Practice Board explores patient flows in greater detail in section show that there is a net inflow of patients to local practices (Section 5.2.3).

Children comprise a higher proportion of practice patients in Lewisham (27.2%) than Southwark (23.6%) and Lambeth (22.5%). The numbers of children and adults registered within each locality are shown in Tables 5.4 and 5.5 respectively. They

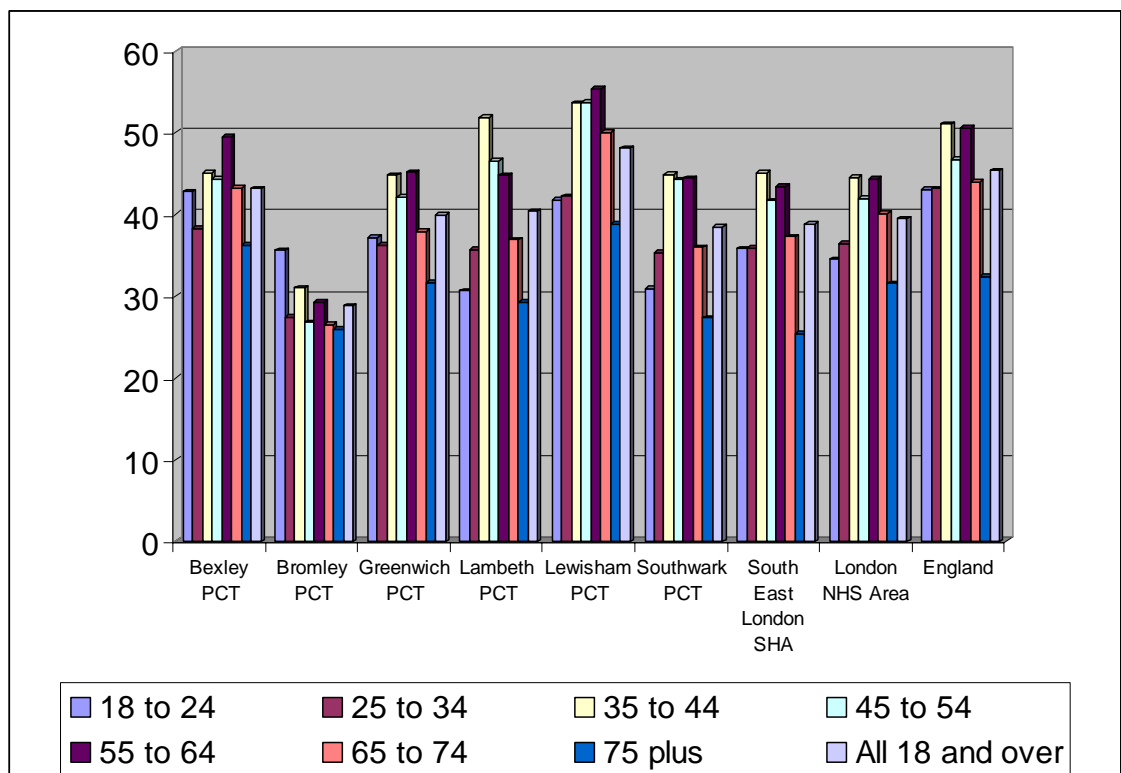
provide an indication of practitioners' willingness to register children and adults for dental care in each locality.

Fig 5.1 Registration of Children (<18 years) with GDS in SE London PCTs of London and England, Sept 2003



Source: Dental Practice Board, 2004

Fig 5.2 Registration of Adults (≥18 years) with GDS in SE London PCTs of London and England, Sept 2003



Source: Dental Practice Board, 2004

Table 5.4 Number of Child patients (<18 years) registered for dental care with providers in each locality and PCT, end of March 2003

Locality	Age (years)				Total Registrations: Children as		
	0 to 2	3 to 5	6 to 12	13 to 17	Total Child Registrations	Adult and Children	% of total registrations
Lambeth							
North	213	1160	3952	2272	7597	38230	19.9%
South East	411	1237	4014	2325	7967	29393	27.1%
South West	243	1266	3637	2119	7265	33939	21.4%
Total by PCT					22829	101562	22.5%
Southwark							
Bermonsey/Rotherhithe	126	608	1984	1028	3746	15253	24.6%
Dulwich	322	1353	3554	2038	7267	28698	25.3%
Peckham/Camberwell	203	931	3307	1953	6394	25538	25.0%
Walworth/Borough	142	809	2672	1705	5328	26715	19.9%
Total by PCT					22735	96204	23.6%
Lewisham							
Neighbourhood 1	213	796	2456	1404	4869	19968	24.4%
Neighbourhood 2	258	976	2914	1661	5809	21281	27.3%
Neighbourhood 3	433	1473	4221	2592	8719	30970	28.2%
Neighbourhood 4	572	2133	6588	3903	13196	47526	27.8%
Total by PCT					32593	119745	27.2%
Total LSL combined					78157	317511	24.6%

Source: Dental Practice Board, 2004

Note: the above data provide the level of GDS activity in each locality and are NOT an indication of service uptake by local residents.

Table 5.5 Number of adult patients ≥ 18 years registered for dental care in by locality and PCT March 2003

Locality	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	to 75	Total registrations: adults	Total Registrations: adults and Children	Adults as % of total registration
Lambeth										
North	3319	9454	8541	4170	2612	1652	885	30633	38230	80.1%
South East	2599	5856	6244	2987	1887	1261	592	21426	29393	72.9%
South West	2294	8353	6779	3941	2691	1635	981	26674	33939	78.6%
Total by PCT								78733	101562	77.5%
Southwark										
Bermonsey/Rotherhithe	1243	3112	2961	1737	1179	777	480-	11489	15253	75.3%
Dulwich	1858	5705	5687	3449	2346	1461	925	21431	28698	74.7%
Peckham/Camberwell	2213	4505	5303	2895	2071	1446	711	19144	25538	75.0%
Walworth/Borough	3683	5544	5215	2977	2030	1326	612	21387	26715	80.1%
Total by PCT								73451	96204	76.4%
Lewisham										
Neighbourhood 1	1863	4412	4120	2140	1324	839	401	15099	19968	75.6%
Neighbourhood 2	1425	3504	3687	2475	1933	1491	957	15472	21281	72.7%
Neighbourhood 3	2489	4638	5480	3485	2853	2036	1270	22251	30970	71.8%
Neighbourhood 4	3714	8189	8922	5521	3936	2606	1442	34330	47526	72.2%
Total by PCT								87152	119745	72.8%
Total LSL combined								239336	317511	75.4%

Source: Dental Practice Board, 2004

Note: the above data provide the level of GDS activity in each locality and are NOT an indication of service uptake by local residents.

Table 5.6 Contracts by PCT by Active Registration* List Size at September 2003

Health Body	List Size Band (Percentage of Contracts)										With a Schedule or Registration in September 2003			
	0	1 to 499	500 to 999	1,000 to 1,499	1,500 to 1,999	2,000 to 2,499	2,500 to 2,999	3,000 to 3,499	3,500 to 3,999	4,000 or More	Number of contracts	Average Patient List Size by Contract		
												Under 18	18 & Over	Total
Bexley PCT	8.0	32.0	18.0	13.0	14.0	4.0	5.0	4.0	1.0	1.0	100	321	709	1,029
Bromley PCT	10.0	48.8	17.6	13.5	2.9	4.7	1.2	1.2	0.0	0.0	170	230	382	612
Greenwich PCT	7.8	34.8	20.0	20.0	11.3	4.3	0.9	0.0	0.0	0.9	115	281	554	835
Lambeth PCT	12.7	35.7	14.3	15.9	11.9	2.4	4.0	0.0	0.8	2.4	126	189	666	856
Lewisham PCT	11.0	30.3	17.9	18.6	11.0	7.6	2.1	0.7	0.7	0.0	145	232	625	857
Southwark PCT	7.8	29.4	16.7	16.7	20.6	4.9	2.0	2.0	0.0	0.0	102	225	710	935
S E London SHA	9.8	36.1	17.4	16.2	11.1	4.7	2.4	1.2	0.4	0.7	758	243	589	832
London	11.5	40.0	17.6	15.3	8.6	4.1	1.6	0.6	0.2	0.4	4,226	199	519	718
England	10.8	33.2	15.8	12.1	11.1	8.4	4.6	2.1	0.9	1.0	24,425	281	702	983

Source: Dental Practice Board, 2004

5.2.3 Patient flows into and out of SE London PCTs

For the first time it has been possible to obtain detailed information from the Dental Practice Board on the registration rates of the resident population and patient flows across PCT boundaries. These data are only available for a snapshot in time and relate to the patients registered for care at 30th September 2003 and are estimated by the Dental Practice Board to under-represent care by about 5%. This is due to non-postcoded claims. The tables below contain information on where local residents, by borough are attending dental services. They also show the residence of the patients whom local GDPs have registered with them. The former are presented for all patients. The details of where children and adults from the three boroughs of Lambeth, Southwark and Lewisham are accessing care are presented separately in Appendix 6.

5.2.3.1 Patient flows out of and into Lambeth

Only 37% of all Lambeth residents were registered for dental care on 30.09.03. Table 5.7 shows that 71.2% of these Lambeth residents were utilizing Lambeth GDS or LSL PDS. Four out of the five PDS practices are in Lambeth. When children and adults are examined separately, it becomes evident that children's registration is approx 40%, which equates approximately with the DPB estimated figures and that adult registrations are lower at 36% (See Appendix 6 for details). Registration rates for older people aged 65 years and over are lower still at 27.6%.

Table 5.7 Patient flows: Lambeth residents to GDS/PDS dentists in England & Wales

Where are Lambeth Residents registered for NHS dental care, 30 Sept 2003?		No	% of total attendees
<i>Within SE London boroughs</i>			
	Bexley dentists	28	0.3
	Bromley dentists	188	0.2
	Greenwich dentists	82	0.1
	Lambeth dentists	60,096	61.0
	Lambeth, Southwark, Lewisham PDS dentists	10,052	10.2
	Lewisham dentists	1,339	1.6
	Southwark dentists	9,518	9.7
	Total registered with SE London dentists	81,303	82.5
<i>London</i>			
	SE London dentists	81,303	82.5
	Other London dentists	16,170	16.5
	Total London dentists	97,473	99
	Other England & Wales	1,039	1
	Total Lambeth attendees for dental care, Sept 03	98,512	100

Source Dental Practice Board, 2004

Note: proportion of total population registered for dental care in Lambeth = $98512/266160 \times 100 = 37\%$

Almost all of the patients attending Lambeth dentists are London residents (99%). The majority are Lambeth residents (69%) with an additional 9% from the other boroughs of SE London (Table 5.8). The main inflow was from Southwark residents.

Table 5.8 Patient flows: to Lambeth GDS/PDS dentists, 30th September 2003

Who are Lambeth Dentists treating for NHS dental care?	No	% of total attendees
<i>Residents of SE London boroughs</i>		
Bexley residents	157	0.2
Bromley residents	993	1.1
Greenwich residents	242	0.3
Lambeth residents	60,096	68.5
Lewisham residents	1,190	1.4
Southwark residents	5,593	6.4
Total SE London residents registered with Lambeth dentists	68,271	77.8
<i>Within London</i>		
		%
SE London residents	68,271	78
Other London residents	18,407	21
Total London residents	86,678	99
Other England & Wales	1,099	1
Total Attendees of Lambeth dentists 30 Sept 03	87,777	100

Source Dental Practice Board, 2004

5.2.3.2 Patient flows out of and into Southwark

Only one third (33%) of all Southwark residents were registered for dental care on 30.09.03. Table 5.9 shows that 71.2% of Southwark residents were utilizing GDS within the borough and an additional 6.8% LSL PDS, where four out of the five practices are in Lambeth. When children and adults are examined separately, it becomes evident that children's registration is approx 38%, which is just below the DPB estimated figures and that adult registrations are lower at 32% (See Appendix 6 for details). The true registration rate for older people aged 65 years and over is only 22% for older people.

Table 5.9 Patient flows: Southwark residents to GDS/PDS dentists in England & Wales, 30th September 2003

Where are Southwark Residents registered for NHS dental care?	No	% of total attendees
<i>Within SE London boroughs</i>		
Bexley dentists	62	0.1
Bromley dentists	204	0.3
Bromley PDS dentists	2	0.0
Greenwich dentists	264	0.3
Lambeth dentists	276	0.3
Lambeth, Southwark, Lewisham PDS dentists	5,511	6.8
Lewisham dentists	4640	5.7
Southwark dentists	57,694	71.2
Total registered with SE London dentists	68,653	84.7
<i>London</i>		
SE London dentists		
Other London dentists	6,252	7.7
Total London dentists	74,905	92.5
Other England & Wales	6,105	7.5
Total Southwark attendees for dental care Sept 03	81,010	100

Source DPB, 2004

Note: Proportion of total population registered for dental care in Southwark = $81010/244866 \times 100 = 33\%$

Almost all of the patients attending Southwark dentists are London residents (98%). The majority are Southwark residents (69%) with an additional 13% from the other boroughs of SE London (Table 5.10). The main inflow was from Lambeth residents.

Table 5.10 Patient flows: to Southwark GDS/PDS dentists, 30th September 2003

Who are Southwark Dentists treating for NHS dental care?	No	% of total attendees
<i>Residents of SE London boroughs</i>		
Bexley residents	612	0.7
Bromley residents	1732	2.1
Greenwich residents	902	1.1
Lambeth residents	9,518	11.5
Lewisham residents	6140	7.4
Southwark residents	57,694	69.4
Total SE London residents registered with Southwark dentists	76598	92.2
<i>Within London</i>		
SE London residents	76598	92.2
Other London residents	5072	6.1
Total London residents	81,670	98
Other England & Wales	1,443	2
Total Attendees of Southwark dentists 30 Sept 03	83,113	100%

Source Dental Practice Board, 2004

5.2.3.3 Patient flows out of and into Lewisham

A higher proportion of Lewisham residents (39%), than those of Lambeth and Southwark were registered for dental care on 30.09.03. Table 5.11 shows that 80% of registered Southwark residents were utilizing GDS within the borough and an additional 14.6% were attending services within SE London. When children and adults are examined separately, it becomes evident that children's registration is 46% and that adult registrations are lower at 37% (See Appendix 6 for details). The true registration rates for older people are lower still at 30.6%.

Table 5.11 Patient flows: Lewisham residents to GDS/PDS dentists in England & Wales, 30th September 2003

Where are Lewisham Residents registered for NHS dental care?	No	% of total attendees
<i>Within SE London boroughs</i>		
Bexley dentists	287	0.3
Bromley dentists	3377	3.5
Bromley PDS dentists	3	0.0
Greenwich dentists	2824	2.9
Lambeth dentists	1,190	1.2
Lambeth, Southwark, Lewisham PDS dentists	445	0.5
Lewisham dentists	78035	80.2
Southwark dentists	6,140	6.3
Total registered with SE London dentists	92301	94.8
<i>London</i>		
SE London dentists	92301	94.8
Other London dentists	4,268	4.4
Total London dentists	96,569	99.2
Other England & Wales	772	0.8
Total Lewisham attendees for dental care Sept 03	97,341	100

Source Dental Practice Board, 2004

Note: Proportion of total population registered for dental care in Lewisham = $97341/248922 \times 100 = 39\%$

Almost all of the patients attending Lewisham dentists are London residents (97.6%), which is slightly less than Lambeth and Southwark. The majority are Lewisham residents (72.4%) with an additional 22.3% from the other boroughs of SE London (Table 5.12). The main inflow was from Bromley and Greenwich residents.

Table 5.12 Patient flows: to Lewisham GDS dentists, 30th September 2003

Who are Lewisham Dentists treating for NHS dental care?	No	% of total attendees
<i>Residents of SE London boroughs</i>		
Bexley residents	2031	1.9
Bromley residents	9381	8.7
Greenwich residents	6695	6.2
Lambeth residents	1,339	1.2
Lewisham residents	78035	72.4
Southwark residents	4,640	4.3
Total SE London residents registered with Lewisham dentists	102121	94.7
<i>Within London</i>		
SE London residents	102121	94.7
Other London residents	3,092	2.9
Total London residents	105,213	97.6
Other England & Wales (95 PCTs)	2,568	2.4
Total Attendees of Lewisham dentists, 30 Sept 03	97,341	100

Source: Dental Practice Board, 2004

5.2.4 Average list sizes

As shown overleaf, average GDS list sizes in London at 718 patients per contract are below the national average of 983. However, the list sizes for Southwark (935) Lewisham and Lambeth in SE London exceed the London level and are approaching the national rate. This may indicate practitioners having a greater commitment to the provision of NHS care in these PCTs.

5.2.5 Gross Fees (annual) to September 2003

Dentists in LSL PCTs claimed just over half (55%) of the gross fees within SE London, 10.5% of London fees and 1.7% of the total gross fees for England. The most recently available information on GDS costs are presented below along with London and national comparisons (Table 5.13).

