Oral Health Improvement Plans for Children and Older Persons

Consultation Report 2024

SUMMARY AND ANALYSIS OF RESPONSES

Department of Health

An Roinn Sláinte

Männystrie O Poustie

Introduction

1. On 11th December 2023, the Department of Health opened the consultation for the recommendations arising from the **Children's Oral Health Improvement Plan** and the **Older Person's Oral Health Improvement Plan**. The 12-week consultation period ended on 4th March 2024.

2. Public views were sought regarding the approach to children's and older persons' oral health in Northern Ireland in order to best serve patient need and improve the oral health of the population of Northern Ireland.

Background

3. The current Northern Ireland Oral Health Strategy was published in 2007. In the absence of the significant resources required to develop a new wide-ranging strategy, the Department of Health determined that the two groups of the Northern Ireland population that would benefit most from updated oral health improvement plans were children and older people.

4. One of the most important foundations for building healthy and happy families is the nurturing of children in early life. A child's oral health is recognised as being a contributing factor to their healthy development and it has been seen that if preventative interventions are established at an early stage, children have a higher chance of establishing healthy lifetime habits.

5. Improved oral disease prevention throughout the life course has led to an increase in the number of older adults who are retaining some of their natural teeth. However, as people become older self-care tends to deteriorate and the there is a tendency to rely on others for care. This older cohort of our population is at increased risk of dental disease and oral health problems.

6. The Improvement Plans identified a range of strategic and ambitious recommendations for progression, reflecting the significant work needed in this area. It is recognised that implementation of many of the recommendations made will require business case approval and funding, at a time of significant financial challenge.

Summary of the responses

The Department of Health received a total of **27** formal responses to the recommendations of the Children's Oral Health Improvement Plan (COHIP) and the Older Person's Oral Health Improvement Plan (OPOHIP). The Department of Health received responses from **11** individuals and **16** organisations.

Regarding individual responses, one of the respondents was under 17 years old. Four respondents were carers and five respondents worked with children or families in a social care setting. Two of the respondents were dentists in the HSC Trusts dental service, one respondent was a health visitor, and one respondent was a dentist in primary care.

Responses were received from the following organisations:

- The Society for Education and Training
- Women's Forum Northern Ireland
- Northern Ireland Medical and Dental Training Agency
- Clogher Valley Sure Start
- Sinn Féin
- Alliance Party of Northern Ireland
- Public Health Agency
- Faculty of Public Health Northern Ireland
- British Society of Dental Hygiene and Therapy
- Royal College of Paediatrics and Child Health
- Institute of Public Health in Ireland
- British Dental Association
- Commissioner for Older People for Northern Ireland
- Royal College of Psychiatrists Northern Ireland
- Community Child Health, Belfast Health and Social Care Trust
- Association of Dental Groups

The two political parties (Sinn Féin and the Alliance Party of Northern Ireland), as well as the Commissioner for Older People for Northern Ireland, detailed their response to the COHIP and OPOHIPs via a general text response, summarising their support for both plans and providing specific comments and recommendations where appropriate. The remaining

13 organisations and 11 individuals detailed their response through completion of the dedicated consultation questionnaire.

Detailed analysis of the responses

Responses to the draft recommendations were broadly positive and supportive. This section of the report provides a quantitative and qualitative analysis of the responses received.

Each of the following sections is structured as follows:

- **What the consultation asked** – This provides a brief overview of each section of the consultation document and what stakeholders were asked; and provides a quantitative analysis of the responses received. For those responses provided in a format other than the consultation questionnaire, where a question has been directly addressed and it is apparent that the respondents either agree or disagree with the proposals, this is reflected in the quantitative analysis for each question. Otherwise, the quantitative analysis will record a ‘no response’.

- A **summary of the key issues** raised by respondents in response to the questions posed in the consultation.

- The **Departmental response** to any issues raised.

1. Children's Oral Health Improvement Plan (COHIP)

Set out under **four broad themes**, the COHIP made a series of recommendations:

Theme 1. Improving the Oral and Dental Health of Children
Theme 2. General Anaesthetic Dental Provision for Children
Theme 3. Utilising the Skills of the Team
Theme 4. Empowering Families

i) Theme One – Improving the Oral and Dental Health of Children

This theme intends to provide a guide to reduce the amount and severity of dental decay in children in Northern Ireland and reduce the risk of dental disease for children most at risk.

Recommendation 1.1: Relevant stakeholders should continue to develop and embed the children's dental epidemiology programme in Northern Ireland to provide information and intelligence to improve oral health and provision of services.

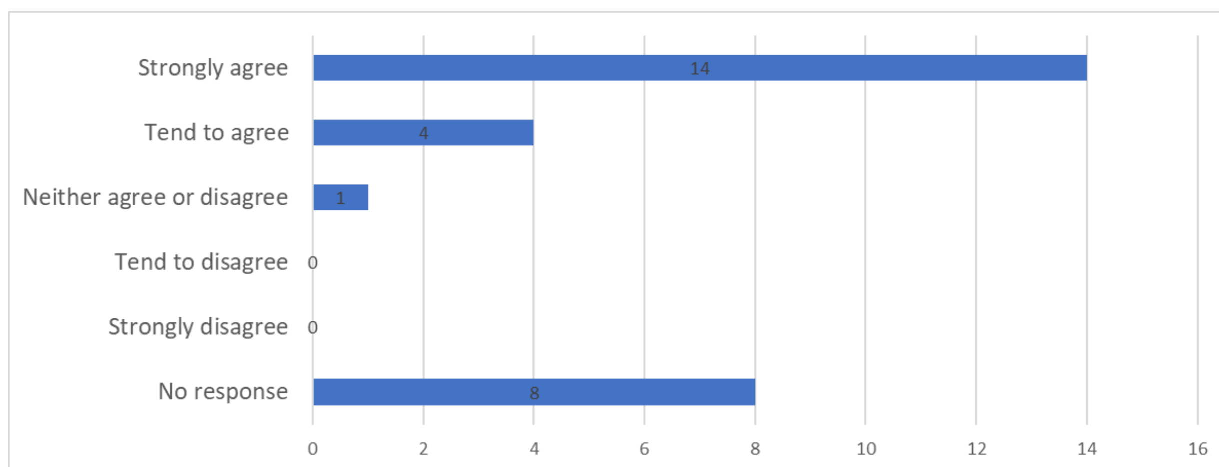
Recommendation 1.2: Preventative initiatives should be supported by a strong evidence base. Targeted evidence-based programmes should be aimed at those at high risk of dental disease. Consideration should also be given to the cost-effectiveness of any interventions.

Recommendation 1.3: Promotion of good oral health and prevention of dental disease among children should be included in all strategic plans/policies dealing with general health. There should be improved collaboration between those involved in the prevention of oral disease and those involved in the prevention of general disease. Preventative advice should be age appropriate and in line with *Delivering Better Oral Health V.4*

Recommendation 1.4: Preschool and nursery settings should have a healthy snack policy. Primary and Secondary schools should have healthy meals and healthy snack policies. Schools should be free from vending machines selling sugary snacks/drinks, and healthy options included in tuck shops. Oral hygiene practices should be integrated into the teaching of general body cleanliness at pre, primary and secondary school level.

Recommendation 1.5: Arrangements should be in place with local dental services to provide timely access to appropriate dental care for all children, when the need arises, particularly for those at higher risk of developing dental disease.

