

## Foreword

Dear Colleague,

By the time you read this newsletter the new Oral Health Strategy should be on your desk. I hope you will take the time to read it and make comments. Naturally, I think that it is an excellent document and credit must go to Michael Donaldson and the steering group who compiled, questioned and debated a broad range of issues. There was input from many others, both dental and non-dental and now it is your turn to tell us what you think.

Work has now started on the Primary Dental Care Strategy and we will be asking you for your views in many different fora. The first will be a survey that will hopefully give some pointers as to what is really important in your working life. It is important that we get a good response for this to be meaningful, so please take the time to sit down and thoughtfully reply to the questions. We will publish the analysis of the survey in a later newsletter. So...start thinking.

Regards,  
Doreen Wilson  
Chief Dental Officer

## New Oral Health Strategy

The new Oral Health Strategy (OHS) for Northern Ireland was launched for consultation by the Minister, Angela Smith, at the Star of the Sea primary school in North Belfast on 21 September. This new OHS is a 10-year public health plan and replaces the 1995 OHS.

The oral health of Northern Ireland's population is the worst in the United Kingdom and this has been the case for many years. While there have been improvements in the oral health of the Northern Ireland population as a whole over the past decade, the dental health gains among children have at best been modest and the problem is particularly marked in the most deprived groups in our society. The poor state of our oral health is particularly apparent when we compare the caries experience of our children with our close neighbours; the average child in Belfast has approximately 3 teeth affected by decay, the same aged child in London has around 1.5 teeth affected by decay and for a 5 year old in Dublin the figure is only 1 tooth affected by decay. Speaking at the launch the Minister said 'the consequences for Northern Ireland children of such high disease levels are more pain and suffering, more missed school days, more hospital general anaesthetics (8000 last year) and a dental service that spends more money per child than any other country in the UK'.

The strategy attempts to close the oral health gap with our neighbours and to improve the quality of life for all our people by:

- Improving the oral health of the Northern Ireland population
- Reducing the inequalities in oral health within our society

The strategy sets out a series of interlinked recommendations to achieve these aims. Oral health professionals are required to focus more on prevention, to link with other complementary health promotion programmes in order to maximise efficiency and to further develop partnerships with those outside the health sector such as schools, local councils and community groups. It is this strong emphasis on intersectoral working, use of the common risk factor approach and the need to utilise evidence based interventions to improve oral health that sets this new strategy a side from the 1995 strategy.

Speaking on the launch of the consultation the Chief Dental Officer said 'We now have a new Oral Health Strategy which I hope will be the reference book for everyone interested in improving the oral health of the population of Northern Ireland'.

The strategy will be out for consultation until 31 December 2004 and we would welcome your comments on the document. Copies will be sent to all Northern Ireland dentists, PCD's, health bodies and local councils as well as patients groups, voluntary and community groups and other interested parties. The document is also available on the Departmental website [www.dhsspsni.gov.uk/pgroups/dental/dentalpubs.asp](http://www.dhsspsni.gov.uk/pgroups/dental/dentalpubs.asp)

## Primary Dental Care Strategy/ Practitioner Survey

With the new Oral Health Strategy out for consultation, work on the Primary Dental Care Strategy has commenced. A project board, project leader and team have been identified and a project timetable drawn up. Strategy development is expected to run from October 2004 to June 2005. Following on from the mandatory consultation period (normally 3 months) new contractual arrangements will need to be drawn up and agreed with the profession.

One of the first areas that the strategy team needs to identify is what does the profession want from a future dental health service system? To that end, a survey questionnaire will be sent to all general dental practitioners on the dental list. The survey questionnaire covers issues such as remuneration, funding, workforce, work/ life balance and improving the oral health of our patients. We would encourage all dentists to reply. We realise that dentists have more than enough paper work to deal with, but this is a unique opportunity for your voice to be heard and to influence the decision makers. Normally the views of the profession are articulated to the Department by your political representatives, but in such an important issue as the future of Health Service dentistry it is important that the whole profession have their say; this is particularly pertinent given the changing age and gender profile of the profession (see Profile of Profession article).

It is planned to hold a series of workshops in the new year to provide feed back on the survey and drill deeper into some of the evolving issues. It is also planned to involve PCD's in some of these workshops.

In parallel with this work, a project group is also examining the SDR with a view to re-profiling and simplifying the existing document. The group plans to report its findings to the Dental Practice Committee by the end of this year.

## Decontamination

Most of you will be aware of the recent controversy over decontamination of endoscopes, and this has brought the issue of cross infection control back into the spot light. On the back of the endoscope issue, there is an imperative on the Department to assure that cross infection control standards are maintained across all of the HPSS.