Table 5.13 GDS Activity and Gross Fees, October 2002 – September 2003

Strategic Health Authority Primary Care Trusts	No. of Principal Dentists (At Sept 03)	Registrations & Take Up Rates (%) (At September 03)		Average Patient List Size	Total Gross Fees (Oct 02-Sept 03)
		<18yrs	≥18yrs		
Bexley PCT	78	62.4	43.1	1,320	6,108,303
Bromley PCT	143	59.6	28.8	728	8,161,300
Greenwich PCT	97	62.0	39.9	990	7,882,974
Lambeth PCT	112	42.1	40.4	963	8,720,651
Lewisham PCT	107	57.5	48.1	1,161	9,724,005
Southwark PCT	88	41.7	38.4	1,083	8,270,412
South East London SHA	579	54.2	38.8	1,089	48,867,645
London NHS Area	2960	52.1	39.5	1026	251,948,254
England	16581	61.7	45.3	1448	1,601,986,996

Source: Dental Practice Board, 2004

A much higher proportion of adult patient claims in LSL PCTs are exempt charges when compared with SE London (38%), London (38%) and England (24%). Over half of adult claims in Lambeth (52%) were exempt charges and 41% in Lewisham as outlined in more detail in Section 5.2.7. The proportion of adult patients exempt from charges parallels borough income deprivation scores and rank where Lambeth has the most income deprived residents (Section 2.8). The profile of adult claim costs also differs with more patients in higher cost categories than the nationally or at London level.

5.2.6 Child dental care

Children are exempt charges completely until the age of 16 years, or if studying to the age of 18 years (Table 5.14). The profile of child claim costs is closer to the London or national level. Lambeth however has twice the SE London average for the most expensive treatments in children. This will require further analysis of individual practice profiles.

Table 5.14 Distribution of Item of Service Claims for Patients Aged < 18 years by PCT for Quarter Ending 30 September 2003

Health Body	Percentages of Item of Service Claims in Cost Bands						Number of claims
	Under £25	£25 to £49.99	£50 to £99.99	£100 to £199.99	£200 to £299.99	£300 or More	
Bexley PCT	73.6	14.9	4.8	3.1	0.4	3.2	7,223
Bromley PCT	69.9	15.1	8.5	2.8	0.4	3.3	10,341
Greenwich PCT	65.7	16.2	8.8	6.4	0.6	2.3	7,678
Lambeth PCT	61.4	19.3	9.8	3.3	0.7	5.6	5,281
Lewisham PCT	74.0	14.6	7.2	3.3	0.6	0.4	5,192
Southwark PCT	65.7	17.9	9.2	5.0	0.7	1.6	3,562
SE London SHA	68.8	16.0	7.9	3.9	0.5	2.8	39,277
London	63.3	19.3	8.8	3.9	0.8	3.9	192,351
England	72.9	15.3	6.2	2.5	0.4	2.6	1,484,327

Source: Dental Practice Board, 2004

The rate of provision of fillings in the 3 PCTs is much higher than the London figure and in Lewisham and Southwark twice the national figure (Table 5.15). However, even though root treatments per child claims are much higher than nationally in the 3 PCTs, it compares well with London as a whole. Extractions are more common in Southwark and Lewisham.

Table 5.15 Rates per 100 Item of Service Claims for Seven Selected Treatments by PCT for Patients Aged < 18 years for Quarter Ending 30 September 2003

Health Body	Small X-Ray Claims	Scaling & Polish	Periodontal Treatment 2+ visits	Teeth Filled	Teeth Root Treated	Teeth Crowned (or with inlays)	Teeth Extracted	No. of Claims
Bexley PCT	2.4	0.2	0.0	90.0	2.1	0.6	16.1	5,768
Bromley PCT	2.1	0.1	0.0	64.9	1.9	0.2	12.8	9,114
Greenwich PCT	4.1	0.8	0.1	118.0	3.8	0.6	28.4	6,344
Lambeth PCT	2.9	0.2	0.2	124.6	5.0	1.8	14.5	4,955
Lewisham PCT	3.7	0.2	0.0	165.4	5.8	1.8	24.0	4,446
Southwark PCT	3.7	0.2	0.1	181.5	5.7	2.7	22.1	3,357
S E London SHA	3.0	0.3	0.1	112.4	3.6	1.0	18.9	33,984
London	3.2	0.4	0.0	111.0	5.1	0.9	20.1	166,722
England	2.5	0.2	0.0	86.5	2.9	0.5	16.7	1,327,256

Source: Dental Practice Board, 2004

GDPs in Southwark and Lewisham seem to undertake considerably more routine work than the national average (67% and 69% cf 43% for England) and Lambeth GDPs undertake more repairs (Type 5 intervention) than their counterparts in Lewisham and Southwark (Table 5.16).

Table 5.16 Distribution of Item of Service Claims for Patients Aged < 18 Years by PCT for Quarter Ending 30 September 2003

Health Body	Percentage of Item of Service Claims in each Treatment Type							Total No. of Claims
	Type 1 Intricate work	Type 2 More than routine work	Type 3 dentures	Type 4 routine work	Type 5 repairs/ refixing	Type 6 miscellaneous	Type 7 no dental intervention	
Bexley PCT	9.9	2.2	0.1	42.0	6.1	1.2	38.5	5,768
Bromley PCT	16.5	2.0	0.0	34.0	5.8	0.1	41.5	9,114
Greenwich PCT	8.3	5.3	0.0	52.0	7.3	0.3	26.7	6,344
Lambeth PCT	12.3	4.6	0.1	43.3	7.7	0.3	31.7	4,955
Lewisham PCT	2.2	5.7	0.1	69.7	0.7	1.2	20.4	4,446
Southwark PCT	5.8	5.4	0.2	67.3	3.2	0.0	18.2	3,357
SE London SHA	10.3	3.9	0.1	48.0	5.5	0.5	31.8	33,984
London	13.5	4.7	0.1	46.1	6.9	0.4	28.4	166,722
England	9.4	2.9	0.1	43.2	5.3	0.3	38.9	1,327,256

Source: Dental Practice Board, 2004

5.2.7 Adult dental care

For adult patients, practitioners are claiming for a higher proportion of periodontal treatments over two visits than the national average. For Lambeth and Southwark, one in five patients is receiving extensive treatment for periodontal diseases, even higher than for London as a whole (Table 5.17).

Table 5.17 Rates per 100 Item of Service Claims for Patients aged 18 years and over by PCT for Quarter Ending 30 September 2003

Health Body	Small X-Ray Claims	Scaling & Polish	Periodontal Treatment 2+ visits	Teeth Filled	Teeth Root Treated	Teeth Crowned (or with inlays)	Teeth Extracted	No. of Claims
Bexley PCT	28.1	51.9	4.6	48.9	3.8	4.6	6.1	23,001
Bromley PCT	36.8	51.6	8.3	62.5	5.9	6.4	6.6	24,533
Greenwich PCT	31.0	50.5	10.4	68.8	7.4	7.8	8.8	22,896
Lambeth PCT	46.8	45.3	19.6	86.8	9.9	12.6	9.3	21,598
Lewisham PCT	38.5	50.5	12.2	75.7	8.8	14.1	8.9	28,944
Southwark PCT	43.5	46.2	19.3	80.7	8.7	14.2	9.4	23,052
S E London SHA	37.4	49.4	12.3	70.5	7.4	10.1	8.2	144,024
London	39.8	47.0	13.3	71.0	7.8	9.7	8.5	735,893
England	23.2	49.1	4.8	49.5	3.9	5.2	8.0	6,606,980

Source: Dental Practice Board, 2004

Practitioners are providing more Type 1 intricate work for patients than for London as a whole (Table 5.18). This may be related to the fact that the local population have higher oral health needs when they access dental care, as it is clear that they do not have an attendance profile of regular care. Furthermore, as a high proportion of patients attending local practices are exempt charges, then cost is not a barrier to the receipt of care at the point of delivery.

Table 5.18 Distribution of Item of Service Claims for Patients Aged 18 years and over by PCT for Quarter Ending 30 September 2003

Health Body	Percentage of Item of Service Claims in each Treatment Type							Total No. of Claims
	Type 1 Intricate work	Type 2 More than routine work	Type 3 dentures	Type 4 routine work	Type 5 repairs/refixing	Type 6 miscellaneous	Type 7 no dental intervention	
Bexley PCT	4.8	4.5	1.8	32.9	4.2	2.7	49.2	24,261
Bromley PCT	6.1	5.9	2.0	35.5	3.5	2.8	44.1	24,500
Greenwich PCT	8.6	8.5	2.9	36.5	3.5	2.2	37.9	24,795
Lambeth PCT	11.0	8.1	3.5	41.5	4.1	2.4	29.4	23,004
Lewisham PCT	11.9	7.2	3.3	37.8	4.5	3.1	32.2	31,023
Southwark PCT	12.0	7.7	3.9	35.3	4.4	2.5	34.2	24,988
SE London SHA	9.2	7.0	2.9	36.6	4.0	2.6	37.6	152,571
London	9.1	7.3	2.8	36.2	4.0	2.7	38.0	754,991
England	5.1	4.1	2.4	31.0	3.7	2.5	51.3	6,822,132

Source: Dental Practice Board, 2004

Looking at the last available quarter's data, it is possible to see the spread of fees across age bands with Lewisham and Southwark spending a lower level of fees on

children (≤ 18 years) compared with Lambeth and the other standard comparators (Table 5.19).

Table 5.19 Distribution of Item of Service Claims in Cost Bands for Patients ≥ 18 years for the Quarter ending September 2003 by PCT

Health Body	Percentages of item of service claims in cost bands						Percentage distribution of patients		Number of claims
	Under £25	£25 to £49.99	£50 to £99.99	£100 to £199.99	£200 to £299.99	£300 or more	with a patient charge	With exemption or remission	
Bexley PCT	65.7	18.7	7.8	5.7	1.3	0.7	80.1	19.9	23,166
Bromley PCT	56.9	21.2	11.0	7.7	1.9	1.3	74.7	25.3	24,660
Greenwich PCT	52.9	20.2	11.7	10.0	3.1	2.0	57.0	43.0	22,993
Lambeth PCT	40.8	23.0	15.3	13.2	4.6	3.1	48.5	51.5	21,668
Lewisham PCT	48.1	21.0	12.3	11.2	4.1	3.3	58.8	41.2	29,074
Southwark PCT	42.6	22.3	14.4	12.8	4.9	3.1	51.2	48.8	23,144
SE London SHA	51.2	21.1	12.1	10.1	3.3	2.3	61.9	38.1	144,705
London	50.2	21.5	12.7	10.0	3.2	2.6	61.7	38.3	741,585
England	66.2	17.1	8.1	6.1	1.5	1.1	75.7	24.3	6,648,871

Source: Dental Practice Board, 2004

Table 5.20 Treatment Fees (£) per Registered Patient by Age Band for the Quarter Ending September 2003 by PCT

Health Body	Under 18 years	18 and over	All ages	18 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 or more years	Total Treatment Fees
Bexley PCT	18.08	14.80	15.82	11.69	13.12	13.82	15.49	16.36	15.23	13.48	1,538,185
Bromley PCT	20.03	19.87	19.93	14.56	18.42	18.61	21.68	21.53	20.94	18.12	2,039,167
Greenwich PCT	19.18	22.05	21.08	18.62	21.71	21.33	22.86	23.27	20.49	19.47	2,023,709
Lambeth PCT	23.73	20.35	21.10	17.98	17.20	19.81	22.84	23.82	22.60	20.53	2,248,399
Lewisham PCT	12.16	23.17	20.18	20.52	21.55	23.14	23.03	26.33	23.63	19.62	2,485,215
Southwark PCT	14.84	24.19	21.96	21.20	22.27	24.23	24.52	26.11	26.20	22.44	2,091,901
SE London SHA	17.93	20.89	20.03	17.83	19.36	20.54	21.71	22.66	21.17	18.47	12,426,576
London	20.62	21.98	21.61	18.92	20.13	21.45	22.90	23.78	23.15	19.68	65,329,919
England	16.81	17.05	16.98	13.54	16.06	16.51	17.60	17.74	17.25	16.57	407,843,995

Source: Dental Practice Board, 2004

5.2.8 GDS Summary

General dental services are spread across the highly densely populated boroughs of Lambeth, Southwark and Lewisham providing what appears to be reasonable geographic access to primary dental care. The services are mainly accessed by residents of the local borough or those surrounding it in SE London.

Across the three boroughs there is a clear profile that:

- overall service uptake and utilisation is low for local residents
- registration rates per head of local population are lower than the national average for both children and adults (both the DPB proxy rates and the actual rates)
- there is a net patient flow into these boroughs and the use of dental services by local residents is lower than the DPB calculated rates
- the prescribing profile involves greater volumes of treatment per patient.
- the care provided by GDS is supplemented by CDS/PDS/HDS/EDS
- practitioners carry out more routine work especially in Lewisham and Southwark
- more routine work is carried out in fewer children than nationally
- there are higher rates of teeth extracted in Southwark and Lewisham.

The profile of GDS across these boroughs would appear to be a service that is committed to the National Health Service. There are no data on private dental care but it is likely that the private potential in this area is limited due to the high proportion of income and economic deprivation.

5.3 Community Dental Services

The role of the Community Dental Service (CDS) was defined by Health Circular HC(89)2. A Government circular, HSG(97)4, reiterated HC(89)2 and updated it to make more specific the safety net function of the CDS. Six main areas of activity were identified:

- the provision of oral health promotion programmes
- the provision of oral healthcare for individuals with special needs
- the provision of a full range of care to individuals who have experienced difficulties in obtaining treatment in the GDS, the safety net function
- the provision of treatments which may not be available in the general dental services, such as sedation and orthodontics
- oral screening for children in state funded schools and other client groups with special needs
- the provision of epidemiological fieldwork.

The role of the Community Dental Service should be complementary to the role of the GDS, which is the main provider of primary dental care. The service provides care for local residents and children who attend schools within Lambeth Southwark and Lewisham. Their data systems do not provide the opportunity to examine patient flows or clinical treatments for this service on its own, nor as a comparison with other services.

The community dental services in LSL are provided by King's College Hospital NHS Trust across a range of community sites. Services are provided from 16 health centres, plus a mobile unit. The community dental service employs a clinical director, assistant clinical director, 7 senior dental officers and 14 dental officers. They are supported by 12 dental nurses and 9 oral health promoters. One hygienist and a part-time therapist are also employed by the service (Jones et al, 2003).

5.3.1 Clinical activity

CDS activity by age and locality for the year 2002/03 is shown overleaf in Table 5.21. The service as a whole had 23,689 contacts during the year. This involved 8,256 patients (first contacts), 75% of whom were aged 16 years and under. Most first patient contacts were provided in Lewisham (40%), followed by Lambeth (37%) and Southwark (23%) during 2002/03. These data include mobile services within Lambeth and Southwark.

Table: 5.21 Community Dental Service Activity by Locality for Lambeth, Southwark and Lewisham Primary Care Trusts: First patient and Domiciliary contacts

PCT	LOCALITY	First patient contact					Domiciliary Contacts				
		0-4 YRS	5-16 YRS	17-64 YRS	65+ YRS	ALL AGES	0-4 YRS	5-16 YRS	17-64 YRS	65+ YRS	ALL AGES
LAMBETH	North	73	340	38	24	475	1	3	16	66	86
LAMBETH	South East	101	541	353	120	1115	0	2	236	524	762
LAMBETH	South West	46	361	64	120	591	0	0	14	63	77
LAMBETH	Total	220	1242	455	264	2181	1	5	266	653	925
LEWISHAM	Neighbourhood 1	45	363	149	103	660	0	0	10	122	132
LEWISHAM	Neighbourhood 2	513	692	37	12	1254	2	3	8	18	31
LEWISHAM	Neighbourhood 3	119	658	24	39	840	0	0	6	115	121
LEWISHAM	Neighbourhood 4	27	165	282	68	542	0	2	149	126	277
LEWISHAM	Total	704	1878	492	222	3296	2	5	173	381	561
SOUTHWARK	Bermondsey/Rotherhithe	228	1169	139	43	1579	0	7	81	329	417
SOUTHWARK	Peckham/Camberwell	44	106	90	50	290	0	0	20	66	86
SOUTHWARK	Total	272	1275	229	93	1869	0	7	101	395	503
SOUTHWARK	Mobile unit	0	28	4	0	32	0	0	6	0	6
LAMBETH	Mobile unit	8	671	75	124	878	0	0	47	246	293
	Total Mobile unit	8	699	79	124	910	0	0	53	246	299

Source: King's College Hospital Community Dental Service, 2003

Treatment patterns of children within the CDS show that there are significant numbers of children with special needs or high caries levels (Table 5.22). The service accepts children with disease who have average or high caries levels.