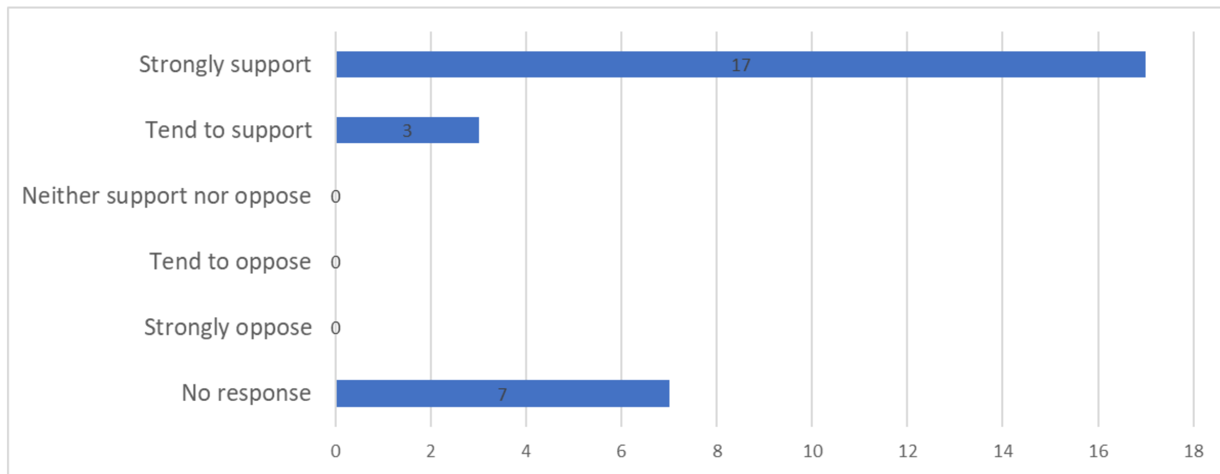
Q1. Do you agree with the themes of these recommendations as guiding principles for improving the oral health of children in Northern Ireland?



Option	Total	Percent
Strongly agree	14	51.85%
Tend to agree	4	14.82%
Neither agree or disagree	1	3.70%
Tend to disagree	0	0.00%
Strongly disagree	0	0.00%
No response	8	29.63%

Eighteen respondents indicated that they ‘strongly agree’ or ‘tend to agree’ with the themes of recommendations in the COHIP as guiding principles for improving the oral health care of children in Northern Ireland. One respondent indicated that they ‘neither agree or disagree’ – they detailed that more recommendations should be implemented as per the ‘further comments’ in Q3.

Q2. To what extent do you support or oppose these recommendations to guide future reform in this area of dental service provision and oral health promotion?



Option	Total	Percent
Strongly support	17	62.96%
Tend to support	3	11.11%
Neither support nor oppose	0	0.00%
Tend to oppose	0	0.00%
Strongly oppose	0	0.00%
No response	7	25.93%

Twenty respondents indicated that they ‘strongly support’ or ‘tend to support’ the recommendations of the COHIP to guide future reform in this area of dental service provision and oral health promotion.

Q3. Are there further comments that you would like to make in terms of how we ensure that the recommendations are being adopted?

A range of additional comments were provided under the five main themes including:

i) Epidemiological surveys and research

“Rec 1.1 This area should, where possible be aligned with other methodology, for example WHO or other UK jurisdictions, to act as a comparator. This should endeavour to use the same indices with the same age children and consider whether to adopt dentine caries in the epidemiology as in England 5-year-old survey.”

Association of Dental Groups

“In order to align with the WHO Global Strategy on Oral Health further, consideration could also be given to promote oral health research in Northern Ireland with focus on upstream interventions, barriers to oral health care, cost effective oral healthcare and environmental sustainability in oral health.”

Public Health Agency

ii) Specific groups for prioritisation

“We need to engage parents of high risk children in a way that is enabling, practical and positive.”

Individual Response

“The specific needs of children with a mental disorder or a learning disability and their families must be encompassed in a more visible way into these recommendations.”

Royal College of Psychiatrists Northern Ireland

“The PHA would advocate that under-served groups are prioritised within these strategic recommendations including, but not exclusive to, children from Traveler communities, children from lower deprivation areas, children and young people experiencing homelessness, children with learning disabilities, children with physical disabilities, children seeking asylum or with refugee status and looked after children, all of whom who have been identified as at higher risk of dental caries.”

Public Health Agency

iii) Public health policy

“Healthy food should be cheaper and made more readily available”.

Individual Response

“Improved integration of oral public health into general public health activities including policy development, service development and health improvement would help to ensure stronger collaboration and consistent messaging regarding dental health.”

Public Health Agency

“The root causes of poor oral health among children must be much more at the core of the listed actions in the new oral health improvement plan. This will require a specific focus on the wider determinants of oral health, i.e. the social, economic, environmental and commercial determinants.”

Institute of Public Health in Ireland

“Money from sugar levies should be hypothecated/’ring-fenced’ for child public health and oral health initiatives”.

British Dental Association

"There is a need for a full, proper dental public health programme, with strong, simple dental public health messages, in tandem with preventative measures. There is clear evidence from Public Health England regarding oral health interventions that have proven to have a return on investment."

British Dental Association

iv) Public health messaging and education

"Consider the use of advancing media streams for public messaging, e.g. social media platforms".

Individual Response

"We would recommend that oral health moves much more to the fore of the public health agenda and would benefit from an oral health public health campaign targeted especially at children and their families".

Institute of Public Health in Ireland

"Until there is a societal commitment to tackling the high levels of sugar in the diet, and a whole-systems approach, we will not see the sweeping change that is required to tackle the most preventable NCD (non-communicable disease) in Northern Ireland (and the world) which is dental caries in children…It was not until legislation was introduced for the use of seatbelts that attitudes and behaviour changed – likewise, with tobacco and smoking".

British Dental Association

"Possibly introducing oral health into the school curriculum, teaching children about the importance of brushing, flossing, regular check-ups – using age appropriate information, resources props etc.".

Community Child Health, Belfast Health and Social Care Trust

v) Oral health programmes

"Earlier prevention and intervention is key. The RCPCH welcomed the introduction of a new 'Smile for Life' programme which will see parents and parents-to-be offered advice for baby gums and milk teeth as part of the new NHS Dental Recovery Plan in England."

Royal College of Paediatrics and Child Health

"BDA would welcome an expanded Happy Smiles more closely resembling Child Smile in Scotland, which must be regional and available to all…At present funding for these programmes is targeted at the 20% most deprived areas in Northern Ireland.

BDA would want to see benefits of Happy Smiles extended to all (potentially using 'app' technology). We refer to the targeted universalism approach adopted by Childsmile."

British Dental Association

Departmental response

The Department acknowledges the comments made. The 2018/19 five-year-old dental health survey in Northern Ireland, published in 2023, outlined the nature of different survey approaches. As stated in the report, this survey will form the basis of future oral health needs assessments for young children in Northern Ireland and we will endeavor to adopt the same survey protocol used in England and Wales to facilitate comparative analyses and benchmarking in relation to childhood dental disease. While this survey protocol uses mainstream schools only, it is acknowledged that it does not include children from special schools or those educated at home.

Timely access to appropriate dental care, particularly for those at higher risk of developing dental disease is a key priority for the Department; most recently we have sought to address this by re-instating the Enhanced Child Examination Scheme for children aged 0-10 years who are not currently registered with a dentist. In addition, the Department is currently considering options to provide care for looked-after and asylum-seeking children, to address significant inequalities in dental access as well as oral health.

The Department recognises the significant role of optimising the nutritional intake of children and this is most recently referenced in Healthy Futures - a Strategic Framework to Prevent the Harm caused by Obesity and Improve Diets and Levels of Physical Activity in Northern Ireland.

