

EQUALITY IMPACT ASSESSMENTS

ORAL HEALTH STRATEGY

GENERAL DENTAL SERVICES

PRELIMINARY CONSULTATION

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

May 2001

CONTENTS

	Page
Section 1 Introduction	2
<i>Why we are seeking your views</i>	2
<i>Areas we are working on</i>	3
<i>What we have done so far</i>	3
<i>Oral health strategy; general dental services</i>	4
<i>What we want to do now</i>	4
Section 2 Oral Health Strategy	5
<i>What is the oral health strategy</i>	5
<i>Dental caries (tooth decay)</i>	7
<i>Chronic periodontal disease</i>	9
<i>Oral cancer</i>	10
<i>Orthodontic care</i>	11
<i>Dental trauma</i>	12
<i>Manpower issues</i>	13
<i>Other questions</i>	14
Section 3 General Dental Services	15
<i>Statutory requirements</i>	15
<i>Role of the Department</i>	15
<i>Role of Health and Social Services Boards</i>	15
<i>Role of General Dental Practitioners</i>	15
<i>Obtaining dental care</i>	16
<i>Charges</i>	16
<i>Preliminary conclusions</i>	17
<i>Other questions</i>	21
Section 4	22
<i>Additional copies and accessible versions</i>	22
<i>Preliminary consultation papers</i>	22

SECTION ONE

INTRODUCTION

Why we are seeking your views

- 1.1 In 1998, 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.*
- 1.2 Without prejudice to the above, they 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.
- 1.3 Consequently, each public authority is legally bound to:
 - review their policies and procedures to find out if their policies and/or services are working against the principle of equality of opportunity in relation to any of the above categories of people;
 - make changes to address any unjustified inequalities where they find them;
 - consider new ways of working to better promote equality of opportunity among the categories of people named in the legislation.
- 1.4 The new law applies to public authorities in Northern Ireland, including the Department of Health, Social Services and Public

Safety (DHSS&PS). The guidance which has been issued to public bodies on the new legislation states that “*consultation should...play a significant role*” in the overall process. Hence, we would greatly value your views on the policies that we are currently reviewing.

Areas we are working on

1.5 At present, we are reviewing:

- The Oral Health Strategy for Northern Ireland
- General Dental Services.

These reviews are called “Equality Impact Assessments”.

What we have done so far...

1.6 So far, we have reviewed a wide range of information about the Oral Health Strategy and the General Dental Services including:

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

1.7 Based on this and our discussions with experienced personnel, we have reached some **preliminary** conclusions on where policies,

procedures and services may or may not adversely impact on any of the categories of people listed in the legislation.

Oral health strategy; general dental services

1.8 The following sections each contain a summary of:

- what the policy or service is;
- the **preliminary** conclusions we have reached about whether or not the policy has an adverse effect on any of the categories of persons mentioned in the new law; and
- the aspects where we would especially value your comments.

What we want to do now

1.9 We now want to give people an opportunity to let us know their views on the two policy areas that we are examining. This is a **preliminary** consultation to help us to write a **draft** report on the Equality Impact Assessment of the two policy areas. When we have written that report, we will again consult formally on its findings.

SECTION TWO

ORAL HEALTH STRATEGY

What is the “oral health strategy”?

2.1 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.

2.2 Acceptable oral health is a level of health which 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.

2.3 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.

2.4 In the following sections we:

- define each aspect of the strategy;
- summarise the key issues in Northern Ireland related to it;
- outline the main actions, including targets where appropriate, which are set out in the strategy to address the key issues; and
- list the preliminary conclusions of the Department about this aspect of the strategy in relation to the equality impact assessment. The preliminary conclusions that have been reached are based on the range of information that has been reviewed so far.

2.5 **We would stress that no firm conclusions have been reached. The consultation with you is a key part of the process and any final conclusions will only be reached after the full consultation process has been completed.**

Dental caries (tooth decay)

Definition

2.6 Dental caries is the breakdown of tooth tissue. The major cause of caries is the consumption of sugar which is converted into acid by the bacteria in the plaque on the surface of the teeth.