All general dental practitioners will have received the reissued July 2001 guidance on 'A Protocol for the Local Decontamination of Surgical Instruments'. In addition, a further letter will be issued to all general dental practitioners outlining the standard expected in cross infection control procedures and requesting completion of an audit on the cross infection control policies and procedures within each practice. The reason for the audit is twofold; firstly, the Department requires assurance on the standard of cross infection control in dental practices; secondly, the findings from the audit can be used to inform future funding requirements where gaps have been identified.

There has been confusion among the profession in relation to the reference in the July 2001 guidance to the use of vacuum autoclaves, which appears to be at variance with The BDA A12 advice sheet. The pending letter from the Department should clarify this point. Both downward displacement and vacuum autoclaves are acceptable as long as they are used appropriately. Unfortunately the debate on cross infection control has centred on the type of autoclave rather than the process of decontamination itself. Current thinking is that the emphasis should be on pre-sterilization cleaning of instruments and equipment.

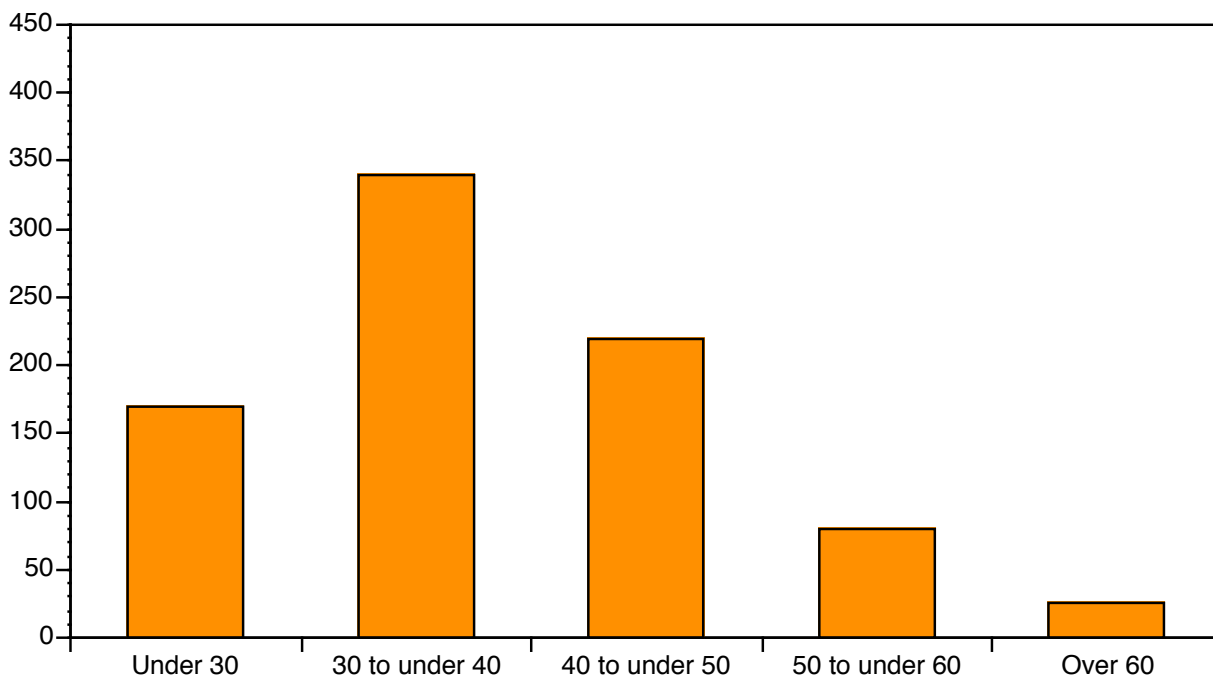
The Department's advice is that general dental practitioners should be working to the standards outlined in A12 and we would encourage practitioners to read A12 and act on its recommendations.

All Trusts in Northern Ireland will make a phased move from local decontamination to Sterile Service Departments and the Community Dental Service will be included in this move.

