

ORAL HEALTH STRATEGY
GENERAL DENTAL SERVICES

EQUALITY IMPACT ASSESSMENTS

*Department of Health, Social Services and Public Safety
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Phoiblí*

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Executive Summary

1. The Health and Personal Social Services (Northern Ireland) Order 1972 requires the Department of Health, Social Services and Public Safety to provide or secure the provision of health services in Northern Ireland designed to promote the physical and mental health of the community through the prevention, diagnosis and treatment of illness. This includes the provision of oral health care.
2. Northern Ireland's first Oral Health Strategy was published in 1995. The strategy reviews the state of oral health here, highlights the main problem areas and suggests how these might be tackled over the next ten to fifteen years. The overall aim of the strategy is to achieve acceptable oral health for every individual.
3. The Department sets overall policy for the General Dental Services, legislates for that policy, and provides and allocates resources. It is accountable to the Northern Ireland Assembly. Responsibility for the delivery of the service is delegated to Health and Social Services Boards.
4. Dental practitioners are required to provide, for any patient whom they have accepted for general dental services, all proper and necessary care and treatment which a dentist usually undertakes for a patient and which the patient is willing to undergo, including advice, planning of treatment and preventative care.
5. Assessments of the impact of the two policies on equality of opportunity for the nine categories identified under the Section 75 statutory duties were conducted. A wide range of information about the Oral Health Strategy and the General Dental Services was considered and discussions were held with representatives from the nine equality groups. A list of organisations with which informal consultation took place is contained in Appendix A.
6. The Equality Impact Assessments have been carried out using both quantitative and qualitative data and are based on the framework contained in the Equality Commission's Practical Guidance on Equality Impact Assessment.
7. In relation to the Oral Health Strategy, the main quantitative data sources are the Adult Dental Health Survey 1998 and the Child

Dental Health Survey 1993. However, other than age and gender, data are not related to the nine equality groups.

8. For General Dental Services, quantitative data on the number of people registered with dentists, and the treatment claims for those people, from the General Dental Practitioner payment system were available by age and gender. Use was also made of a dataset at electoral ward/local government district level, which allowed monitoring of dentist registration levels across the equality groups. Otherwise, data did not directly relate to the nine equality groups.
9. Both policies are targeted at the whole of the population irrespective of religion, political opinion, racial group, age, marital status, gender, sexual orientation, disability or dependants. The Equality Impact Assessments have identified no evidence that the policies themselves have an adverse impact on any of the nine equality groups. However, the assessments recognise that qualitative evidence obtained from discussions with the voluntary sector suggests that in the delivery of the policies some groups may have difficulty with regard to accessing services, information and advice.
10. The Department as an ongoing exercise will address these issues, together with a number of other more general points raised in relation to the policies during the consultation exercise. The Department will also continue to monitor both policies on an ongoing basis.

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1. INTRODUCTION

- 1.1 These Equality Impact Assessments relate to the Department's Oral Health Strategy and its policy on General Dental Services. The document is available, on request, in large print form, Braille, audiocassette, Irish and Chinese (Cantonese). Requests for translation into other minority ethnic languages will also be considered.
- 1.2 The Health and Personal Social Services (Northern Ireland) Order 1972 requires the Department of Health and Social Services (now Department of Health, Social Services and Public Safety) to provide or secure the provision of health services in Northern Ireland designed to promote the physical and mental health of the community through the prevention, diagnosis and treatment of illness. This includes the provision of oral health care.

2. BACKGROUND

- 2.1 In 2000, a new law came into force in Northern Ireland – the Northern Ireland Act 1998. Section 75 of the Act places a legal obligation on each public authority to have due regard to the need to promote equality of opportunity:
 - *between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;*
 - *between men and women generally;*
 - *between persons with a disability and persons without; and*
 - *between persons with dependants and persons without.*
- 2.2 Without prejudice to the above, public authorities are also to have regard, in carrying out their functions, to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

2.3 Consequently, each public authority is legally bound to:

- review its policies and procedures to determine whether there is any adverse or differential impact as regards equality of opportunity in relation to any of the above categories of people;
- make changes to address any identified adverse or differential inequalities;
- consider new ways of working to better promote equality of opportunity among the categories of people named in the legislation.

2.4 The new law applies to all public authorities in Northern Ireland, including the Department of Health, Social Services and Public Safety (the Department).

3. THE POLICIES

ORAL HEALTH STRATEGY

3.1 Northern Ireland's first Oral Health Strategy was published in 1995 by the Department of Health and Social Services (now Department of Health, Social Services and Public Safety). The strategy reviews the state of oral health here, highlights the main problem areas and suggests how these might be tackled over the next ten to fifteen years. The overall aim of the strategy is to achieve acceptable oral health for every individual.

3.2 Acceptable oral health is defined as a level of health that allows an individual to:

- be free of pain and discomfort;
- eat efficiently;
- speak clearly;
- socialise without embarrassment;
- be free of life threatening disease;

and which, if maintained, gives a reasonable expectation that these benefits will continue throughout life and will contribute to the individual's well being.

3.3 The strategy is a long term one, as efforts to secure improvements in oral health take some time to have an impact. The strategy sets targets for improving the oral health of the population as a whole. It covers:

- dental caries (tooth decay);
- chronic periodontal disease (diseases affecting the tissues supporting the teeth);
- oral cancer;
- orthodontic care;
- dental trauma; and
- manpower issues.

GENERAL DENTAL SERVICES

3.4 The Department sets overall policy for the General Dental Services, legislates for that policy, and provides and allocates resources. It is accountable to the Northern Ireland Assembly. Responsibility for the delivery of the service is delegated to Health and Social Services Boards.

3.5 Health and Social Services Boards ensure the delivery of General Dental Services at local level by general dental practitioners. Boards have to identify oral health needs, ensure there are adequate numbers of dental practitioners to deliver the service, evaluate and monitor services and plan improvements, drawing on professional advice and information from a variety of sources.

3.6 General dental practitioners are the providers of General Dental Services. They are not employed by Boards, but are independent contractors who have undertaken to provide health service dental treatment in return for fees paid by Boards. The number of practitioners currently providing treatment here is approximately 680. All general dental practitioners are also free to provide dental treatment on a private basis, although private and health service treatment cannot be mixed without the patient's agreement.

3.7 Dental practitioners are required to provide, for any patient whom they have accepted for general dental services, all proper and necessary care and treatment which a dentist usually undertakes for a patient and which the patient is willing to undergo, including

advice, planning of treatment and preventative care. However there is no obligation on a dental practitioner to accept someone for treatment.

3.8 The general public may choose to have their dental treatment provided by any general dental practitioner on the Dental List, either on a continuing basis by registering with a particular dentist, or on an occasional basis as the need arises. The list is compiled and maintained by the Central Services Agency. The patient must produce his or her medical card, either when registering with a dentist for ongoing care, or when obtaining occasional treatment.