Key Issues

2.7 The key issues are:

- the 1993 United Kingdom Child Dental Health Survey found that children in Northern Ireland have significantly higher levels of treated and active caries than children in England, Scotland and Wales;
- the 1998 United Kingdom Adult Dental Health Survey showed that there had been a general improvement in levels of caries in adults throughout the United Kingdom but that Northern Ireland continued to have the highest levels.

Targets set out in the strategy:

2.8 The following targets relating to tooth decay in Northern Ireland were set in 1998:

- to increase the percentage of children with no caries experience from 37% to 45%;
- to reduce the average number of carious teeth in 5 year old children from 3.0 to 2.2;
- to increase the percentage of 15 year old children with no caries experience from 15% to 20%; and
- to reduce the average number of carious teeth in 15 year old children from 5.3 to 4.

Main actions set out in the strategy:

2.9 The methods by which the high caries rate in Northern Ireland can be reduced were identified as:

- reduction of the consumption of, and especially the frequency of, intake of sugar in the diet;
- the use of fluoride tablets or drops in areas where the water supply lacks adequate fluoride;
- the use of topically applied fluorides (especially toothpastes);

- the application of fissure sealant (a plastic coating applied to the surface of the back teeth); and
- the fluoridation of public water supplies.

2.10 It should be noted that in 1998, the Minister for Health and Social Services decided **not** to proceed with the fluoridation of Northern Ireland's water supply. Consequently, the targets set in 1995, for the reduction in caries were revised.

Preliminary Conclusion

2.11 **The oral health strategy has different targets for children and adults in relation to dental caries. At this stage we think this is justifiable given the different needs of children and adults.**

DO YOU FEEL THAT ANY OF THE CATEGORIES OF PEOPLE MENTIONED IN THE LEGISLATION ARE DISADVANTAGED BY THE DEPARTMENT'S STRATEGY IN RELATION TO DENTAL CARIES (TOOTH DECAY)? IF YES, HOW?

Chronic periodontal disease

Definition

2.12 Chronic Periodontal Disease is the collective term for a number of different diseases affecting the tissues supporting the teeth e.g. gums, bones, ligaments.

Key Issues

2.13 The 1998 United Kingdom Adult Dental Health Survey showed that:

- of the 82% of adults with some remaining teeth, 94% had at least minor signs of chronic periodontal disease, 72% showing a degree of destruction of the supporting tissues of the teeth and 5% with advanced problems;
- calculus (tartar) is one of the main causes of periodontal disease. However, unlike plaque, it needs to be removed by a dentist or dental hygienist. In Northern Ireland, 83% of adults had calculus on their oral tissues;
- in Northern Ireland, fewer adults had received hygiene advice on oral health from their dentist than elsewhere in the United Kingdom.

Main actions set out in the strategy

2.14 The main ways to reduce periodontal disease are:

- adequate oral hygiene measures;
- provision of advice to adults in relation to oral hygiene; and
- access to scaling and polishing by dentists or hygienists.

Preliminary Conclusion

2.15 **At this stage, we think that this aspect of the oral health strategy has no differential impact on any of the categories of people mentioned in the new legislation. Services for the treatment of oral periodontal disease are demand led and available to all.**

DO YOU FEEL THAT ANY OF THE CATEGORIES OF PEOPLE MENTIONED IN THE LEGISLATION ARE DISADVANTAGED BY THE DEPARTMENT'S STRATEGY IN RELATION TO CHRONIC PERIODONTAL DISEASE? IF YES, HOW?

Oral cancer

Definition

2.16 Oral cancer is cancer of the mouth.

Key Issues

2.17 The key issues are:

- there are approximately 60 new cases of oral cancer diagnosed in Northern Ireland each year;
- the present annual figures for deaths from oral cancer for Northern Ireland are 3 per 100,000 males and 2 per 100,000 females;
- 98% of all cases are in people over 40 years of age.

