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**THE DENTAL HEALTH  
ACTION PLAN  
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DEPARTMENT  
OF HEALTH  
AN ROINN  
SLÁINTE

Shaping a  
Healthier Future

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## SUMMARY

The Dental Action Plan provides for:-

- \* The setting of oral health goals and the improvement of oral health promotion and preventive programmes including substantial capital investment in the national fluoridation programme.
- \* A significant enhancement of the public dental services through a more clearly defined role for health board dentists concentrating to a large extent on oral health care and services for children. There will be a significant increase in manpower.
- \* The extension of eligibility to children under 16 years of age
- \* The improvement of secondary care orthodontic services through the recruitment of additional consultant othodontists and support staff
- \* the expansion of hospital based oral surgery services through the appointment of additional consultant oral surgeons and support staff

- \* the introduction of new arrangements for the provision of adult dental services with the participation of private dental practitioners. Health board dentists will be entitled to participate in these arrangements. The provision of services for adults will be phased in on the basis of age cohorts commencing with the over 65s.
- \* An emergency service will be available to all medical card holders on demand.
- \* A programme commencing shortly to provide full dentures to medical card holders over 65 who require them.
- \* A new Dublin Dental Hospital and School.

The revenue cost of the 1994 phase of the Dental Plan is estimated at £5.65 million. An additional £4.4 million has been provided in the 1994 Health Vote and the remaining expenditure required will be found from current expenditure.

The final phase of the Dental Development Plan will be implemented in 1997. Full year revenue costs will arise in 1998 and in subsequent years. These costs are estimated at £25.4 million per annum.

## The Dental Action Plan

The main elements of the plan are:-

- \* Oral Health Goals.
- \* Oral Health Promotion and Preventive Programmes.
- \* Improved oral health care for children including the phased extension of eligibility for public dental services to children under 16 years.
- \* The phased improvement of primary and secondary care orthodontic treatment for all children who need it.
- \* The phased introduction of new arrangements for the provision of dental care to eligible adults involving participation by private dental practitioners.
- \* The expansion of hospital based oral surgery services.
- \* Provision of new Dublin Dental Hospital and School.

## Details of the Dental Action Plan

### General

For the first time in the history of the state a clear statement about the aims and health objectives of the dental service is being formally promulgated.

The aim of the public dental service is to improve the level of oral health of the whole population.

This will be achieved by setting Oral Health Goals for key age groups in the population and by using a combination of investigative, preventive and treatment strategies to help reach these targets.

\* **Oral Health Goals**

The following Oral Health Goals for the year 2000 have been adopted.

At least 85% of five-year-olds in optimally fluoridated areas and at least 60% of five-year-olds in less than optimally fluoridated areas will be free of dental caries in their deciduous teeth.

Twelve-year-old children in optimally fluoridated areas will have on average no more than one decayed, missing or filled permanent tooth and, in less than optimally fluoridated areas on average no more than two decayed, missing or filled permanent teeth.

The average number of natural teeth present in 16 - 24 year olds will be 27.7. This compares with a current average of 27.2.

Not more than 2 per cent of 35 - 44 year olds will have no natural teeth.

Not more than 42 per cent of people aged 65 years and over will have no natural teeth.

These Goals have been set on the basis of the most recently available epidemiological information from national and regional oral health surveys and from the World Health Organisations' Global Oral Health Data Bank in Geneva. Many of the Oral Health Goals which were set in 1984 have already been achieved.

Achieving these Oral Health Goals, and remedying the existing deficiencies in the dental services which have already been outlined is going to be a tremendous challenge to everyone concerned, including dental professionals and their support staff in the health board dental services and in the national educational system. Cross sectoral support from other areas such as the local authority services and industry will be integral to the success of the Dental Plan.

Many of the deficiencies in the present situation can be traced to a lack of coordination between the different sectors. An integrated plan will be implemented over the next four years in support of the aims which have been outlined.

In order to monitor changes in oral health and to measure the progress towards oral health goals for the whole population and for defined groups within the population who have special needs a standardised oral health data based information collection system will be established in each health board.

Dental epidemiological information will be collected by health boards with the help of appropriate departments in the university dental schools and international agencies.



\* Oral Health Promotion and Preventive Programmes

Most of the improvement in oral health which has taken place in Ireland has been due to the strategy adopted in the 1960's to fluoridate water systems nationally.

Further improvements in oral health can be achieved by closer monitoring of fluoridation plants, continual upgrading of existing plants and relatively small increases in the number of new plants. Water fluoridation as a public health measure benefits the whole population equally and does not rely on compliance of individuals. That is the basis of its strength and efficiency.

