

Oral Health Programmes in Northern Ireland



Learning Objective

At the end of this talk, attendees should have some knowledge on the duties and responsibilities of the Chief Dental Officer post in Northern Ireland. In addition, attendees should be aware of the current oral health improvement initiatives for NI.

Role of the Chief Dental Officer

The Chief Dental Officer provides professional advice on a wide range of policy areas and advice to the Minister and the Permanent Secretary

Strategic Positioning

- The CDO is the principal dental advisor to:
 - - The Minister for Health
 - - The Permanent Secretary
 - - The wider Department of Health (DoH)
- Reports within the Chief Medical Officer Group, ensuring alignment with broader health policy.

Role of the Chief Dental Officer

Advisory & Regulatory Functions

Advise on:

- Dental public health
- Professional regulation
- Patient safety

Engage with:

- - General Dental Council (GDC)
- - Regulation and Quality Improvement Authority (RQIA)
- - British Dental Association (BDA)

Role of the Chief Dental Officer

Core Responsibilities

- Policy & Strategy Development:
- Lead on dental policy and oral health strategy
- Promote evidence-based standards for service quality
- Professional Leadership:
 - Provide leadership to dental practitioners and care professionals
 - Support workforce planning and contractual frameworks

Structure of Health and Social care in NI

We have an integrated Health and Social Care system.

Department of Health (DoH) oversees policy, legislation and funding

Strategic Planning and Performance Group (SPPG) are responsible for commissioning services, managing resources and improving performance

Public Health Agency (PHA) focusses on health protection, promotion and disease prevention

Six Health and Social care Trusts – 5 of these deliver services. 1 is the NIAS

Others – e.g. Independent Contractors

Challenges in the role of CDO

Fundings constraints and challenge

- An outdated GDS contract model and funding alongside small dental presence in Trusts across NI
- Budgetary issues across Government in NI
- The shift towards private dental care

Workforce pressures

- Practitioners feel driven away from Health Service dentistry
- Small numbers of DCT and Specialty training posts in NI
- No training of hygiene/therapy in NI exacerbating gaps in the workforce

Access and inequalities

- Reduced patient access to Health Service dentistry
- Oral health within the NI population

Contract Reform Stagnation

- Lack of progress over a number of years
- Need to move forward now!

Providing leadership in a Politicised environment

- Advocating for dentistry in shifting political sands and multiple competing challenges
- Influencing policy change and constantly lobbying and being lobbied
- Political agendas

Advocating for public health

- Poor awareness of the importance of oral disease prevention
- Embedding oral health into wider health policy

Improving the oral health of Northern Ireland

Health status in NI versus England

- Data comparability challenges, but
 - People in NI spend more time in ill-health
 - Preventable mortality rate higher, although treatable rate similar
 - Evidence on balance points to lower mental health status
 - Less healthy food consumption patterns
 - More people on disability benefits
 - More drugs subscribed (20% of population on anti-depressants)

