

Healthy People – Long term conditions

August 2022

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Introduction

Our health is one of the most important assets we have as individuals, communities, and society. Health is a state of physical, mental, and social wellbeing, and can be different for different people. For example, for one person, the most important thing for their health might be whether they are able to spend time with those they love. For another, it might be their ability to work and support their family. Summary statistics can help us describe key aspects of health across different life stages within our communities and population in Hampshire.

Local public health teams work in collaboration with other organisations to empower people to take control of their own health, reduce health inequalities and, ultimately, to prevent people experiencing ill health in the first place. To support this, Public Health commission and provide a range of public health services for Hampshire residents such as smoking cessation, weight management, NHS Health checks and substance misuse services.

Data describing the population's health and the current and future health needs are important to understand, to be able to provide services in the best way. This will ensure the best health outcomes for the population of Hampshire.

This chapter provides summary of certain long term conditions. It aims to understand and quantify how many people in Hampshire are affected by the condition and what the outcomes of this condition may be, exploring data such as hospital admission and premature mortality where available. Premature mortality (deaths in people aged under 75 years) is a good high-level indicator of the overall health of a population, being correlated with many other measures of population health: there are significant inequalities between the premature death rates in different areas and population groups, reflecting a wide range of underlying differences. Where available inequalities in prevalence and outcomes are also discussed. Also where possible data includes children and young people, however, many of these conditions develop later on in life and therefore focuses only on adults.

The data in this report can be explored further by smaller geographies in the [JSNA Healthy People data report](#).

Data in this report were correct as at August 2022. The data in the Power BI report will be updated over time as annual data refreshes occur.

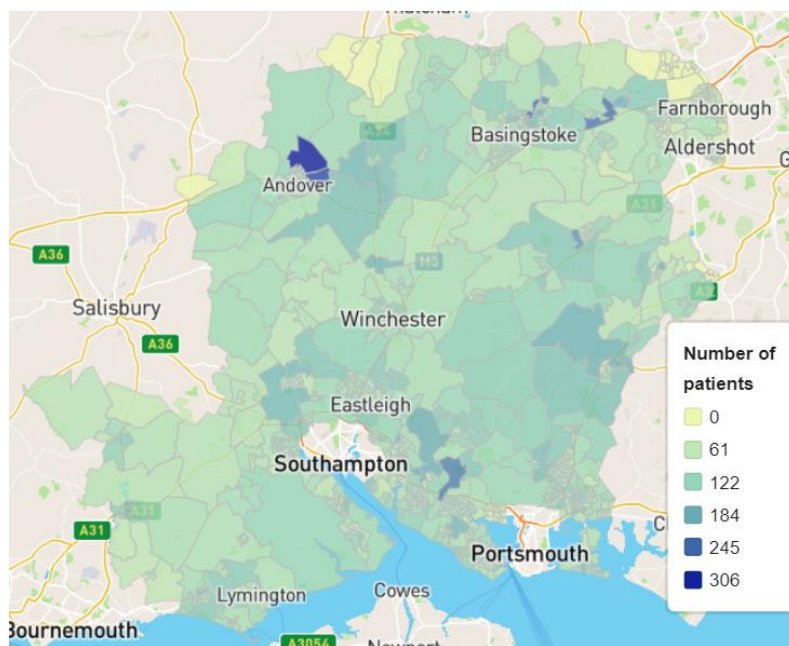
Asthma

Asthma is the most common long term condition. It is a chronic inflammatory condition of the airways, the cause of which is not completely understood. The airways are hyper-responsive and constrict easily in response to a wide range of stimuli. This may result in coughing, wheezing, chest tightness, and shortness of breath: Narrowing of the airways is usually reversible (either spontaneously or with medication), leading to intermittent symptoms, but in some people with chronic asthma, the inflammation may lead to irreversible airflow obstruction.

Prevalence

Nationally the prevalence of asthma in the population aged 6+ was 6.4% in 2020/21, and across Hampshire the prevalence is higher at 6.8%.¹ Within Hampshire there is a small amount of variation in prevalence from higher rates in Havant (7.5%) and the New Forest (7.2%) to lower rates in Hart (6.5%) and Rushmoor (5.4%). Nationally the rates of asthma (all ages) had been stable between 2013/14 to 2018/19. However there was a slight statistically significant increase in 2019/20, a pattern which is replicated locally.

Figure 1: Prevalence of asthma, 2020/21



Source: QOF

Incidence of asthma is higher in children than adults and some people may outgrow the condition in adulthood. Asthma is more common in boys than girls, however, by adulthood this sex ratio is reversed.² Adults in low income households were more likely to have current asthma than those in higher income households, although differences between IMD quintiles were not observed in either children or adults.³

¹ QOF data

² <https://cks.nice.org.uk/topics/asthma/background-information/prevalence/>

³ <http://healthsurvey.hscic.gov.uk/media/81643/HSE18-Asthma-rep.pdf>

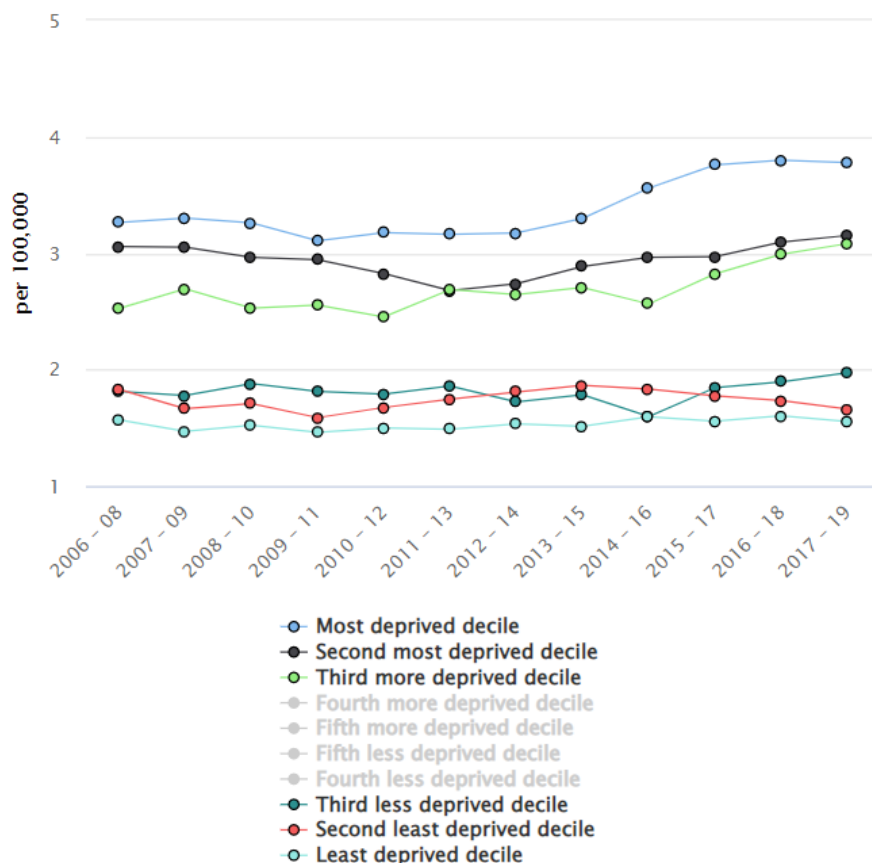
Hospital Admissions

Hospital admissions for people aged under 19 years have been declining since 2016/17. Nationally the rate of admissions was 74.2 per 100,000 of the population. In Hampshire this rate was lower (although not statistically significantly lower) at 64.9. Nationally those living in more deprived areas have higher rates of hospitalisations for asthma than those in less deprived areas. Nationally, and in Hampshire, males had statistically significantly higher rates of hospitalisation than females.

Mortality

The rate of mortality from asthma was 2.36 per 100,000 in 2017-19, however due to small numbers local rates were not available.⁴ There were higher rates of mortality from asthma in areas of greater deprivation nationally in 2017-19. Rates of mortality in the most deprived areas have been increasing since 2013-15 whereas in more affluent areas these rates have remained stable.

Figure 2: Mortality rate for asthma (3 year range), DSR per 100,000



Source: Fingertips

Blood Borne Viruses

Blood-borne viruses (BBVs) are viruses that some people carry in their blood and can spread from person to person through blood and other body fluids. These

⁴ <https://fingertips.phe.org.uk/> Indicator 93644

viruses may show little or no symptoms and people may be unaware that they carry the virus, however others may be severely ill. The viruses covered in this section are human immunodeficiency virus (HIV, which causes acquired immunodeficiency virus or AIDS), and hepatitis B and C which affect the liver.

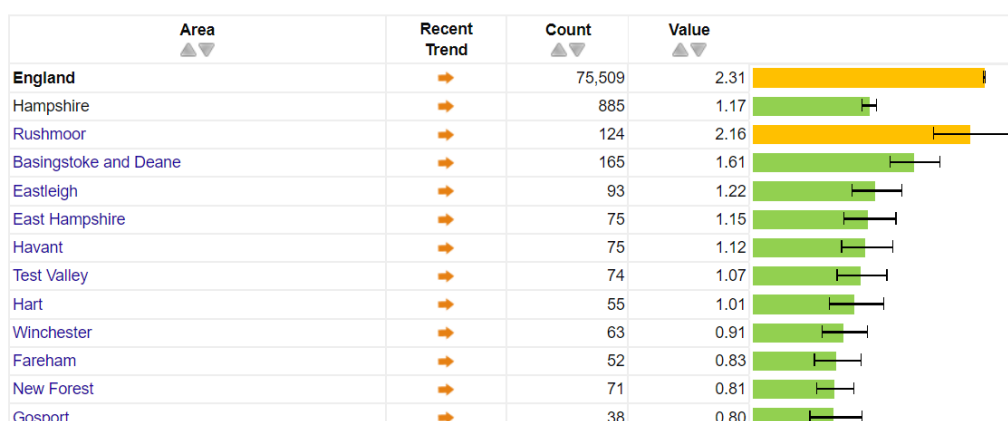
The main routes of transmission for these viruses are through unprotected sex, sharing needles or other injecting equipment, from infected mother to baby during pregnancy, birth or breast feeding, tattooing, body piercing or acupuncture, blood transfusions in countries where the blood is not screened, sharing razors or toothbrushes, or occupational exposure to sharps or non-intact skin. Therefore, those people most at risk are those who change sexual partner frequently (including sex workers), intravenous drug users and healthcare workers who may come into contact with the viruses.