At present 74% of the population resides in areas serviced by fluoridated water supplies. This varies from almost complete coverage in the Eastern Health Board area to about 50% in many parts of the Western seaboard area. A significant proportion of the fluoridation plant is now more than 20 years old and needs to be replaced.

During the course of the Dental Action Plan the efficiency of water fluoridation schemes will be increased by upgrading existing plants where necessary and merging inefficient smaller plants into larger regional schemes.

A sum of £250,000 has been allocated in 1994 as the first instalment towards these developments. Detailed consideration is being given to the submissions from each of the health boards for their fluoridation capital requirements for the next four years.

## Wider Use of Fluorides

### Fluoride Toothpastes

Dental decay is now understood to be a dynamic process which occurs on tooth surfaces which remain at risk throughout life and as a result need continuous exposure to preventive regimes. This fact has greatly increased the importance of the widespread and frequent use of fluoride toothpaste as a decay preventive measure for the whole population.

Industry has played a large part in promoting the benefits of fluoride and good oral hygiene. Media campaigns by the oral health products industry has created a demand for toothpaste and mouthwashes. The continuing fall in the incidence of dental decay in Ireland can be attributed in part to the use of fluoride toothpastes and rinses.

**The regular daily use of fluoride toothpastes by the whole population over three years of age against dental decay will be promoted as a public health measure.**

A sum of £50,000 has been committed in 1994 to a project which will be coordinated by The Health Promotion Unit in the Department of Health and by the Irish Dental Health Foundation in support of this aim.

### **Fluoride Mouthrinsing**

Fluoride mouthrinsing programmes which are already in operation in schools in some areas, will be extended to other areas, especially in rural areas not serviced by fluoridated water supplies or where the fluoridated water system is deemed to be inefficient.

### **Oral Health Education**

It is recognised that changes in oral health behaviours which benefit oral health occur slowly as a result of changing norms in society. Support for these changes comes primarily from the transmission of accurate oral health messages in the family situation and these messages must be reinforced in healthcare and educational settings and through the media.

Integrated oral health education programmes which stress the common risk factors between general health and oral health will be implemented. Some of the common risk factors which affect both general health and oral health are diet, hygiene, tobacco, alcohol, accidents and stress. It is clear that there needs to be multisectorial involvement in the establishment of effective programmes between a variety of health care and educational personnel and other groups.

Support for these programmes at a national level will be provided by the Health Promotion Unit in the Department of Health and the Irish Dental Health Foundation which is already setting up a framework for implementation.

- \* Improved dental care for children including the phased extension of eligibility to children under 16 years.

The services of health board dentists will largely be concentrated on providing oral health and treatment services to children and "special needs" groups with an emphasis on preventive programmes.

The method of delivery of oral health services to national school children is not yet uniform in all areas. For the past number of years health boards have been progressively adopting a planned targeted approach to the delivery of these services to national school children while phasing out a demand-led system. This ensures the optimum use of these resources and equal access for all national school children to the same level of dental care.

The school based approach puts an important emphasis on dental health education and prevention. Children in specific classes (usually 2nd, 4th and 6th classes) are targeted for preventive measures under the school based approach. The children in these classes are screened, and referred for treatment as necessary. The provision of fissure sealants for vulnerable teeth is an important

element of the preventive programme. The programme has been specifically designed to ensure that children are dentally fit before they leave national school.

The small number of children who require more frequent attention are identified and the required level of advice, check-ups, treatment etc. is provided as necessary.

An accident and emergency service for the relief of oral pain and infection is available on demand.

The targeted approach to the delivery of school dental services will be consolidated and extended under the Dental Action Plan.

The commitment to extend eligibility on a phased basis is made in the Programme for a Partnership Government.

Eligibility for free oral health care to children after they leave national school

is at present limited to the dependants of medical card holders. This means that 2/3 of all adolescents lose their eligibility for free dental services before the full eruption of their permanent teeth. All children, however, remain eligible for any unprovided secondary care services, e.g. orthodontics in respect of defects which were diagnosed while they were still at national school.

Children often experience an increase in dental decay after they leave national school. The presence of untreated decay in the teeth of these children often causes further complication and problems extending into adulthood and can make treatment in adulthood more difficult and more expensive.

The range of dental services to be provided will include preventive primary care dental services such as dental health education, examination, scaling and cleaning, and preventive treatments such as fissure sealing plus basic treatments. Those children who need orthodontic treatment will have been identified while in national school and will retain their eligibility for orthodontic treatment until it is completed.