The Department recognises the role of digital technology and social media in positively influencing the health of children and young people and will consider the digital space when prioritising the recommendations.

The Department is currently conducting an evaluation of the Happy Smiles programme with a view to considering targeted expansion of this evidence based programme, subject to financial considerations.

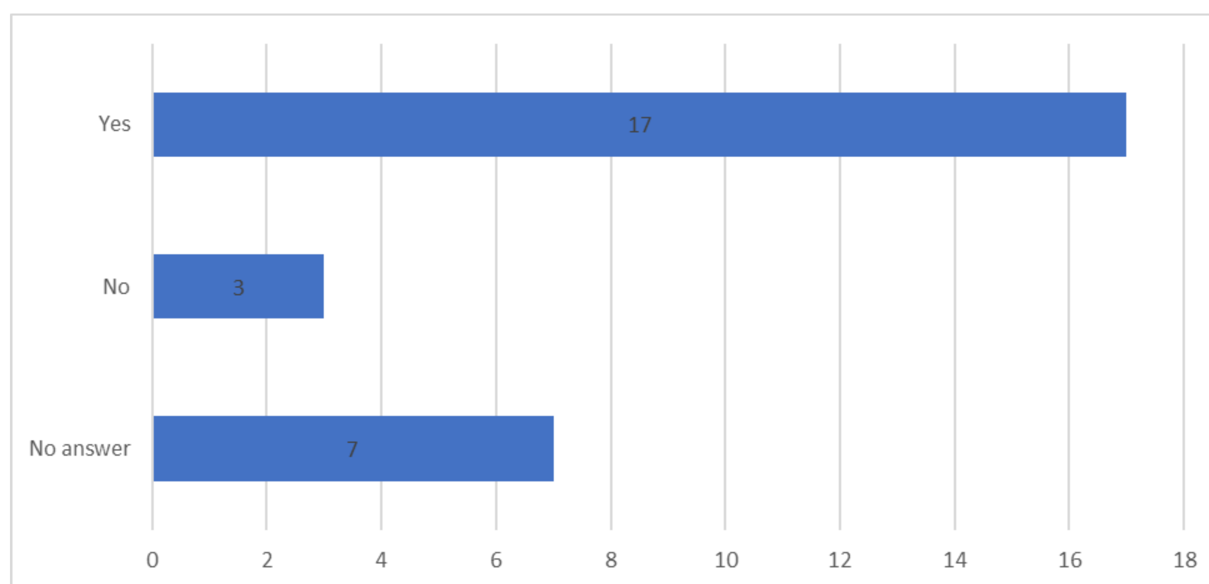
ii) Theme Two – General Anaesthetic Dental Provision for Children

These recommendations are intended to support the equitable access to general anaesthetic extraction services for children in Northern Ireland, regardless of the HSC Trust they reside in.

Recommendation 2.1: There should be a drive towards equitable recovery of general anaesthetic services so that when the need arises, access to dental extractions under general anaesthetic is timely and without barriers.

Recommendation 2.2: Preventive interventions should be standardised and incorporated regionally with the aim to reduce the need for referral for dental extractions under General Anaesthetic for all children.

Q4. Are there specific considerations you think we should bear in mind in taking forward recommendations 2.1 and 2.2?



Option	Total	Percent
Yes	17	62.96%
No	3	11.11%
No answer	7	25.93%

A range of comments were provided including:

"The PHA would suggest consideration be given to a regional community dental service anaesthetic list that may help to reduce case backlog and resolve any issues of inequitable access to general anaesthetics for dental extractions. The PHA would advocate further consideration on equitable access to regional waiting list for patients who are unable to travel for appointments, for example parents with no access to a car and families experiencing deprivation and the PHA recommends that patient preference is considered".

Public Health Agency

"We feel that the pathways, either from primary care or community care, should have agreed referral guidelines decided nationally. This will create consistency between areas."

Association of Dental Groups

"FiNI would also advocate for consideration of the environmental impact of dental general anaesthetics, with recently published guidance co-produced by the Faculty of Dental Surgery, NHS England, Office of Chief Dental Officer England and Trinity College Dublin advising encouragement towards reduction in dental general anaesthetic gases through patient education of the environmental impact, consideration of alternatives to GA and governmental development of policies for environmentally sustainable policies for dental GA and alternatives to GA."

Faculty of Public Health Northern Ireland

"Consideration for polytreatment under one GA, including the coordination with GPs for other interventions, such as ear grommets, tonsils, adenoids etc."

Northern Ireland Medical and Dental Training Agency

Departmental response

Reducing waiting times for paediatric surgery is a priority across all Health and Social Care (HSC) Trusts in Northern Ireland. An Elective Care Management Team (ECMT) has been established which includes paediatric representation to drive forward change and paediatric focus is currently aimed on paediatric general surgery procedures. Learning from this may help to reduce long dental waiting lists.

Interventions that aim to improve the oral health of the population will reduce the reliance on paediatric dental anaesthetic services. The Department of Health, alongside the Strategic Planning and Performance Group (SPPG), will continue to work with Trusts on a number of related issues, including equalisation of waiting lists across Trust boundaries where possible.

iii) Theme Three – Utilising the Skills of the Dental Team

This group of recommendations are intended to ensure that the skills of the whole dental workforce should be used to provide safe and effective patient care, in line with GDC's scope of practice for all dental care professionals.

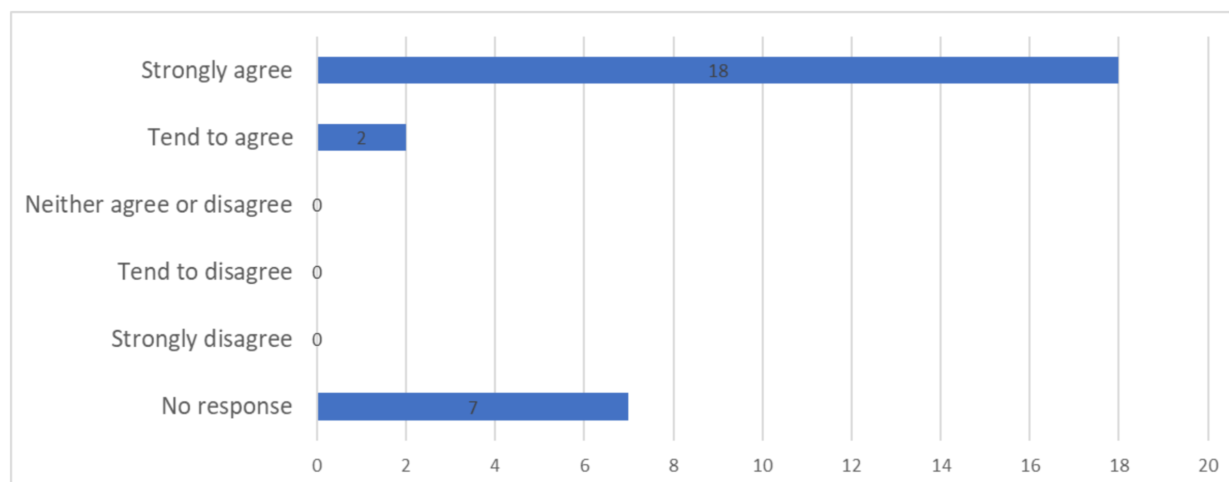
Recommendation 3.1: There should be opportunities, support, and resources available to develop and upskill the dental team.