HIV

HIV is a virus that attacks the body’s immune system and if not treated can lead to AIDS. Although there is currently no cure for HIV, treatment can now reduce the viral load and means that people undergoing treatment and adopting a healthy lifestyle can live near normal lives.

In England the national diagnosed prevalence of HIV was 2.31 per 1,000 people aged 15 to 59.⁵ In Hampshire this rate was significantly lower at 1.17, although in Rushmoor the rate was more similar to the national rate (2.16). This rate has remained stable for all areas of Hampshire since 2011. The number of new HIV diagnoses has been declining both locally and nationally since 2011.⁶ HIV testing coverage in Hampshire is relatively stable, but statistically significantly lower than England in all population groups: total population; gay, bisexual and other men who have sex with men; men; and women. However, during 2020 there was a large statistically significant decline in testing coverage in all population groups due to the pandemic.⁷

Figure 3: Prevalence of HIV, 2020, ages 15-59



Source: Fingertips

⁵ <https://fingertips.phe.org.uk/> Indicator 90790

⁶ <https://fingertips.phe.org.uk/> Indicator 91818

⁷ <https://fingertips.phe.org.uk/> Indicators 91525, 91050, 91048, 91049

Nationally, men make up 68% of those people receiving care for HIV in 2020, and women 32%. The largest route of transmission was through sexual contact (sex between men made up 46.4% and heterosexual contact 46.1%) followed by 2.0% from transmission from mother to baby and 1.9% from injecting drug use. Those aged 35 to 49 made up the largest age group receiving care (40.8%) followed by those aged 50 to 64 (37.8%, 25 to 34 was 11.7%). Just over half (52.2%) of people receiving care were from White ethnic groups, followed by 30.2% from Black African groups.⁸ HIV also showed significantly higher prevalence in the six deciles with higher deprivation.⁹

Hepatitis B

Hepatitis B is a virus carried in the blood and other body fluids which damages the liver. There are two stages of infection with Hepatitis B:^{10,11,12}

- Acute infection: occurs shortly after first becoming infected (1-6 months) and symptoms include sickness, fever and becoming jaundiced. These symptoms normally clear within a few weeks and in around 90% of cases the virus is cleared from the body by the immune system, the person is no longer infectious and is immune from further infection.
- Chronic infection: Of the approximately 10% who develop chronic hepatitis B infection, two thirds remain well and are carriers of the infection. One third of people develop persistent liver inflammation with symptoms including muscle aches, tiredness, jaundice and lack of appetite. They may also go into develop liver cirrhosis after a longer period of time, and possibly liver cancer. The likelihood of someone developing chronic infection decreases with age and those children infected through their mother at birth are have a much higher probability of having chronic Hepatitis B.

Prevalence of Hepatitis B varies across the world with countries in sub-Saharan Africa and Southeast Asia showing higher rates. In England the rate is low with 381 acute Hepatitis B infections in 2018¹³, and UK prevalence of chronic Hepatitis B of 0.3%.¹⁴

The majority (95%) of chronic Hepatitis B cases in the UK occur in migrant populations, where the virus is passed from mother to baby during delivery.¹⁵ Vaccination can reduce the risk of transmission and mothers are screened for Hepatitis B during pregnancy (99.8% screened in England).¹⁶

⁸ <https://www.gov.uk/government/statistics/hiv-annual-data-tables>

⁹ <https://fingertips.phe.org.uk/> Indicator 90790

¹⁰ <https://britishlivertrust.org.uk/information-and-support/living-with-a-liver-condition/liver-conditions/hepatitis-b/>

¹¹ <https://patient.info/digestive-health/hepatitis/hepatitis-b>

¹² <https://www.nhs.uk/conditions/hepatitis-b/>

¹³ <https://fingertips.phe.org.uk/> Indicator 93124

¹⁴ <https://cks.nice.org.uk/topics/hepatitis-b/background-information/prevalence/>

¹⁵ <https://cks.nice.org.uk/topics/hepatitis-b/background-information/transmission/>

¹⁶ <https://fingertips.phe.org.uk/> Indicator 91750

Hepatitis C

Hepatitis C is also a virus carried in the blood and causes damage to the liver. Similar to Hepatitis B there are two stages of infection with Hepatitis C:^{17,18,19}

- Acute infection: symptoms occur within the first 6 months of infection and include fever, tiredness, loss of appetite, jaundice and sickness. In approximately 25% of people their immune system will kill the virus and they will have no further symptoms, however they will not have long term immunity and can be infected again. Younger people and women are more likely to recover from the infection in this way.
- Chronic infection: Around 75% of people infected with Hepatitis C will have chronic hepatitis although the symptoms vary between different people. The most common symptoms include tiredness, joint and muscle pain, sickness, 'brain fog', weight loss, loss of appetite and itchy skin. Over the long term damage to the liver can result in liver cirrhosis which occurs in around 30% of those with chronic Hepatitis C. A small number of those with cirrhosis can also develop liver cancer.²⁰

The greatest route of transmission for Hepatitis C is now from blood contaminated needles or other injecting equipment.^{21,22} The prevalence of Hepatitis C in England is estimated to be 18.4 per 100,000 in 2017, whereas in Hampshire this value is significantly lower at 6.6.²³ Treatment for Hepatitis C are now effective and can permanently clear the body of the virus and has resulted in a national decrease in the prevalence of the virus.²⁴

Cardiovascular diseases

Cardiovascular disease (CVD) should be thought of as a family of diseases with have common risk factors, but different outcomes. These include Coronary Heart Disease (CHD), which results from the narrowing and hardening of blood vessels (atherosclerosis) restricting blood supply to the heart muscle. Stroke, a loss of blood supply to the brain causing permanent neurological damage. Trans Ischaemic Attack (TIA), a loss of blood supply to the brain causing neurological symptoms that resolve within 24 hours. Heart failure, a chronic condition in which the heart becomes progressively less efficient as a pump. Atrial Fibrillation (AF), the most common abnormal irregular heart rhythm (arrhythmia). It can be asymptomatic, cause chest pain, breathlessness or lead to a stroke. Hypertension, high blood pressure, along with atherosclerosis and high cholesterol, is a major cause of CVD and is a serious,

¹⁷ <https://www.nhs.uk/conditions/hepatitis-c/symptoms/>

¹⁸ <https://britishlivertrust.org.uk/information-and-support/living-with-a-liver-condition/liver-conditions/hepatitis-c-2/>

¹⁹ <https://britishlivertrust.org.uk/wp-content/uploads/Hep-C-website.pdf>

²⁰ <https://britishlivertrust.org.uk/wp-content/uploads/Hep-C-website.pdf>

²¹ <https://www.hse.gov.uk/biosafety/blood-borne-viruses/hepatitis-c.htm>

²² <https://britishlivertrust.org.uk/wp-content/uploads/Hep-C-website.pdf>

²³ <https://fingertips.phe.org.uk/> Indicator 93177

²⁴

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057271/HCV-in-England-2022-full-report.pdf

but often hidden medical condition. Familial Hypercholesterolaemia (FH), this is an inherited condition causing high cholesterol and premature CVD.²⁵

Prevalence

For each of the separate conditions in 2020/21, Hampshire shows a slightly higher prevalence than England. This may be related to the population structure as Hampshire has a higher proportion of the population aged 65 and over compared with England overall. There is variation across the districts within Hampshire with the New Forest showing consistently higher rates than Hampshire or England.

Figure 4: Prevalence of CVD conditions, 2020/21

Area	Atrial Fibrillation	Heart failure	Stroke / TIA	Hypertension
Basingstoke and Deane	2.0%	0.6%	1.6%	13.5%
East Hampshire	2.6%	0.9%	2.1%	15.0%
Eastleigh	2.3%	1.1%	1.9%	14.5%
Fareham	2.9%	1.3%	2.2%	17.5%
Gosport	2.6%	1.4%	2.1%	16.5%
Hart	2.4%	0.8%	1.7%	14.6%
Havant	3.0%	1.4%	2.4%	17.2%
New Forest	3.7%	1.8%	2.9%	18.8%
Rushmoor	1.9%	0.9%	1.5%	14.3%
Test Valley	2.4%	0.9%	2.0%	14.6%
Winchester	2.6%	0.9%	2.0%	14.1%
Hampshire	2.6%	1.1%	2.1%	15.6%
England	2.1%	0.9%	1.8%	13.9%

Source: QOF

Hospital Admissions

Across Hampshire, Southampton and Isle of Wight CCG the rate of hospital admissions per 100,000 people for heart failure has shown a slight upward trend between 2012/13 and 2019/20, with a decline in 2020/21, a pattern which is also shown nationally. However the local rate is lower than that of England (125.5 compared with 146.7).