3.9 A registered dental patient is entitled to:

- all proper and necessary care and treatment;
- a treatment plan setting out the treatment which the dentist proposes to carry out;
- emergency treatment outside normal surgery hours; and
- an estimate of the cost of treatment if the person is an adult and liable to pay.

3.10 Charges for dental treatment are excluded from these Equality Impact Assessments. The whole area of Health Service Charges, including dental charges, will be considered in a separate Equality Impact Assessment.

4. METHODOLOGY

4.1 These Equality Impact Assessments have been carried out using both quantitative and qualitative data and are based on the Equality Commission's Practical Guidance on Equality Impact Assessments.

4.2 In relation to the Oral Health Strategy, the main quantitative data sources are the Adult Dental Health Survey 1998 and the Child Dental Health Survey 1993. However, other than age and gender, data within these surveys are not related to the nine equality groups.

4.3 For General Dental Services, quantitative data on the number of people registered with dentists, and the treatment claims for those people, from the General Dental Practitioner payment system were

available by age and gender. Use was also made of a dataset at electoral ward/local government district level, which allowed monitoring of dentist registration levels across the equality groups. Otherwise, data did not directly relate to the nine equality groups. Data sources are indicated in the Table below.

Equality Group	Source of Data	Analysis Unit
Men and Women Generally	General Dental Practitioner Payment System/1999 Mid-Year Population Estimates	
Persons of different marital status	Northern Ireland 1991 Census Small Area Statistics	Electoral Ward
Persons with different Religious beliefs	Northern Ireland 1991 Census Small Area Statistics	Electoral Ward
Persons with/without Dependants	Northern Ireland 1991 Census Small Area Statistics	Electoral Ward
Persons with/without Long-Term Illness	Northern Ireland 1991 Census Small Area Statistics	Electoral Ward
People of Different Ages	General Dental Practitioner Payment System/1999 Mid-Year Population Estimates	
Persons of Different Political Belief	First Preference votes cast in June 2001 District Council Elections	Local Government District
Persons with/without a Disability	Social Security (GIS) as at March 2000	Electoral Ward
Persons from Different Racial Backgrounds	Estimates provided by the Centre for Racial Equality (Dated –Jan 2001)	Local Government District

- 4.4 To carry out the analysis of dentist registration, the percentage of the population in each electoral ward who were registered with a dentist was calculated. From this, the average level of registration for all the wards in Northern Ireland was calculated and each ward was then put into one of two categories on the basis of whether its level of registration was above (“high”) or below (“low”) the average for NI. The percentage of each equality group living in the two categories was then calculated.
- 4.5 The procedure was the same for political opinion but conducted at local government district level instead of electoral ward.
- 4.6 There is a lack of detailed information about the geographical distribution of people of different racial backgrounds so estimates from the Centre for Racial Equality were used.
- 4.7 Information at ward level about sexual orientation is not available.

- 4.8 The Department's approach to consultation is modelled on the two-stage approach recommended by the Equality Commission. The preliminary consultation process gathered information and qualitative data, which informed the Equality Impact Assessments. A list of organisations with which informal consultation took place is contained in Appendix A.

5. CONSIDERATION OF AVAILABLE DATA AND RESEARCH

- 5.1 We have reviewed a wide range of information about the Oral Health Strategy and the General Dental Services including:

- the mid-term evaluation of the Oral Health Strategy for Northern Ireland, published in June 2001;
- an analysis of payment claims from the Dental Payments System – April to September 2000;
- the level of registrations with dentists as at September 2000;
- registration and equality group information at electoral ward/local government district level
- Census data;
- data from the Central Health Index – the system which records each patient's details using a unique reference number;
- the United Kingdom Child Dental Health Survey (1993);
- the United Kingdom Adult Dental Health Survey (1998);
- Referral Dental Service data – data on the claims dentists make for payment;
- dental screening by the Community Dental Services;
- the Health and Social Well Being Survey 1997;
- aggregate hospital data;
- the hospital inpatients' system;
- a study of elderly people's attendance at their dentist by the Northern Health and Social Services Board.

6. ASSESSMENT OF AVAILABLE DATA AND RESEARCH

- 6.1 The Department's policies on its Oral Health Strategy and General Dental Services are targeted at the whole of the population

irrespective of religion, political opinion, racial group, age, marital status, gender, sexual orientation, disability or dependants.

- 6.2 Based on the available information and our preliminary discussions with those representing the nine equality groups, we have reached conclusions on the impact of the policies on those groups. These conclusions are set out below. Where a comment was raised by our preliminary consultation the Department's response is shown in italics.

Oral Health Strategy

Religion

- 6.3 Oral health data is not collected in terms of religion. Based on our discussions with Section 75 groups, there is no evidence of any differential impact.

Political Opinion

- 6.4 Oral health data is not collected in terms of political opinion. Based on our discussions with Section 75 groups, there is no evidence of any differential impact.

Racial Group

- 6.5 Oral health data is not collected in terms of racial group. Based on our discussions with Section 75 groups, there is no evidence of any differential impact.

Age

- 6.6 The 1993 United Kingdom Child Dental Health Survey found that children in Northern Ireland have significantly higher levels of treated and active tooth decay than children in England, Scotland and Wales. The 1998 United Kingdom Adult Dental Health Survey showed that although Northern Ireland continued to have the highest levels of caries in adults throughout the United Kingdom there had been a general improvement in levels here.
- 6.7 As a result, the Oral Health Strategy has different targets for children and adults in relation to a reduction in dental caries. This difference in targets could be considered to have a differential impact, but the Department considers that the differentiation is justifiable given the different needs of children and adults. It does not, therefore, consider there to be any adverse impact.

Marital Status

- 6.8 Oral health data is not collected in terms of marital status. Based on our discussions with Section 75 groups, there is no evidence of any differential impact.

Gender

- 6.9 The 1998 Adult Dental Health Survey showed no significant differences in dental health between males and females. There is no evidence of any differential impact and this is confirmed by our discussions with Section 75 groups.

Sexual Orientation

- 6.10 Oral health data is not collected in terms of sexual orientation. Based on our discussions with Section 75 groups, there is no evidence of any differential impact.

Disability

- 6.11 Oral health data is not collected in terms of disability. Based on our discussions with Section 75 groups, there is no evidence of any differential impact.