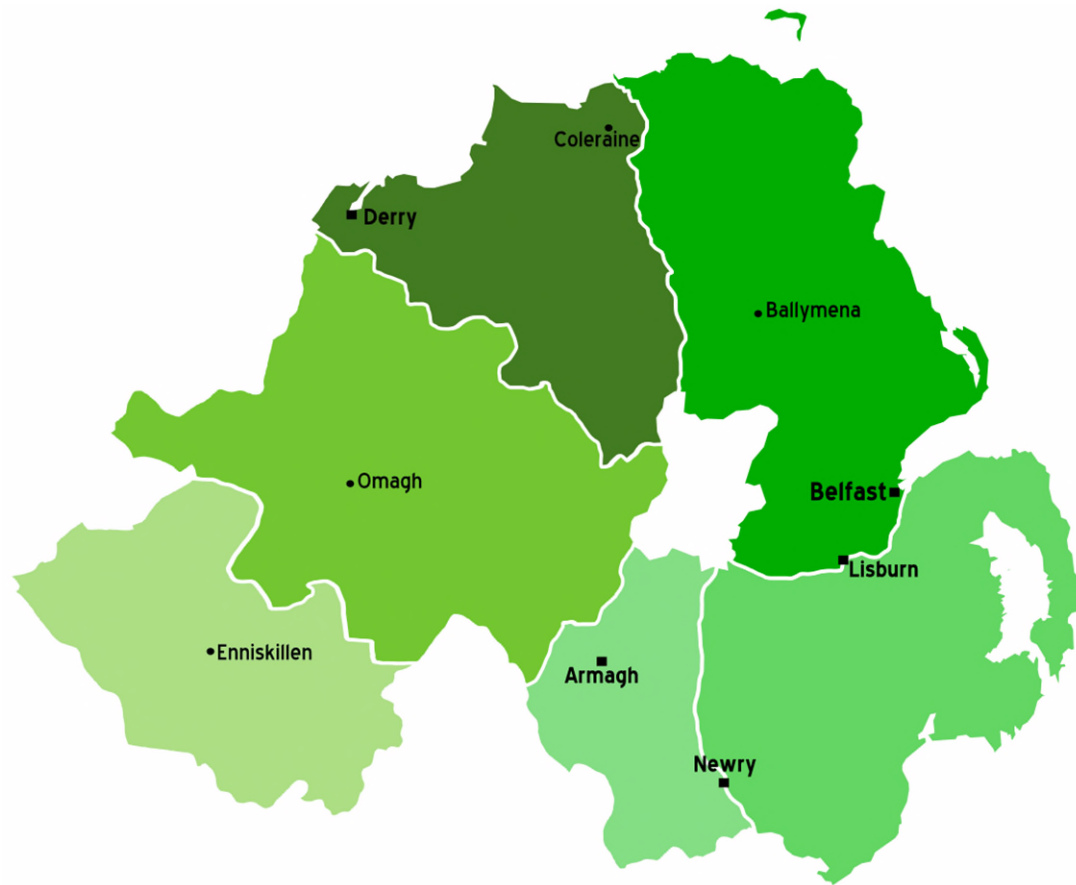


“NI has tended to spend more per head on health than England but without delivering a better service or health outcomes”

How would you describe the oral health of the people of Northern Ireland?

- Key metrics to help with answering this:
 - Registration rates
 - Dental workforce data
 - Treatment Activity
 - Oral Health Inequalities
 - Systemic Challenges

Registration Rates



Declining Registration Rates

Overall Health Service dentist registration in Northern Ireland declined to 54%, a 20% drop from last year.

Adult vs Child Registration

Adult registration is lower at 50%, compared to children's registration rate of 69%.

Regional Disparities

Fermanagh and Omagh district has the lowest adult registration at 35%, below the Northern Ireland average.

Access to Dental Care

The data shows a pressing need to improve adult dental registration and ensure equitable access across areas.

Dental Workforce



Workforce Composition

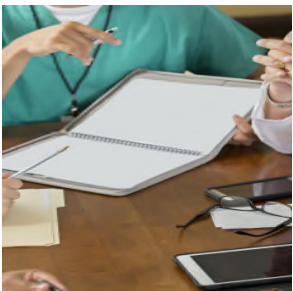
Northern Ireland's dental workforce includes 1,206 dentists across 359 practices, reflecting a robust service network.

Increase in purely private dental practices, alongside increased number of “specialist” practices



Rising Female Representation

Women comprise 60% of the dental workforce, with 72% representation among dentists under 35 years old.



Impact on Services and Planning

Changing workforce demographics may influence dental service delivery and workforce planning for future needs.

Treatment Activity



Adult Dental Treatment Demand

In 2024/25, there were 869,000 treatment claims for adults, including 575,000 clinical examinations, a 6% increase from last year.

Rising Pediatric Treatments

Treatment rates among children increased by 10%, with 212 per 1,000 receiving fillings, crowns, or extractions.

Importance of Preventive Care

The rise in treatment activity highlights the need for preventive dental care and early intervention to avoid invasive procedures.

Oral Health Inequalities



Prevalence of Tooth Decay

40% of five-year-olds in Northern Ireland show tooth decay, higher than 25% in England, highlighting inequality.

Socio-economic Impact

Children on free school meals have significantly higher rates of severe decay linked to diet and dental care access.

Wider Consequences

Oral health inequalities affect children's confidence, mental well-being, and academic readiness significantly.

Need for Public Health Action

Targeted interventions and equitable access to preventive dental care are essential to reduce inequalities.

Systemic Challenges

Financial Strain on NHS Dentistry

Budget reallocations reduce funds for dental services, increasing pressure on NHS dental care.

Staffing Shortages and Costs

Rising wages and hygienist shortages strain dental practices and impact service delivery.

Outdated Remuneration System

The old payment system complicates care, leading to a shift towards private dental services.

Workforce and Training Challenges

Lack of local hygienist training causes an ageing workforce and staffing issues in dental care.