Table 5.22 Activity patterns in children within the CDS (attendances)

Child group	2002/03
Vulnerable children d = 3 or more	8,424
Vulnerable children unable or d = < 3	955
Children with special needs	4,762
Total contacts	13,141

Source: King's College Hospital CDS

The number of adults with special needs and vulnerable older people seen over the period 1997 to 2000 stayed at around the same level (Table 5.23). There has been no compensation in the *number* of adults or children treated. It thus becomes particularly important to explore the case mix of the CDS in greater detail.

Table 5.23 Activity patterns in adults within the CDS

Adult group	1997/98	1998/99	1999/00	2000/01
Adults with special needs	1,173	1,174	1,202	1,104
Vulnerable people over 65 years	356	321	375	636
Total	1,529	1,495	1,577	1,740

Source: King's Healthcare CDS

5.3.2 Mobile Dental Unit

The mobile dental unit is used to provide care at target schools and day centres. It is targeted at people who are unable or unlikely to access a dental surgery. There were 910 contacts for the period 2002/03 (Table 5.21).

5.3.2 Oral health screening

The CDS is annually contracted to screen 66,500 children in primary and secondary schools. The programme provides an opportunity to inform parents that further investigation of their child's oral health is required. However, it is then up to the parent to follow up this recommendation by taking their child to a dentist.

At present children should be screened a minimum of three times in their school lives. The government intends to introduce a new national protocol setting out clear aims and objectives together with clear referral criteria. Follow up procedures will also be documented. The mobile surgery is employed to help screen children in special schools for children with physical and/or learning disabilities.

Screening of older people and other groups is also part of the wider screening programme but these data are not regularly reported.

5.3.4 Funding

The services are contracted as a block contract with indicative activity levels. The annual cost of the service and breakdown by contract activity are given below (Table 5.24).

Total value by PCT		£1,763,462
Lambeth	37.7%	£ 664,825
Southwark	31.6%	£ 557,253
Lewisham	30.7%	£ 541,382

Table 5.24 Cost of activity within the CDS

Activity	Contacts	Cost
Vulnerable children	9,500	
Special needs	13,425	555,675
HIV/AIDS/Hep B C	1,190	68,481
Vulnerable elderly	1,760	279,648
Oral health promotion	-	128,576
Screening	66,500	83,790
Epidemiology	750	7,688
GA services	316	79,717
Overheads/ lease/ inflation/ capital charges	-	255,260
TOTAL		1,763,462

Note: The above includes domiciliary costs of £250,356

5.4 Personal Dental Services

The National Health Services Primary Care Act (1997) enabled dentists and NHS Trusts working with Health Authorities to develop new ways of delivery of NHS dentistry in order to address local service problems and tailor services to meet local needs through Personal Dental Service (PDS) pilots. The flexibilities offered by the PDS pilots include testing new remuneration arrangements, new service

configurations, skill mix and the delivery of specialist services in a primary care setting. Similar schemes are being piloted through Options for Change field sites

The purpose of the PDS pilot in LSL was to tackle the two main problems - a low uptake of services and pockets of high disease levels. The scheme started in 1998 with 7 practices (4 Lambeth, 1 Southwark and 2 Lewisham). Five out of the initial seven practices remain in the scheme (4 Lambeth and 1 Southwark) involving 20 dentists.

The pilot was formally evaluated by a research team from Kings College London in 2003 (Best and Newton, 2003). Some of the findings included:

- Increase in registrations of children
- Increase in the preventive activity for children
- Decrease in recorded courses of treatment
- Positive experience for the dental team
- Patients attending PDS practices were satisfied with their dental care

5.4.1 Activity

Registrations provide one marker of activity. The total number of patients registered with the scheme at the end of March 2003 was 24,154. Of these 26% (n=6229) were children.

Table 5.25: Registrations by age and gender for the PDS, end of March 2003

Capitation (Cap)			% of overall Cap & CC registrations	Continuing Care (CC)			% of overall Cap & CC	Total registrations
Male	Female	Total		Male	Female	Total		
3156	3073	6229	25.8%	7878	10047	17925	74.2%	24154 (100%)

Source- Dental Practice Board

Another marker of treatment is completed courses of treatment. A total of 22,241 courses of care were completed during the year ending March 2003 (Table 5.26). There was no gender difference in children but in adults, females had more completed courses of treatment.

Table 5.26 Completed courses of treatment, 2002/03

	Male <18 years	Female <18 years	Total child	Male 18 and over	Female 18 and over	Total adult
Lambeth	1957	1941	3898	4797	6598	11395
Southwark	847	887	1734	2204	3010	5214

Source- Dental Practice Board

In Table 5.27, the treatment item categories for adults and children are presented.

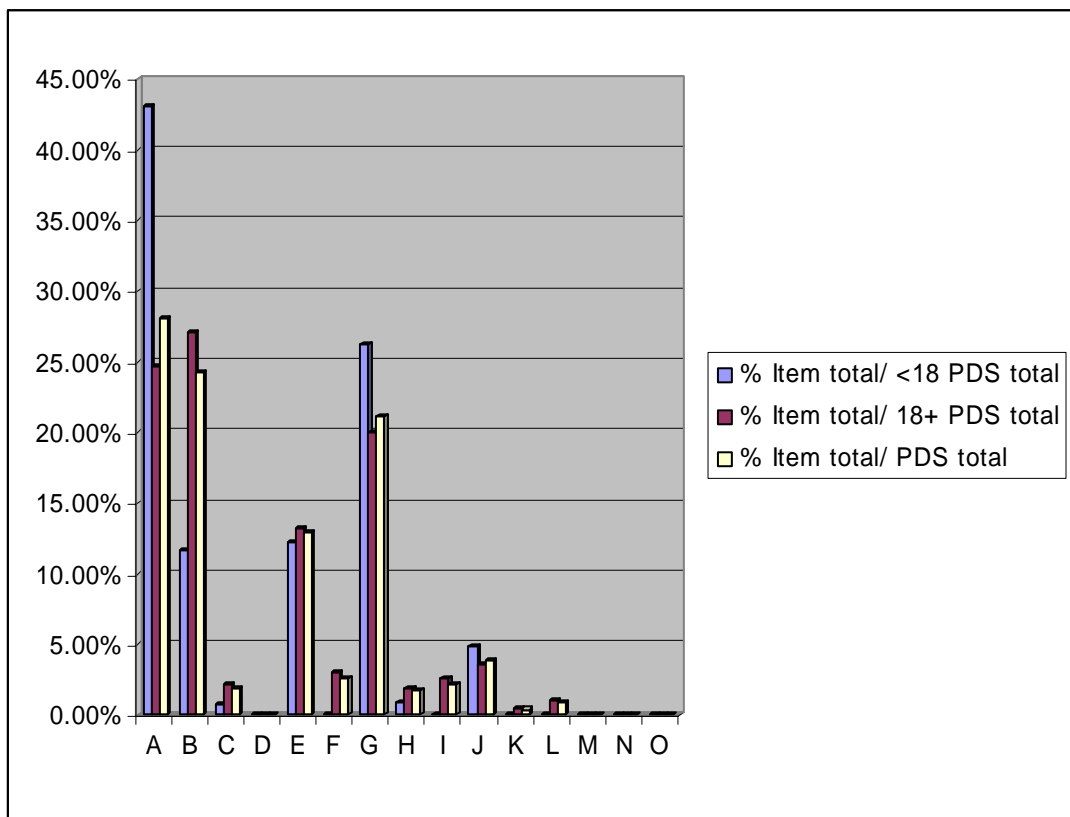
Table 5.27: Treatment item categories by age group for the PDS, 2002/03

Treatment Item Group	Total <18yrs	% Item total/ <18 PDS total	Total 18 yrs and over	% Item total/ 18+ PDS total	Total: all people	% Item total/ PDS total
Exam total	4916	43.06%	12827	24.73%	17743	28.04%
Intra oral radiographs	1331	11.66%	14035	27.06%	15366	24.28%
Panoral radiographs	80	0.70%	1158	2.23%	1238	1.96%
Preventive	13	0.11%	0	0.00%	13	0.02%
Scaling	1391	12.18%	6832	13.17%	8223	12.99%
Periodontics	11	0.10%	1604	3.09%	1615	2.55%
Teeth filled	2996	26.24%	10400	20.05%	13396	21.17%
Teeth root filled	104	0.91%	987	1.90%	1091	1.72%
Advanced conservative	7	0.06%	1332	2.57%	1339	2.12%
Teeth extracted	560	4.90%	1860	3.59%	2420	3.82%
Extractions of special difficulty	5	0.04%	253	0.49%	258	0.41%
Dentures	3	0.03%	575	1.11%	578	0.91%
GA (pre 01/01/2002)	0	0.00%	0	0.00%	0	0.00%
Sedations	0	0.00%	0	0.00%	0	0.00%
Orthodontics	0	0.00%	0	0.00%	0	0.00%
TOTAL	11417	100%	51863	100%	63280	100%

The data presented within the Table are graphed in Figures 5.3 and 5.4 to illustrate the important characteristics of the treatment profiles. For children less than 18 years, 43% of the total number of treatment items completed during 2002/003 were examinations and the next most frequently occurring treatment item category was fillings, 26%.

Together with intra oral radiographs and scaling these treatment categories constituted 93% of all of the treatment items completed. For adults 18 years and over, 25% of the total numbers of items completed during 2002/003 were examinations and 29% were radiographs (intra-oral and pan oral radiographs). For all people, examinations, radiographs and fillings constituted 75% of the total number of treatment items completed during 2002/03. Figure 5.4 clearly illustrates the much higher numbers of treatments items completed for adults as compared to children. As well as reflecting the proportions of adult to child registrations (76%: 24%) combining registration statistics with numbers of treatment items completed, it is apparent that adults have about twice the number of treatment items per person as compared to children.

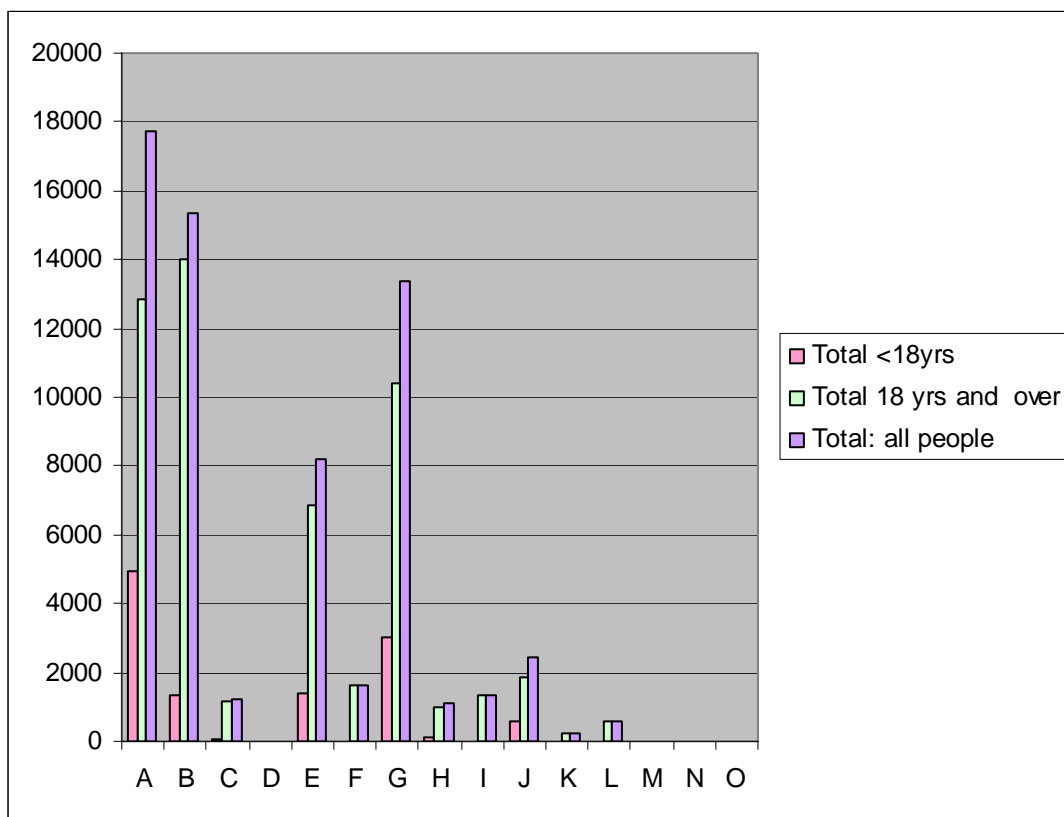
Figure 5.3: Treatment item categories expressed as percentages of Item totals for the PDS, end of March 2003



Legend:

A: Exam total **B:** Intra Oral radiographs **C:** Pan Oral Radiographs **D:** Preventive
E: Scaling **F:** Periodontics **G:** Teeth filled **H:** Teeth root filled **I:** Advanced conservative **J:** Teeth extracted
K: Extractions of Special difficulty **L:** Dentures
M: GA (pre 01/01/2202) **N:** Sedations **O:** Orthodontics

Figure 5.4: Treatment item categories expressed as percentages of Item totals for the PDS, end of March 2003



Legend:

A: Exam total **B:** Intra Oral radiographs **C:** Pan Oral Radiographs **D:** Preventive
E: Scaling **F:** Periodontics **G:** Teeth filled **H:** Teeth root filled: **I:** Advanced conservative **J:** Teeth extracted **K:** Extractions of Special difficulty **L:** Dentures
M: GA (pre 01/01/2202) **N:** Sedations **O:** Orthodontics

5.4.2 Exempt status of patients

Exempt categories are the same as for GDS. The proportion of exempt patients varies across the five practices but in three of the five it is about the same as SE London GDS in general (38%) (Table 5.28).

Table 5.28 Exempt status: adult patients

Practice	No. of charge paying patients	No. of Exempt or remitted patients	Total	% exempt
1	3195	2019	5214	39%
2	1292	820	2112	39%
3	1311	815	2126	39%
4	1489	1456	2945	49%
5	3092	1120	4212	27%
Total	10379	6230	16609	38%

5.4.2 PDS Summary

Funding for the PDS scheme for the year ending March 2003 amounted to £1.67 million. Patient flow analysis, which included PDS patients, shows that the PDS practices provide a significant level of care for Lambeth residents (Section 5.2.3.1).

5.5 Emergency Dental Services

There are two established emergency dental services within LSL boundaries to provide out-of-hours emergency dental treatment for both registered and non-registered patients. Out-of-hours emergency dental services are provided within Lambeth at King's College Hospital and in Southwark at Guy's Hospital. Both involve sites of the GKT Dental Institute. Approximately 180 general dental practitioners and staff from the dental institute work a rota system providing treatment and advice covering evenings, weekends and bank holidays. The service at King's has provided out-of-hours emergency dental services for just under 10,000 patients per year during 2002 and 2003. A consistent average of 23 patients were seen each evening and 15-16 patients during morning services at weekends and Bank Holidays. The service would appear to have remained at this level of activity. There is clearly seasonal variation at King's service with higher attendances in late spring and early summer and a further smaller peak in December. In both years, the service reported it highest attendance during the month of May.

Guy's EDS had almost four thousand patients in 2002 but activity would appear to be falling. Analysis of average patient numbers for the first part of 2003 would suggest that fewer patients are being seen (average of 30.6 patients per session) in this service when compared with 34.6 during 2002.

Altogether there are just under 14,000 contacts per calendar year in the out-of-hours EDS across both sites (Rasheed et al, 2004).

5.6 Hospital Dental Service

5.6.1 Overview

Hospital dental services provide care for patients attending across South East London and beyond. The combined Dental Hospitals of Guy's and St Thomas's and King's College Hospital under the umbrella of GKT Dental Institute provide in the region of 185,000 acute dental care attendances, 750,000 outpatient attendances, 21,000 day cases and 5,400 in-patient admissions. Data on Guy's and St Thomas's Hospital NHS Trust were not available due to the introduction of their new patient information system. Together the dental hospitals within GKT Dental Institute provide undergraduate and postgraduate clinical care, much of which is generalist care, and the full range of specialist care, secondary and tertiary.