Dependants

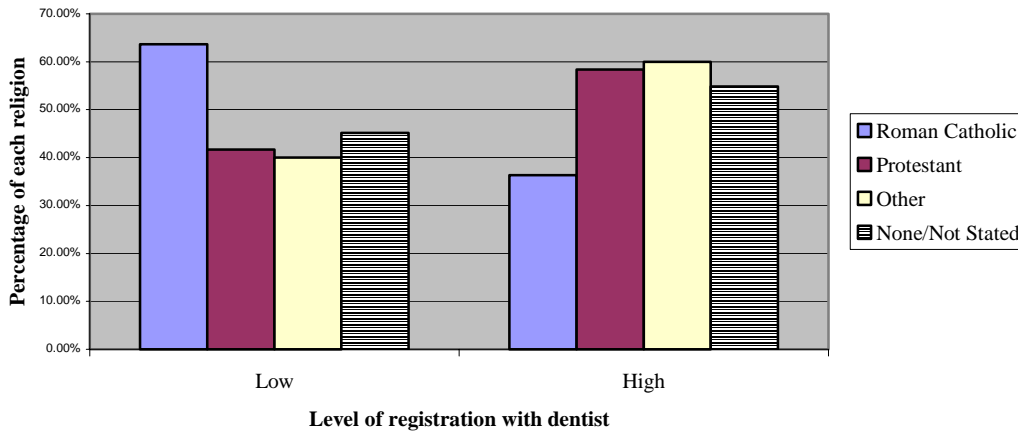
- 6.12 Oral health data is not collected in terms of dependants. Based on our discussions with Section 75 groups, there is no evidence of any differential impact.

General Dental Services

Religion

- 6.13 Data on General Dental Services is not collected by religion. Based on our analysis of dental registration rates within electoral wards, a higher proportion of Roman Catholics live in wards where the registration rate is low (64%) than in wards where it is high (36%). For other religious groupings, the majority live in wards where the registrations are high.

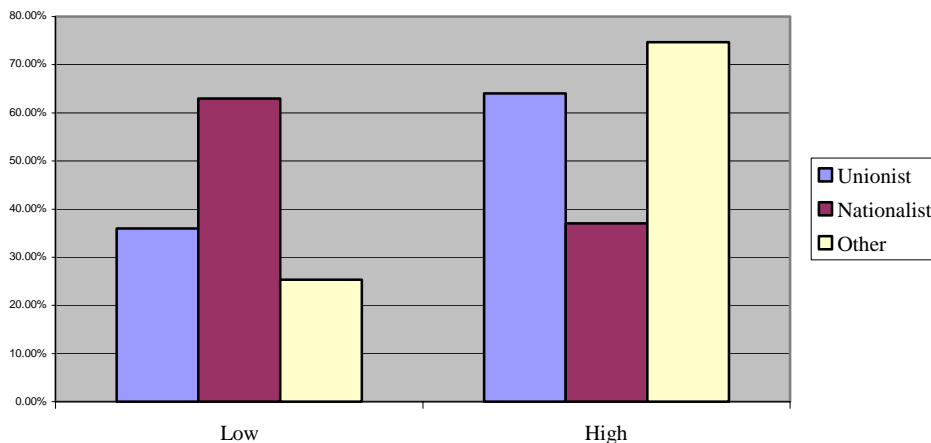
Religion, Wards with high and low registration



6.14 Despite the apparent difference in registration levels between Roman Catholics and other religious groupings, our discussions with Section 75 groups indicate that the policy on General Dental Services has no adverse impact on Roman Catholics.

Political Opinion

6.15 Data on General Dental Services is not collected by political opinion. Based on our analysis of dental registrations at local government district level, a higher proportion of ‘Nationalists’ live in areas where the level of dentist registration is low whereas the opposite is true for ‘Unionists’ and ‘Others’.



6.16 The information for political opinion was only available at local government district level. The districts were divided up into two categories on the same basis as electoral wards but in this case the total populations in each category were slightly unequal (46.37% in the “low” category and 53.63% in the “high” category). It should

be borne in mind that the 'Others' group represents a small minority of the population of NI (less than 10%).

- 6.17 Despite the apparent difference in registration levels between Nationalists and other political groupings, analysis at local government level is crude and our discussions with Section 75 groups indicate that the policy on General Dental Services has no adverse impact on this group.

Racial Group

- 6.18 Data on General Dental Services is not collected by racial group. While it was not possible to obtain specific client data on the geographical location of different racial groups, the Centre for Racial Equality did provide some information. In Belfast they estimate there are large numbers from each of the racial groups, in Craigavon, a high proportion of Chinese, Travelling and Pakistani communities and in Londonderry, relatively large numbers of people from Chinese, Indian and Travelling communities. There are also sizeable numbers of people from different racial backgrounds found in Down, Lisburn, Ballymena, Newry and North Down.
- 6.19 Belfast and Londonderry both have low registration rates, Down is slightly below average, while the other areas mentioned have above average registration rates. Without more detailed information it is not possible to make any meaningful conclusion but, based on our discussions with Section 75 groups, there is no evidence of any differential impact.
- 6.20 However, a number of issues were raised during consultation. These are detailed below, together with the Department's response.
- It was felt that the Department should ensure that interpreters are available, as clients require them both in mainstream provision and emergency provision, and that the Department should develop a code of practice for Dentists to promote the offering and provision of interpretative services as clients require.
 - It was also thought the Department should ensure that clients are aware that all written material on services can be provided in their native language as required. The procedure to request

such information should be simple and should have a fast turnaround.

- The Department should provide, in appropriate native languages, written information on how to register with a dentist. Such information should be disseminated through agencies representing the interests of people from ethnic minorities.
- The Department should ensure that the registration forms are available in the native language of ethnic minorities as required.

Health and Social Services Boards provide interpreters where necessary within the Community Dental Service. The Department of Culture Arts and Leisure are currently developing proposals for the Northern Ireland Civil Service and wider public sector that will address such provision. In addition, as part of taking forward an equality work programme, each Health and Social Services Board is conducting a Good Practice Review. One of these Reviews is looking at the general issue of Access to Information, and this will encompass the points made.

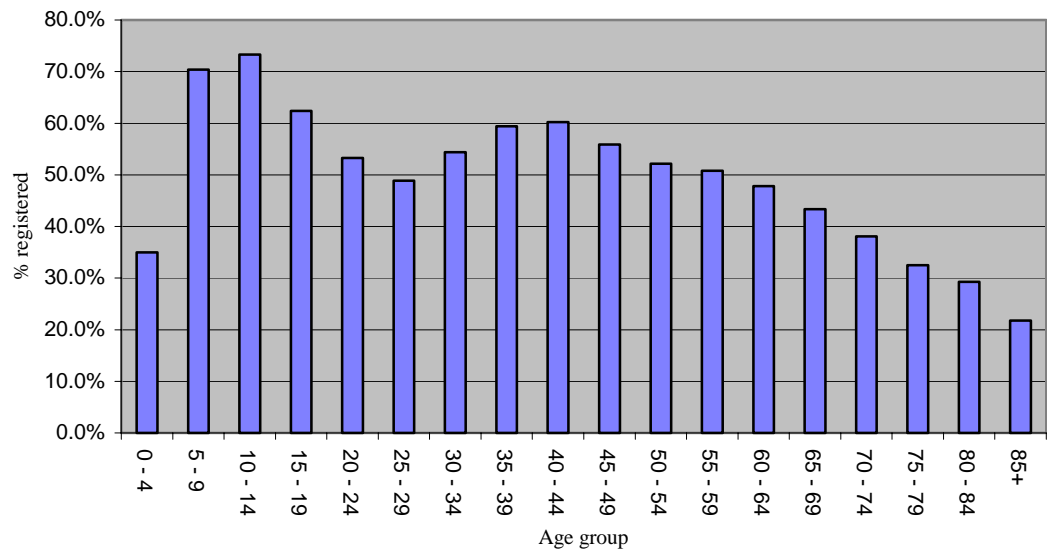
- The Department should ensure that the staff in all Dental Practices should receive appropriate race/cultural awareness and disability awareness training and that an appropriate standard of awareness is maintained or bettered.