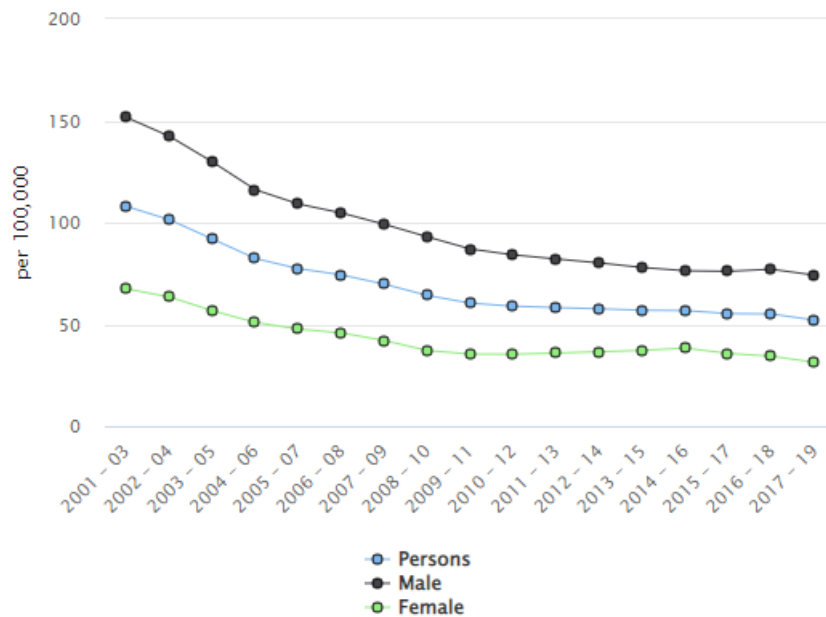
The rate of hospital admissions per 100,000 for stroke has remained fairly stable nationally and across Hampshire, Southampton and Isle of Wight CCG. In 2021, the local rate was 168.3, compared with 161.8 nationally.

Premature Mortality

There has been a significant reduction in the premature mortality rate from cardiovascular diseases over time in Hampshire. Between 2001-03 to 2017-19 the rate per 100,000 of the population decreased from 107.9 to 52.1, compared with a decrease in England of 136.2 to 70.4. Premature mortality from cardiovascular disease is higher in males than females, which follows England's trend.

²⁵ [CardiovascularDiseaseJSNA2013.pdf \(hants.gov.uk\)](https://www.hants.gov.uk/sites/default/files/2013/05/CardiovascularDiseaseJSNA2013.pdf)

Figure 5: Hampshire under 75 mortality rate from all cardiovascular diseases (3 year range)²⁶



Source: Fingertips

Cancer

Cancer is a disease caused by normal cells changing so that they grow in an uncontrolled way forming a tumour. If untreated, the tumour can cause problems by: spreading into normal tissues nearby, causing pressure on other body structures, spreading to other parts of the body through the lymphatic system or bloodstream. There are over 200 different types of cancer because there are over 200 different types of body cells.

Around one person in two in the UK will develop a cancer at sometime in their life. The most common cancers are of the breast, lung, bowel, colorectal and prostate, together accounting for over half of all new cancers each year.²⁷

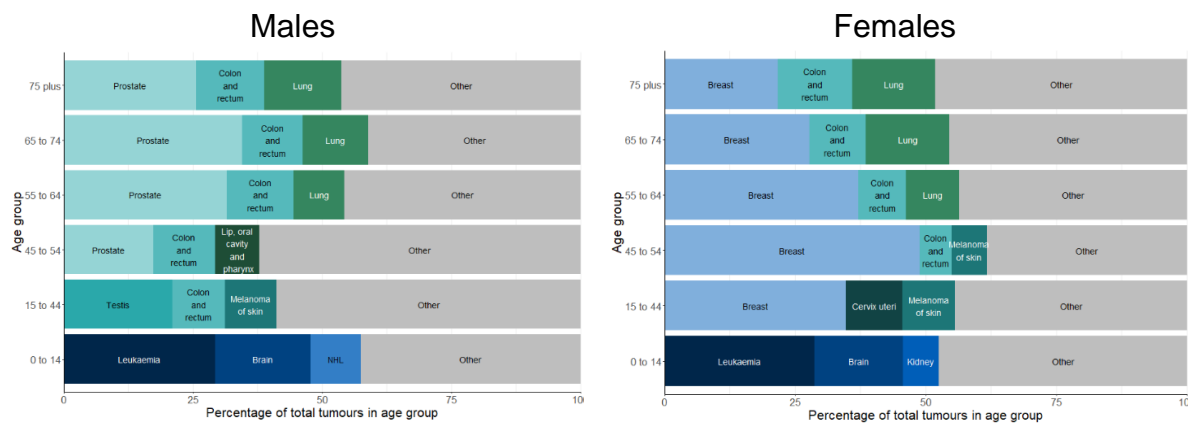
Different types of cancer tend to affect different age groups. For males and females below the age of 15, leukaemia is the most common tumour type. For women aged 15 and above, breast cancer is the most common, and in men aged 45 and older prostate cancer is the most common. For men aged 15 to 44 years, testicular cancer is the most common.²⁸

²⁶ [Mortality Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/mortality-profile-data)

²⁷ [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles)

²⁸ [The 3 most common cancers vary by sex and age group - NHS Digital](https://www.nhs.uk/conditions/cancer/types/)

Figure 6: Three most common cancers by age group, England, 2019



Source: National Cancer registration and Analysis Service, NHS Digital

Around 4 in 10 UK cancer cases every year could be prevented. Smoking is the largest cause of cancer in the UK, accounting for 15% of all cancer cases.²⁹ The rate of smoking attributable deaths from cancer is slowly decreasing in Hampshire and is lower than the England rate (71.7 per 100,000 compared to 89.6 per 100,000 respectively). Over the latest three year period an estimated 1,950 people in Hampshire have died from cancer attributable to smoking.³⁰

Other lifestyle and environmental factors such as, keeping a healthy weight, drinking less alcohol, eating a healthy, balanced diet, and avoiding being exposed to certain infections or radiation can reduce the risk of developing cancer.³¹ Cancer research UK have developed an infographic which provides a useful visualisation of the modifiable risk factors for cancer, this can be downloaded [here](#).

Cancer screening programmes are well established in the UK and support early detection of cancer saving thousands of lives in England each year, however, due to COVID-19 some screening programmes and cancer pathways were impacted. A report conducted by Cancer Research UK³² found that around one million fewer people were invited to cancer screening and around 1.3 million fewer people participated in screening in England in the first year of the pandemic compared to the previous year.

All cancers

Incidence

Over the five year period from 2015 to 2019, there have been 43,747 new cases of cancer in Hampshire, which equates to a standardised incidence ratio (SIR) of 98.1. This is significantly better than England and the number of new all cancer cases is lower than expected.

‘Stage at diagnosis’ is a measure of how much a cancer has grown and spread, with advanced stages meaning the cancer is bigger or has spread to other parts of the

²⁹ [Cancer Statistics for the UK \(cancerresearchuk.org\)](https://www.cancerresearchuk.org)

³⁰ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk) Indicator 93749

³¹ [Cancer Risk Factors Paper.pdf](#)

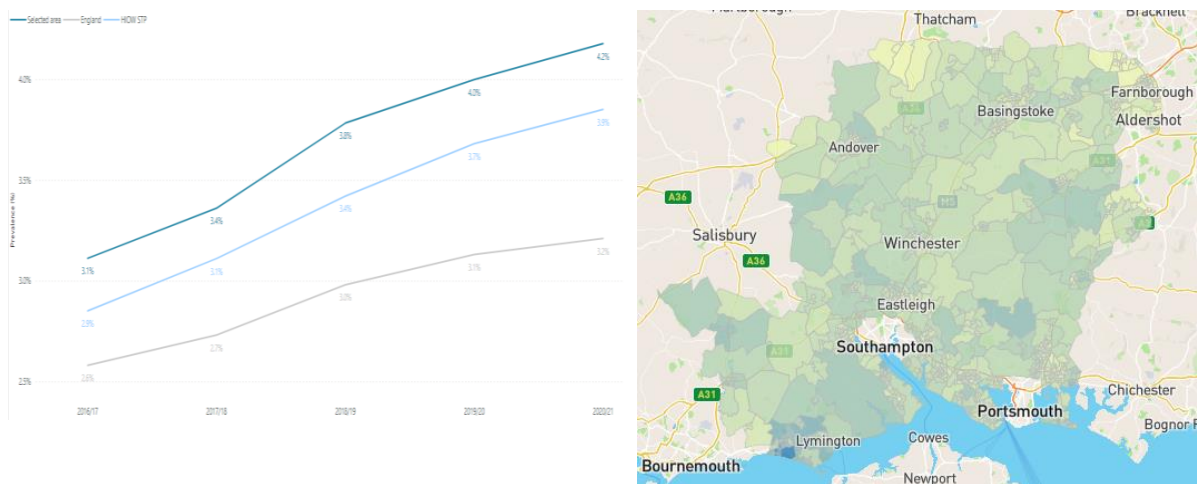
³² [cancerpathwaykeystats_jan22.pdf \(cancerresearchuk.org\)](#)

body (metastasis) and consequentially patient outcomes are worse for later stages. In 2019, 57.7% of all cancers were diagnosed at stages 1 and 2, this is better than England and data show an improving trend in Hampshire.

Prevalence

In Hampshire the number of people registered with their GP with cancer has been increasing steadily since 2016/17, rising from 3.1% to 4.2% in 2020/21. This is statistically significantly higher than England’s prevalence, which rose from 2.6% to 3.2% in the same time frame. In Hampshire, 58,839 people had cancer in Hampshire in 2020-21. There is a large variation in cancer prevalence between Hampshire’s districts; in 2020/21 The New Forest had the highest prevalence (5.6%) and Rushmoor had the lowest prevalence (2.9%). Rushmoor is the only district in Hampshire to have a lower prevalence than England.

Figure 7: Prevalence of cancer across Hampshire, 2020/21



Source: QOF

Cancer survival

The 1-year all-cancer survival index³³ for England has increased from 62.0% in 2001 to 72.8% in 2016. Hampshire and Isle of Wight STP survival index is better when compared to England and has increased from 63.2% in 2001 to 73.7% in 2016.

Premature Mortality (under 75 years)

Hampshire has seen an improving trend in premature mortality from all cancers since 2001. In 2020, 1,480 Hampshire residents died prematurely from cancer. The premature mortality rate per 100,000 people has decreased from 152.6 in 2001 to 109.2 in 2020.³⁴ This trend is reflective of the national picture, which has shown a decrease from 172.0 to 125.1. Males have consistently higher premature mortality from cancer than females. Within Hampshire, Gosport is the only district which had higher premature mortality from cancer than the England average in 2019 and 2020, at 156.7 and 172.2 respectively.