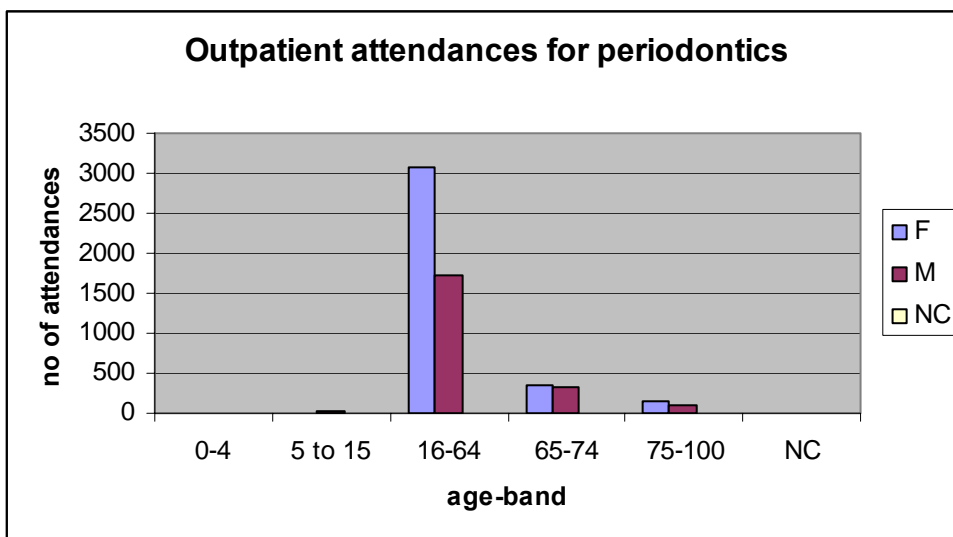
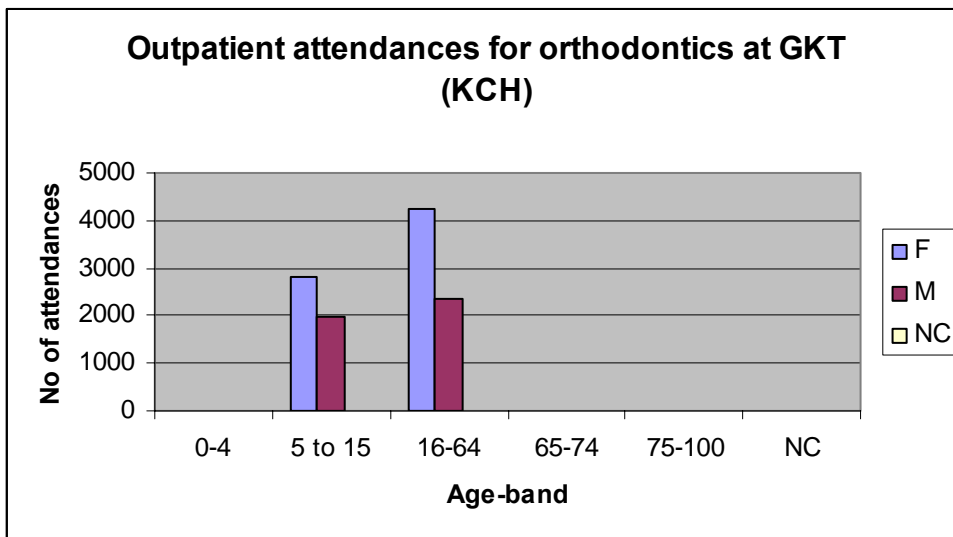
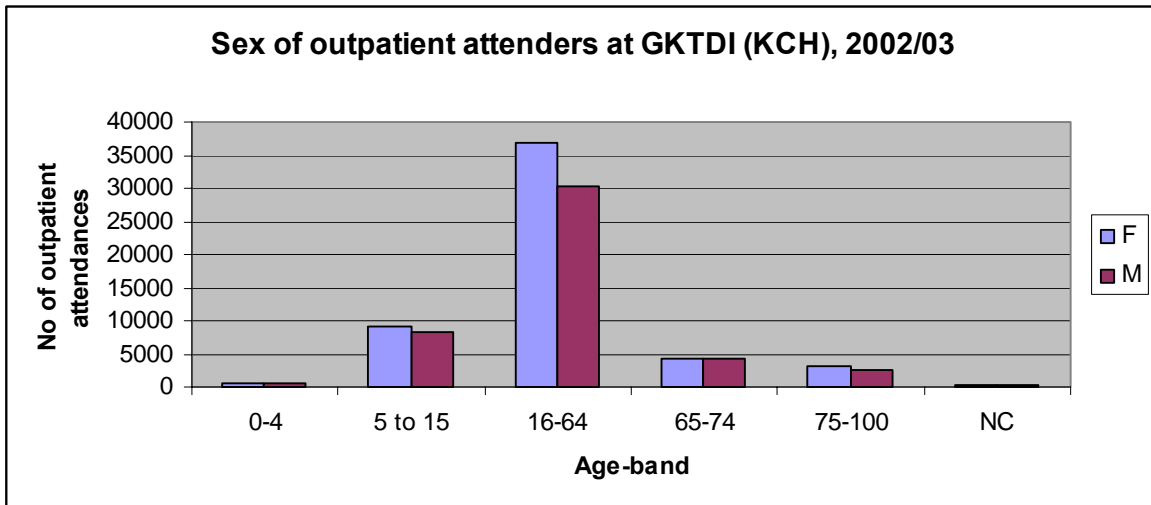
5.6.2 King's College Hospital Data

Analysis of GKT DI (KCH site) data shows that during 2002/03 there were 101,189 outpatient attendances, 22% (n=22,711) of which were for restorative dentistry, followed by 21% (n=21,656) for Oral Surgery/Oral Medicine down to 6% for periodontics.

A higher proportion of females than males were accessing services overall (54%). In no specialty did male attendances exceed females and the proportion of females was highest in periodontics (62.4%) and for orthodontics (61.9%).

Most patients fell into the 16-64 age-band (67%). Less than one in five of all patients was a child (18.6%; n=18,833). This was the profile across all specialties. In orthodontics 87% (n=10,047) of patients were under 25 with 41% under 16 years of age. This would suggest that some young people are having their orthodontic care relatively late; however, the optimal time for orthodontic care will vary in relation to the presenting treatment need.

Figs 5.5a-c Outpatient activity profile at GKT Dental Institute (KCH)



Note: NC = not coded

Table 5.29 Number of outpatients appointments by dental disciplines 2002/2003 at GKT (KCH site)

Age-band	Total Of HSPN OP	Conservation/Restorative	Oral Surgery/ Oral Medicine	Orthodontics	Paedodontics	Periodontology/ Hygiene	Primary Dental Care	Prosthetics
0-4 years	1339	150	131	16	927	8	75	32
5-15 years	17494	30	420	4794	12200	26	23	1
16-64 years	67395	16976	18320	6645	1793	4814	16347	2500
65-74 years	8823	3367	1645			669	1068	2074
75-100 years	5766	2052	1058		1	259	548	1848
Other	372	136	82	9	30	7	73	35
Total	101189	22711	21656	11464	14951	5783	18134	6490

Source: Kings College Hospital Data, 2002/03

Note: numbers include specialist care and student teaching

5.7 Surgical Dentistry in the High Street

The creation of specialists following the Chief Dental Officers Report (Mouatt, 1995) and enactment of EU Legislation by the GDC (1998) has raised interest in the provision of specialist care in the High Street. Claims involving extractions of special difficulty, which are a proxy for surgical activity, have increased by over 318% over the past decade for London as a whole (Table 5.30). There is no evidence over whether this care is provided by generalists or specialists in the surgical specialties of 'Surgical Dentistry', Oral Surgery' or 'Oral and Maxillofacial Surgery'. Whatever the reason, there was a major increase in surgical activity in 1996/97, an increase that has been sustained in subsequent years (Fig 5.6). Analysis of NHS data for London's GDPs shows that claims involving extraction of third molars increased by 103% between 1991/1992 and 1996/7, before falling by 43% over the subsequent four years (Fig 5.7).

5.7.1 Surgical dental care in London

Analysis by health authority revealed that the GDS providers in one former health authority district (QAW = Ealing, Hammersmith and Hounslow) had a markedly different extraction and surgical activity profile, with a sudden increase in provision of surgical procedures including third molar removal from 1996/97 onwards Fig 5.6-5.7. Together with two other health authorities, GDS practitioners in QAW account for most of the variation during this period. The same three health authorities (Ealing, Hammersmith and

Hounslow, East London and The City, and Lambeth, Southwark and Lewisham) together provided highest levels of this service throughout most of the decade examined. Practitioners in LSL currently provide the second highest level of surgical claims and third highest claims involving third molar removal of all health authorities in London. Both types of activity peaked in 1996/97, third molar surgery forming a subset of that for surgery.

These trend data on third molar extraction available from the DPB for London as a whole do not discriminate between upper and lower third molars. However, they reveal clear current downward trends in the last four years, whilst the overall volume of claims for surgical difficulty is increasing. Examination of third molar activity during 1998/99 reveals that just over half of the claims involved removal of lower third molars. Just over half (51%) of surgical claims for impacted third molars (Codes 2204 and 2205) in 1998/99 involved lower third molars. There were on average 2.5 third molar teeth removed per claim by London dental practitioners in 1998/99.

Table 5.30 Removal of third molars in London claimed in 1998/99 by site and treatment code

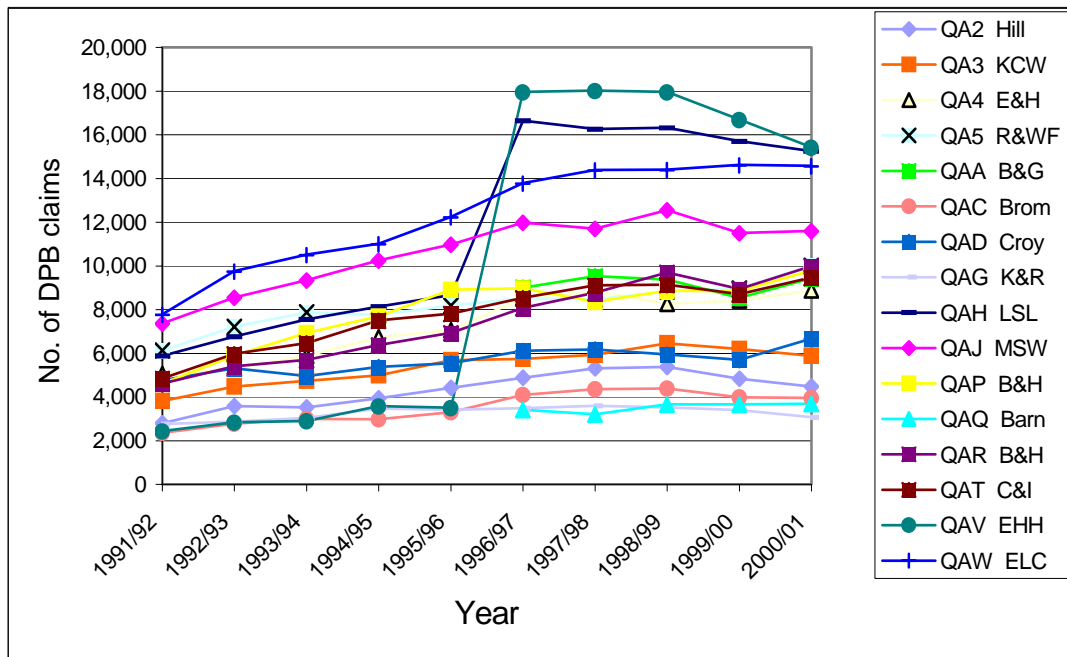
Treatment Code (GDS) Extractions	UR8	UL8	LR8	LL8	Total No. of 8's	% of 8s which are lowers
2201	4,593	4,833	1,993	2,097	13,516	30%
2202	0	0	0	0	0	0%
2203	3,140	3,198	2,413	2,503	11,254	44%
2204	4914	5048	4129	4361	18452	46%
2205	1,289	1,337	5,754	5,714	14,094	81%
Total	13,936	14,416	14,289	14,675	57,316	51%

Source: Dental Practice Board, 2001

Note

1. Comparable data were not available for codes 5211, 5212, 5213, 5214, 5215
2. There were 22,762 claims for third molar removal in 1998/99, therefore removal of an average of 2.5 third molar teeth was claimed by London practitioners in 1998/99
3. Analysis excludes any teeth removed under 2221 which started as extractions and were completed as surgical procedures
4. Also excludes 2101 which will include any routine extractions of third molars

Fig 5.6 Trends in surgical claims in GDS by former Health Authority in London 1991/92 - 2000/01

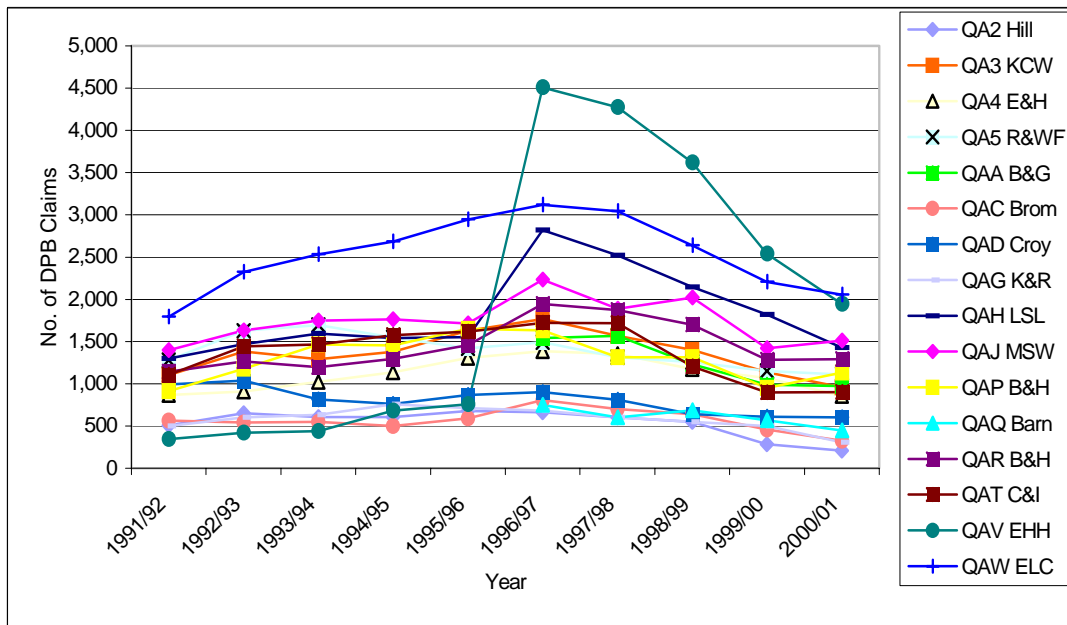


Source: Dental Practice Board, 2001

Note:

1. Items: 2201, 2202, 2203, 2204, 2205, 2211, 2221, 5211, 5212, 5213, 5214, 5215 are inc. above
2. Excluded items are 2211, 2221

Fig 5.7 Trends in third molar removal in GDS by former Health Authority in London, 1991/92 - 2000/01



Source: Dental Practice Board, 2001

Note:

1. Items: 2201, 2202, 2203, 2204, 2205, 2211, 2221, 5211, 5212, 5213, 5214, 5215 are inc. above
2. Excluded items are 2211, 2221

5.7.2 Surgical dentistry provided in LSL PCTs

The above data show that practitioners in the area covered by LSL PCTs made claims for 15,263 cases involving extractions of special difficulty, of which 1,426, just under 10% involved third molars. Surgical activity in LSL in general, and third molar surgery in particular, peaked in 1996/97. LSL practitioners provide amongst the highest levels of this care for London. However, the volume of care cannot be related to the local population and the volume of surgical cases would appear to have plateaued. Significant shifts in the volume of care probably relate to a new service or specialist in the area. These data have not historically been available at practitioner level, but should that be the case, it may be possible to pinpoint a limited number of practitioners/practices with high surgical activity. The implications for LSL are that practices provide the highest level of surgical services undertaken by practitioners in former health authority areas.

5.8 Dental Services Summary

The pattern of dental care provision and service use is typical of a socially deprived inner city area. Within LSL PCTs, local residents have access to a wide range of dental care but would appear to be less regular in accessing care than their counterparts in many other areas and the national picture. When local residents do access care, they receive more NHS care and a high proportion of patients treated by local practitioners are exempt from charges.

The local services providers would appear to be dependent upon the NHS as a large proportion of their clients are exempt charges. The vast majority of their patients are residents of SE London, with a clear pattern of using local services. Clearly there is a desire to use local care as identified in the public priorities survey (Section 4) and GDS/PDS patient flows (Section 5.2.3).

If these data are an indication of low frequency of service use, any initiatives to reduce the recall period may show little impact for LSL residents. It will be important that patients receive preventive care as well as active treatment under the new arrangements for GDS. Any increase in uptake of services is therefore likely to require an additional NHS workforce to address their oral health needs. Such services will have to be provided locally and where possible in conjunction with other primary care providers.

6.0 OTHER ORGANISATIONS AND INITIATIVES

There are a range of vulnerable groups across Lambeth, Southwark and Lewisham from young children to older people. A series of initiatives highlight these groups and provide access to explore their needs through screening programmes, etc and facilitate access to health promotion and primary dental care. These include Sure Start programmes, regeneration projects and Care Homes. Homeless centres also come into this category; however, they will form the basis of a separate report and strategy by Daly later this year.