Race/cultural awareness and disability awareness training can be taken forward through the Clinical Audit provisions within general dental practice or through postgraduate training. Clinical Audit is a self - examination of a dentist's practice in order to improve his/her service and care for patients.

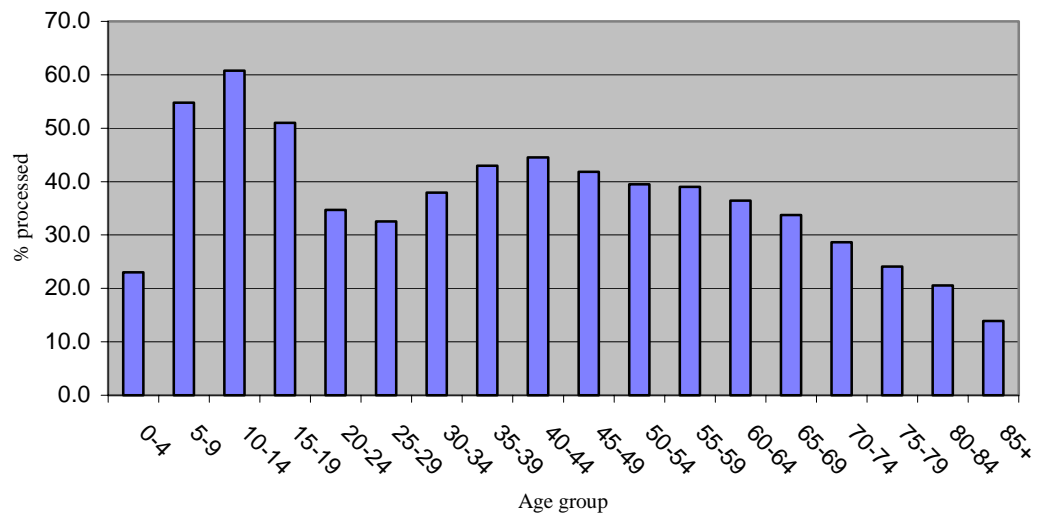
Age

- 6.21 Data on the number of people registered with dentists for general dental services, and the treatment claims for those people, are available by age and are shown in the tables below.

% of population registered with a dentist by age group



Number of claims processed as a % of population by age group



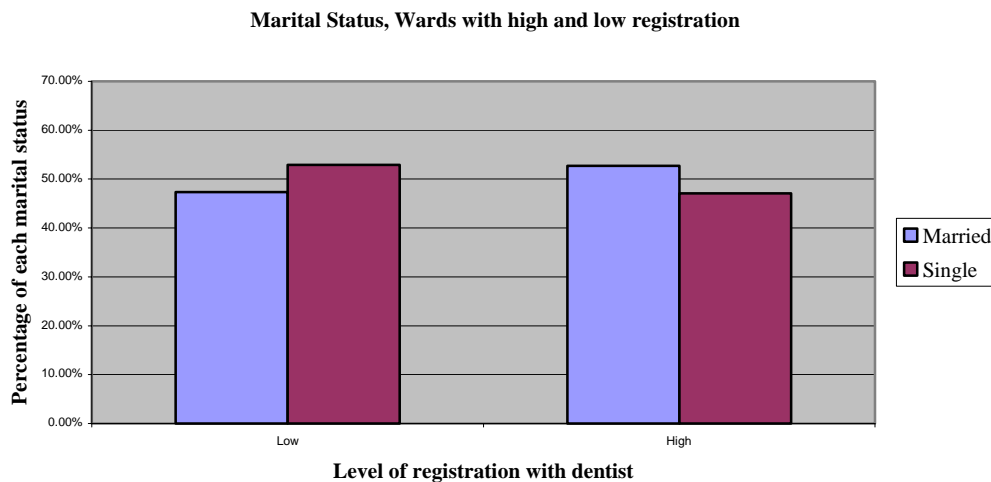
6.22 Although these data show a difference in both registrations and treatment levels according to age, there is no evidence of any adverse impact. This is confirmed from our discussions with Section 75 groups.

6.23 The consultation exercise produced a suggestion that the Department should conduct an audit to ascertain which dentists are not on a frequent service public transport route, and that the findings should then be fed into Local Strategic Plans for transport.

In the future, it should be possible for the Northern Ireland Statistics and Research Agency to conduct a study to match dental surgeries to bus stops, the results of which could be passed to the Department of Regional Development to consider when planning public transport arrangements. The Department's Information and Analysis Unit would facilitate any such exercise. The Department will consider this when appropriate information on the position of bus stops in Northern Ireland becomes available.

Marital Status

6.24 Data on General Dental Services is not collected by marital status. Based on our analysis of dental registrations within electoral wards, there are a slightly higher percentage of married people living in wards where dentist registration is high, whereas more single people live in wards where dental registration is low. The differences are relatively small.



6.25 Despite the differences, there is no evidence of any adverse impact and this is confirmed by our discussions with Section 75 groups. However, some of the groups expressed the view that the Department should review the way in which information on marital status is captured to ensure that it conforms to the requirements of the equality legislation.

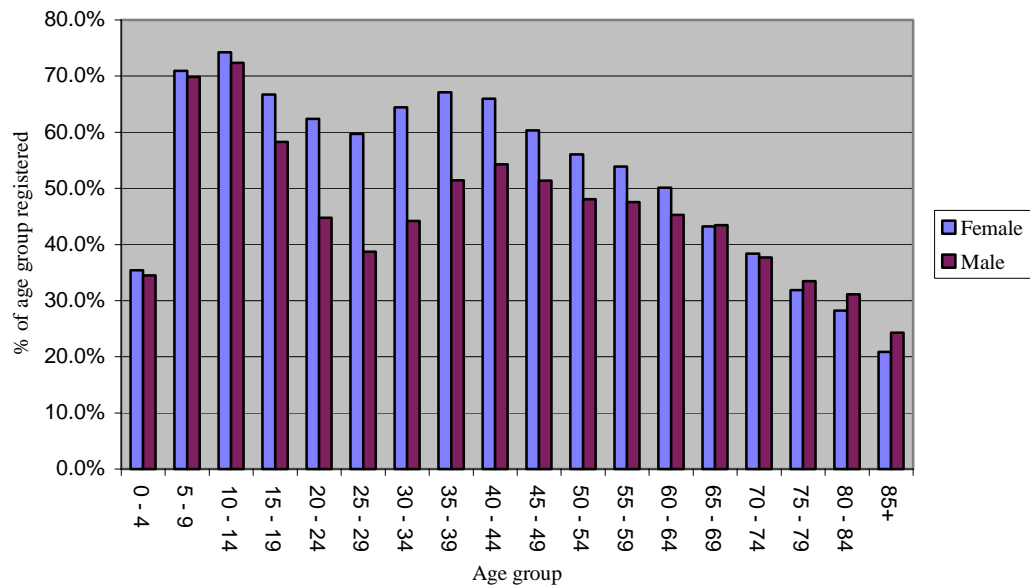
Information on marital status is not, in fact, currently collected and there are no plans to do so.