Recommendation 3.2: Consideration should be given to the expansion of the paediatric dental workforce.

Recommendation 3.3: Other healthcare providers and stakeholders should be empowered to take an active role in the prevention of dental disease.

Recommendation 3.4: The training of dental care professionals should include specific knowledge relating to the dental care of children and management of those at higher risk of developing dental disease.

Q5. To what extent do you agree that dental nurses, dental hygienists and dental therapists should provide direct patient care, in line with their professional skills and competencies?



Option	Total	Percent
Strongly agree	18	66.67%
Tend to agree	2	7.40%
Neither agree or disagree	0	0.00%
Tend to disagree	0	0.00%
Strongly disagree	0	0.00%
No response	7	25.93%

Twenty respondents indicated that they 'strongly agree' or 'tend to agree' that dental nurses, dental hygienists, dental therapists should provide direct patient care, in line with their professional skills and competencies, in respect of the COHIP.

A selection of comments made is provided below:

"There should be adequate workforce planning to ensure upskilled dental team workers are appropriately appointed and placed".

Individual Response

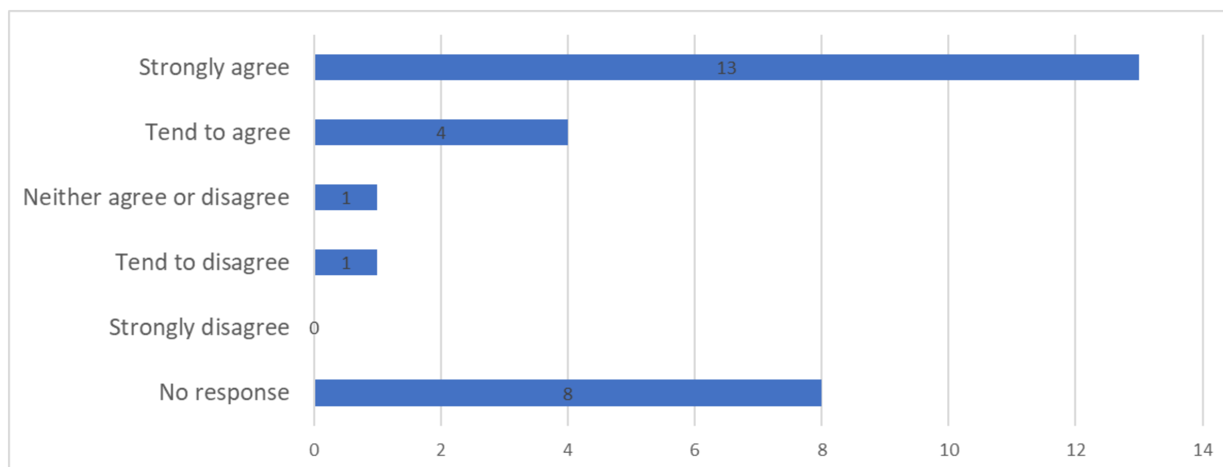
"Local training and career development programmes for dental team workers and non-dental health and social care workers should be timely, appropriate, and accessible".

Individual Response

"Issues of consent and capacity need to be addressed and the dental team will need to develop the skills to address these issues."

Royal College of Psychiatrists Northern Ireland

Q6. To what extent to you agree that non-dentally qualified health and social care workers could give oral health advice when working with parents/carers of children?



Option	Total	Percent
Strongly agree	13	48.15%
Tend to agree	4	14.81%
Neither agree or disagree	1	3.70%
Tend to disagree	1	3.70%
Strongly disagree	0	0.00%
No response	8	29.63%

Seventeen respondents indicated that they ‘strongly agree’ or ‘tend to agree’ that non-dentally qualified health and social care workers could give oral health advice when working with parents/carers of children. One respondent indicated that they ‘neither agree or disagree’ and one respondent indicated that they ‘tend to disagree’. There were concerns regarding the standardisation of training in oral health prevention and the standardisation of imparted oral health advice, particularly in light of continual advancements in evidence-based care.

A summary of the additional comments is provided below:

“There is a need for high-quality evidence in this area to assess the effectiveness, and also to examine the training and skills required for non-dentally qualified health and social care workers to give oral health advice when working with parents/carers of children.”

Institute of Public Health in Ireland

"While the wider health and social care workforce including, but not exclusive to, nurses, midwifes and health visitors may have ample opportunity and patient contact to deliver oral health messages to parents and carers, it is essential that appropriate training is provided to any healthcare workers that may be delivering oral health advice to ensure messages are consistent and adhere to the 'Delivering Better Oral Health' guidance (DBOH)".

Public Health Agency

"So long as it is in line with DBOH and with an evidence-base. Some families may find it easier, less stressful, to engage with a non-dental professional. They may also have more access, or more frequent access to these individuals".

British Society of Dental Hygiene and Therapy

Departmental response

The Department recognises the importance of ensuring that the dental workforce is adequately staffed and trained. While many treatments can only be carried out by registered dental professionals, oral health improvement and oral health awareness can be carried out by other health professionals as well as community groups and family members. Consistent and clear oral health messages that align with '*Delivering Better Oral Health'* are important for improving oral health, particularly in early years. The Department will continue to seek opportunities for increased collaboration between dental teams and the wider healthcare system.

iv) Theme 4: Empowering Families

Families, guardians, and carers should be empowered to proactively improve the oral health of the children in their care.

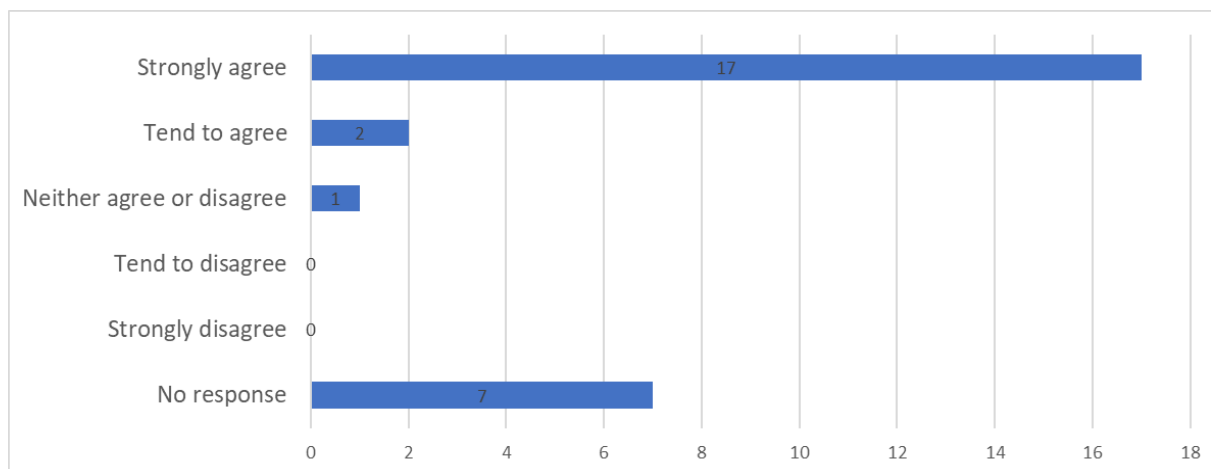
These recommendations are intended to ensure that families, guardians, and carers are empowered to proactively improve the oral health of the children in their care.

Recommendation 4.1: Parents, guardians, and carers should be supported to access a dental examination before their baby's first birthday.

Recommendation 4.2: Parents, guardians, and carers should ensure all children are brought to recall dental appointments as recommended by the dentist and in line with NICE guidance.