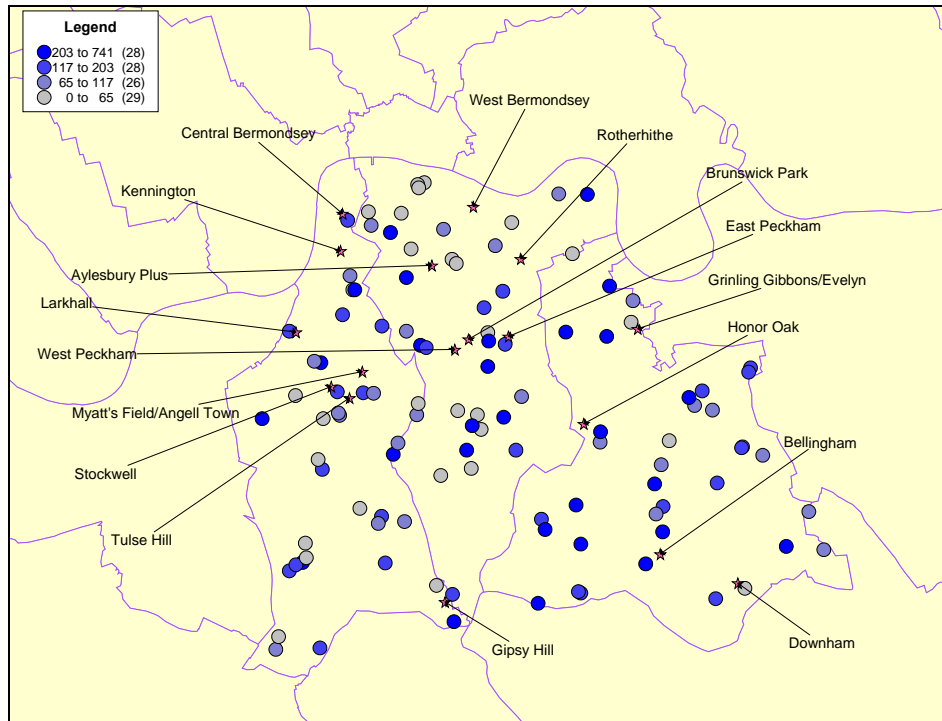
6.1 Sure Start Programmes

Sure Start is a Government initiative to improve the health and well being of families and children before, and, from birth, so that they are ready to flourish when they go to school (Department of Health, 2003). Sure Start programmes are set up in deprived areas that have between 400 and 800 children under four years of age living within them. Once set up within an area, all families are eligible for all Sure Start services so that those from more deprived families will not feel stigmatised. The aim is to build on already existing services, whilst filling in any gaps, to ensure they are appropriate and accessible to the local community. Services should be based on existing best practice and on what works in promoting child development.

Eighteen Sure Start programmes are currently in operation in Lambeth, Southwark and Lewisham. Seven are within Southwark; five within Lewisham and six are within Lambeth (Map 6.1). Of the 18 schemes, five have a dedicated oral health worker. The Aylesbury Plus in Southwark and the Bellingham Health Centre in Lewisham are established schemes. Programmes are under development in Brunswick, Southwark, Myatt's Field and Angell Town in Lambeth and Downham in Lewisham.

In a recent review of the oral health promotion input into Sure Start schemes within Lambeth Southwark and Lewisham (Jones and Gallagher, 2003), many examples of good practice, in line with evidence-based oral health promotion, were identified, which are included: addressing the determinants of oral health, that is, diet and hygiene; use of nationally available resources such as Brushing for Life i.e. free toothbrushes and fluoride toothpaste; multi-agency working; parental involvement in oral health promotion.

Map 6.1 Sure Start programmes against GDS registrations for five-year-old children



6.2 Regeneration projects

Deprived neighbourhoods have several features in common. Poor housing, poor health, poor education, fewer job opportunities and high crime rates. The government has set a vision for narrowing the gap between deprived neighbourhoods and other parts of the country. The National Strategy for Neighbourhood Renewal is the responsibility of the Neighbourhood Renewal Unit, a cross-cutting Government unit based in the Office of the Deputy Prime Minister. Within 10 to 20 years, it is planned that no one should be seriously disadvantaged by where they live. Each of the three boroughs of Lambeth, Southwark and Lewisham has regeneration strategies and projects in place. Local Strategic partnerships are the community based operational arm of the National Neighbourhood Renewal initiatives.

6.2.1 Lambeth

In Lambeth, the Community Renewal Unit at the Council and the Local Strategic partnership have identified five priority areas for intervention, reducing crime, reducing worklessness, improving health, education and housing and the environment. The PCT and its partners have successfully bid to fund seven health projects for the financial years 2002/04 which include 'Working with African Communities on Maternal and Child Health', 'Needs Assessment of School Excluded Children' and 'Health Impact Assessment of the Community Renewal Strategy'. It is unclear as to whether any dental or oral health promotional themes are included in these projects.

Clapham Park New Deal for Communities is a ten-year project (2001-2011), which includes substantial Health, and Social Care projects. Again it is not clear as to the potential for input or existing involvement of dental or oral health promotional themes within these projects and similarly for Health Action Zone functions, which importantly focus on 'System change'.

6.2.2 Southwark

Southwark Alliance was formed in 2001 as the Local Strategic Partnership for the borough. It is a way of combining the impetus of agencies and communities to work towards common goals. It is a legal duty on Southwark Council to produce the Community Strategy on behalf of and in collaboration with Southwark Alliance.

In the Neighbourhood Renewal Strategy for Southwark, it is aimed to:

1. Improve the opportunities for people to influence the decisions that affect their lives
2. Improve the safety and quality of the places and spaces where people live and work and where they spend their non-working time – homes, streets, parks, leisure facilities, shopping centres
3. Improve the services and opportunities people need for a better life – education, employment, enterprise, environment, health, housing and police.

The Strategy identifies 16 priority 'neighbourhoods' most of which are located in the northern half in the borough. The priority 'neighbourhoods' link to one or more of the Areas

of the borough covered by a Community Council. There are also Police Sectors, and Health Localities, which are larger and link to two Community Council areas.

The priority neighbourhoods fall into three groups:

1. Neighbourhoods within major regeneration programmes, such as New Deal for Communities or Single Regeneration Budget programmes (Pre-Phase 1)
2. Neighbourhoods that are the most deprived in Southwark (outside of the regeneration programmes), where the Southwark Alliance is targeting its immediate activity (Phase 1)
3. Neighbourhoods that will be targeted by the Southwark Alliance at a later stage, although some renewal activity may already be taking place. (Phase 2)

Details of the plans and activities are available from the following web site:

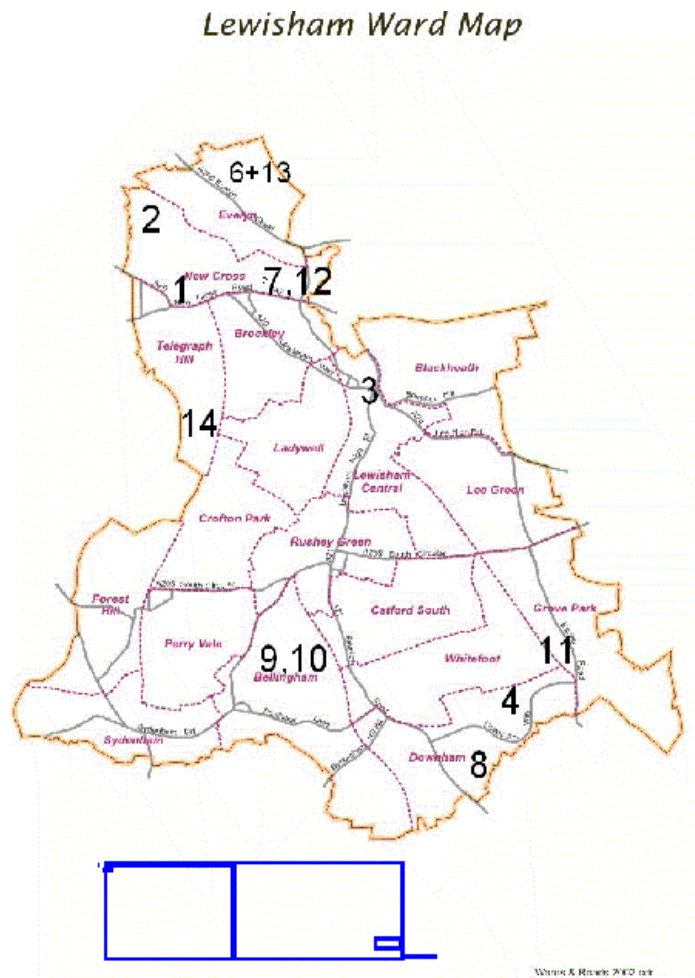
<http://www.southwark.gov.uk/OurServices/RegenerationSection/>

From the dental perspective there is an opportunity to links and partnerships with local agencies, establishing new joined up ways of working to address health inequalities. Learning experiences about the impact of deprivation on learned behaviours such as brushing with fluoride toothpaste could be worked into new and existing program initiatives in particular, Brushing for Life Schemes.

6.2.3 Lewisham

In the map below, the areas within Lewisham which have regeneration projects currently funded or under development are identified. The dental and oral health promotional components of these projects are not known except with respect to Sure Start programmes.

Map 6.2 Lewisham regeneration projects



Regeneration Areas

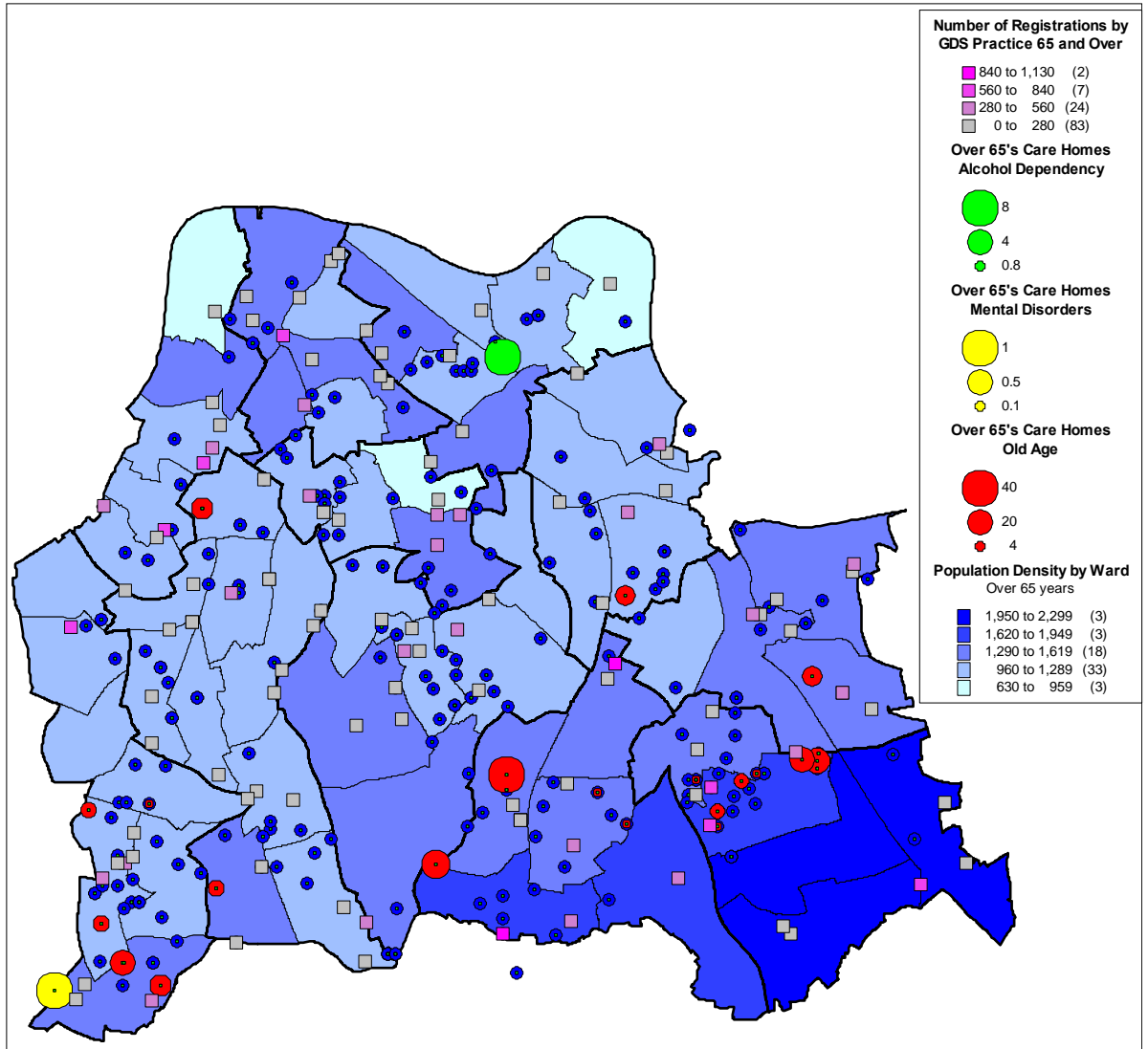
1. New Deal For Communities – New Cross Gate
2. SRB6 Silwood
3. SRB 6 Lewisham Town Centre
4. Downham SRB 4
5. Neighbourhood Renewal
6. Old wards Evelyn,
7. Grinlyn Gibbons,
8. Downham,
9. Bellingham
10. Bellingham SureStart
11. Downham Sure Start –North Downham
12. Grinlyn Gibbons, 13, Evelyn, 14 Honor Oak,

6.3 Care Homes

Care homes provide services for a range of vulnerable adults with learning disabilities, mental health and abuse problems, as well as older people. At the end of September 2003 there were total of 231 homes holding places for an approximate 3795 people. They provide services for a range people including older people, people with learning disabilities, mental health problems and so on. The majority of older people live in the community with an estimated 5% nationally in care homes (Tinker, 2003); such people tend to be older and more vulnerable than the majority who live in the community.

The following map provides an indication of the spread of homes against the population of older people (Map 6.3). Specifically designated places for older people across the care homes are highlighted. However, many of the places are not designated to care type (See Appendix 7 for further details)

Map 6.3 GDS Registrations by Practice and Location of Care Homes by Type and Population Density: Over 65



Source: DPB March 2003, ONS 2003

7. NEEDS AND DEMANDS: ARE THEY BEING MET?

National and local data reveal unmet oral health needs as determined by health professionals. There are clear inequalities in oral health, particularly amongst young children, which have implications for their start in life and experiences of dental services. These inequalities should largely be addressed through oral health promotion measures. There is some evidence that this is being undertaken through Sure Start initiatives. This sort of multi-agency working is underpinned by the evidence-base for oral health promotion and should be developed further across all boroughs. Evaluation of such programmes must become a priority for action, as this will contribute to the evidence base, both local and national. Self care and service uptake by children and young people should be encouraged in line with a preventive approach to care.

Local residents are using local services and when they do so, their needs are such that significant levels of care are required as demonstrated by the treatment patterns of local dentists. National data suggest that there are higher levels of untreated decay in adults in SE England, compared with the national picture and the service uptake levels would suggest that there might be more unmet need locally. The range of dental services is meeting expressed needs of a small section of the population. Oral health needs exist which are not being met but to do so may require an expansion in the current level of NHS care. Opportunities should be taken under the forthcoming changes for GDS to provide local care in a flexible manner, which is acceptable to the local population.

National data highlight that older people, particularly those in care homes, would appear to be at increased risk of developing oral diseases and are not receiving the dental care which they need. Their oral health needs should be investigated as a priority, starting with people in care homes.

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Data Sources

British Association for the Study of Community Dentistry coordinated surveys

<http://www.dundee.ac.uk/dhsru/bascd/bascd.htm>

Community Dental Service and School Screening data

Kings Health Care, Kings College Hospital, Community Dental Service

Dental Practice Board

<http://www.dpb.nhs.uk/>

Department of Health

<http://www.doh.gov.uk/>

Health Protection Agency: contact, R. Heathcock

Email: rachel.heathcock@lambethpct.nhs.uk

Office of National Statistics

<http://www.statistics.gov.uk/copyright.asp>

London Health Observatory

<http://www.lho.org.uk/>

Regeneration Schemes: Southwark

<http://www.southwark.gov.uk/OurServices/RegenerationSection/>

Appendix 1: Project Specification

SPECIFICATION

Project 1. An oral health needs assessment for Lambeth, Southwark & Lewisham PCT areas

Foreword

This document sets out the specification regarding the assessment of the oral health needs of the populations within Lambeth, Southwark & Lewisham PCTs. The assessment is being commissioned by Southwark Primary Care Trust, host dental commissioner on behalf of Lambeth, Southwark & Lewisham PCTs.

Background

The Lambeth, Southwark & Lewisham Primary Care Trusts require specific information on the oral health needs of populations in order to assist in commissioning dental services for the local population. PCTs will be responsible for all primary care dental service provider contracts from April 2005.

Aim of scope of the review

Southwark PCT therefore wishes to commission an analysis of needs and service provision across the three PCT. This analysis should include, though not necessarily be limited to the information outlined below. Wherever possible information should be provided at locality/neighbourhood level.