Gender

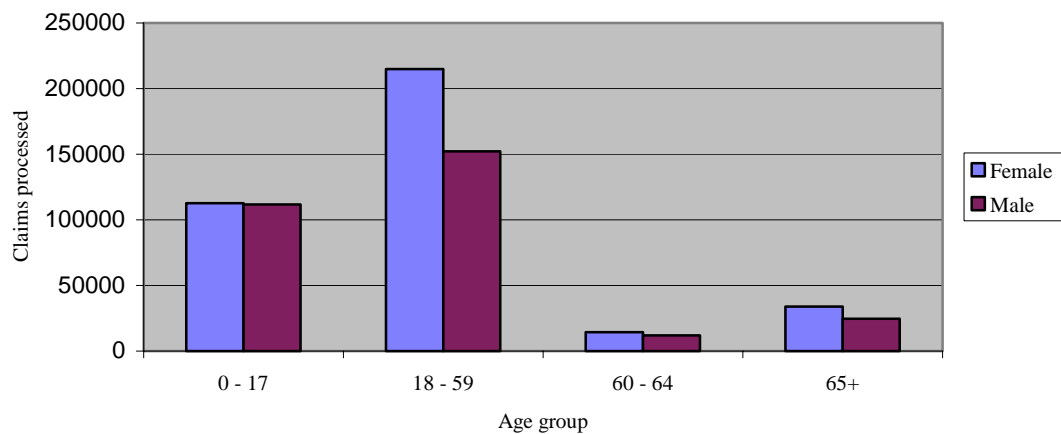
6.26 Data on the number of people registered with dentists for General Dental Services, and the number of treatment claims processed for

those people, are available by gender and are shown in the tables below. Although these data show a difference in both registrations and treatment levels according to gender, there is no evidence of any adverse impact. This is confirmed from our discussions with Section 75 groups.

% of each age group registered with a dentist by gender



Total number of treatment claims processed by age group and gender



Sexual Orientation

6.27 Data on General Dental Services is not collected by sexual orientation. Based on our discussions with Section 75 groups, there is no evidence of any differential impact.

- It has been suggested during consultation that the Department should develop a code of practice for dentists to ensure that all patient information, especially information on HIV sufferers or sexual orientation, is kept confidential and is disseminated on a need-to-know only basis. It was also suggested that the Department should consult with organisations representing people with HIV and people of different sexual orientation in the development of the guide, and that the Department should introduce strict quality assurance reviews of the way in which patient information is held, to ensure that the code of practice is being enforced correctly.

Current Departmental guidance on confidentiality covers these points and there is further work in progress that will include consultation with relevant organisations. There is also a code of practice for dentists issued by the General Dental Council.

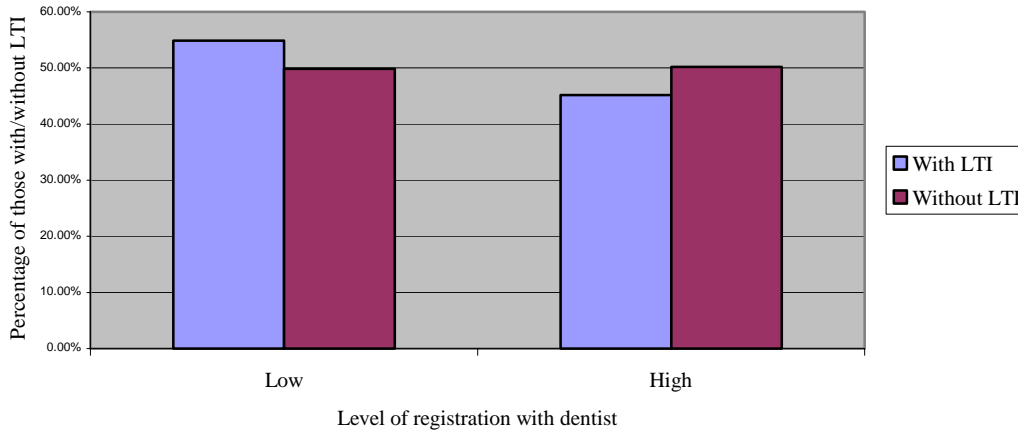
- It was felt that the Department should ensure that all dentists undergo training and train their staff to interact appropriately with people of different sexual orientation, and that the Department should consider the involvement of dentists in the delivery of as much of the above training as possible. Peer education was considered to be very powerful. It was also felt that the Department should ensure that awareness of Section 75 and equality principles are integrated into the mainstream of training for dentists.

Training of dentists and their staff can be taken forward as part of clinical audit. It could also be included in undergraduate and postgraduate training. The Department will consider this.

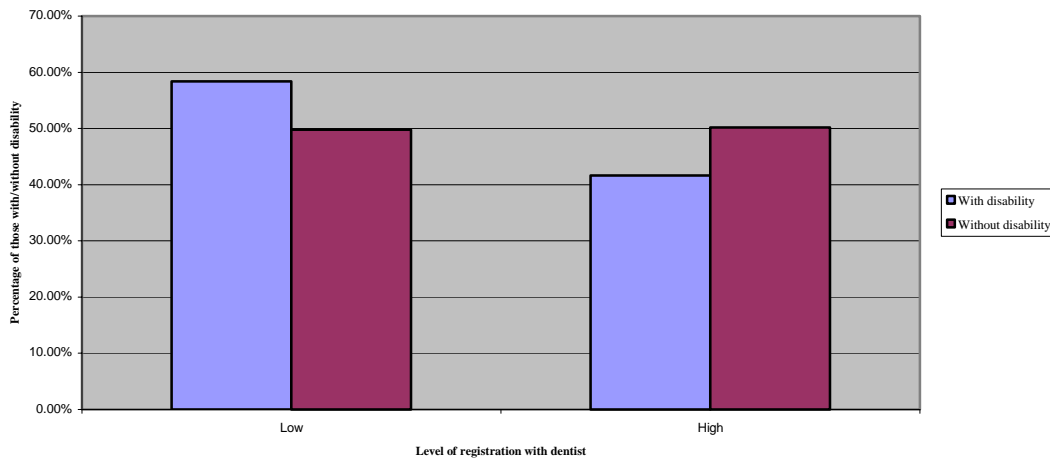
Disability

6.28 Data on General Dental Services is not collected by disability. The two charts below are based on our analysis of dental registrations within electoral wards and use different measures of levels of disability. They both indicate that disabled people tend to be living in wards where level of registration is low. Although these charts indicate that disabled people are less likely to be registered with a dentist, without precise records from dentists we cannot make a definite conclusion.