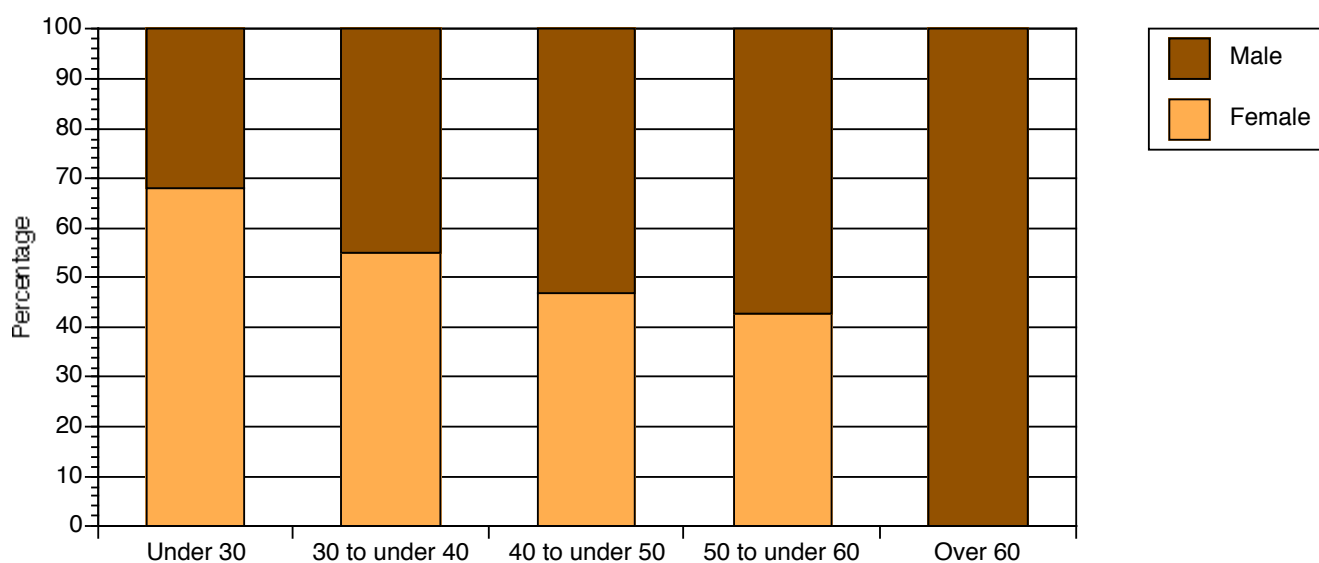
# Age and Gender Profile of Profession

Latest data from the CSA shows some interesting trends in the age and gender profile of the profession.

### Age Profile of the Profession



### Ratio of Dental contracts held by female and male dentists



# National Clinical Assessment Authority (NCAA)

The DHSSPS has signed a Service Level Agreement (SLA) with the NCAA which comes into effect on 1 October 2004. So who are the NCAA, what do they do and what will it mean for dentists?

The NCAA is a special health authority established in April 2001 and it provides a service to support the NHS in its responsibility for doctors and dentists whose performance gives rise for concern.

The NCAA provides advice about the local management of cases, and where necessary carries out clinical performance assessments to clarify areas of concern and make recommendations to both the referring organisation and the individual. The NCAA also advises NHS organisations about setting up and running effective local performance procedures.

In addition to doctors, the work of the NCAA covers dentists working in the hospital, community dentistry and general dental practice. The NCAA employs trained dental assessors to help with poorly performing dentists. If a problem is identified with a dentist's performance, the HPSS body responsible for the dentist may seek the advice of the NCAA in order to effect local resolution. If it is deemed necessary, a full clinical assessment may be undertaken by the NCAA. It is important to stress that the NCAA does not take over the role of the employer, nor does it function as a regulator (which is the role of the GDC). The NCAA is an advisory body and the appropriate HPSS organisation remains responsible for resolving the problem once the NCAA has produced its assessment.

The NCAA accepts referrals from the dentist's employer or a self-referral, but it does not take referrals from members of the public.

## New Appointments

Jonathan Montgomery has been appointed as a dental officer in the CSA. Jonathan has worked in general dental practice for over twelve years, many of these as a practice owner. He has also worked as a dental practice adviser for the NHSSB. Jonathan replaces Pat Waters who recently retired after 23 years at the CSA. We wish Pat a happy and healthy retirement.

## Dental Branch Annual Report

The Dental Branch Annual Report is now available. There is a limited number of hard copies available and the publication is also available electronically. For further information contact Liam McGuckin by phone on 02890 520212 or by email: [liam.mcguckin@dhsspsni.gov.uk](mailto:liam.mcguckin@dhsspsni.gov.uk).

## Extra Allowances for Vocational Trainers

The DHSSPSNI is keen to help in the development of vocational training in Northern Ireland. Funds have been made available to provide additional training allowances for trainers or for those intending to become trainers.

Three extra training days have been arranged for 19 October, 16 November and 16 December. Full details are in the Postgraduate Dental calendar or may be obtained from Marbeth Erskine or Jacinta Owens at NIMDTA. Dentists attending these training days may claim CPDA from NIMDTA even if they have already claimed their maximum allowance from the CSA.

In addition, all existing vocational trainers will be able to claim an extra six sessions of CPDA in order to maintain the high standards expected of them.

These arrangements apply also to trainers on the GPT scheme and are effective from August 2004.

## Extra Specialist Registrar Posts

Following on from the 'Review of Consultant Staffing in the Hospital Dental Service in Northern Ireland', undertaken by working group under the chairmanship of Mr Gerry Cowan, the DHSSPS has agreed to fund two additional SpR posts for the coming year. The Review document has highlighted a training need for consultant posts in the hospital dental service and there will be ongoing work in the Department to address this need.

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