Aim: To determine the oral health needs and demands of the populations of Lambeth, Southwark & Lewisham Primary Care Trusts, and to identify priorities for commissioning oral health services.

A. An analysis of the demographic characteristics of the population within the three PCT areas.

At the level of individual localities within the PCT area:

- ❖ Population size
- ❖ Gender distribution
- ❖ Age distribution
- ❖ Distribution of Ethnicity
- ❖ Proportion of individuals with specific disabilities
- ❖ Indicators of deprivation at the area level

- ❖ Size of specific 'at risk' population groups
- ❖ Homeless individuals
- ❖ Refugees

For each indicator comparison data for the London area, and England & Wales should be provided.

Information should also be provided on the size and pattern of migration in and out of the areas.

B. Epidemiological indicators of oral health status.

Information on indicators of oral health status, preferably at the locality level but using higher-level data where other data are not available.

For adults:

- ❖ Number of Decayed, Missing & Filled Teeth for adults
- ❖ Periodontal status
- ❖ Number (Proportion) of individuals requiring specific dental treatments:
- ❖ Fillings
- ❖ Extractions
- ❖ Crowns, bridges etc
- ❖ Orthodontic treatment
- ❖ Oral cancer
- ❖ Dental trauma

For children:

- ❖ Number of Decayed, Missing & Filled Teeth for adults
- ❖ Periodontal status
- ❖ Dental erosion
- ❖ Number (Proportion) of individuals requiring specific dental treatments:
- ❖ Fillings
- ❖ Extractions
- ❖ Crowns, bridges etc
- ❖ Orthodontic treatment
- ❖ Oral cancer
- ❖ Dental trauma

For both adults and children:

- ❖ Indicators of the impact of oral health on quality of life

C. Indicators of public priorities for dental services.

Lambeth, Southwark & Lewisham PCTs are committed to working with patients and members of the community to identify their perceived needs for health services. Advice on the appropriate mechanisms for identifying the views of consumers of healthcare can be obtained through the PCT Public participation advisors.

D. Services and treatment provision.

The following information should be provided for the three PCTs, preferably at the locality level, but at least at the PCT level.

a. Structural measures of service provision

- ❖ Number and distribution of facilities:
- ❖ Hospital Dental Service
- ❖ PDS
- ❖ General Dental Service (NHS)
- ❖ Community Dental Service
- ❖ Emergency Dental Services
- ❖ Estimated costs of service per annum

b. Indicators of treatment provision

Data should be analysed by age and gender.

Hospital Dental Service

- ❖ Cases seen
- ❖ Number and type of treatments provided
- ❖ Number and type of specialist treatments provided

Community Dental Service

- ❖ Cases seen
- ❖ Number and type of treatments provided
- ❖ Number and type of specialist treatments provided

PDS / GDS

- ❖ Registrations
- ❖ Treatment items performed

- ❖ Completed courses of treatment performed
- ❖ Specialist treatments provided

Project outcomes

A detailed report containing:

- ❖ The needs assessment information within the categories outlined above
- ❖ Recommendations concerning priority areas for service delivery within each PCT, categorised according to client group and service requirements
- ❖ Listing of information sources
- ❖ Recommendations for future data collection to improve the quality of needs assessment information

Appendix 2

Population profiles (Gender & Household characteristics) by Locality and Ward for residents of

- **Lambeth**
- **Southwark**
- **Lewisham**

Population profiles by Locality and ward

	2001 population: All people	2001 population: Males	2001 population: females	People living in households	People living in communal establishmen ts	Number of students away from home*
00AY						
Lambeth	266169	131152	135017	263098	3071	1828
00AYFZ						
Bishop's	9194	4507	4687	8734	460	37
00AYGK						
Oval	11983	6173	5810	11793	190	78
00AYGN						
Stockwell	13416	6749	6667	13403	13	115
00AYGL						
Prince's	11636	5839	5797	11495	141	68
00AYGJ						
Larkhall	13906	6834	7072	13639	267	82
Locality: North	60135	30102	30033	59064	1071	380
00AYGF						
Gipsy Hill	13601	6394	7207	13576	25	67
00AYGW						
Vassall	13172	6391	6781	13029	143	89
00AYGT						
Thurlow Park	10958	5334	5624	10928	30	102
00AYGH						
Knight's Hill	13687	6508	7179	13373	314	85
00AYGU						
Tulse Hill	13119	6415	6704	13086	33	58
00AYGE						
Ferndale	12898	6467	6431	12798	100	64
00AYGA						
Brixton Hill	12458	6197	6261	12257	201	55
00AYGD						
Coldharbour	14376	7123	7253	14340	36	75
00AYGG						
Herne Hill	11805	5726	6079	11771	34	73
Locality: South East	116074	56555	59519	115158	916	668
00AYGM St						
Leonard's	12215	6016	6199	11874	341	129
00AYGQ						
Streatham South	13449	6655	6794	13363	86	115
00AYGP						
Streatham Hill	13359	6487	6872	13244	115	118
00AYGR						
Streatham Wells	12746	6355	6391	12645	101	56
00AYGB						
Clapham Common	12270	6229	6041	12142	128	159
00AYGC						
Clapham Town	13332	6679	6653	13032	300	132
00AYGS						
Thornton	12589	6074	6515	12576	13	71
Locality: South West	89960	44495	45465	88876	1084	780

	2001 population: All people	2001 population: Males	2001 population: females	People living in households	People living in communal establishmen ts	Number of students away from home*
00AZ						
Lewisham	248922	119979	128943	246555	2367	1463
00AZGF						
Brockley	13697	6655	7042	13091	606	100
00AZGK						
Evelyn	14512	7051	7461	14498	14	72
00AZGW						
Telegraph Hill	14426	6960	7466	14394	32	84
00AZGR						
New Cross	15093	7404	7689	14773	320	78
Neighbourhood: 1	306650	148049	158601	303311	3339	1797
00AZGQ						
Lewisham Central	13190	6457	6733	12882	308	68
00AZGE						
Blackheath	13135	6389	6746	13049	86	115
00AZGP						
Lee Green	12057	5825	6232	12049	8	88
00AZGN						
Ladywell	12430	6073	6357	12418	12	80
Neighbourhood: 2	50812	24744	26068	50398	414	351
00AZGM						
Grove Park	14010	6656	7354	13945	65	101
00AZGX						
Whitefoot	13364	6304	7060	13364 -		56
00AZGJ						
Downham	14311	6783	7528	14298	13	49
00AZGT						
Rushey Green	13215	6386	6829	13004	211	49
00AZGG						
Catford South	14031	6836	7195	13926	105	106
Neighbourhood: 3	68931	32965	35966	68537	394	361
00AZGD						
Bellingham	13642	6447	7195	13611	31	59
00AZGU						
Sydenham	15353	7208	8145	15106	247	81
00AZGL						
Forest Hill	14039	6870	7169	13873	166	116
00AZGS						
Perry Vale	14513	6964	7549	14438	75	90
00AZGH						
Crofton Park	13904	6711	7193	13836	68	71
Neighbourhood: 4	71451	34200	37251	70864	587	417

	2001 population: All people	2001 population: Males	2001 population: females	People living in households	People living in communal establishmen ts	Number of students away from home*
00BE						
Southwark	244866	119817	125049	239512	5354	1465
00BEGE						
Cathedrals	13115	6439	6676	11017	2098	60
00BEGF						
Chaucer	13058	6628	6430	11811	1247	69
00BEGJ East						
Walworth	12000	5933	6067	11975	25	68
00BEGN						
Newington	12870	6238	6632	12810	60	63
00BEGK						
Faraday	12697	6035	6662	12678	19	59
Walworth/Borough	63740	31273	32467	60291	3449	319
00B EGL						
Grange	11985	6011	5974	11595	390	37
00BEGS						
Riverside	10979	5621	5358	10726	253	38
00BEGT						
Rotherhithe	11395	5670	5725	11379	16	38
00BEGX						
Surrey Docks	11346	6057	5289	11321	25	35
00BEGU						
South Bermondsey	11631	5683	5948	11599	32	35
00BEGM						
Livesey	12070	5859	6211	12058	12	63
Bermondsey/ Rotherhithe	69406	34901	34505	68678	728	246
00BEGD						
Camberwell Green	12798	6274	6524	12555	243	75
00BEGQ						
Peckham	11381	5404	5977	11381	-	73
00BEGC						
Brunswick Park	11136	5355	5781	10973	163	65
00BEGY The						
Lane	11973	5756	6217	11890	83	70
Peckham/ Camberwell	47288	22789	24499	46799	489	283
00BEGW						
South Camberwell	11295	5373	5922	10871	424	84
00BEGH East						
Dulwich	10840	5170	5670	10762	78	56
00BEGR						
Peckham Rye	11248	5333	5915	11194	54	55
00BEGZ						
Village	10484	5052	5432	10460	24	214
00BEGG						
College	10294	4967	5327	10221	73	152
00BEGP						
Nunhead	10271	4959	5312	10236	35	56
Dulwich	64432	30854	33578	63744	688	617
London	7,172,091	3,468,793	3,703,298	7,078,632	93,459	65,477
England	49,138,831	23,922,144	25,216,687	48,248,150	890,681	486,829

Appendix 3

Distribution of Ethnic groups by Locality and Ward for residents of

- **Lambeth**
- **Southwark**
- **Lewisham**

Distribution of Ethnic groups by Locality and Ward for residents of Lambeth

	Total	Mixed White and Black	Mixed White and Black	Mixed White and Black	Mixed White and Black	Total	Asian or British Indian	Asian or British Pakistani	Asian or British Bangladeshi	Asian or British Other	Total	Black or British Caribbean	Black or British African	Black or British Other	Total	Chinese or other ethnic group	Chinese or other ethnic group	
	All people	White	Caribbean	African	and Asian	Mixed	Indian	Pakistani	Bangladeshi	Asian	Asian	Black	African	Other	Black	Chinese	Other	
00AYFZ Bishop's	9194	6039	131	58	69	103	361	236	51	117	82	486	693	1050	117	1860	208	240
00AYGK Oval	11983	8211	157	125	80	152	514	105	29	116	64	314	924	1476	180	2580	195	169
00AYGN Stockwell	13416	7675	223	124	79	174	600	124	41	90	70	325	1370	2677	322	4369	234	213
00AYGL Prince's	11636	7250	189	82	59	121	451	116	15	123	64	318	1085	2019	212	3316	166	135
00AYGJ Larkhall	13906	7961	254	121	125	174	674	132	80	149	111	472	1714	2269	317	4300	309	190
Locality North	60135	37136	954	510	412	724	2600	713	216	595	391	1915	5786	9491	1148	16425	1112	947
00AYGF Gipsy Hill	13601	8777	419	94	94	145	752	249	80	56	66	451	1965	1116	336	3417	103	101
00AYGW Vassall	13172	6702	301	137	72	177	687	74	83	147	62	366	2295	2325	420	5040	174	203
00AYGT Thurlow Park	10958	8166	184	63	86	151	484	177	53	53	90	373	906	599	177	1682	117	136
00AYGH Knight's Hill	13687	8608	393	141	98	200	832	344	126	56	130	656	1850	1204	312	3366	100	125
00AYGU Tulse Hill	13119	7509	305	106	101	194	706	152	81	104	80	417	2098	1748	365	4211	101	175
00AYGE Ferndale	12898	7552	262	103	82	154	601	130	83	87	96	396	1945	1692	307	3944	256	149
00AYGA Brixton Hill	12458	8020	321	98	118	158	695	146	56	58	88	348	1715	1212	309	3236	49	110
00AYGD Coldharbour	14376	6307	366	169	81	195	811	171	74	214	62	521	3029	2792	542	6363	201	173
00AYGG Herne Hill	11805	7651	259	98	113	130	600	164	58	74	72	368	1568	1062	264	2894	161	131
Locality South East	116074	69292	2810	1009	845	1504	6168	1607	694	849	746	3896	17371	13750	3032	34153	1262	1303
00AYGM St Leonard's	12215	8264	175	101	138	154	568	524	405	54	188	1171	1032	810	153	1995	106	111
00AYGQ Streatham South	13449	7060	270	87	137	158	652	1259	523	102	278	2162	1822	1203	251	3276	131	168
00AYGP Streatham Hill	13359	9033	297	88	130	172	687	205	212	104	72	593	1400	1119	247	2766	143	137
00AYGR Streatham Wells	12746	8128	268	115	131	168	682	470	249	108	113	940	1346	1077	183	2606	234	156
00AYGB Clapham Common	12270	9434	126	78	118	98	420	175	92	155	81	503	826	748	121	1695	117	101
00AYGC Clapham Town	13332	9474	227	85	104	149	565	138	42	82	102	364	1245	1175	228	2648	127	154
00AYGS Thornton	12589	8237	195	86	85	146	512	225	201	120	74	620	1311	1463	216	2990	130	100
Locality South West	89960	59630	1558	640	843	1045	4086	2996	1724	725	908	6353	8982	7595	1399	17976	988	927
00AY Lambeth	266169	166058	5322	2159	2100	3273	12854	5316	2634	2169	2045	12164	32139	30836	5579	68554	3362	3177
London	7172091	5103203	70928	34182	59944	61057	226111	436993	142749	153893	133058	866693	343567	378933	60349	782849	80201	113034
England	49138831	44679361	231424	76498	184014	151437	643373	1028546	706539	275394	237810	2248289	561246	475938	95324	1132508	220681	214619

Source: ONS 2001, <http://www.statistics.gov.uk/copyright.asp>

Distribution of Ethnic groups by Locality and Ward for residents of Southwark

	Total	Mixed White and Black	Mixed White and African	Mixed White and Asian	Mixed Other	Total Mixed	Asian or British Indian	Asian or British Pakistani	Asian or British Bangladeshi	Asian or British Other	Total Asian	Black or British Black Caribbean	Black or British Black African	Black or British Other Black	Total Black	Chinese or other ethnic group Chinese	Chinese or other ethnic group Other	
00BEGE Cathedrals	13115	8618	153	106	92	138	489	278	103	486	91	958	538	1628	161	2327	413	310
00BEGF Chaucer	13058	6929	169	135	77	183	564	408	79	817	149	1453	616	2660	246	3522	357	233
00BEGJ East Walworth	12000	7051	163	87	72	137	459	136	38	350	36	560	735	2517	260	3512	235	183
00BEGN Newington	12870	7834	216	141	42	136	535	112	9	269	74	464	1062	2371	226	3659	198	180
00BEGK Faraday	12697	6579	162	134	46	116	458	61	52	336	37	486	965	3199	324	4488	416	270
Walworth/Borough	63740	37011	863	603	329	710	2505	995	281	2258	387	3921	3916	12375	1217	17508	1619	1176
00BEG L Grange	11985	8199	153	94	58	126	431	214	55	133	78	480	469	1930	136	2535	167	173
00BEGS Riverside	10979	8592	83	68	68	68	287	141	41	56	50	288	237	1158	92	1487	179	146
00BEGT Rotherhithe	11395	8503	104	62	35	113	314	171	59	48	60	338	352	1394	109	1855	259	126
00BEGX Surrey Docks	11346	9211	78	76	94	100	348	231	35	32	56	354	214	688	63	965	319	149
00BEGU South Bermondsey	11631	8221	123	71	63	119	376	130	28	55	59	272	527	1703	125	2355	247	160
00BEGM Livesey	12070	6035	211	101	34	84	430	107	35	99	44	285	1321	3284	342	4947	157	216
Bermondsey/Rotherhithe	69406	48761	752	472	352	610	2186	994	253	423	347	2017	3120	10157	867	14144	1328	970
00BEGD Camberwell Green	12798	6418	237	109	34	154	534	151	42	171	78	442	1478	3148	328	4954	228	222
00BEGQ Peckham	11381	3669	212	123	40	133	508	78	38	142	77	335	1758	4060	408	6226	399	244
00BEGC Brunswick Park	11136	5989	176	109	36	109	430	134	22	180	80	416	1338	2254	320	3912	175	214
00BEGY The Lane	11973	7424	224	72	91	179	566	121	94	46	72	333	1695	1388	329	3412	95	143
Peckham/Camberwell	47288	23500	849	413	201	575	2038	484	196	539	307	1526	6269	10850	1385	18504	897	823
00BEGW South Camberwell	11295	6933	152	105	61	112	430	210	86	104	86	486	1250	1633	184	3067	229	150
00BEGH East Dulwich	10840	7990	132	59	78	98	367	210	100	69	83	462	1074	601	180	1855	88	78
00BEGR Peckham Rye	11248	7956	162	89	78	110	439	137	63	27	109	336	1178	1015	190	2383	55	79
00BEGZ Village	10484	8972	94	57	104	78	333	260	35	25	49	369	349	286	62	697	63	50
00BEGE Cathedrals	13115	8618	153	106	92	138	489	278	103	486	91	958	538	1628	161	2327	413	310
00BEGP College	10294	7549	152	55	64	95	366	236	66	99	92	493	687	880	132	1699	126	61
00BEGP Nunhead	10271	5644	194	101	76	111	482	129	38	98	76	341	1712	1552	295	3559	87	158
Dulwich	77547	53662	1039	572	553	742	2906	1460	491	908	586	3445	6788	7595	1204	15587	1061	886
00BE Southwark	244866	154316	3350	1954	1343	2499	9146	3655	1118	3642	1536	9951	19555	39349	4512	63416	4492	3545
London	7172091	5103203	70928	34182	59944	61057	226111	436993	142749	153893	133058	866693	343567	378933	60349	782849	80201	113034
England	49138831	44679361	231424	76498	184014	151437	643373	1028546	706539	275394	237810	2248289	561246	475938	95324	1132508	220681	214619