Limiting long-term illness, Wards with high and low registration



Disability, Wards with high and low registration



6.29 There is no evidence of any adverse impact and this is confirmed by our discussions with Section 75 groups. However, some suggestions did emerge.

- It was suggested during consultation that, in accordance with the Disability Discrimination Act, all dentists’ surgeries should have proper physical access for disabled people. It was also felt that the Department should encourage Dentists to provide a ‘set-down’ area or parking facility nearby their dental practice to assist people with reduced mobility.

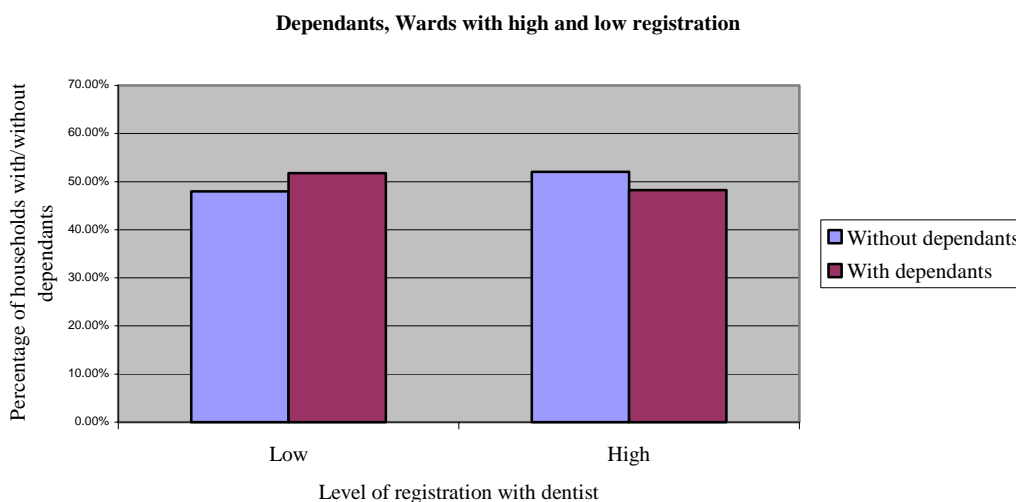
Dentists will be required to comply with new disability discrimination legislation. Recommendations are currently out for consultation.

- The view was also expressed that the Department should develop a code of practice for dentists and their staff in relation to treatment of, and provision of information to, people with a disability. A special emphasis should be placed on the measures required to obtain consent from people with learning disability and ensuring that such people are seen as soon as possible after they arrive (i.e. are not left in the waiting room for long periods).

These views will be taken into account as part of the Review on Access to Information. The Department is also currently developing new guidelines on consent, for public consultation.

Dependants

6.30 Data on General Dental Services does not identify those people with dependants. However, our analysis of dental registrations within electoral wards indicates there are more households without dependants in wards with low registration. However, the differences are relatively small.



6.31 Based on this data and our discussions with Section 75 groups, there is no evidence of any adverse impact. However, two points emerged.

- It was felt that the Department should review the opening hours of dental practices, to test the feasibility of offering a range of evening and weekend appointments for those who cannot attend during normal working hours.

Dentists' opening hours are demand led. There can be no requirement to open in the evening or at weekends, as dentists are independent contractors.

- It was also suggested that the Department should consider how arrangements for childcare might be organised for carers who wish to attend dental appointments, either for themselves or with the person for whom they 'care'. In addition, it was thought that the Department should develop a best practice guide for dentists to inform them about the various carers' associations and support networks, and encourage them to actively promote the use of such services by carers who are registered with their practice.

A 'Carers Strategy' is currently being developed within the Department and will take account of these points. The Community Dental Service already provides a domiciliary visiting service where necessary.

7. GENERAL POINTS RAISED

7.1 There were a number of other more general points raised during the consultation exercise in relation to the Oral Health Strategy and General Dental Services policy. These, together with the Department's view on each, are set out below:

- As a matter of good practice, at the end of each appointment, dentists should provide a breakdown for customers to explain the charges for the current appointment, and the nature and cost of any future treatment. All costs should be highlighted on this breakdown.

Dentists are required, under their terms of service, to issue a treatment plan (including the approximate cost of treatment) to patients at the time of first examination or at any time if the patient requests one. The Department will remind dentists of their obligations.

- The Department should encourage dentists to ensure that the "return experience" (i.e. going back to the dentist after a long period of absence) is as welcoming and positive as possible, especially for those client groups who currently experience difficulties accessing dental services.

The Department agrees with this sentiment and will discuss it with the profession.

- The Department should raise public awareness about the need to register with a dentist and highlight the limit of the registration period. This information should be available in all necessary formats. The Department should also simplify the registration process and ensure that the needs of those with low literacy levels are met in a sensitive way.

The Department of Health in England, in conjunction with the Health Departments in Scotland, Wales and here, will be reviewing the registration requirements, and this may lead to a change in the current arrangements. In the meantime, Boards are taking action to promote the registration process. The needs of those with low literacy levels will be addressed as part of the Review on Access to Information.

- Consideration should be given as to how the needs of nomadic (and homeless) people can be accommodated and how the need for a medical card can be circumvented.

Except in exceptional circumstances, the medical card is the 'passport' for entitlement to all health services here and any change would have to be considered in a much wider policy context.

- The Department should require dentists to make their services and charges publicly available in a way that is easy to understand and in formats that are accessible to all. Such information should be updated and quality-assured regularly by the Department.

Each dentist is required to produce a practice leaflet detailing his/her services, hours of opening, etc and make it available to patients. Health and Social Services Boards are responsible for ensuring these leaflets are of an adequate standard and are available. The Department sets dental charges annually, and a summary of the main charges is published each year in Leaflet HC12 'Charges and optical voucher values'. The Department will consider the need to publish these in other formats.

- The Department should consider how dental records of nomadic people can be made readily available to the next dentist who treats them.

A transfer form is available for the patient to take from one dentist to another.

- The Department should raise the profile of the orthodontic services and provide information on the service in the native language of the people from ethnic minorities.

Access to orthodontic services is dependent on patient registration with a dentist. The current registration requirements will be reviewed and eligibility for orthodontic services based on clinical need is being considered. In terms of information, these views will be taken into account as part of the Review on Access to Information.

- The Department should raise the profile of the emergency dental service.

Responsibility for emergency dental services rests with Health and Social Services Boards. The Department will discuss with Boards how the service can be promoted.

- Dentists should develop client-centred ways of ensuring that those who wish to can remain registered with them. Such processes would take account of the different needs of clients and their preferred mode of communication. The Department could co-ordinate this and consolidate the findings into a code of practice.

This is a matter of good administrative practice. The Community Dental Service provides a safety net for patients who cannot access a health service dentist.