Phase Out of Dental amalgam

Phase out in NI by 2035 for majority of patients

An Oral Health Strategy for Northern Ireland



- Published in 2007
- Had two key aims:
 - To improve the oral health of the Northern Ireland population
 - To reduce the inequalities in oral health within our society



Northern Ireland Older Person's Oral Health Improvement Plan

OLDER PERSON'S ORAL HEALTH OPTIONS GROUP

August 2023



Northern Ireland Children's Oral Health Improvement Plan

CHILDREN'S ORAL HEALTH OPTIONS GROUP

August 2023

Oral health Improvement Plans for Northern Ireland



www.health-ni.gov.uk

Children's Oral Health Improvement Plan for NI

August 2023

We give our children and young people the best start in life

AIM: to produce a report for stakeholder consideration describing:

- (i) The oral health status of children in Northern Ireland
- (ii) Oral Health services available for this group
- (iii) Make recommendations on how children's oral health may be improved.



The published plan has four main aims:



To reduce the prevalence and severity of dental caries (decay) in children



To reduce oral health inequalities by targeting children at higher risk of developing dental disease



To support the current strategic basis upon which preventative programmes and children's oral health services can be developed in Northern Ireland, subject to robust business case development



To reduce the number of children requiring dental extractions under general anaesthetic (GA) due to dental caries.



Recommendation Themes

Theme 1: Improving the Oral and Dental Health of Children

Reduce the prevalence and severity of dental decay in children and reduce oral health inequalities for children at greatest risk of dental disease.

Theme 2: General Anaesthetic Dental Provision for Children

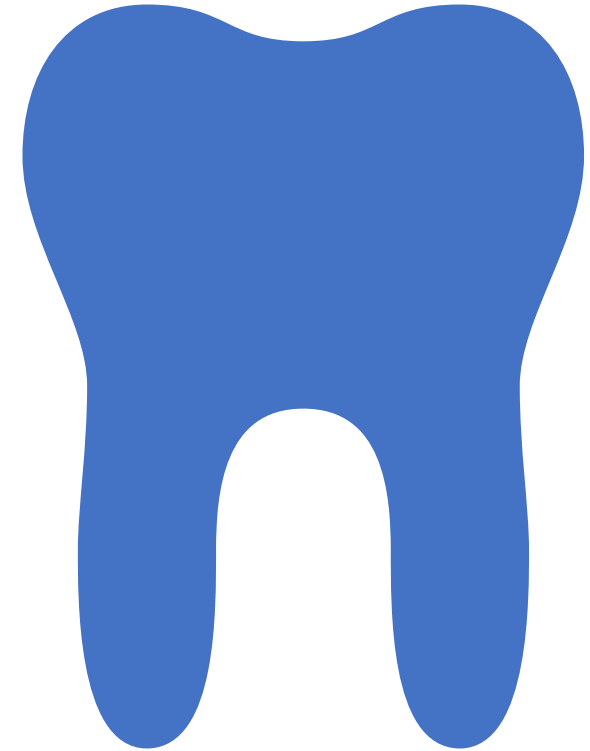
Paediatric dental general anaesthetic services should be given equitable access and prioritisation in HSC Trusts

Theme 3: Utilising the Skills of the Dental Team





The skill mix of the dental workforce should be maximised, in line with GDC's scope of practice for all dental care professionals.

Theme 4: Empowering Families

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



Irrespective of age, the same basic approach to maintaining oral health applies:

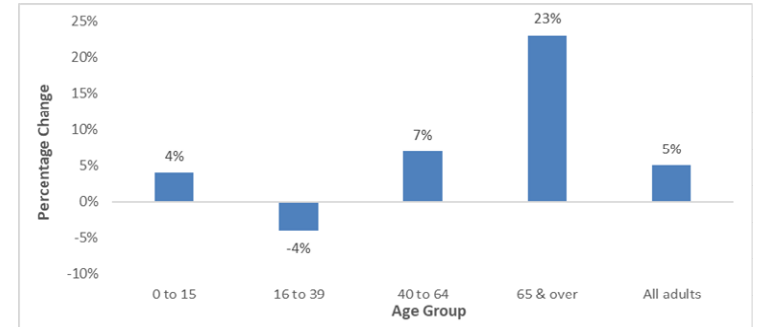
-  Good daily oral hygiene
-  Limited intake of sugary food and drinks
-  Regular dental checkups based on disease risk
-  Age appropriate fluoride use



Northern Ireland Older Person's Oral Health Improvement Plan

OLDER PERSON'S ORAL HEALTH OPTIONS GROUP

August 2023



1979

33% of all adults in Northern Ireland had lost all their teeth.