³³ [Cancer survival in England](#)

³⁴ [Public health profiles - OHID \(phe.org.uk\)](#)

Deaths are considered preventable if, when considering the impact of the determinants of a person’s health, it could mainly be avoided through effective public health and primary prevention interventions. In 2020, there were 582 premature cancer deaths considered preventable. Males accounted for 61% of these preventable cancer deaths (355 deaths). The local trend is improving and is significantly better than England.

National inequalities data also show males and people living in the more deprived areas have higher premature mortality rates from cancer considered preventable.

Lung cancer

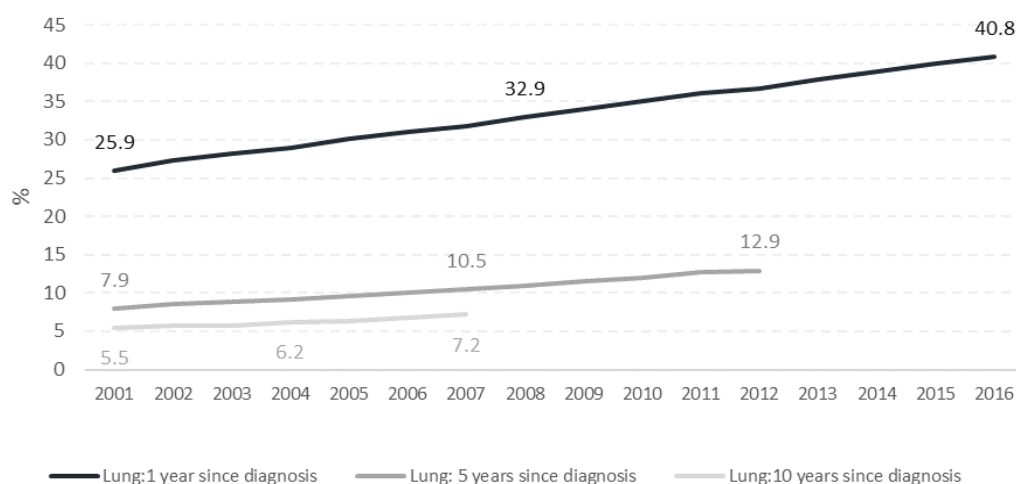
Lung cancer is the third most common cancer diagnosed in England. It is difficult to treat and accounts for more than one in five cancer deaths in the UK.³⁵

Hampshire has a lower rate of lung cancer registrations per 100,000 people compared with England, 62.5 to 77.1 in 2017-19.³⁶ This equates to around 2,760 people in Hampshire newly diagnosed with lung cancer over the three year period.

Over the five year period from 2015 to 2019, there were 4,537 new cases of lung cancer in Hampshire, which equates to a standardised incidence ratio of 80.4. This is statistically significantly better than England and suggest that the number of lung cancer cases was lower than expected.³⁷

One, five and ten year survival estimates for lung cancer are shown in Figure 8. The chart shows that lung cancer survival has continued to improve with survival estimates comparable to England.

Figure 8: 1, 5 and 10 year survival estimates (%) for lung cancer, by year of diagnosis, all adults (aged 15 and over), Hampshire & Isle of Wight STP, 2001 to 2016



Data source: Office for National Statistics: [Cancer survival in England](#)

³⁵ [Public health profiles - OHID \(phe.org.uk\)](#)

³⁶ [Public health profiles - OHID \(phe.org.uk\)](#) Indicator 1205

³⁷ [Public health profiles - OHID \(phe.org.uk\)](#) Indicator 93237

An average of 640 people in Hampshire have died from lung cancer a year over the latest three year period. The mortality rate from lung cancer is statistically significantly lower in Hampshire than England overall, and shows the same slowly decreasing trend.³⁸

Breast cancer

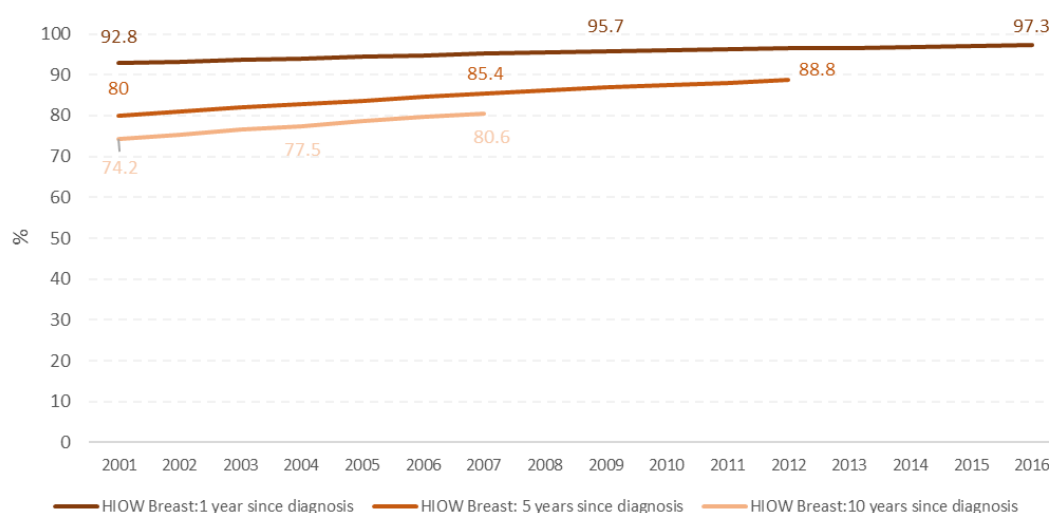
Over the five year period 2015 to 2019, there were 6,707 new cases of breast cancer in Hampshire, which equates to a standardised incidence ratio of 104.1. This is significantly worse than England and suggest that the number of breast cancer cases was higher than expected.³⁹

Both nationally and within Hampshire there was a sharp decline in the percent of breast cancer screening coverage in 2021, as previously mentioned this is reflective of the impact COVID19 has had on some cancer screening programmes. Nationally, the proportion of women eligible for screening who have had a test with a recorded result at least once in the previous 36 months declined from 74.1% in 2020 to 64.1% in 2021. Within Hampshire, during these same years it decreased from 76.4% to 67.5%.

National inequalities data show there is lower uptake of breast screening in the more deprived areas, 59.2% in the most deprived decile compared to an uptake of 69.2% in the least deprived decile.

One, five and ten year survival estimates for breast cancer are shown in Figure 9. The chart shows that breast cancer survival has continued to improve with survival estimates comparable to England.

Figure 9: 1, 5 and 10 year survival estimates (%) for breast cancer, by year of diagnosis, all adults (aged 15 and over), Hampshire & Isle of Wight STP, 2001 to 2016



Data source: Office for National Statistics: [Cancer survival in England](#)

³⁸ [Public health profiles - OHID \(phe.org.uk\)](#) Indicator 1203

³⁹ [Public health profiles - OHID \(phe.org.uk\)](#) Indicator 93235

There has not been a significant change in the premature mortality rate (under 75 years) from breast cancer in Hampshire, with just over 400 deaths in Hampshire between 2017-2019 and this is reflective of the national picture.⁴⁰

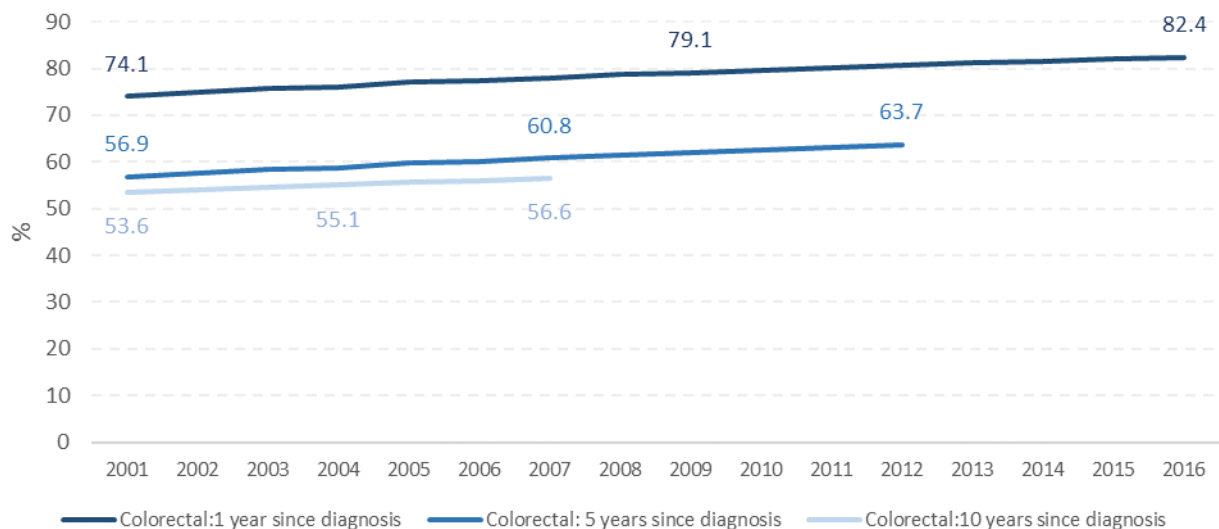
Colorectal cancer

Over the five year period, 2015 to 2019 there were 5,152 new cases of colorectal cancer in Hampshire, which equates to a standardised incidence ratio of 100.9. This is not statistically significantly different to England and suggest that the number of colorectal cancer cases was as expected.⁴¹

Nationally, the proportion of eligible men and women aged 60 to 74 invited for bowel screening who had an adequate faecal occult blood test (FOBT) screening result in the previous 30 months was at 65.2% in 2021. Hampshire has followed the national trend of a gradual increase since 2015 up to 71% in 2021.⁴²

One, five and ten year survival estimates for colorectal cancer are shown in Figure 10. The chart shows that colorectal cancer survival has continued to improve with survival estimates comparable to England.