Recommendation 4.3; Parents, guardians, and carers of children should receive an oral health educational module that covers how to prevent oral disease, detection of early signs of oral disease and how to access dental services.

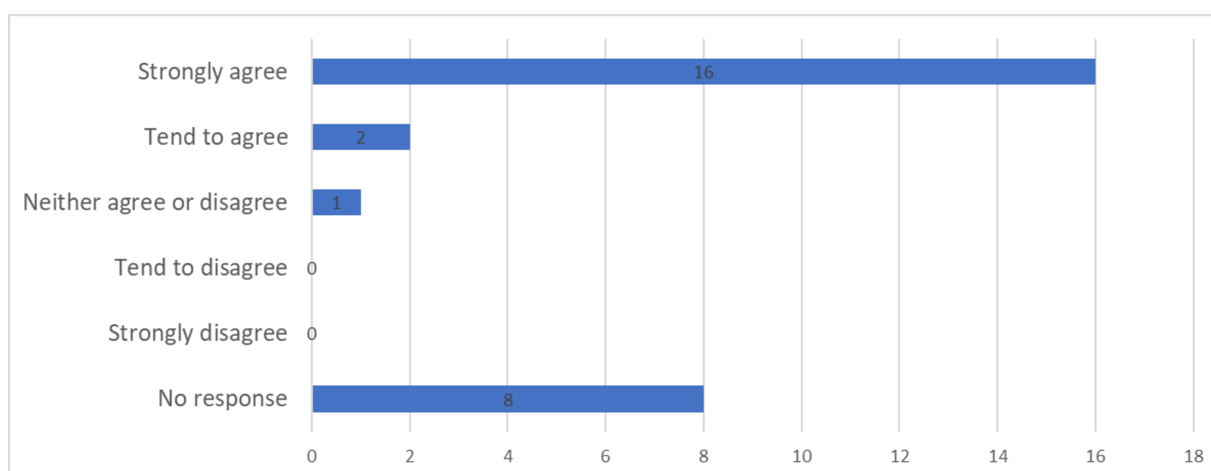
Q7. Do you agree that every child in Northern Ireland should have access to a first dental examination before their first birthday?



Option	Total	Percent
Strongly agree	17	62.96%
Tend to agree	2	7.41%
Neither agree or disagree	1	3.70%
Tend to disagree	0	0.00%
Strongly disagree	0	0.00%
No response	7	25.93%

Nineteen respondents indicated that they ‘strongly agree’ or ‘tend to agree’ that every child in Northern Ireland should have access to a first dental examination before their first birthday. One respondent indicated that they ‘tend to disagree’. This respondent considered a child’s second birthday as an alternative target and that sufficient information should be provided to pregnant mothers and health visitors to support oral health care in children up to two years of age.

Q8. Do you agree with the principle that general dental practices could provide more opportunities to focus on preventing oral disease in childhood?



Option	Total	Percent
Strongly agree	16	59.24%
Tend to agree	2	7.41%
Neither agree or disagree	1	3.70%
Tend to disagree	0	0.00%
Strongly disagree	0	0.00%
No response	8	29.63%

Eighteen respondents indicated that they ‘strongly agree’ or ‘tend to agree’ with the principle that general dental practices provide more opportunities to focus on preventing oral disease in childhood. One respondent indicated that they ‘neither agree or disagree’. This respondent highlighted a potential need to control external sources of direct provision of sugar foodstuffs to children e.g. youth clubs, birthday parties, school, grandparents.

A summary of the additional comments made is provided below:

“Other considerations to reduce the general anesthetic waiting lists may include prevention of children not being brought for their appointment, in order to maximise theatre capacity. FiNI suggests that learning from other organisations who have successfully addressed waiting list issues could be beneficial. For example, Sheffield Children’s NHS Foundation Trust used artificial intelligence (AI) methods to predict risks of a child or young person not being brought for an appointment in order to identify families who require more support to attend the appointment. The Community Dental Service, Midlands Partnership University NHS Foundation successfully reduced general anaesthetic waiting times from 6 months to 2-4 weeks and reduced the ‘was not brought’ rates from 7% to 2% by increasing contact with patients prior to pre-assessment, extended service working hours and by using a clinical prioritisation tool to prioritise children with the most clinical need”.

Faculty of Public Health Northern Ireland

“In line with the Office for Health Improvement and Disparities implementation of the Evidence-based toolkit for prevention – DBOH, there is strong evidence that breastfed babies experience less tooth decay and breastfeeding provides the best nutrition for a baby’s overall health. This is supported by a 2018 report published by the Scientific Advisory Committee on Nutrition (SACN) on ‘Feeding in the first year of life’. With regard to oral health, it concluded that breastfeeding up to 12 months of age is associated with a decreased risk of dental caries. And therefore, should be included in consideration for preventative initiatives”.

Public Health Agency

“Improving breastfeeding rates as an additional benefit on oral health would be welcome and could be considered as part of the renewed Breastfeeding Strategy for NI”.

Royal College of Paediatrics and Child Health

Departmental response

The Department supports the advice given by the British Society of Paediatric Dentistry (BSPD) and other bodies relating to the importance of a child's first dental check by their first birthday. The recent reinstatement of the Northern Ireland Enhanced Child Examination will support dental practitioners to provide a tailored dental visit along with individualised oral health advice and age-appropriate fluoride application. The Department will be cognisant of the National Institute for Health and Care Excellence (NICE) dental recall guidelines regarding any changes to dental contractual frameworks going forward.

2. Older Person's Oral Health Improvement Plan (OPOHIP)

Set out under **four broad themes**, the OPOHIP made a series of recommendations regarding the oral health of Older People now and in the future.

Theme 1. Improving the Oral and Dental Health of Older People
Theme 2. Utilising the skills of the Dental Team
Theme 3. Empowering families and allied health professionals
Theme 4. Governance

i) Theme 1: Improving oral and dental health of older people.

These recommendations are intended to reduce the prevalence and severity of oral disease in older people and focus on upstream prevention of oral disease in later life.

Recommendation 1.1; Patients aged 65 years and over should be encouraged to be registered with a general dental practitioner.

Recommendation 1.2; The General Dental Services contract should support practitioners to provide preventive and operative care for older adults.

Recommendation 1.3; Future oral health care needs should form part of the patient pathway, ideally before people become frail.

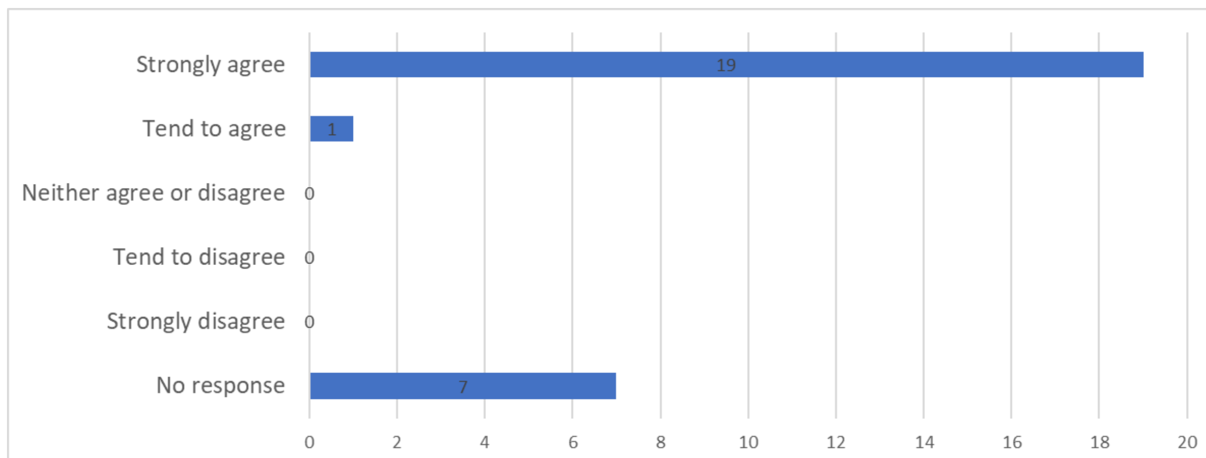
Recommendation 1.4; Targeted evidence-based programmes should be aimed at older people who are at higher risk of dental disease (e.g., care dependent older people) and preventative initiatives should be supported by a strong evidence base. Consideration should also be given to the cost effectiveness of any initiatives.

