



## **BDA Northern Ireland Response to 'A Healthier Future: A Twenty Year Strategy for Health and Wellbeing in Northern Ireland'**

The British Dental Association (BDA) is the professional association representing 20,000 dentists in the UK. A key part of the BDA's mission statement is to improve the nation's oral health.

The BDA supports the strategic themes set out in the Department's consultation paper and welcomes the opportunity to provide comment.

- 1) Does the vision adequately describe the health and social services that will meet future needs and aspirations?

The vision does not fully recognise the impact of oral health as a contributory factor in general health. Good oral health enables individuals to enjoy the dietary factors essential for general health as well as the ability to speak and socialise without painful disease, discomfort or embarrassment.

The vision asserts that community based services will be available when and how patients wish to access them. However, the vision does not mention the inclusion of dental services. BDA believes that dental services must be fully included and integrated within any vision to help develop local solutions for local needs, thus improving the health status of communities and individuals.

The vision must recognise that tackling inequalities in oral health will assist in an overall improvement in health experience.

- 2) A Healthier future focuses on five major themes: Investing for Health and Wellbeing; Involving People; Responsive Integrated Services; Teams which Deliver; Improving Quality; and Making it Happen. Do you agree that it is appropriate to focus on these themes and are there any others that should be addressed by the regional strategy?

There is a role for wider public health initiatives, which can be shown to have positive effects on the health experience of populations. Water fluoridation is key in helping to improve the oral health experience of our population in the future, as well as reducing oral health inequalities. Water fluoridation can significantly improve the dental health of children and adults in disadvantaged circumstances where dental disease is most common. The difference in dental health of children living in North/South of Ireland, in fluoridated and non-fluoridated areas was established in the 2003 North/South survey and the differences in health experience was marked. One of the key findings was that oral

health was substantially better in children and adolescents living in communities with water fluoridation. Those children in non-fluoridated areas were more likely to have high levels of tooth decay and to have undergone treatment under general anaesthetic and/or have been prescribed antibiotics than their counterparts in fluoridated areas.

3) A Healthier Future identifies 16 future Policy Directions. Do you believe these are the right Policy Directions to achieve the vision set out in the document?

BDA believes that there needs to be a concerted effort towards creating a healthy environment where the healthy choices are the easy choices and real progress needs to be made on public health issues to underpin any vision set out in the document.

The stakeholders involved in influencing oral health include doctors, dentists, pharmacists, health visitors, school nurses, public health practitioners, health and social care workers, education staff as well as parents and carers and the wider public. Enjoyment of good oral health in the future is dependent on a multi-disciplinary approach and the promotion of collaborative working between all key stakeholders. We believe that successful Oral Health promotion must also take into consideration areas such as communication, marketing, support infrastructure and delivery of dental services as a means of successfully progressing the oral health improvement agenda.

4) A Healthier Future identifies a number of key actions and outcomes. Do you believe these are the right actions and outcomes to achieve the vision set out in the document?

It is widely accepted that the health of an individual has a myriad of influences, not all of which are within the control of individuals. Income, diet, access to services, cost of those services in the case of dentistry and social factors are all key influences. Securing good health for all members of society will mean coordinating policy across different departments to ensure policy in one area does not undermine policy in another. Achieving coordinated working on the ground between health, education, social services and transport policy is a challenge which requires sustained cross-departmental collaboration and development of synergistic policies.

BDA believes that targeted water fluoridation is key in helping to reduce dental decay in Northern Ireland. The feasibility of fluoridating Northern Ireland's water supply must be addressed as a priority. The key action on page 15 on fluoridation of the water supply does not make the case with conviction for the targeted water fluoridation to areas with high caries levels. The evidence is clear. In areas where the water is fluoridated, the caries experience in under 5s is far less than children in non-fluoridated areas. DHSSPS must address the fact that failure to fluoridate the public water supply necessitates increased resource being made available to deal with the high levels of dental disease experienced by our population.

The availability of workforce must also be considered. The BDA supports proposals to expand the role of Professionals Complementary to Dentistry (PCDs) including dental nurses, hygienists, therapists and technicians, The dentist would continue to be the team leader, carrying out diagnosis and treatment planning.

The dental team can work closely with patients to help make healthy choices on diet and smoking. Dentists should also have more time to spend offering patients advice on prevention and care.

- 5) A Healthier Future identifies the need to reduce smoking as a key element in improving the health of people in Northern Ireland and sets out three main options.
- a. Should restrictions on smoking in public places and in workplaces be a matter for self-regulation and should Government simply act to encourage and support smoking cessation? Or
  - b. Should smoking generally be prohibited in most enclosed public places and workplaces, but allowed in certain settings such as pubs that do not prepare and serve food and in private clubs where the members decide to permit smoking? Or
  - c. Should legislation be introduced to ban smoking in all enclosed public places and workplaces?

The BDA supports a ban on smoking in the workplace and in public places. Tobacco seriously affects oral health as well as general health, and whilst there is no evidence that passive smoking directly affects oral health, the BDA supports any measures which encourage tobacco users to quit.

The BDA is keen to see dentists involved in smoking cessation. The dental team has a major role to play in smoking cessation. Evidence demonstrates that smoking cessation interventions are both effective and cost effective. Dentists see patients on a regular basis and so have the opportunity to give regular advice.

- 6) Are the proposals for taking the strategy forward adequate?

Individuals can only make choices when they are empowered to do so and that this is strongly influenced by the physical, social and legislative environment in which they live.

Government policy and proposals for development must emphasise the prevention of disease and promotion of oral health to reduce inequalities and improve the poor oral health of the population of Northern Ireland.

Dental services must be fully integrated within primary if we are to see a tangible improvement in health over the next 20 years, coupled with the massive culture change that will be necessary both for service deliverers and commissioners.

BDA Northern Ireland  
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