Under the Programme for Partnership Government eligibility for free dental care will be extended up to age 16 (i.e. up to the 16th birthday) which will give entitlement to an additional 190,000 children. This will be phased in with eligibility extended to cover children under 14 years of the age in the first instance in 1994.

An amendment to the Health Act, 1970 to allow the Minister to make the necessary regulations extending entitlement has now been enacted.

\* **The phased improvement of primary and secondary care orthodontic treatment for children**

The successful recruitment by most health boards of a consultant orthodontist has begun to improve the position. It is estimated, however, on the basis of the numbers who need treatment that a total of 9 consultant orthodontists and 31 appropriately trained dental support staff will be required to meet the service needs.

Provision for this staffing level is made in the action plan and additional requirements will be phased in over the four year period.

\* The phased introduction of new arrangements for the provision of dental care to eligible adults

A satisfactory dental scheme for adults is central to the successful provision of dental services to other groups. The services to those other groups will be delivered by dental personnel designated to individual areas of the dental services. The overlap between children's and adults' services in the past has restricted the development of both areas.

A new Dental Scheme for eligible adults is proposed. Following complex negotiations between the Department of Health and the Irish Dental Association both sides have been considering the outcome. The Minister is now pleased to announce that he is accepting the proposals. The Minister looks forward to the response of the Association. He understands that the National Council of the Association will shortly be considering the proposals with a view to balloting their members.



Under the proposals the services to be provided will include routine items of treatment plus an emergency service and the provision of dentures for the elderly. In the initial phasing the over 65s have been identified as the first priority group. Private dental practitioners under contract to the health boards will be major providers of services.

From the outset emergency treatment will be available to all adults while routine treatment will be phased-in for identifiable priority groups within the eligible population over the period of the Plan.

\* **The expansion of hospital based oral surgery services**

The major deficiency in secondary and tertiary care services is in the area of oral surgery. It is estimated that up to 25% of cases requiring consultant orthodontic treatment can have an integral oral surgery requirement which must be attended to as part of orthodontic treatment.

At present there is only one consultant oral/maxillo facial surgeon employed in the health services outside the dental hospitals. Initially two additional consultant posts are required to meet the need for treatment.

These posts are being created as part of the Dental Action Plan

\* **Provision of New Dublin Dental Hospital and School**

The Government have approved of the extension and refurbishment of the Dublin Dental Hospital and School.

In the 1994 Health Vote £1m is being provided to commence this project and it is envisaged that the work will be phased over four years at an estimated total cost to the Exchequer of £8m.

### A review of present dental services and dental health issues

The Oral health status of children as measured by the average number of decayed, missing and filled teeth (DMFT) index is continuing to improve. The rate of improvement is greatest in optimally fluoridated areas, including the cities and larger towns. For instance, the most recently available epidemiological information indicates that in an optimally fluoridated area up to 80% of 5 year old children are free from dental decay in their baby teeth. For 12 year old children the average number of decayed, missing or filled teeth has declined from 2.5 teeth to 1.5 in the last decade.

The oral health status of Irish adults is improving as measured by the DMFT index and by the percentage of adults who are retaining their own natural teeth.

### Weaknesses which the Action Plan will address

- \* There is no systematically organised care for preschool children except for an accident and emergency service.

- \* The delivery of primary dental care to school children is uneven throughout the country. In some health board areas the level of access to care is poor because of chronic shortages of staff relative to the numbers of persons who are eligible for care. This imbalance needs to be redressed urgently.
  
- \* The improvement in oral health in adults is less notable in some sections of the population especially medical card holders. The lack of access to dental care for this group, because of the absence of a national treatment scheme for medical card holders, is a major contributory factor in this respect.
  
- \* There is a need to significantly increase the provision of dentures.
  
- \* Improving levels of oral health combined with rising standards of living have led to higher expectations in the population for dental care. While the adult population continues to focus on the demand for curative care for the common oral diseases of dental decay and gum disease there has also been a very big increase in the demand for more complex and

expensive dental procedures such as orthodontics.

- \* Access to necessary orthodontic care for children is limited in most parts of the country because of a mismatch between the need for care and the available number of appropriately trained personnel. The demand for orthodontic care continues to exceed our capacity to provide it.
  
- \* Oral and maxillo-facial services are concentrated almost exclusively in the Dublin and Cork areas.
  
- \* Comprehensive multidisciplinary oral health care services for medically compromised children and those with congenital facial abnormalities are in the early stages of development in this country.