Recommendation 1.5; Oral Health assessment for new residents in care homes should be completed on admission to promote and protect the resident's oral health with a personalised oral care plan developed, as recommended by the Enhancing Clinical Care Framework.

Recommendation 1.6; Arrangements should be in place with local dental services to provide access to appropriate dental care for older people, when the need arises, particularly for those at higher risk of developing dental disease.

Recommendation 1.7; Techniques used by dentists for the treatment of dental caries and oral disease should be in line with best available evidence.

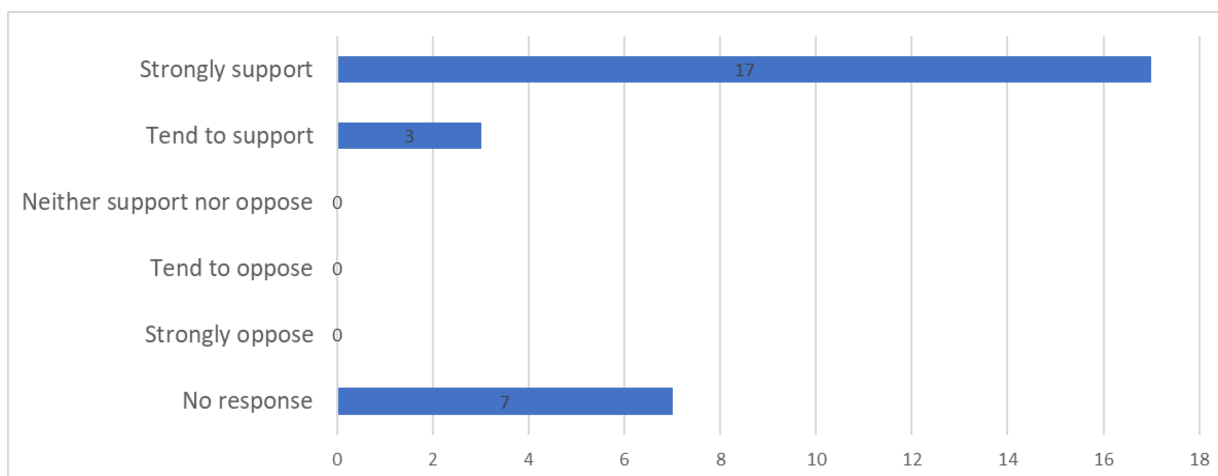
Q9. Do you agree with the themes of these recommendations as guiding principles for improving the oral health of older people in Northern Ireland?



Option	Total	Percent
Strongly agree	19	70.37%
Tend to agree	1	3.70%
Neither agree or disagree	0	0.00%
Tend to disagree	0	0.00%
Strongly disagree	0	0.00%
No response	7	25.93%

Twenty respondents indicated that they 'strongly agree' or 'tend to agree' with the themes of the recommendations of the OPOHIP as guiding principles for improving the oral health of older people in Northern Ireland.

Q10. To what extent do you support or oppose these recommendations to guide future reform in this area of dental service provision and oral health promotion?



Option	Total	Percent
Strongly support	17	62.96%
Tend to support	3	11.11%
Neither support nor oppose	0	0.00%
Tend to oppose	0	0.00%
Strongly oppose	0	0.00%
No response	7	25.93%

Twenty respondents indicated that they ‘strongly support’ or ‘tend to support’ the recommendations of the OPOHIP to guide future reform in this area of dental service provision and oral health promotion.

Q11. Are there further comments that you would like to make in terms of how we ensure that the recommendations are being adopted?

A summary of the additional comments made is provided below:

i) General Dental Services (GDS) contract reform

“BDA calls for joined up thinking whereby we start with properly funded Dental Nurse Training which needs to be supported by a properly funded GDS Contract, which would allow for properly paid nurses to enable job retention…We cannot stress enough the importance of a new GDS contract to allow the practices to make use of this extended workforce (similar to GMPs).The Department must make the GDS a service where Dentists and their staff choose to work…The General Dental Services (GDS) contract should support practitioners to carry out domiciliary care, there are clearly a range of issues that would require to be resolved – such as insurance, indemnity, remuneration, oxygen and emergency kits, mileages, time away from clinic. This is not an exhaustive list, but under contract reform the details would need to be embedded to support practitioners to carry out domiciliary care”.

British Dental Association

“A February 2024 report by the Office for Health Improvement and Disparities has also acknowledged that contract reform to deliver a prevention-focused service is needed, similar considerations may need to be made in the NI context in order to achieve increase opportunity for dental prevention.”

Public Health Agency

ii) Public health policy

"Both OHIPS are ambitious and commendable. They illustrate the importance of our Chief Dental Officer having input into Department of Health (DoH) policy and decision-making, to integrate oral health within wider general health policy in order to maximise chances of success and societal benefits to be had".

British Dental Association

"All medicines should be sugar free wherever possible".

Individual Response

iii) Oral health programmes

"Mandatory denture labelling should be undertaken in care home settings".

Individual Response

"Collaborate with manufacturers of toothpaste and toothbrushes to provide introductory packs for several age groups to help address the cost-of-living crisis (a large tube of toothpaste can now cost as much as £5.00) These packs can include booklets on toothbrushing and healthy diets".

Northern Ireland Medical and Dental Training Agency

"Consider the introduction of water fluoridation in Northern Ireland".

Multiple respondents

iv) Specific groups for prioritisation

"Special considerations should be given regarding the oral care of older patients with dysphagia or who are nil-by-mouth, older patients with dementia, and older patients with learning disabilities".

Royal College of Psychiatrists Northern Ireland

"It is vital that people with learning disabilities learn the skills they need in order to cooperate with dental examination and procedures - and that any associated anxiety is addressed at an early stage. Support strategies and therapeutic approaches such as desensitisation, use of social stories, individualised communication interventions and relaxation techniques can be very beneficial and will reduce the likelihood of people with learning disabilities experiencing dental care as traumatic. It must be recognised that some people with learning disabilities have experienced dental care as traumatic and this can contribute to poor long-term outcomes. Affected individuals should be able to access

psychological support. The use of positive support strategies such as those described and the reduction of restraint, is imperative."

Royal College of Psychiatrists Northern Ireland

"Recommendations for older adults in care homes should be extended to patients with learning disabilities in residential settings".

Royal College of Psychiatrists Northern Ireland

Departmental response

Recommendations 1.1, 1.2, and 1.3 relate primarily to the General Dental Services (GDS) in Northern Ireland. The need for reform of the GDS contract in Northern Ireland has been recognised for some time. Any reform process should take into account the needs of the increasing number of older patients with natural teeth that require care and treatment.