2009

7% of all adults in Northern Ireland had lost all their teeth.



DoH

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Subject Areas

- Northern Ireland population demographics
- Why is Oral Health Important?
- Oral health inequalities
- The oral disease profile of older adults in care homes
- Barriers to implementing Quality Care standards
- Current models of care in Northern Ireland
- Current Policy, Guidance, and Initiatives in Northern Ireland
- Dental Disease Prevention Initiatives across the UK and Ireland
- Examples of good practice in NI and across the UK

Recommendation Themes

Theme 1: Improving the Oral and Dental Health of Older People

Reduce the prevalence and severity of oral disease in older people and focus on upstream prevention of oral disease in later life.

Theme 2: Utilising the skills of the dental team

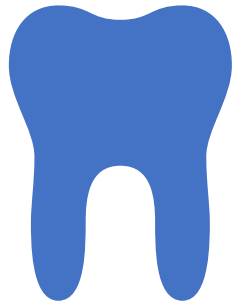
Ensuring the right dental workforce to meet the needs of the older persons population: training, workforce, and skill mix.

Theme 3: Empowering families and allied health professionals

Families, carers, and other non-dental staff should be empowered to proactively improve the oral health of the older people they look after.

Theme 4: Governance

Policy development for older people should include promotion of good oral health, prevention of dental disease and management of oral conditions.



So where do we go from here?

Children

Supervised toothbrushing

Enhanced child examination scheme in GDS

30% fee increase for priority care treatments

Older People

30% fee increase for priority treatments

Care Home Standards

Contract Reform for the GDS

Refresh and Expansion of *Happy Smiles* in Northern Ireland





- *Happy Smiles* was launched in 2016 as a targeted programme for pre-school children in the 20% most deprived wards in each Health and Social Care Trust in Northern Ireland.
- The overall effect should therefore be a reduction in the recognised dental health inequalities across the child population.
- The three main elements of the *Happy Smiles* Programme are:
 - *Happy Smiles* Tooth Brushing Programme
 - *Happy Smiles* Healthy Snacks
 - *Happy Smiles* Education Programme
- The *Happy Smiles* programme was developed by the NI Oral Health Development Group and HSC Trust Community Dental Service teams.

Evaluation of the *Happy Smiles Oral Health Programme* in Northern Ireland

The evaluation sought to answer the following questions:

1. Were the *Happy Smiles Oral Health Programme* activities delivered as intended?
2. Were the short, medium and long-term outcomes achieved?
3. What key learning and insights about *Happy Smiles Oral Health Programme* implementation have been gained?

The key performance indicators for the evaluation were:

- Number and proportion of facilities providing funded pre-school education in each HSCT in NI who are eligible for targeted participation and participate in the *Happy Smiles Oral Health Programme*.
- Acceptability of the scheme to both facility staff and HSCT stakeholders

Recommendations



- Recommendations fall into six categories:
 1. *Happy Smiles* Oral Health Programme development
 2. Training and resources
 3. Regional working group
 4. Targeting
 5. Funding
 6. Evaluation

Happy Smiles expansion plans

- Roll out of *Happy Smiles* to P1, P2 and P3 children in primary schools within the 20% most deprived wards in each HSC Trust area
- £400k for 3 financial years
- Create a *Happy Smiles* Project Lead post
- Explore opportunities with industry
- Reflect *Happy Smiles* evaluation recommendations in the expansion

Older Persons recommendations

Improving the oral and dental health of older people

Utilising the skills of the team

Empowering families and health professionals

Governance

The main challenges to address



GDS Contract Reform is significant



Exploration of the viability of a BSc in Dental Therapy based in Northern Ireland



Working with the wider system



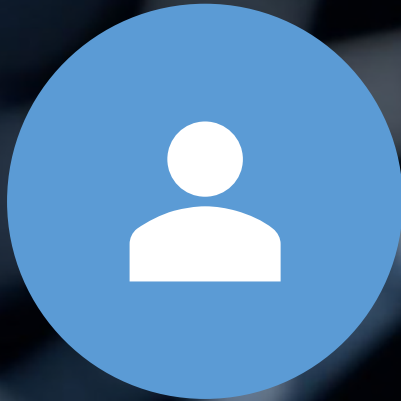
Review of the Minimum Standards for Nursing and Residential Homes in Northern Ireland



DoH

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Key Issues for Amalgam Phase-out



MODELS OF SERVICE
DELIVERY



DENTAL TREATMENT
TECHNIQUES AND MATERIALS



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Thank you