Figure 10: 1, 5 and 10 year survival estimates (%) for colorectal cancer, by year of diagnosis: all adults (aged 15 and over), Hampshire & Isle of Wight STP, 2001 to 2016



Data source: Office for National Statistics: [Cancer survival in England](#)

The premature mortality rates (under 75 years) from colorectal cancer have been declining since 2002/03 but have more recently stabilised. Hampshire rates are comparable to England, between 2017-2019 there were 469 deaths from colorectal cancer in Hampshire.

⁴⁰ Fingertips indicators 22001, 91164

⁴¹ [Public health profiles - OHID \(phe.org.uk\)](#) Indicator 93236

⁴² Fingertips indicator 91720

Cervical cancer

Cervical screening supports detection of cell abnormalities that may become cancer and is estimated to save 4,500 lives in England each year.⁴³ Cervical cancer screening uptake decreased between 2020 and 2021, this has been observed nationally and locally, and is reflective of the impact the pandemic has had on screening programmes.

In 2021, 68% of people eligible for cervical cancer screening in England aged 25 to 49 years were screened adequately within the previous 3.5 years. In Hampshire this was 74% in 2021.

74.7% of people eligible for cervical cancer screening aged 50 to 64 years were screened adequately within the previous 5.5 years, compared to 77% in Hampshire.⁴⁴

Chronic obstructive pulmonary disease (COPD)

Chronic obstructive pulmonary disease is a group of lung diseases (including emphysema and chronic bronchitis) that are gradual in onset and progressive. They are characterised by airflow limitation that interferes with normal breathing. Once established the lung damage is irreversible and, if it is not identified and treated early, leads to disability and premature death. Most cases of COPD (90%) are caused by smoking.⁴⁵ Other factors include workplace exposure, genetic make-up and general environmental pollution.

Prevalence

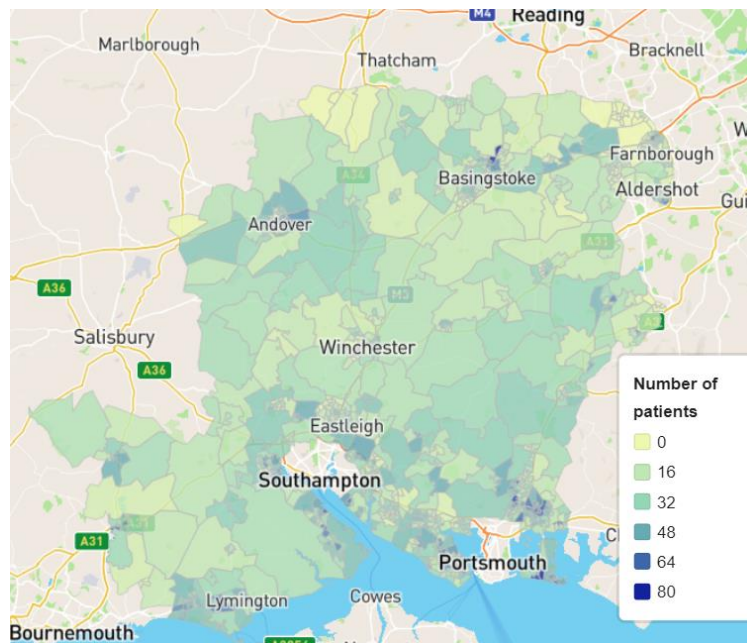
The national prevalence of COPD was 1.9% in 2020/21 and affected approximately 1.17 million people. This rate has shown a slow increase nationally from 1.6% in 2009/10. In Hampshire the prevalence of COPD is slightly lower, at 1.8%, meaning that approximately 25,900 people are impacted across the area. There is variation across the districts with the highest rates shown in the more deprived districts of Havant (2.7%), Gosport (2.5%) and the New Forest (2.3%), whilst lower rates were shown in Hart, Eastleigh and Winchester (all at 1.4%).

⁴³ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

⁴⁴ Fingertips indicators 93560, 93561

⁴⁵ <https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/causes/#:~:text=Smoking%20is%20the%20main%20cause,prevent%20COPD%20from%20getting%20worse>

Figure 11: Prevalence of COPD, 2020/21



Source: QOF

This pattern fits with national data which demonstrates higher prevalence in areas of higher deprivation.⁴⁶ Historically the disease has been more common in men than women, however, in recent years the difference has reduced, especially within developed high income countries, possibly due to increased tobacco consumption by women over several decades.⁴⁷

Hospital Admissions

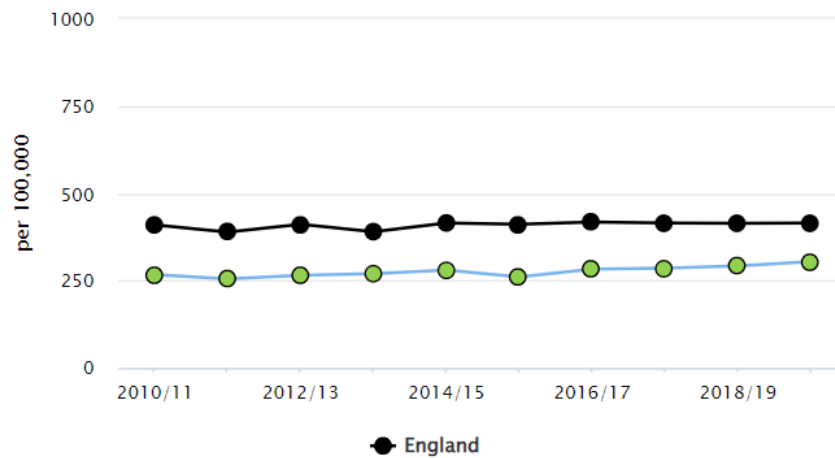
The rate per 100,000 of the population of emergency admissions for COPD were relatively stable between 2010/11 and 2019/20, both nationally and in Hampshire. The rate in Hampshire was significantly lower than England in 2019/20 (304.0 compared with 415.1).⁴⁸

⁴⁶ <https://commonslibrary.parliament.uk/constituency-data-how-healthy-is-your-area/>

⁴⁷ <https://www.blf.org.uk/sites/default/files/BLF%20PR%20gender%20report%20June%202018.pdf>

⁴⁸ <https://fingertips.phe.org.uk/> Indicator 92302

Figure 12: Emergency hospital admissions, England and Hampshire, 2010/11 to 2019/20, DSR all ages rate per 100,000



Source: Fingertips

Nationally, there are higher rates of emergency hospital admissions for COPD in areas of greater deprivation, a pattern which has been stable for a number of years. This difference ranges from 741 per 100,000 in the most deprived to 257 in the least deprived areas (a significant difference). Males have slightly higher rates of admission than females, however this difference was not significant.

Mortality

The mortality rate from COPD as a contributory cause (1 year range, DSR per 100,000) was 68.82 in England in 2020 and significantly lower at 57.58 for Hampshire, Southampton and IOW CCG. Overall rates have been increasing since 2006, although there was a sharp increase in 2020, associated with COVID-19.⁴⁹

⁴⁹ <https://fingertips.phe.org.uk/> Indicator 93643

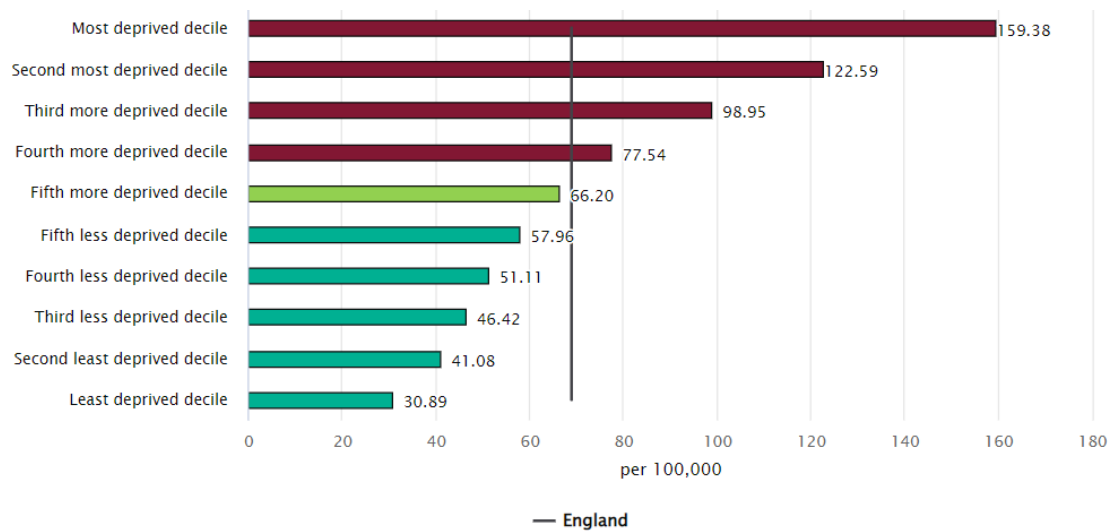
Figure 13: Mortality rate from COPD as a contributory cause, England and Hampshire, Southampton and IOW CCG, (1 year rate, DRS, per 100,000)



Source: Fingertips

There are very large differences nationally between rates of mortality when compared by deprivation, which has been a long standing pattern.

Figure 14: Mortality rate from COPD as a contributory cause, England, (2020, DRS, per 100,000)



Source: Fingertips

Diabetes

Diabetes is a common and serious life-long health condition where the amount of glucose in the blood is too high. Good diabetes management has been shown to reduce the risk of complications. But when diabetes is not well managed, it is associated with serious vascular complications including heart disease, stroke, blindness, kidney disease and amputations leading to disability and premature death.