Source: ONS 2001, <http://www.statistics.gov.uk/copyright.asp>

Distribution of Ethnic groups by Locality and Ward for residents of Lewisham

	Total	Mixed White and Black	Mixed White and Black	Mixed White and Black	Mixed Other	Total	Asian or British Indian	Asian or British Pakistani	Asian or British Bangladeshi	Asian or British Other	Total	Black or British Black	Black or British Black	Black or British Black	Total	Chinese or other ethnic group	Chinese or other ethnic group	
	All people	Caribbean	African	and Asian	Mixed	Mixed	Indian	Pakistani	Bangladeshi	Asian	Asian	Caribbean	African	Black	Black	Chinese	Ethnic Group	
00AZGF Brockley	13697	8219	261	107	77	149	594	131	86	148	120	485	1934	1612	377	3923	208	268
00AZGK Evelyn	14512	6556	258	124	76	153	611	120	63	127	158	468	1506	3646	387	5539	679	659
00AZGW Telegraph Hill	14426	8377	316	123	80	162	681	130	55	76	89	350	2280	1922	445	4647	155	216
00AZGR New Cross	15093	7143	334	137	68	167	706	156	97	118	183	554	2154	2930	427	5511	608	571
Neighbourhood 1	57728	30295	1169	491	301	631	2592	537	301	469	550	1857	7874	10110	1636	19620	1650	1714
00AZGQ Lewisham Central	13190	8161	255	89	112	147	603	257	75	107	250	689	2026	1068	339	3433	156	148
00AZGE Blackheath	13135	10084	185	84	112	124	505	222	30	60	132	444	920	696	200	1816	163	123
00AZGP Lee Green	12057	9361	162	51	118	99	430	204	24	100	233	561	876	468	146	1490	121	94
00AZGN Ladywell	12430	7969	232	97	92	140	561	177	63	63	285	588	1864	973	235	3072	108	132
Neighbourhood 2	50812	35575	834	321	434	510	2099	860	192	330	900	2282	5686	3205	920	9811	548	497
00AZGM Grove Park	14010	11341	193	55	90	130	468	342	43	71	151	607	812	469	130	1411	102	81
00AZGJ Whitefoot	13364	9818	224	43	60	116	443	126	46	30	311	513	1283	904	209	2396	77	117
00AZGK Downham	14311	11756	244	55	53	105	457	106	44	48	162	360	875	565	157	1597	75	66
00AZGT Rushey Green	13215	7321	310	106	97	151	664	174	65	33	355	627	2685	1256	400	4341	130	132
00AZGG Catford South	14031	8991	325	78	78	112	593	207	58	17	309	591	2632	682	325	3639	128	89
Neighbourhood 3	68931	49227	1296	337	378	614	2625	955	256	199	1288	2698	8287	3876	1221	13384	512	485
00AZGD Bellingham	13642	9321	305	87	56	108	556	153	44	19	203	419	1602	1225	275	3102	137	107
00AZGU Sydenham	15353	10780	318	101	93	156	668	293	71	49	238	651	1746	993	281	3020	128	106
00AZGL Forest Hill	14039	9897	284	87	112	163	646	223	60	43	126	452	1345	1152	193	2690	207	147
00AZGS Perry Vale	14513	9781	276	93	90	134	593	228	51	81	183	543	1990	1086	275	3351	112	133
00AZGH Crofton Park	13904	9222	278	82	101	159	620	238	115	39	156	548	2013	924	345	3282	137	95
Neighbourhood 4	71451	49001	1461	450	452	720	3083	1135	341	231	906	2613	8696	5380	1369	15445	721	588
00AZ Lewisham	248922	164098	4760	1599	1565	2475	10399	3487	1090	1229	3644	9450	30543	22571	5146	58260	3431	3284
London	7172091	5103203	70928	34182	59944	61057	226111	436993	142749	153893	133058	866693	343567	378933	60349	782849	80201	113034
England	49138831	44679361	231424	76498	184014	151437	643373	1028546	706539	275394	237810	2248289	561246	475938	95324	1132508	220681	214619

Source: ONS 2001, <http://www.statistics.gov.uk/copyright.asp>

Appendix 4

Distribution of Households with limiting long-term illness and dependent children by Locality and Ward for residents of

- **Lambeth**
- **Southwark**
- **Lewisham**

Distribution of Households with limiting long-term illness and dependent children by Locality and Ward for residents of Lambeth

	All households	Households: No adults in employment :with dependent children*	Households :No adults in employment: without dependent children*	Households: With dependent children* : All ages	Households: With dependent children*: Aged 0 -4	Households: With one or more person with a limiting long-term illness
00AYFZ Bishop's	4594	272	1537	862	384	1133
00AYGK Oval	5513	377	1300	1259	604	1397
00AYGN Stockwell	5779	597	1383	1860	908	1547
00AYGL Prince's	5649	384	1755	1284	589	1679
00AYGJ Larkhall	5799	604	1245	1688	742	1488
Locality: North	27334	2234	7220	6953	3227	7244
00AYGF Gipsy Hill	6151	570	1472	1809	726	1777
00AYGW Vassall	5766	625	1576	1796	796	1810
00AYGT Thurlow Park	4906	246	1190	1251	530	1319
00AYGH Knight's Hill	5966	478	1511	1737	807	1664
00AYGU Tulse Hill	5765	552	1442	1635	788	1615
00AYGE Ferndale	5645	430	1248	1305	583	1396
00AYGA Brixton Hill	5832	451	1434	1362	637	1559
00AYGD Coldharbour	6184	767	1570	2012	902	1719
00AYGG Herne Hill	5269	364	1281	1399	629	1433
Locality: South East	51484	4483	12724	14306	6398	14292
00AYGM St Leonard's	5609	211	1211	1136	511	1301
00AYGQ Streatham South	5263	370	1218	1696	718	1539
00AYGP Streatham Hill	6048	380	1337	1499	712	1526
00AYGR Streatham Wells	5841	395	1334	1406	657	1435
00AYGB Clapham Common	5388	288	1078	1251	624	1168
00AYGC Clapham Town	6035	413	1294	1375	669	1385
00AYGS Thornton	5445	493	1184	1558	773	1410
Locality: South West	39629	2550	8656	9921	4664	9764
London	3015997	198765	803397	873161	374980	894348
England	20451427	988329	6322486	6023856	2326443	6862037

Source: ONS 2001, <http://www.statistics.gov.uk/copyright.asp>

Distribution of Households with limiting long-term illness and dependent children by Locality and Ward for residents of Southwark

	All households	Households: No adults in employment :with dependent children*	Households :No adults in employment: without dependent children*	Households: With dependent children* : All ages	Households: With dependent children*: Aged 0 -4	Households: With one or more person with a limiting long-term illness
00BEGE Cathedrals	5204	350	1524	1176	518	1549
00BEGF Chaucer	5161	415	1403	1386	737	1420
00BEGJ East Walworth	5384	526	1731	1501	748	1758
00BEGN Newington	5769	580	1751	1598	754	1923
00BEGK Faraday	5249	685	1464	1798	860	1709
Walworth/Borough	26767	2556	7873	7459	3617	8359
00BEGL Grange	5679	517	1678	1346	678	1655
00BEGS Riverside	5411	371	1347	1062	507	1375
00BEGT Rotherhithe	5134	438	1338	1362	632	1459
00BEGX Surrey Docks	5267	255	805	1046	473	1004
00BEGU South Bermondsey	5215	513	1369	1504	718	1509
00BEGM Livesey	5110	584	1638	1712	781	1904
Bermondsey/Rotherhithe	26706	2094	6537	6320	3008	7002
00BEGD Camberwell Green	5499	574	1607	1704	750	1760
00BEGQ Peckham	4209	596	987	1849	811	1334
00BEGC Brunswick Park	4593	439	1158	1431	716	1327
00BEGY The Lane	5293	418	1646	1430	656	1796
Peckham/Camberwell	19594	2027	5398	6414	2933	6217
00BEGW South Camberwell	4830	352	1247	1318	632	1304
00BEGH East Dulwich	4652	193	1063	1206	564	1251
00BEGR Peckham Rye	4931	278	1159	1424	693	1369
00BEGZ Village	4090	98	995	1361	602	1044
00BEGG College	4603	296	1264	1254	485	1306
00BEGP Nunhead	4523	386	1457	1330	588	1716
Dulwich	18503	921	4464	5309	2491	4968
Southwark	105806	8864	28631	29798	13903	31472
London	3015997	198765	803397	873161	374980	894348
England	20451427	988329	6322486	6023856	2326443	6862037

Source: ONS 2001, <http://www.statistics.gov.uk/copyright.asp>

Distribution of Households with limiting long-term illness and dependent children by Locality and Ward for residents of Lewisham

	Households :No					
	All households	Households: No adults in employment :with dependent children*	Households: No adults in employment: without dependent children*	Households: With dependent children* : All ages	Households: With dependent children* : Aged 0 -4	Households: With one or more person with a limiting long-term illness
00AZGF Brockley	5846	498	1299	1607	767	1497
00AZGK Evelyn	5959	912	1416	2231	1044	1798
00AZGW Telegraph Hill	6135	553	1421	1887	874	1750
00AZGR New Cross	6566	764	1451	2057	939	1845
Neighbourhood 1	24506	2727	5587	7782	3624	6890
00AZGQ Lewisham Central	6016	415	1530	1410	667	1727
00AZGE Blackheath	6276	368	1581	1432	669	1551
00AZGP Lee Green	5349	255	1427	1411	648	1535
00AZGN Ladywell	5277	324	1117	1537	682	1433
Neighbourhood 2	22918	1362	5655	5790	2666	6246
00AZGM Grove Park	6115	446	1703	1803	749	1882
00AZGX Whitefoot	5510	536	1636	1958	844	1932
00AZGJ Downham	6070	606	2010	2133	867	2232
00AZGT Rushey Green	5896	451	1435	1719	767	1680
00AZGG Catford South	5543	263	1309	1882	743	1596
Neighbourhood 3	29134	2302	8093	9495	3970	9322
00AZGD Bellingham	5820	576	1732	1937	839	2043
00AZGU Sydenham	6760	628	1817	2044	880	2004
00AZGL Forest Hill	6249	463	1552	1877	808	1623
00AZGS Perry Vale	6213	424	1518	1962	899	1819
00AZGH Crofton Park	5812	290	1287	1771	751	1630
Neighbourhood 4	30854	2381	7906	9591	4177	9119
Lewisham	107412	8772	27241	32658	14437	31577
London	3015997	198765	803397	873161	374980	894348
England	20451427	988329	6322486	6023856	2326443	6862037

Source: ONS 2001, <http://www.statistics.gov.uk/copyright.asp>

Appendix 5

Distribution of Asylum seekers by family status and London Borough

A: Distribution of Asylum seekers by family status and London Borough as at 28th November 2003

London Borough	Total no Asylum Seekers	Single Adults	Unaccompanied children				Total no. in families	Total Unaccompanied Children	Young people 0-15 years	Young people 16 - 17 years
			Total no of families	Total no. of adults in families	Total no. of children in families 0-18	Total no. in families				
Barking & Dagenham	2050	*	337	432	753	732	1485	228	58	170
Barnet	998		114	245	366	474	840	44	25	19
Bexley	270	*	52	47	76	94	170	48	8	40
Brent	1462		66	305	538	683	1221	175	45	130
Bromley	293	*	29	61	118	123	241	23	3	20
Camden	755		59	155	254	353	607	89	52	37
Corporation of London	211	*	48	39	67	72	139	24	1	23
Croydon	699		31	104	148	208	356	312	112	200
Ealing	550	*	59	124	200	242	442	49		49
Enfield	1665	*	234	357	567	731	1298	133	20	113
Greenwich	1044		165	196	277	371	648	231	65	166
Hackney	1754		326	389	653	702	1355	73		73
Hammersmith & Fulham	1144	*	164	300	457	484	941	39	0	39
Haringey	3383	*	373	693	1303	1431	2734	276	43	233
Harrow	443		24	90	155	201	356	63	6	57
Havering	321		37	68	115	123	238	46	2	44
Hillingdon	1315		144	152	239	278	517	654	115	539
Hounslow	729		56	123	275	315	590	83	13	70
Islington	1831		477	343	553	592	1145	209	56	153
Kensington & Chelsea	800		98	166	300	301	601	101	35	66
Kingston-upon-Thames	256		18	38	63	82	145	93	5	88
Lambeth	2117	*	290	519	700	872	1572	255	62	193
Lewisham	1027	*	120	284	211	596	807	100	16	84
Merton	473		28	117	187	237	424	21	7	14
Newham	2995	*	371	695	979	1388	2367	257	84	173
Redbridge	976		150	207	342	404	746	80	17	63
Richmond-upon-Thames	776	*	96	156	303	330	633	47	7	40
Southwark	1669		279	378	570	676	1246	144	30	114
Sutton	301	*	46	71	103	134	237	18	1	17
Tower Hamlets	710	*	119	154	238	286	524	67	2	65
Waltham Forest	1215	*	131	244	392	496	888	196	58	138
Wandsworth	617	*	46	139	239	304	543	28	6	22
Westminster	1103		194	234	385	464	849	60	20	40
TOTAL	35952		4781	7625	12126	14779	26905	4266	974	3292

Source: London Health Observatory: NB : * = previous weeks data used

B. Distribution of Asylum seekers by family status and South East London Strategic Health Authority as at 28th November 2003

Total number of asylum seekers

Year 2003 (Month End Figures*)

Borough	April	May	June	July	August	September	October	November
Bexley	283	270	270	270	270	270	270	270
Bromley	309	293	293	293	293	293	293	293
Greenwich	1491	1315	1273	1211	1143	1091	1059	1044
Lambeth	2726	2726	2138	2113	2117	2117	2117	2117
Southwark	2013	1912	1862	1820	1779	1765	1682	1669
Lewisham	1286	1130	1170	1129	1086	1086	1086	1027
LONDON	41665	40386	39414	38790	37994	37524	36492	35952

* Some figures may be replicated over different time periods because of the use of the previous period's data

Total number of single adults

Year 2003 (Month End Figures*)

Borough	April	May	June	July	August	September	October	November
Bexley	60	52	52	52	52	52	52	52
Bromley	35	29	29	29	29	29	29	29
Greenwich	293	252	227	196	175	170	165	165
Lambeth	397	397	301	296	290	290	290	290
Southwark	421	398	382	362	349	338	284	279
Lewisham	217	186	178	161	155	155	155	120
LONDON	6847	6393	6072	5837	5471	5327	4968	4781

* Some figures may be replicated over different time periods because of the use of the previous period's data

Total number in families

Year 2003 (Month End Figures*)

Borough	April	May	June	July	August	September	October	November
Bexley	174	170	170	170	170	170	170	170
Bromley	245	241	241	241	241	241	241	241
Greenwich	956	833	813	779	735	687	664	648
Lambeth	1979	1979	1577	1568	1572	1572	1572	1572
Southwark	1452	1374	1340	1318	1297	1291	1260	1246
Lewisham	927	876	869	866	834	834	834	807
LONDON	30261	29630	28982	28678	28313	27953	27267	26905

* Some figures may be replicated over different time periods because of the use of the previous period's data

Total number of unaccompanied children

Year 2003 (Month End Figures*)

Borough	April	May	June	July	August	September	October	November
Bexley	49	48	48	48	48	48	48	48
Bromley	29	23	23	23	23	23	23	23
Greenwich	242	230	233	236	233	234	230	231
Lambeth	350	350	260	249	255	255	255	255
Southwark	140	140	140	140	133	136	138	144
Lewisham	142	68	123	102	97	97	97	100
LONDON	4557	4363	4360	4275	4210	4244	4257	4266

* Some figures may be replicated over different time periods because of the use of the previous period's data

Appendix 6

**Patient flows based on borough of residence for patients registered with GDS and PDS
in England & Wales in September 2003: children and adults**