The Department published an Enhanced Clinical Care Framework (ECCF) in 2023 which provides a series of recommendations and links to good practice which will help transform the lives of people living in care homes in Northern Ireland. The ECCF has made three recommendations that complement the Older Person's OHIP. As part of the implementation of the ECCF, the Department has committed to a review of the current care home standards in Northern Ireland, that set out the requirements for registration and inspection of providers by the Regulation and Quality Improvement Authority (RQIA). This will provide a welcome opportunity to consider the most effective way to ensure that oral health is both recognised and improved in the care home.

The 2007 Oral Health Strategy for Northern Ireland made specific reference to the possible introduction of water fluoridation to the reduce the risk of dental decay among the general population. The Department recognises the benefits of fluoride and the impact it has on both the prevalence and severity of dental disease. The Department will monitor the findings of the current public consultation on expanding water fluoridation schemes in the North East of England and consider learning from this within the Northern Ireland context.

The Department recognises the increasing demands placed on the Community Dental Service from an increasing older persons population. The Department will continue to engage with dental representatives at all levels to maximise the workforce and ensure that population oral health needs can be met.

ii) Theme 2: Utilising the skills of the dental team.

This group of recommendations are intended to ensure the right dental workforce to meet the needs of the older persons population: training, workforce, and skill mix.

Training

Recommendation 2.1; The training of dental care professionals should include practical experience in the management of older people, especially those at higher risk of developing dental disease.

Recommendation 2.2; Development of a digital training repository

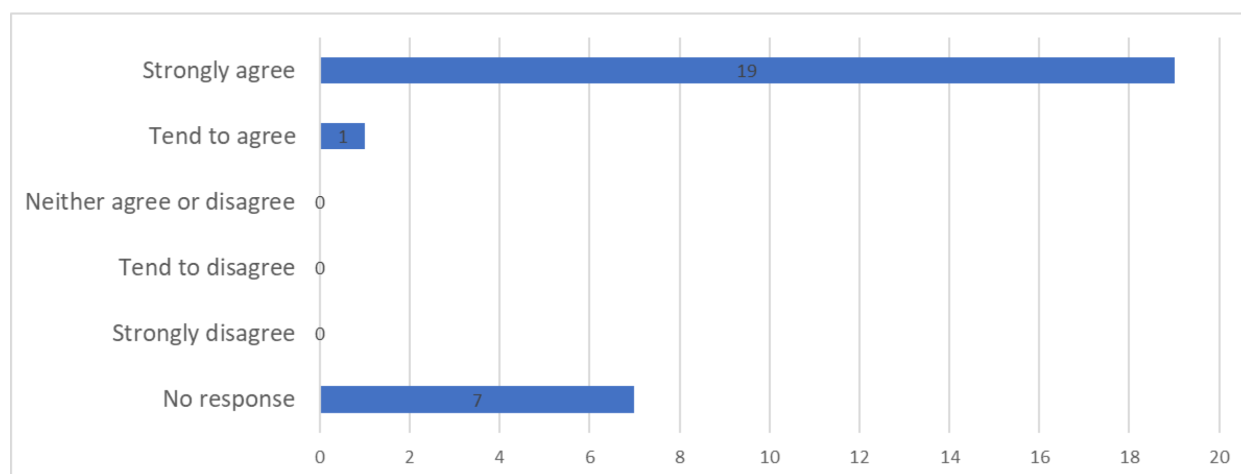
Workforce

Recommendation 2.3; The General Dental Services (GDS) contract should support practitioners to carry out domiciliary care.

Recommendation 2.4; Increase capacity within the Community Dental Service (CDS) for increased demands on service and support wider skill-mix within the CDS team.

Recommendation 2.5; Increased numbers of dental nurses, dental therapists and dental hygienists should be planned, to expand the dental workforce appropriately and support collaborative models of care between CDS & GDS.

Q12. Do you agree that the dental workforce headcount needs to increase in order to respond to increased service pressures and demands?



Option	Total	Percent
Strongly agree	19	70.37%
Tend to agree	1	3.70%
Neither agree or disagree	0	0.00%
Tend to disagree	0	0.00%
Strongly disagree	0	0.00%
No response	7	25.93%

Twenty respondents indicated that they 'strongly agree' or 'tend to agree' that the dental workforce headcount needs to increase in order to respond to increased service pressures and demands in respect of the OPOHIP.

Skill Mix

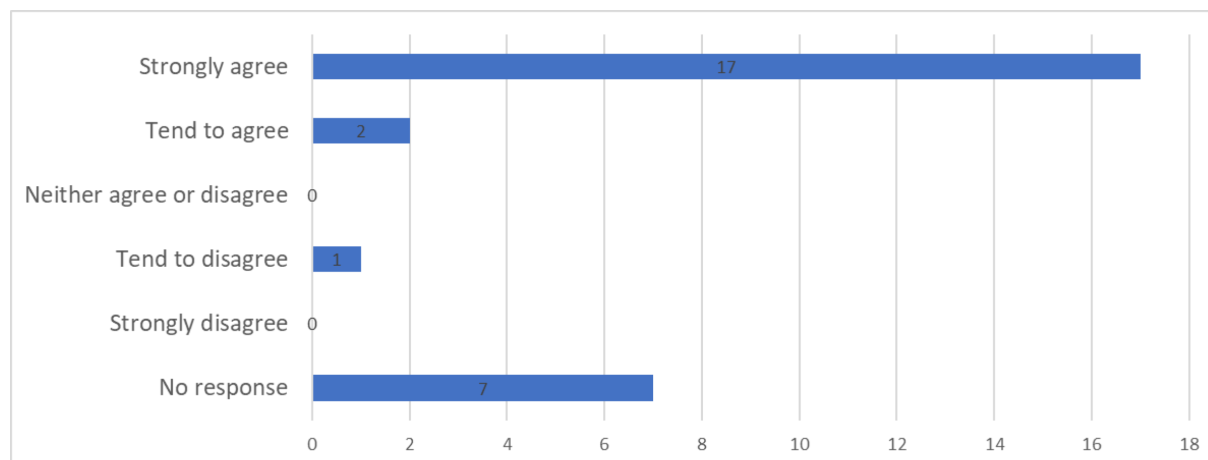
Recommendation 2.6; Widening the oral care system.

Recommendation 2.7; There should be opportunities, support, and resources available to develop and upskill the dental team.

Recommendation 2.8; Promotion of new ways of working and developing skill mix within dental teams.

Recommendation 2.9; Ensure that skill mix does not impact on delivery in the GDS

Q13. To what extent do you agree that dental nurses, dental hygienists and dental therapists should provide direct patient care, in line with their professional skills and competencies?



Option	Total	Percent
Strongly agree	17	62.96%
Tend to agree	2	7.41%
Neither agree or disagree	0	0.00%
Tend to disagree	1	3.70%
Strongly disagree	0	0.00%
No response	7	25.93%

Nineteen respondents indicated that they 'strongly agree' or 'tend to agree' that dental nurses, dental hygienists and dental therapists should provide direct patient care in line with

their professional skills and competencies in respect of the OPOHIP. One respondent indicated that they ‘tend to disagree’, however, no clarifying comment was provided.

Departmental Response

The Department is keen to ensure that all members of the dental team fulfil their scope of practice where they are appropriately trained, competent and indemnified to do so, in line with the General Dental Council regulatory requirements.

The Department will ensure that consideration of skill mix in Health Service General Dental Practice will form part of any GDS reform process moving forward.

iii) Theme 3: Empowering families and allied health professionals.

These recommendations are intended to ensure that families, carers, and other non-dental staff should be empowered to proactively improve the oral health of the older people they look after.