There are different types of diabetes. The most common forms are:

- **Type 1 diabetes** develops when the insulin-producing cells in the body have been destroyed and the body is unable to produce any insulin. Nobody knows for sure why these insulin-producing cells have been destroyed but the most likely cause is the body having an abnormal reaction to the cells. Type 1 diabetes can develop at any age but usually before the age of 40, and especially in childhood. This type of diabetes accounts for around 8% of adults with diabetes, but around 90% of children and young people with diabetes.⁵⁰ It is treated with regular insulin injections and nothing can be done to prevent this type of diabetes from occurring.
- **Type 2 diabetes** develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). Type 2 diabetes usually appears in people over the age of 40 but it is also increasingly becoming more common in obese children and young people. Type 2 diabetes accounts for around 90% of all people with diabetes⁵¹ and is treated with a healthy diet and increased physical activity. In addition to this, oral diabetes drugs and/or insulin are often required.
- **Gestational diabetes** arises during pregnancy (usually during the second or third trimester). In some women, it occurs because the body cannot produce enough insulin to meet the extra needs of pregnancy, however, existing diabetes can also be identified during pregnancy. Gestational diabetes affects up to 5% of all pregnancies.⁵² Women who are overweight or obese are at a higher risk of gestational diabetes and it also increases the risk of developing Type 2 diabetes.

Prevalence

Nationally the prevalence of diabetes in people (including type 1 and 2) was 7.1% of the population aged 17 and over in 2020/21.⁵³ Prevalence in Hampshire was significantly lower at 6.8% and equates to around 78,500 people. There has been a long term increasing rate of diabetes in the England and Hampshire since 2012/13. Within Hampshire there are areas with higher prevalence including Gosport (8.9%), Havant (8.7%) and Rushmoor (8.2%).

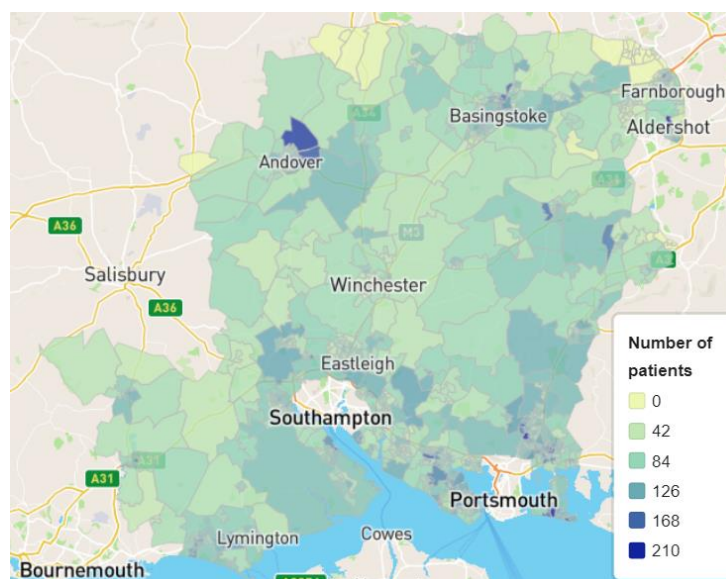
⁵⁰ <https://cks.nice.org.uk/topics/diabetes-type-1/background-information/incidence-prevalence/>

⁵¹ <https://cks.nice.org.uk/topics/diabetes-type-2/background-information/prevalence/>

⁵² <https://www.diabetes.org.uk/diabetes-the-basics/gestational-diabetes#:~:text=Gestational%20diabetes%20is%20common.,do%20to%20reduce%20your%20risk.>

⁵³ QOF data

Figure 15: Prevalence of diabetes, 2020/21



Source: QOF

There are people living with diabetes who have not yet been diagnosed with this condition. National modelling suggests that in Hampshire in 2020 there were an additional 17,000 people who had undiagnosed diabetes.⁵⁴

Prevalence of diabetes increases with age, with those aged 75 and over having the highest rates.⁵⁵ Men are more likely to have both type 1 and type 2 diabetes (56.5% of people registered in 2021 and 55.7% respectively).⁵⁶ Nationally those living in areas of greater deprivation have a significantly higher prevalence of diabetes, and the prevalence is increasing at a faster rate. Risk factors for type 2 include being over 40 years old, or over 25 if you are from a Black or South Asian background, having a large waist, having a family history of the condition, being of Black or South Asian origin, if you have ever had high blood pressure.⁵⁷

Hospital Admissions

Hospital admissions for diabetes in children and young people under 19 in Hampshire is similar to the national average (46.6 per 100,000 in 2020/2021 compared with 48.2 in England).⁵⁸ There was a national trend of slightly higher hospital admissions for females until 2020/21 when males showed a slightly higher but statistically significant rate. In Hampshire this difference between males and females was not consistent. Nationally, there was a lower rate of admissions for those in the least deprived areas, however there is no linear pattern of increasing admissions and increasing deprivation.

There are a number of chronic complications for people with diabetes including eye, foot and kidney problems, nerve damage and gum disease. Diabetic eye disease

⁵⁴ <https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations>

⁵⁵ https://www.diabetes.org.uk/resources-s3/2017-11/diabetes_in_the_uk_2010.pdf

⁵⁶ <https://www.statista.com/statistics/387302/individuals-with-diabetes-by-gender-in-england-and-wales/>

⁵⁷ <https://www.diabetes.org.uk/preventing-type-2-diabetes/diabetes-risk-factors>

⁵⁸ <https://fingertips.phe.org.uk/> Indicator 92622

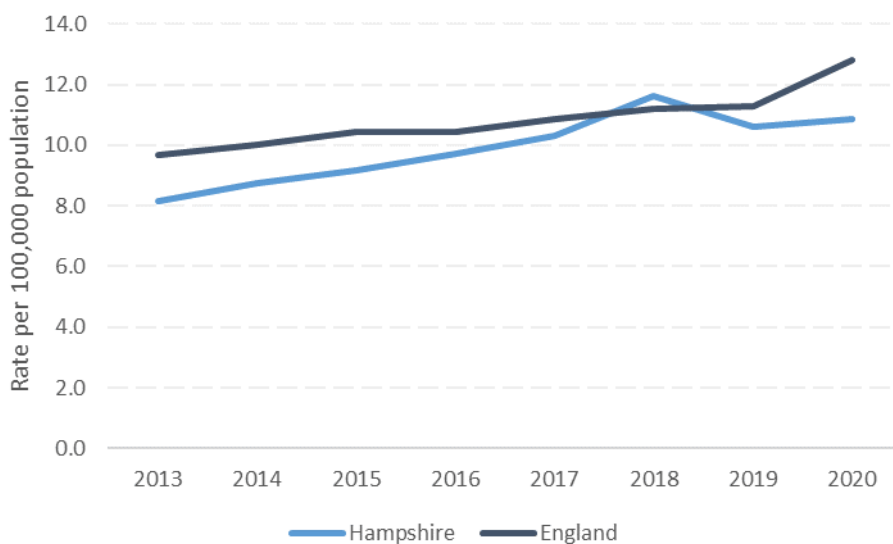
can cause full or partial sight loss and is preventable through screening, healthy lifestyle and good diabetes management. In England in the rate of sight loss from diabetic eye disease was 0.9 per 100,000 of the population in 2020/21. The rate in Hampshire was also 0.9.⁵⁹

Nationally, people living in deprived areas show higher rates of preventable sight loss from diabetic eye disease than those living in less deprived areas.

Mortality

The age standardised mortality rate for diabetes has been gradually increasing in England since 2013, from 9.7 per 100,000 people to 12.8 in 2020. The rate in Hampshire was slightly lower, however, the same increase was shown, from 8.2 to 10.9. In Hampshire the rate of deaths was higher in males than in females in 2020, 12.7 compared with 9.3, which is also a pattern shown nationally (15.6 compared with 10.6).⁶⁰

Figure 16: Age standardised mortality rate per 100,000 of the population, 2013 to 2020



Source: Nomis

Epilepsy

Epilepsy is a common condition which affects the brain and causes recurrent seizures. The seizures are caused by sudden intense and abnormal neural activity in the brain. There are over 40 different types of seizures but the most common types include:

- Focal – these take place in just part of a person’s brain and can cause many different symptoms depending on the part of the brain where the seizure is taking place. The person may or may not be aware of what is happening

⁵⁹ <https://fingertips.phe.org.uk/> Indicator 41203

⁶⁰ Nomis mortality data, codes E10-E14

around them. In some cases these seizures can develop into a generalised seizure.

- Generalised - these take place in both hemispheres of the brain and include:
 - o Tonic-clonic: during the tonic stage people lose consciousness, their body goes stiff and they may fall to the ground (may occur without the subsequent stage and is then just known as tonic seizure). During the clonic stage the person's limbs jerk, they may bite the inside of their mouth or tongue and have difficulty breathing.
 - o Atonic: is when someone goes limp and falls to the floor
 - o Myoclonic: when someone experiences isolated or short-lasting jerks to some or all of their body
 - o Absence: a typical absence seizure occurs when someone loses consciousness for a few seconds and may look like they were daydreaming. An atypical absence is similar but lasts for a longer period and these occur often in people with learning disabilities or have other types of seizures.⁶¹

Prevalence

The national prevalence of epilepsy was 0.8% in 2020/21, this is comparable to the Hampshire, Southampton and Isle of Wight CCG prevalence which is also 0.8%.⁶² Epilepsy can begin at any age but is most commonly diagnosed in early childhood or in people aged over 60. Epilepsy is usually a lifelong condition but in some cases children can grow out of having seizures and in many cases the seizures can be effectively managed. Overall it is estimated that generalised seizures account for 45% of patients, 55% focal seizures.⁶³

The causes of epilepsy are often unknown but it is suggested that there is a genetic link as approximately one third of people with epilepsy also have a family member with the condition.⁶⁴ Studies have suggested that the cause of epilepsy is related to age at which the condition develops. Those who develop epilepsy in childhood the cause is likely to be genetic, whereas those people who develop it in later life it is generally acquired. Overall, 54-65% of cases are unknown, possibly genetic, 11-21% are linked to cerebrovascular disease, 4-7% to brain tumours, 2-6% to trauma and 0-3% to infection.⁶⁵ There is some evidence to suggest that there is a greater prevalence of epilepsy in areas with higher deprivation.⁶⁶

There is also a link between learning disabilities and epilepsy, both may be caused by the underlying problem in the way that people's brains work. Around a third of people with learning disabilities also have epilepsy and around 20% of people with epilepsy also have a learning disability. The more severe the learning disability the more likely the person is to also have epilepsy, however, they may also be more

⁶¹ <https://www.nhs.uk/ipgmedia/National/Epilepsy%20Action/assets/Epilepticseizureexplained.pdf>

⁶² <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21>

⁶³ https://epilepsysociety.org.uk/sites/default/files/2020-08/Chapter01Neligan-2015_0.pdf

⁶⁴ <https://www.nhs.uk/conditions/epilepsy/>

⁶⁵ https://epilepsysociety.org.uk/sites/default/files/2020-08/Chapter01Neligan-2015_0.pdf

⁶⁶ https://fingertips.phe.org.uk/documents/Health_inequalities_epilepsy.pdf

likely to have subtle movements or behaviours that are more difficult to identify as a seizure (for example atypical absence seizures).⁶⁷

Hospital Admissions

There is limited data available for admission rates for all people with epilepsy but for younger people (aged under 19) the national rate of emergency admissions has remained stable between 2010/11 and 2019/20 at around 75 per 100,000, with a decline in 2020/21 to 65.6 which may be linked to reduced admissions during the pandemic. Hampshire shows a similar rate and pattern. Nationally males have a higher admission rate than females and those in areas of higher deprivation also show higher rates of admission than areas of lower deprivation.