Lambeth

Southwark

Lewisham

Lambeth: Children

Location where Registered with a Dentist	No	% of total attendees
Barking and Dagenham		
Barnet	9	0.0
Brent	23	0.1
Camden Total	17	0.1
City and Hackney	4	0.0
Croydon	579	2.6
Ealing	13	0.1
East London skill-mix PDS pilot		
Enfield	6	0.0
Hammersmith and Fulham	61	0.3
Haringey Teaching	11	0.0
Havering		
Hillingdon	1	0.0
Hounslow	5	0.0
Islington	23	0.1
Kensington and Chelsea	76	0.3
Kingston	5	0.0
Newham	4	0.0
Redbridge	1	0.0
Richmond and Twickenham	16	0.1
Sutton and Merton	197	0.9
Tower Hamlets	9	0.0
Waltham Forest	9	0.0
Wandsworth	1426	6.4
Westminster	228	1.0
Total Other London	2723	12.2
Bexley	4	0.0
Bromley	44	0.2
Bromley PDS		
Greenwich	16	0.1
Lambeth	14323	64.0
Lambeth, Southwark & Lewisham PDS	2838	12.7
Lewisham	223	1.0
Southwark	2,058	9.2
Total for SE London	19,506	87.1
TOTAL Registrations of Lambeth Resident Children, Sept 2003	22,383	100.0
SE London patients	19,506	87.1
Other London patients	2,723	12.2
Total London patients	22,229	99.3
Other England patients	154	0.7
Source: Dental Practice Board, 2004		
Children from Lambeth almost universally are registered with London GDS services (99.3%), with the vast majority registered in SE London (87.1%) and over 3/4 children (76.7%) attending services in Lambeth itself or the PDS scheme		
Total resident children under 18 yrs	56561	
% of resident children registered with GDS and PDS nationally	39.6	

Lambeth: Adults

Location where Registered with a Dentist	No	% of total attendees
Barking and Dagenham	9	0.0
Barnet	28	0.0
Brent	72	0.1
Camden Total	336	0.4
City and Hackney	112	0.1
Croydon	645	0.8
Ealing	39	0.1
East London skill-mix PDS pilot		
Enfield	11	0.0
Hammersmith and Fulham	370	0.5
Haringey Teaching	51	0.1
Havering	2	0.0
Hillingdon	11	0.0
Hounslow	55	0.1
Islington	295	0.4
Kensington and Chelsea	169	0.2
Kingston	18	0.0
Newham	5	0.0
Redbridge	10	0.0
Richmond and Twickenham	49	0.1
Sutton and Merton	163	0.2
Tower Hamlets	7	0.0
Waltham Forest	2	0.0
Wandsworth	286	0.4
Westminster	47	0.1
Total Other London	2792	3.7
Bexley	14	0.0
Bromley	48	0.1
Bromley PDS		
Greenwich	27	0.0
Lambeth	19502	25.6
Lambeth, Southwark & Lewisham PDS	2574	3.4
Lewisham	494	0.6
Southwark	194	0.3
Total for SE London	22853	30.0
TOTAL Registrations of Lambeth Resident Adults Sept 2003	76129	100.0
SE London patients	22853	30.0
Other London patients	2792	3.7
Total London patients	25645	33.7
Other England patients	50484	66.3
Source: Dental Practice Board, 2004		
Adult from Lambeth almost universally are registered with London GDS services (33.7%), with the vast majority registered in SE London (3.7%) and approximately 1/4 adult (25.6%; n=19502) attending services in Lambeth itself		
Total resident adults over 18 yrs	209608	
% of resident adults registered with GDS and PDS nationally	36.3	

Lambeth: Older People

Location where Registered with a Dentist	No	% of total attendees
Barking and Dagenham	3	0.0
Barnet	1	0.0
Brent	16	0.2
Camden Total	25	0.4
City and Hackney	4	0.1
Croydon	221	3.3
Ealing	4	0.1
East London skill-mix PDS pilot		0.0
Enfield	4	0.1
Hammersmith and Fulham	18	0.3
Haringey Teaching	8	0.1
Havering		0.0
Hillingdon	2	0.0
Hounslow	1	0.0
Islington	12	0.2
Kensington and Chelsea	18	0.3
Kingston	4	0.1
Newham		0.0
Redbridge	1	0.0
Richmond and Twickenham	1	0.0
Sutton and Merton	440	6.5
Tower Hamlets	7	0.1
Waltham Forest	2	0.0
Wandsworth	424	6.3
Westminster	72	1.1
Other London	1288	19.0
Bexley	1	0.0
Bromley	31	0.5
Bromley PDS		0.0
Greenwich	3	0.0
Lambeth	3901	57.5
Lambeth, Southwark & Lewisham PDS	841	12.4
Lewisham	92	1.4
Southwark	571	8.4
Total for SE London	5440	80.2
TOTAL Attendees from Lambeth Sept 03	6779	100.0
SE London patients	5440	80.2
Other London patients	1288	19.0
Total London patients	6728	99.2
Other England patients	51	0.8

Source: Dental Practice Board, 2004

Adult from Lambeth almost universally are registered with London GDS services (99.2%), with the vast majority registered in SE London (80.2%) and more than 1/2 adult (57.5%; n=3901) attending services in Lambeth itself

Total elderly people 65 yrs and over **24,616**
% of elderly patients registered **27.6%**

Southwark: Children

Location where Registered with a Dentist	No	% of total attendees
Barking and Dagenham	2	0.0
Barnet	2	0.0
Brent	12	0.1
Camden Total	20	0.1
City and Hackney	20	0.1
Croydon	110	0.5
Ealing	8	0.0
East London skill-mix PDS pilot		
Enfield		
Hammersmith and Fulham	16	0.1
Haringey Teaching	6	0.0
Havering	1	0.0
Hillingdon	2	0.0
Hounslow	2	0.0
Islington	19	0.1
Kensington and Chelsea	29	0.1
Kingston	3	0.0
Newham	9	0.0
Redbridge	4	0.0
Richmond and Twickenham	1	0.0
Sutton and Merton	26	0.1
Tower Hamlets	32	0.2
Waltham Forest	5	0.0
Wandsworth	112	0.5
Westminster	161	0.8
Other London	602	2.9
Bexley	12	0.1
Bromley	64	0.3
Bromley PDS		
Greenwich	72	0.3
Lambeth	1579	7.7
Lambeth, Southwark & Lewisham PDS	1569	7.6
Lewisham	1083	5.2
Southwark	15,508	75.1
Total for SE London	19,887	96.4
TOTAL Registrations from Southwark Resident Children Sept 03	20,637	100.0
SE London dentists	19,887	96.4
Other London dentists	602	2.9
Total London dentists	20,489	99.3
Other England dentists	148	0.7
Source: Dental Practice Board, 2004		

Children from Southwark almost universally are registered with London GDS services (99.3%), with the vast majority registered in SE London (96.4%) and over 3/4 children (75%; n=15,508) attending services in Southwark its self

Total resident children under 18 yrs	54953
% of resident children registered with GDS and PDS nationally	37.6

Southwark: Adults

Location where Registered with a Dentist	No	% of total attendees
Barking and Dagenham	17	0.0
Barnet	43	0.1
Brent	124	0.2
Camden Total	550	0.9
City and Hackney	223	0.4
Croydon	483	0.8
Ealing	72	0.1
East London skill-mix PDS pilot		0.0
Enfield	38	0.1
Hammersmith and Fulham	260	0.4
Haringey Teaching	130	0.2
Havering	9	0.0
Hillingdon	19	0.0
Hounslow	43	0.1
Islington	448	0.7
Kensington and Chelsea	218	0.4
Kingston	25	0.0
Newham	76	0.1
Redbridge	41	0.1
Richmond and Twickenham	43	0.1
Sutton and Merton	411	0.7
Tower Hamlets	225	0.4
Waltham Forest	56	0.1
Wandsworth	667	476.4
Westminster	1367	2.3
Other London	5588	9.3
Bexley	50	0.1
Bromley	140	0.2
Bromley PDS	2	0.0
Greenwich	192	0.3
Lambeth	4014	6.6
Lambeth, Southwark & Lewisham PDS	3942	6.5
Lewisham	3557	5.9
Southwark	42186	69.9
Total for SE London	54083	89.6
TOTAL registrations of Southwark resident adults Sept 03	60,373	100.0
SE London patients	54083	89.6
Other London patients	5588	9.3
Total London patients	59671	98.8
Other England patients	702	1.2
Source: Dental Practice Board, 2004		

Adult from Southwark almost universally are registered with London GDS services (98.8%), with the vast majority registered in SE London (89.6%) and over 1/2 adult (69.9%; n=42186) attending services in Southwark itself

Total resident adults over 18 yrs 189913
% of resident adults registered with GDS and PDS nationally 31.8

Southwark: older people

Location where Registered with a Dentist	No	% of total attendees
Barking and Dagenham		
Barnet	1	0.0
Brent	8	0.1
Camden Total	13	0.2
City and Hackney	3	0.1
Croydon	44	0.8
Ealing	9	0.2
East London skill-mix PDS pilot		
Enfield	2	0.0
Hammersmith and Fulham	5	0.1
Haringey Teaching	4	0.1
Havering		
Hillingdon	3	0.1
Hounslow	1	0.0
Islington	8	0.1
Kensington and Chelsea	8	0.1
Kingston	1	0.0
Newham	1	0.0
Redbridge	1	0.0
Richmond and Twickenham	3	0.1
Sutton and Merton	281	5.0
Tower Hamlets	15	0.3
Waltham Forest		
Wandsworth	30	0.5
Westminster	37	0.7
Other London	478	8.4
Bexley	7	0.1
Bromley	21	0.4
Bromley PDS		
Greenwich	13	0.2
Lambeth	293	5.2
Lambeth, Southwark & Lewisham PDS	382	6.7
Lewisham	315	5.6
Southwark	4120	72.7
Total for SE London	5151	90.9
TOTAL Attendees from Southwark Sept 03	5667	100.0
SE London patients	5151	90.9
Other London patients	478	8.4
Total London patients	5629	99.3
Other England patients	38	0.7

Source: Dental Practice Board, 2004

Elderly patients from Southwark almost universally are registered with London GDS services (99.3%), with the vast majority registered in SE London (90.9%) and over 2/3 elderly (72.7%; n=4120) attending services in Southwark itself

Total elderly people 65 yrs and over	25355
% of elderly patients registered	22.4%

Lewisham: Children

Location where Registered with a Dentist	No	% of total attendees
Barking and Dagenham	1	0.0
Barnet	2	0.0
Brent	14	0.1
Camden Total	26	0.1
City and Hackney	9	0.0
Croydon	138	0.5
Ealing	13	0.0
East London skill-mix PDS pilot	3	0.0
Enfield	5	0.0
Hammersmith and Fulham	5	0.0
Haringey Teaching	10	0.0
Havering		0.0
Hillingdon		0.0
Hounslow	2	0.0
Islington	2	0.0
Kensington and Chelsea	12	0.0
Kingston	4	0.0
Newham	11	0.0
Redbridge	8	0.0
Richmond and Twickenham	2	0.0
Sutton and Merton	21	0.1
Tower Hamlets	23	0.1
Waltham Forest		0.0
Wandsworth	52	0.2
Westminster	83	0.3
Other London	446	1.7
Bexley	68	0.3
Bromley	1089	4.0
Bromley PDS		0.0
Greenwich	808	3.0
Lambeth	273	1.0
Lambeth, Southwark & Lewisham PDS	62	0.2
Lewisham	22713	84.2
Southwark	1,376	5.1
Total for SE London	26389	97.8
Total Registrations of Lewisham resident children Sept 03	26,990	100
SE London patients	26,389	97.8
Other London patients	446	1.7
Total London patients	26,835	99.4
Other England patients	155	0.6

Source: Dental Practice Board, 2004

Children from Lewisham almost universally are registered with London GDS services (99.4%), with the vast majority registered in SE London (97.8%) and over 4/5 children (84.2%; n=22713) attending services in Lewisham itself

Total resident children under 18 yrs **58523**
% of resident children registered with GDS and PDS nationally **46.1**

Lewisham: Adults

Location where Registered with a Dentist	No	% of total attendees
Barking and Dagenham	23	0.0
Barnet	19	0.0
Brent	70	0.1
Camden Total	310	0.4
City and Hackney	137	0.2
Croydon	508	0.7
Ealing	49	0.1
East London skill-mix PDS pilot	9	0.0
Enfield	29	0.0
Hammersmith and Fulham	169	0.2
Haringey Teaching	103	0.1
Havering	9	0.0
Hillingdon	3	0.0
Hounslow	33	0.0
Islington	257	0.4
Kensington and Chelsea	124	0.2
Kingston	19	0.0
Newham	87	0.1
Redbridge	31	0.0
Richmond and Twickenham	17	0.0
Sutton and Merton	718	1.0
Tower Hamlets	145	0.2
Waltham Forest	29	0.0
Wandsworth	295	0.4
Westminster	632	0.9
Other London	3825	5.4
		0.0
Bexley	219	0.3
Bromley	228	0.3
Bromley PDS	2	0.0
Greenwich	2016	2.9
Lambeth	917	1.3
Lambeth, Southwark & Lewisham PDS	383	0.5
Lewisham	55322	78.6
Southwark	4,764	6.8
Total for SE London	63851	90.8
		0.0
Total registrations of Lewisham resident adults Sept 2003	70,350	100.0
SE London dentists	63,851	90.8
Other London dentists	3,825	5.4
Total London dentists	67,676	96.2
Other England dentists	2,674	3.8

Source: Dental Practice Board, 2004

Adults from Lewisham almost universally are registered with London GDS services (96.24%), with the vast majority registered in SE London (90.8%) and over 3/4 adults (78.6%; n=63,851) attending services in Lewisham itself

Total resident adults over 18 yrs	190399
% of resident adults registered with GDS and PDS nationally	37%

Lewisham: Older People

Other London PCTs/Boroughs	No	% of total attendees	
Barking and Dagenham			
Barnet	2	0.0	
Brent	2	0.0	
Camden Total	7	0.1	
City and Hackney	5	0.1	
Croydon	50	0.6	
Ealing			
East London skill-mix PDS pilot			
Enfield	2	0.0	
Hammersmith and Fulham	2	0.0	
Haringey Teaching	3	0.0	
Havering	1	0.0	
Hillingdon			
Hounslow	1	0.0	
Islington	5	0.1	
Kensington and Chelsea	6	0.1	
Kingston			
Newham	4	0.0	
Redbridge			
Richmond and Twickenham			
Sutton and Merton	617	7.4	
Tower Hamlets	7	0.1	
Waltham Forest	1	0.0	
Wandsworth	15	0.2	
Westminster	18	0.2	
Other London	748	8.9	
	Bexley	23	0.3
	Bromley	318	3.8
	Bromley PDS	1	0.0
	Greenwich	227	2.7
	Lambeth	51	0.6
	Lambeth, Southwark & Lewisham PDS	23	0.3
	Lewisham	6496	77.6
	Southwark	444	5.3
Total for SE London	7583	90.6	
Total registrations of Lewisham resident older people Sept 2003	8369	100.0	
SE London dentists	7583	90.6	
Other London dentists	748	8.9	
Total London dentists	8331	99.5	
Other England dentists	38	0.5	

Total elderly people 65 years and over yrs

27361

% of elderly patients registered

30.6%

Appendix 7

Care Homes in Lambeth Southwark and Lewisham

Care homes by type, locality and borough across Lambeth Southwark and Lewisham

Locality	Total Places	Places For 65+	Learning Disability	Learning Disability Over 65	Physical Disability	Physical Disability Over 65	Mental Disorder	Mental Disorder Over 65	Old Age OP	Drug Dependence [past/present]	Alcohol	Alcohol Over 65	Dementia	Dementia Over 65	Sensory Impairment	
Lambeth																
north	217	0	11	0	0	0	0	0	0	29	29	0	0	0	0	
south east	405	26	44	0	129	0	62	0	26	0	0	0	0	0	0	
south west	646	58	45	0	0	0	82	1	57	23	23	0	9	0	0	
Total	1268	84	100	0	129	0	144	1	83	52	52	0	9	0	0	
Southwark																
bermondsey/rotherhithe	340	8	16	0	0	0	18	0	0	0	16	8	0	0	0	
dulwich	234	0	34	0	0	0	12	0	0	0	11	0	0	0	1	
peckham/camberwell	396	0	7	0	0	0	13	0	0	0	16	0	32	0	0	
walworth/borough	144	0	19	0	0	0	11	0	0	0	0	0	0	0	0	
Total	1114	8	76	0	0	0	54	0	0	0	43	8	32	0	1	
Lewisham																
1	219	0	18	0	0	0	53	0	13	0	0	0	2	0	0	
2	332	13	17	0	1	0	1	0	13	0	0	0	4	0	0	
3	396	65	14	0	3	0	32	0	65	0	0	0	20	0	0	
4	466	72	26	0	42	0	26	0	72	31	0	0	16	0	0	
Total	1413	150	75	0	46	0	112	0	163	31	0	0	42	0	0	
Total LSL	3795	242	251	0	175	0	310	1	246	83	95	8	83	0	1	