- The Department should draw up clear guidelines for dentists as regards the way in which they must record all requests for registration, and the manner in which dentists should provide feedback to clients of their reasons for not accepting them onto their panel. The Department should monitor such processes.

This is a matter of good practice, which Boards should monitor.

- The Department should review the range of data collected on the registration form to ensure that only essential information is collected. The Dentist should ensure that the patient is clear as to why the information requested is essential to the latter's dental care.

The registration form will be reviewed to ensure only essential information is recorded.

- The Department should review how people from different geographical areas can access mainstream services elsewhere under certain circumstances.

A person may register with a dentist in any geographical area that is convenient for him or her. The Department's Information and Analysis Unit are developing a health and social care inequalities monitoring system, a component of which would monitor geographical accessibility to dentists. This would identify any areas where access to a dentist could be a problem.

- Dentists should issue times and numbers on which emergency dentists can be contacted (e.g. in a manner similar to the way in which chemists rota are advertised).

This information is already available within the Practice Leaflet that each dentist is required to produce.

- The Department should ensure that community dentists make use of day centres and other venues as far as possible to perform dental screening for elderly people in particular.

The Community Dental Service already uses such venues where possible.

- The Department should improve its monitoring of the uptake of services against the nine equality categories. This may mean changes to the forms that collect information on registration and treatments. The Department should also conduct more detailed quantitative research into the effects of the issues within the Oral Health Strategy across the nine categories.

Monitoring of registration levels and the provision of treatments by age and gender will continue, based on the data available from the General Dental Services payment system. Further work will be carried out by the Department's Information and Analysis Unit based on a dataset at Electoral Ward/Local Government District level which allows monitoring of information across the equality groups.

- The Department should review the range of images used on all 'corporate' material promoting or informing services to ensure that the images fully reflect all nine categories of people within the equality legislation.

These views will be taken into account as part of the Review on Access to Information.

8. MONITORING ARRANGEMENTS

- 8.1 The Department will continue to monitor the Oral Health Strategy and the General Dental Services policy on an ongoing basis. Monitoring of registration levels and the provision of treatments by age and gender will continue, based on the data available from the General Dental Services payment system. Further work will be carried out by the Department's Information and Analysis Unit based on a dataset at Electoral Ward/Local Government District level which allows monitoring of information across the equality groups. In addition, progress will be reviewed against planned strategy.

9. CONCLUSION

- 9.1 Both policies are targeted at the whole of the population irrespective of religion, political opinion, racial group, age, marital status, gender, sexual orientation, disability or dependants. This exercise has identified no evidence of any adverse impact on any of the nine equality groups. However, the Department will continue to monitor both policies on an ongoing basis.

10. CONSULTATION

- 10.1 These Equality Impact Assessments have been sent for comment to all organisations shown in Appendix B. This list is not exhaustive

and others may request a copy from the named contact shown in Section 11. The consultation period will last until 30 September 2002.

11. ADDITIONAL COPIES AND ACCESSIBLE VERSIONS

- 11.1 If you require additional copies or versions of this document in large print, Braille, audio cassette, Irish or Chinese, please contact:

**Mr Eddie Murphy
Room 415
Dundonald House
Upper Newtownards Road
BELFAST
BT4 3SF**

TEL: 028 90 524163

FAX: 028 90 524863

Email: edward.murphy@dhsspsni.gov.uk

- 11.2 Requests for translation into other minority ethnic languages will be considered.

Consultation papers

- 11.3 This document is based on evidence that a Group, chaired by DHSSPS officials, has been considering over a number of months. Please feel free to access the papers considered by the Group on the Department's website.

<http://www.dhsspsni.gov.uk/publications>

APPENDIX A

INFORMAL CONSULTATION LIST

Age Sector Reference Group
Aids Helpline
Armagh Cathedral
Armagh and Dungannon HSS Trust
Ballymoney Disability Forum
Belfast Hebrew Congregation
Disability Action
Blind Centre (NI)
British Diabetic Association (S&E)
Children's Law Centre
Chrysalis Women's Centre
Coleraine Visually Impaired Club
Community Work Education and Training
Network
Council for the Homeless
Craigavon Travellers Support Committee
Derry Travellers Support Group
Derry Well Woman
Diabetic Association
Dungannon and Armagh Foster Care
Fermanagh Voluntary Association of Disabled
Focus On Family
Foyle Downs Syndrome Trust
General Consumer Council for NI
Mencap
Mental Health Commission
Multi-Cultural Resource Centre
National Schizophrenia Fellowship
NI Council for Ethnic Minorities
NI Foster Care Association
NSPCC (L/Derry)
Portadown Carers National Association
Rainbow Project
Sinn Fein
Sperrin Lakeland HSS Trust
Traveller Movement (NI)
Women's Aid

APPENDIX B

FORMAL CONSULTATION LIST

Abbeyfield Society (NI Region)
AIDS Helpline
Accord Catholic Marriage Counselling Service
Action Cancer
Action Mental Health
Action MS
Action on Elder Abuse
Adopt
Afro-Asian Residents Group NI
Age Concern (NI)
Age Sector Reference Group
Al-Anon Family Group
Alcohol Awareness for Youth
Alzheimers Society
Amalgamated Transport and General Workers Union
Arthritis & Rheumatism Council
Arthritis Care
Association for Spina Bifida and Hydrocephalus
Association of Crossroads Care Attendants Schemes
Association of Directors of Social Services
Association of Executive Directors of Social Work
Association of Independent Advice Centres
Association of Local Authorities in Northern Ireland
Association of Practice Nurses
Association of Trust Directors of Social Work

Barnardos
Belfast Bahai Community
Belfast Brook Advisory Centre
Belfast Hebrew Congregation
Belfast Travellers Education and Development Group
Board of Social Witness, Presbyterian Church in Ireland
British Association of Social Workers (NI)
British Deaf Association (NI)
British Dental Association
British Fluoridation Society
British Geriatric Society (NI)

British Psychological Society (NI Branch) (for health matters relating to
 Psychology only)
 British Red Cross
 Bryson House
 Belfast Islamic Centre Women's Group
 British Medical Association (NI)

Cancer Relief – Macmillan Fund
 Carafriend
 Carers National Association
 Central Services Agency for the HPSS
 Child Accident Prevention Trust
 Child Care (NI)
 Child Poverty Action Group
 Children's Day Nursery Association
 Children's Law Centre
 Chinese Welfare Association
 Church of Ireland Board for Social Responsibility (NI)
 CINNI
 Coalition on Sexual Orientation (COSO)
 Commission for Racial Equality for Northern Ireland (CRENI)
 Committee for the Administration of Justice (CAJ)
 Community Addiction Team
 Community Development and Health Network
 Community Evaluation (NI)
 Community Practitioners Health Visitors Association (CPHVA)
 Community Relations Training/Learning Consortium
 Community Work Education and Training Network
 Confederation of Community Groups
 Conservation Volunteers (NI)
 Co-operation Ireland
 Corrymeela Community
 Councils – City, District and Borough
 Council for Catholic Maintained Schools (CCMS)
 Council for the Advancement of Communication with Deaf People
 Council for the Homeless
 Council on Social Responsibility, Methodist Church in Ireland
 Counteract
 Craigavon Asian Women's Centre
 Craigavon Chinese Community Association
 Craigavon Vietnamese Club
 Cruse Bereavement Care