Main actions set out in the strategy

2.18 The following measures might be taken to address oral cancer:

- early detection (by dentists as part of general oral examination);
- further research into the most cost-effective methods of screening for oral cancer; and
- prevention – smoking and alcohol consumption are risk factors in oral cancer.

Preliminary Conclusion

2.19 **At this stage, we think that this aspect of the oral health strategy has no differential impact on any of the categories of people mentioned in the new legislation. Dental services for the treatment of oral cancer are demand led and available to all.**

DO YOU FEEL THAT ANY OF THE CATEGORIES OF PEOPLE MENTIONED IN THE LEGISLATION ARE DISADVANTAGED BY THE DEPARTMENT'S STRATEGY IN RELATION TO ORAL CANCER? IF YES, HOW?

Orthodontic care

Definition

2.20 Orthodontic care is a specialist service to realign teeth and jaws.

Key Issues

2.21 The key issues are:

- Northern Ireland, in common with Great Britain, faces the cost and difficulty involved in undergraduate and postgraduate orthodontic training and a shortage of qualified orthodontists;
- Northern Ireland has a higher percentage of children than Great Britain.

Main actions set out in the strategy

2.22 The “Review of Orthodontic Services in Northern Ireland” (1990) suggested the following range of measures to address these issues:

- Boards to collect data on the orthodontic treatment needs of Northern Ireland children;
- Boards to ensure provision of orthodontic training; and
- Boards and others to ensure that consultant services are available for the management of more severe orthodontic conditions.

Preliminary Conclusion

2.23 **At this stage, we think that this aspect of the oral health strategy has no differential impact on any of the categories of people mentioned in the new legislation. Orthodontic services are demand led and available to all.**

DO YOU FEEL THAT ANY OF THE CATEGORIES OF PEOPLE MENTIONED IN THE LEGISLATION ARE DISADVANTAGED BY THE DEPARTMENT’S STRATEGY IN RELATION TO ORTHODONTIC CARE? IF YES, HOW?

Dental trauma

Definition

2.24 Dental trauma refers to traumatic injuries to the teeth as a result of accidents.

Key Issue

2.25 The key issue is that such injuries occur, mainly in children, as a result of accidents during play or sport.

Main actions set out in the strategy

2.26 The main measures advocated are:

- accident prevention; and
- the encouragement to wear mouth guards.

Preliminary Conclusion

2.27 **Dental services are available to all. At this stage, we think that this aspect of the oral health strategy has no differential impact on any of the categories of people mentioned in the new legislation since the incidence of trauma is random.**

DO YOU FEEL THAT ANY OF THE CATEGORIES OF PEOPLE MENTIONED IN THE LEGISLATION ARE DISADVANTAGED BY THE DEPARTMENT'S STRATEGY IN RELATION TO DENTAL TRAUMA? IF YES, HOW?

Manpower issues

Definition

2.28 This refers to the need for a full range of care from General Dental Practitioners, Community Dental Services and Hospital Dental Services.

Key Issue

2.29 The key issue is the increase in the number of elderly people.

Main actions set out in the strategy

2.30 The main measures advocated are:

- Boards should ensure that there is adequate domiciliary screening of elderly people; and
- the Department should continue to assess the manpower and training requirement for dental consultants and dental auxiliary staff.

Preliminary Conclusion

2.31 **At this stage we think that this aspect of the oral health strategy has no differential impact on any of the categories of people mentioned in the new legislation.**

DO YOU FEEL THAT ANY OF THE CATEGORIES OF PEOPLE MENTIONED IN THE LEGISLATION ARE DISADVANTAGED BY THE DEPARTMENT'S STRATEGY IN RELATION TO MANPOWER ISSUES? IF YES, HOW?