Mortality

The mortality rate for Hampshire from epilepsy was lower than that for England in 2020 (age standardised rate of 0.94 compared with 1.23 per 100,000) and rates have shown a slight decrease since 2013. Nationally in 2020, the proportion of total deaths which were from epilepsy was highest for age groups between 5 and 35.⁶⁸

Kidney Disease

Chronic Kidney Disease (CKD) include conditions which damage the kidneys and reduce their ability to filter waste from the blood. As the condition gets worse waste builds up in the blood and causes symptoms such as: high blood pressure, low red blood cell count, weak bones, poor nutritional health and nerve damage. Over the long term CKD also increases the risk of cardiovascular disease. CKD, along with diabetes, is the second biggest cause of disability across Hampshire (GBD 2019).

The most common causes of CKD include diabetes, high blood pressure, heart disease, inflammation within the kidneys (glomerulonephritis) and ageing. The majority of people with CKD only see a moderate reduction in kidney function which can be managed with the patient's GP through healthy lifestyle and medication or supplements to mitigate the symptoms. Around 10% of people with CKD will reach a stage of kidney function failure where dialysis or a kidney transplant is required.⁶⁹

Prevalence

The prevalence of CKD in Hampshire in 2020/21 was 4.0%, the same rate as shown nationally. Prevalence varies between the districts with Fareham, Gosport and Havant showing the highest rates. Overall in Hampshire 45,250 people were registered with CKD.⁷⁰ However, studies have reported that many cases of CKD go undetected and that prevalence in the community may be higher, at around 10% of the population.⁷¹

⁶⁷ <https://epilepsysociety.org.uk/learning-disabilities>

⁶⁸ Nomis mortality data, codes G40

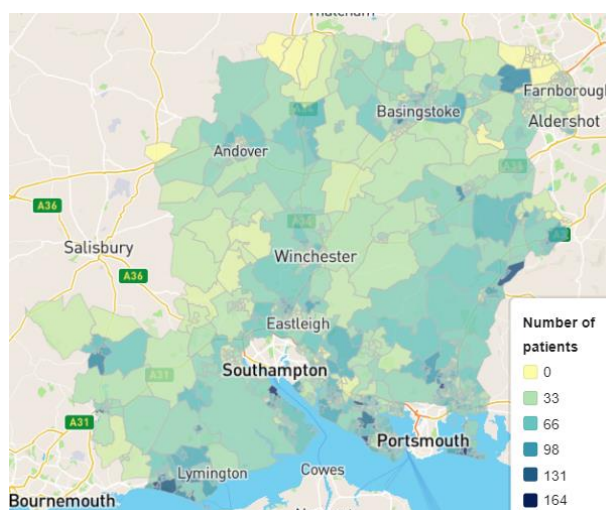
⁶⁹ <https://www.kidneycareuk.org/about-kidney-health/conditions/ckd/>

⁷⁰ QOF data

⁷¹ <https://www.kidneycareuk.org/about-kidney-health/conditions/ckd/>

Figure 17: Prevalence of CKD in Hampshire, 2020/21, QOF data

District	Prevalence
Basingstoke and Deane	3.4%
East Hampshire	4.0%
Eastleigh	3.3%
Fareham	5.1%
Gosport	5.1%
Hart	3.8%
Havant	5.3%
New Forest	4.6%
Rushmoor	3.4%
Test Valley	3.0%
Winchester	3.1%
Hampshire	4.0%



Source: QOF

There is no clear link between deprivation and CKD, however. There is an increase in prevalence in older age groups, but many elderly people may not have diseased kidneys but normal ageing of kidneys.⁷² Looking at those people with more advanced CKD (stages 3-5) research has reported a higher prevalence in women than men (7.4% compared with 4.7%) and a clear association with age (increasing from 1.9% of people aged 64 and under, to 15.5% of people aged 65-74 and 32.7% of people aged 75 and over).⁷³ Studies have also shown that CKD is more common in people from Asian or African ethnic groups.⁷⁴ The prevalence of CKD is expected to rise as the population ages.

Mortality

The age standardised mortality rate per 100,000 people for renal failure has remained relatively stable since 2013, (3.9 in 2013 to 4.2 in 2020) nationally and in Hampshire (4.1 to 3.4). The mortality rate was slightly higher in males than females in 2020, both in Hampshire (4.1 compared with 3.1) and in England (4.6 compared with 3.9).⁷⁵

⁷² <https://www.kidney.org.uk/chronic-kidney-disease>

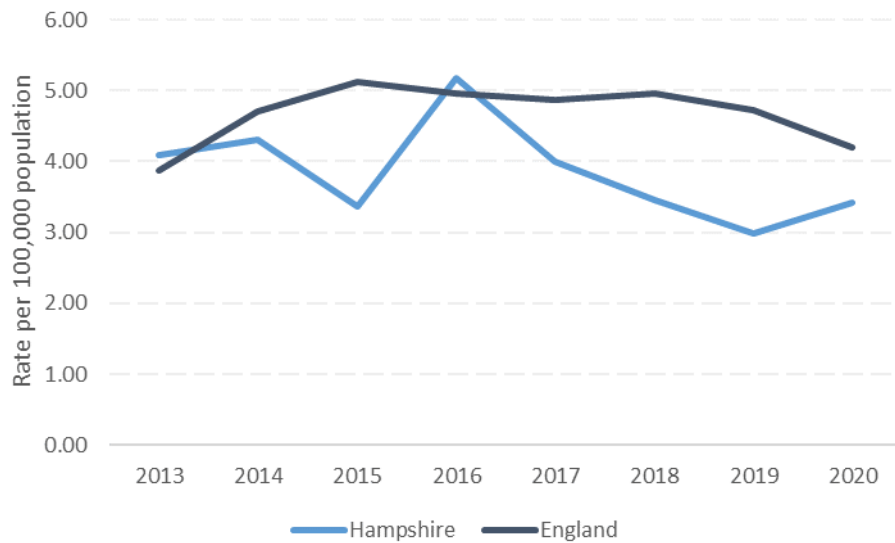
⁷³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612303/Chronic_kidney_disease_CKD_prevalence_model_briefing.pdf

⁷⁴ <https://www.kidneycareuk.org/about-kidney-health/conditions/ckd/>

⁷⁵ Nomis mortality data, codes N17-N19

Figure 18: Age standardised mortality rate per 100,000 of the population, 2013 to 2020



Source: Nomis

Liver disease

Liver disease is one of the top causes of death in England and people are dying from it at younger ages and is the third biggest cause of premature death amongst the working age population. Most liver disease is preventable and much is influenced by alcohol consumption, obesity prevalence, and also the prevalence of Hepatitis B and Hepatitis C infections, which are all amenable to public health interventions.⁷⁶

Data on risk factor prevalence suggest that obesity and alcohol may be the major factors influencing outcomes. Almost two thirds of adults are classified as over weight or obese in Hampshire. Nationally approximately one in five peoples are estimated to drink over 14 units a week.⁷⁷ The prevalence of Hepatitis B and C infections in Hampshire is low, data are old but in 2018 no one was identified with Hepatitis B and 83 people were detected with Hepatitis C in 2017.

Prevalence

There are currently no local data on liver disease prevalence, nationally there are around 6,000 cases of primary liver disease diagnosed a day which equates to 16 people a day. The majority of these will have underlying advanced liver disease. The majority of people are diagnosed very late as symptoms only show when the disease has significantly progressed. Prognosis is therefore quite poor with only 12% of people diagnosed with primary liver cancer surviving for more than five years.⁷⁸

63% of UK adults are now classed as obese and overweight, and it's estimated that 1 in 3 have early-stage non-alcohol related fatty liver disease (NAFLD). Applying this

⁷⁶ [Liver Disease Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/liver-disease-profiles)

⁷⁷ [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/local-alcohol-profiles)

⁷⁸ [The-alarmed-impact-of-liver-disease-Executive-Summary-FINAL-June-2019.pdf \(britishlivertrust.org.uk\)](https://www.britishlivertrust.org.uk/wp-content/uploads/2019/06/The-alarmed-impact-of-liver-disease-Executive-Summary-FINAL-June-2019.pdf)

to the population of Hampshire estimated to be overweight or obese would mean approximately 237,300 people have early-stage non-alcohol related fatty liver disease (NAFLD).⁷⁹

Hospital Admissions

In the financial year 2020/21 there were 1,590 admissions due to liver disease, which is a rate of 109.3 per 100,000 population and is significantly lower than the England rate of 124.3 per 100,000. Trends show the admission rate has increased since 2014/15 but the recent year there has been a slight decrease.

National inequalities data suggest that males have a significantly higher liver disease admission rate compared to females. This is evident in Hampshire with a male rate of 130.5 per 100,000 (910 admissions) and a female rate of 89.7 per 100,000 population (675 admissions). Admissions by deprivation decile also show that admission rates of those living in the 10% most deprived areas in England are over 1.5 times higher compared to those living in the least deprived areas.