Recommendation 3.1; Key health professionals in both acute and community settings should receive training on oral health and should be empowered to take an active role in the prevention of dental disease.

Recommendation 3.2; Healthcare partnerships should be strengthened to integrate oral health with other projects focused on general health of older people. There should be improved collaboration between those involved in the prevention of oral disease and those involved in the prevention of general disease.

Recommendation 3.3; Families and carers should be empowered to proactively improve the oral health of the older people they look after. Carers and families should be supported with basic oral health advice to assist their dependent family members.

Q14. Do you have any further thoughts or comments about the types of support that families/carers need to promote good oral health?

A summary of the additional comments made is provided below:

“IPH would support increased oral health focused research in care homes and in our general older population in Northern Ireland. We would encourage research funding to be directed to research in this area. For example, there is a need to understand the role and value of e.g. mobile dentistry, telemedicine, and web-based oral health promotion programs, which have shown promise elsewhere in addressing the oral health needs of older adults.”

Institute of Public Health in Ireland

"There should be closer multidisciplinary work between medical and dental services in common/proximate premises in primary care".

Individual response

Departmental response

Research aimed at improving oral health through novel methods of intervention is welcomed particularly in light of continual improvements and advancements in healthcare technology. The Department has been supportive of recent research in the care home environment as part of the UK-wide National Institute for Health Research SENIOR study[1] and looks forward to considering the results and findings of this important work.

iv) Theme 4: Governance.

This group of recommendations are intended to ensure that Policy development for older people should include promotion of good oral health, prevention of dental disease and management of oral conditions.

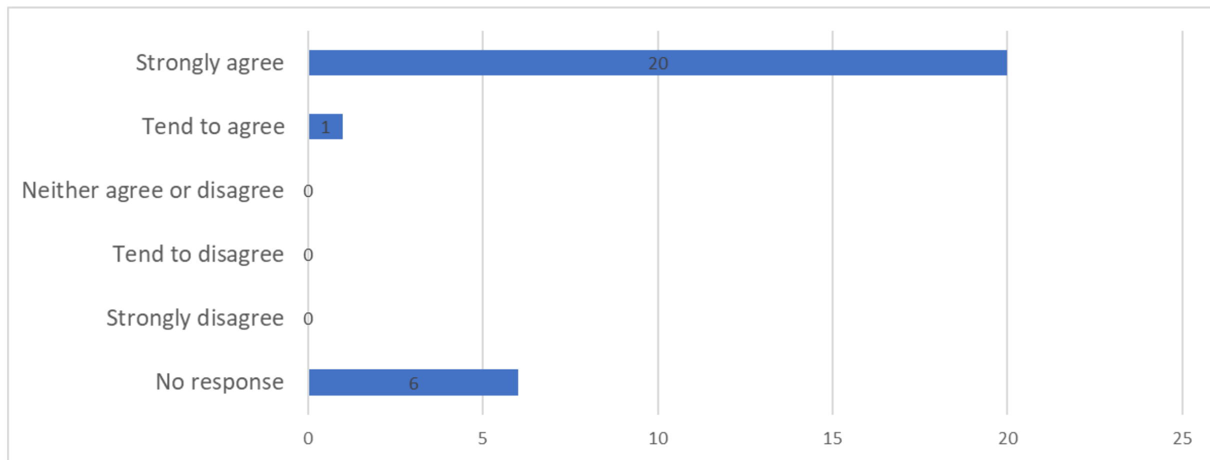
Recommendation 4.1; Regulatory inspections should include an oral health element in their Assessment.

Recommendation 4.2; Relevant stakeholders should develop and embed an oral epidemiology programme in Northern Ireland to provide information and intelligence to improve oral health and provision of services. This could be supported using digital technology.

Recommendation 4.3; Promotion of good oral health and prevention of dental disease among older people should be included in all strategic plans and policy development dealing with the general health of older people.

Q15. Do you agree that regulatory inspections of care homes should include an oral health element in the assessment?

[1] uSing rolE-substitutioN In care hOmes to improve oRal health (SENIOR) Research Award NIHR128773



Option	Total	Percent
Strongly agree	20	74.07%
Tend to agree	1	3.70%
Neither agree or disagree	0	0.00%
Tend to disagree	0	0.00%
Strongly disagree	0	0.00%
No response	6	22.22%

All respondents indicated that they 'strongly agree' or 'tend to agree' that regulatory inspections of care homes should include an oral health element in the assessment.

A summary of the additional comments recommendations made is provided below:

"The PHA would suggest consideration be given towards a model of positive recognition of best practice with oral care within the care sector setting. An example from Scotland, the 'Fife Oral Health Care Award' was developed and used national guidance and national award structures to promote oral health, improve the knowledge of care staff and enhance the capacity of care homes to manage oral care needs. As a result, in the care homes that achieved the award, plaque scores improved, there was increased availability of toothbrushes, toothpaste and denture labelling and there was an increase in staff training and completion of oral care plans. A similar award system is available in NHS Tayside."

Public Health Agency

"In the action plan there needs to be greater clarity as to how oral health care should be provided for care home residents including instruction and training for care home staff. Especially within the context of a growing proportion of residents in care homes being unable to self-care and staff turnover. In addition, there can be significant difficulty in obtaining routine dental care due to the often-complex needs of older people in care homes, with a significant proportion suffering from cognitive impairment and dementia. This requires additional consideration in the oral health

improvement plan...While the plan outlines actions focused on care homes, more clarity is required on community oral health for older adults who require care and support in their own home. We would recommend more detail in this area as this could help support families and carers to promote good oral health to older relatives living in the community".

Institute of Public Health in Ireland

Departmental response

Positive recognition of good practice in oral healthcare in care homes could stimulate increased competition, driving improved standards and enhanced adoption of NG48 NICE guidance across care homes in Northern Ireland.

Political Party Responses

Both political parties recommended a new Oral Health Strategy for Northern Ireland that focuses on addressing oral health inequalities in Northern Ireland as a whole, and that acknowledges the link between oral health and mental/physical health, and that improves access for children and those in social deprivation. They also recommended reform of the existing GDS contract to counteract 'privatisation' of National Health Service dentistry in Northern Ireland and incentivise dentist's commitment to the GDS. One party also recommended an independent cost review of dentistry in Northern Ireland.

Additional comments

The British Dental Association (BDA) made the following additional comments:

"The BDA were concerned that the COHIP was more aspirational than operational".

"The Chief Dental Officer in Northern Ireland should be supported by two deputies – one with a background in public health and one with a GDS background".

"A 'Regional Oral Health Improvement Group' should be re-introduced with input from the BDA".

Conclusions

This paper summarises the responses from the consultation regarding the proposed Children's and Older Person's Oral Health Improvement Plans for Northern Ireland. We would like to thank all those who contributed to this consultation exercise.

In general, the views attained from the 27 respondents were overwhelmingly supportive of the recommendations from both the Children's Oral Health Improvement Plan and the Older Person's Oral Health Improvement Plan. Minor modifications may now be made to the recommendations of both plans in light of the additional comments received.

Next Steps

The Department is grateful for the detailed comments submitted in response to the consultation and would like to thank all those who took the time to respond and contribute. The views shared have been extremely helpful and constructive and will inform the options to be costed for implementation.

Work to prioritise recommendations, taking account of the consultation responses, is ongoing and will be subject to necessary approvals and business case scrutiny.

The Department will continue to work closely with key stakeholders throughout the process and implementation of key recommendations will be subject to finance availability.