Derry Travellers Support Group
Derry Well Women
Diabetes UK
Disability Action
Down Cardiac Support Group
Down & Connor Family Ministry Commission Pro-Life Working Party
Downs Syndrome Association
Dunlewey Substance Advice Centre
East Belfast Community Development Agency
Education and Library Boards
Employers' Forum on Disability
Equality 2000
European Infertility Network Ltd
Extern Organisation
Extra Care

Faculty of Public Health Medicine
Falls Community Council
Family Care Society
Family Planning Association NI
Fermanagh Women's Network
Fire Brigade Union
First Key (NI)
Food Standards Agency
Food Safety Promotion Board
Forum for Action on Substance Abuse
Forum for Community Work Education (NI)
Forum for Community Work in Northern Ireland
Foundry Regeneration Trust
Four Seasons Healthcare
Foyle Down's Syndrome Trust
Foyle Friend

Gay and Lesbian Youth Northern Ireland
General Consumer Council for NI
Gingerbread Northern Ireland
GMB Union
Good Shepherd Centre
Guild of Healthcare Pharmacists

Harmony Community Trust
Health and Social Services Boards
Health and Social Services Councils

Health and Social Services Trusts
Health and Social Services Special Agencies
Help the Aged
His Eminence the Archbishop of Armagh
Home Start (NI)

Include Youth
Indian Community Centre
Institute of Public Health
Irish Congress of Trade Unions – NI Committee
Irish Temperance League
Issue, the National Fertility Association

Japan Society of NI

La Societa Italiana Irlanda Del Nord
Law Centre (NI)
Lesbian Line
Life (NI)
Life Start Association

Manufacturing Science and Finance Union
Marie Curie Cancer Care (Belfast)
Mediation Network for NI
MENCAP
Mental Health Commission
Mid-Ulster Women's Network
Moderator of the Presbyterian Church in Ireland
Moore, Tim (Research & Library Services)
Motability
MPs, MEPs
Mulholland After Care Services
Multi-Cultural Resource Centre
Multiple Sclerosis Society (NI)

NI Assembly Members
NI Association for Mental Health
NI Association of GP Fundholding Practices
NI Cancer Registry
NI Chest, Heart and Stroke Association
NI Citizens Advice Bureau
NI Council for Ethnic Minorities (NICEM)
NI Council on Alcohol

NI Deaf Youth Association
 NI Federation of Housing Associations
 NI Home Accident Prevention Council
 NI Hospice
 NI Mother and Baby Appeal
 NI Music Therapy Trust
 NI Practice Managers Association
 NI Volunteer Development Agency
 NI Women's Aid Federation
 National Board for Nursing, Midwifery & Health Visiting for Northern
 Ireland
 National Deaf Children's Society
 National Society for the Prevention of Cruelty to Children (NSPCC)
 Newry and Mourne Senior Citizens' Consortium
 Newry and Mourne Women
 Newtownabbey Senior Citizens' Forum
 Nexus Institute for NI
 NI Anti-Poverty Network
 NI Economic Council
 NI Independent Living Fund
 North West Community Network
 North West Ethnic Communities Association

 North West Forum of People with Disabilities
 Northern Ireland African Cultural Centre
 Northern Ireland Association for the Care and Resettlement of Offenders
 (NIACRO)
 Northern Ireland Child Minding Association (NICMA)
 Northern Ireland Council for Postgraduate Medical and Dental Education
 Northern Ireland Council for Voluntary Action (NICVA)
 Northern Ireland Committee, Irish Congress of Trade Unions (NIC-
 ICTU)
 Northern Ireland Filipino Association
 Northern Ireland Foster Care Association (NIFCA)
 Northern Ireland Gay Rights Association (NIGRA)
 Northern Ireland Government Departments
 Northern Ireland Newpin
 Northern Ireland Pensioners Convention
 Northern Ireland Pre-School Playgroups Association (NIPPA)
 Northern Ireland Public Service Alliance (NIPSA)
 Northern Ireland Statistics and Research Agency (NISRA)
 Northern Ireland Student Centre
 Northern Ireland Women's European Platform (NIWEP)

Northern Ireland Youth Forum

Omagh Ethnic Support Group
Omagh Women's Area Network

Pakistani Community Association
Parents and Professionals and Autism (PAPA)
Parents Advice Centre (PAC)
Pharmaceutical Contractors' Committee (NI)
Pharmaceutical Society of Northern Ireland
Physically Handicapped and Able-Bodied (PHAB)
PlayBoard NI
POBAL
Political Parties in Northern Ireland
Press for Change
PRAXIS Mental Health
Putting Children First
PSSSF
Queer Space

Royal College of Nursing – Mental Health Nursing Society
Rape Crisis and Sexual Abuse Centre
Registered Nursing Home Association
Relate
Remember Our Child
Retained Fire Fighters Union
Royal College of General Practitioners (NI)
Royal College of Midwives
Royal College of Nursing
Royal College of Obstetrics & Gynaecologists
Royal College of Psychiatry
Royal Institution of Chartered Surveyors in Northern Ireland
Royal National Institute for Deaf People (RNID)
Royal National Institute for the Blind (RNIB)
Royal Society for the Prevention of Accidents (ROSPA)
Rural Community Network
Rural Development Council

Salvation Army District Office
Samaritans
Save the Children Fund
Sense (National Deaf-Blind and Rubella Association)
Shelter

Sikh Cultural Centre
Simon Community
Social Care Association (NI)
Society of St Vincent de Paul
Sperrin Lakeland Senior Citizens' Consortium
Staff Commission for Education and Library Boards

The Blind Centre for Northern Ireland
The Cedar Foundation (formerly NICOD)
The Community Foundation for Northern Ireland
The Community Relations Council
The Equality Commission
The Equality Forum (NI)
The Fire Authority for Northern Ireland
The Guide Dogs for the Blind Association
The Human Rights Commission
The Irish Council of Churches
The Local Government Staff Commission for Northern Ireland (LGSC)
The Most Reverend The Lord Archbishop of Armagh
The N. Ireland Interfaith Forum
The President of the Baptist Church of Ireland
The Women's Centre
Threshold
Traveller Movement (NI)
Twins and Multiple Births Association (TAMBA)

Ulster Cancer Foundation
Ulster Chemists Association
Ulster Institute for the Deaf
Ulster Quaker Service Committee
UNISON

Voice of Young People in Care (NI)
VSB

West Belfast Economic Forum
Women into Politics
Women's Forum (NI)
Women's Information Group
Women's Resource and Development Agency
Women's Support Network

Young Help Trust

Youth Council for Northern Ireland