Alcohol consumption is a contributing factor to liver disease hospital admissions, in Hampshire admissions for alcohol specific conditions (i.e. those wholly attributable to alcohol) have increased since 2017/18 and are now significantly higher than England, 756 per 100,000 compared to 587 per 100,000. In 2020/21 there were 10,700 alcohol-specific hospital episodes. The male and female rate are significantly higher than England and the male rate is twice as high as the female rate.

Hospital admission for non-alcoholic fatty liver disease (NAFLD) have been increasing in Hampshire since 2015/16 and are now comparable to the England rate. Between 2016/17 and 2019/20 there were 215 admissions, around 72 admissions a year.

Premature Mortality

In Hampshire there were 512 premature deaths from liver diseases over the three year period 2017 to 2019. The mortality rate trend from liver disease has remained stable and statistically significantly lower than the England rate, 13.0 compared to 18.8 per 100,000 population. At a district level Rushmoor has seen a recent increase in liver disease mortality and the latest rate, 24.9 per 100,000 population is significantly higher than England. All other districts are comparable to or lower than the England rate however, recent increasing trends are observed in almost all districts.

Hampshire gender inequalities analysis are comparable to national data and suggest that males have a significantly higher rate of premature liver disease than females. In Hampshire the male rate is almost double the female rate. Nationally, people who live in more deprived areas are up to six times more likely to die from alcohol-related liver disease than those who live in wealthier areas.⁸⁰

⁷⁹ Applying Hampshire % of people aged 18+ classified as overweight or obese – 63.2% to HCC 2021 based small area population forecasts 18yrs+, 711,905

⁸⁰ [The-alarming-impact-of-liver-disease-Executive-Summary-FINAL-June-2019.pdf \(britishlivertrust.org.uk\)](https://www.britishlivertrust.org.uk/wp-content/uploads/2019/06/The-alarming-impact-of-liver-disease-Executive-Summary-FINAL-June-2019.pdf)

Trend data for premature mortality from alcoholic liver disease are fairly stable. During 2017/19 there were 222 deaths from alcoholic liver disease, this is a rate of 5.7 per 100,000 population and is significantly lower than the England rate of 9.1. Comparable to the national trend the male rate is significantly higher than female rate. Nationally premature mortality from alcoholic liver disease rates are almost 2.5 times higher in the most deprived areas compared to the 10% least deprived areas.

The number of deaths from non-alcoholic fatty liver disease in the under 75 years is low with five deaths registered in Hampshire between 2017 to 2019. Trends are fairly stable with a slight decrease observed from 2014 and rates are significantly below the England rate.

The number of deaths from Hepatitis C related end-stage liver disease/hepatocellular carcinoma in the under 75 years is low with 15 deaths registered in Hampshire between 2017 to 2019. Trends are stable and rates are comparable to the England rate.

Musculoskeletal conditions

Musculoskeletal is the biggest cause of years lived with disability across Hampshire (GBD 2019). It is also one of most common conditions and needs observed in Hampshire social care physical disability clients. Musculoskeletal disorders (MSD) are a group of conditions affecting joints, bones, muscles and soft tissue. Pain is the most prominent symptom in most people with musculoskeletal problems. It leads to limitation in function and can result in long-term work disability with economic consequences. It can also lead to significant health and social care expense: prescriptions for pain, biological therapies, surgical procedures, referrals to physiotherapists, occupational therapists, podiatrists, chiropractors; GP appointments, consultations with rheumatologists, orthopaedic surgeons, pain specialists and rehabilitation specialists.⁸¹

Prevalence

In 2021, 17.1% of people in Hampshire reported having a long-term Musculoskeletal (MSK) problem, compared to 17.0% in England.⁸² The percentage of people reporting a long-term MSK problem in Hampshire has stayed stable since 2018, decreasing by 1%. This follows the national trends, which showed a decrease of 1.8%. There is some variation across Hampshire with Gosport, Havant and the New Forest showing higher proportions that reported at a national level.

⁸¹ [MusculoskeletalJSNA2013.pdf \(hants.gov.uk\)](#)

⁸² [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Figure 19: Proportion of people reporting a long term MSK, 2021

Area	Proportion
Basingstoke and Deane	15.9%
East Hampshire	17.8%
Eastleigh	16.9%
Fareham	17.3%
Gosport	21.1%
Hart	15.1%
Havant	20.5%
New Forest	19.7%
Rushmoor	13.2%
Test Valley	15.8%
Winchester	14.3%
Hampshire	17.1%

Source: PHOF

In Hampshire 12.0% of people reported at least two long-term conditions, at least one of which is MKS related in 2021. This is statistically significantly similar to the England percentage of 12.1%.

Oral Health

Oral health is an important aspect of general health and wellbeing. Good oral health is important in order to prevent dental decay, tooth loss, gum disease and mouth cancer. It also enables people to eat and enjoy a variety of foods, communicate, and socialise in the community all of which contribute to a healthier lifestyle. Poor oral health can result in pain, sleepless nights and time off school and work, and tends to be more common in deprived, compared with affluent, communities. Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has become less common over the past two decades but is still a significant health and social problem, widening oral health inequalities.⁸³

Prevalence

Risk factors for poor oral health

Oral health behaviours such as high sugar, obesity, smoking, substance misuse, alcohol consumption and poor oral hygiene increase the risk of oral disease. Prevalence of these risks are detailed in the Healthy Lives chapter of the JSNA. The impact of the COVID-19 pandemic on these health behaviours is detailed in the Hampshire COVID-19 Health Impact Assessment Report.⁸⁴

Dental surveys

Detailed data on oral health from dental health surveys is limited. Child oral health data from the 2019 National Dental Epidemiology Programme (NDEP) survey of five-

⁸³ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

⁸⁴ <https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna/2021-covid-19-health-impact-assessment>

year-old children showed that 14% of 5-year-olds in Hampshire had visually obvious dental decay, lower than the England average (23.4%). This has declined since 2007/08 when 21.8% of 5-year-olds had visually obvious dental decay in Hampshire.⁸⁵

Adult oral health data from the latest decennial Adult Dental Health Survey (ADHS) in 2009 showed a continued improvement in adults' dental health nationally over the past 40 years. Survey findings were that for those who had decay or gum problems, disease could be extensive, and that for many people in old age and older middle age, dental needs were very complex.⁸⁶ Data reported at the former English Strategic Health Authority (SHA) level shows that the South-Central SHA, which Hampshire would be a part of, at 98% had the highest proportion of adults who were dentate, that is had at least one natural tooth, higher the England average of 94%. At 2% a much lower proportion were edentate (toothless) and used full dentures.

The 2018 NDEP survey data indicated that 26.8% of people across the nation experience active dental decay and 17.7% suffer oral health impacts 'fairly or very often'. Poorer oral health disproportionately affected those at the older end of the age spectrum and those from more deprived areas. One in three participants living in the more deprived areas of England had untreated tooth decay compared to one in five in the less deprived areas. Reports of impacts from oral problems in the last year in participants living in more deprived areas were almost triple those of participants living in less deprived areas (28% compared with 11%).⁸⁷

Primary dental care

Access to primary dental care is key to preventing poor oral health and maintaining and improving good oral health. Nationally, there was a steep decline in access to NHS dental services used by children, adults and older adults in 2020/21, which was also shown in Hampshire. In 2019/20, 93.9% of Hampshire respondents were able to obtain an NHS dental appointment in the previous 2 years compared with 93.7% nationally, however, in 2020/21, this declined to 75.3% in Hampshire and 77% in England. This dramatic decline was due to ceasing of all routine and non-urgent dental care during the COVID-19 pandemic lockdowns.⁸⁸ Anecdotal reports suggest continued difficulties in access to both urgent and routine dental care, with a suggestion of private dental care being prioritised over NHS provision. Note that activity data from primary care dental services from the NHS Business Services Authority only reflect NHS dental care and do not consider private provision.

Findings from the Hampshire School Health and Wellbeing survey (November – January 2019/20) indicated that 76% of primary and 87% of secondary school pupils in Years 5, 7 and 10 said they had been to the dentist in the last 12 months. Pupils who missed school more often due to dental pain (3, or more than 5 days) ate significantly less healthily.

⁸⁵ [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://publichealthoutcomesframework.org.uk/data)

⁸⁶ [NHS Information Centre. 2011. Adult Dental Health Survey 2009](https://www.nhs.uk/infocentre/2011-adult-dental-health-survey-2009)

⁸⁷ [Oral health survey of adults attending general dental practices 2018 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684448/oral-health-survey-of-adults-attending-general-dental-practices-2018.pdf)

⁸⁸ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

Secondary dental care/ hospital admissions

Secondary dental care delivers the majority of specialist dental services, with oral disease levels being a key driver of referrals. In the period 2018–21, the rate of hospital admissions for dental caries in children aged between 0 and 5 years was 35.5 per 100,000 of the population. This is statistically significantly lower than England (220.8), reflecting the better oral health of children in Hampshire.⁸⁹ Nationally and locally there has been a declining trend since 2015–18.

Oral cancer

Between 2017/19 there were 575 oral cancer registrations in Hampshire resulting in a directly standardised rate of 13.3 per 100,000, which is significantly better and lower than the England rate of 15.4 per 100,000.⁹⁰ The mortality rate from oral cancer for the same period across Hampshire is 3.7 per 100,000, and again lower and significantly better than the England rate of 4.7 per 100,000.

Oral health improvement programmes

There are several oral health improvement programmes in Hampshire. The Early Years supervised tooth brushing, fluoride varnish programmes and oral health award schemes support children with poor oral health in Hampshire's more deprived areas. Mouths Matter, and oral health training of care home staff include oral health improvement practices for older people.⁹¹ Services have achieved a good level of oral health improvement activity, though this has been impacted by the pandemic.

⁸⁹ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

⁹⁰ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital

⁹¹ [Mouth Care Matters – Improving Oral Health](#)