Other questions

HAVE YOU ANY OTHER COMMENTS ON THE DEPARTMENT'S ORAL HEALTH STRATEGY NOT SPECIFIC TO THE ABOVE QUESTIONS?

WHAT ELSE COULD THE DEPARTMENT DO, WITHIN THE ORAL HEALTH STRATEGY, TO BETTER PROMOTE EQUALITY OF OPPORTUNITY?

SECTION THREE

GENERAL DENTAL SERVICES

Statutory requirements

- 3.1 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 through the **general dental services**.

Role of the Department

- 3.2 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.

Role of Health and Social Services Boards

- 3.3 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.

Role of General Dental Practitioners

- 3.4 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.

3.5 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.

Obtaining dental care

3.6 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.

3.7 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.

Charges

3.8 Charges for Dental Treatment are excluded from this Equality Impact Assessment. The whole area of Health Service Charges, including dental charges, is being considered separately.

Preliminary conclusions

3.9 Our preliminary conclusions, which follow, are based on the range of information we have considered so far. We would stress that **no** firm conclusions have been reached. The consultation with you is a key part of the process and any final conclusions will only be reached after the full consultation process has been completed. We would welcome your views on whether, in your experience, policy, procedures or services under General Dental Services have an adverse effect on any of the nine categories of people listed in the legislation. We would especially value your views on our preliminary conclusions.

3.10 **We think that reduced mobility could be a factor in preventing elderly people from accessing and using the dentist.**

TO WHAT EXTENT DO YOU FEEL THAT GENERAL DENTAL SERVICES ARE INACCESSIBLE TO ELDERLY PEOPLE? IN YOUR OPINION AND EXPERIENCE, WHAT IS THE GREATEST BARRIER FOR ELDERLY PEOPLE ACCESSING AND USING DENTAL SERVICES?

3.11 **We think, based on anecdotal evidence, HIV sufferers might be experiencing difficulties accessing and using dental services.**

IN GENERAL, DO YOU FEEL THAT HIV SUFFERERS COULD HAVE DIFFICULTIES GETTING DENTAL TREATMENT? WHAT DO YOU FEEL ARE THE GREATEST BARRIERS FOR HIV SUFFERERS IN ACCESSING AND USING DENTAL SERVICES?

3.12 **We think it is possible that people from different racial groups (i.e. ethnic minorities and Irish Travellers) might experience difficulties in accessing and using dental services.**

WHAT DIFFICULTIES DO YOU FEEL PEOPLE FROM DIFFERENT RACIAL GROUPS MIGHT HAVE IN ACCESSING AND USING DENTAL SERVICES? IF THERE ARE DIFFICULTIES, ARE THEY ANY DIFFERENT BETWEEN ETHNIC MINORITIES AND IRISH TRAVELLERS?

- 3.13 We think it is possible that people with disabilities experience difficulties in accessing and using dental services.

WHAT DIFFICULTIES MIGHT PEOPLE WITH DISABILITIES HAVE IN ACCESSING AND USING DENTAL SERVICES?

- 3.14 We think there is possibly an unequal geographic balance in terms of where orthodontic services are located. If such an imbalance in the locations existed, it might contribute to an imbalance in terms of religious belief in-patients accessing and using orthodontic services.

WHAT DIFFICULTIES, IF ANY, MIGHT PEOPLE IN ANY OF THE NINE CATEGORIES HAVE IN ACCESSING AND USING ORTHODONTIC SERVICES?

- 3.15 We think further information is needed to decide whether or not there is a need to review opening hours of general dental practitioners' practices and emergency services provided under the general dental service.

WHAT DO YOU FEEL ABOUT THE GENERAL AVAILABILITY OF DENTAL SERVICES? ARE THEY LOCATED IN THE "RIGHT" AREAS?

DO THE CURRENT OPENING HOURS OF DENTAL PRACTICES PRESENT ANY DIFFICULTIES FOR ANY OF THE NINE CATEGORIES OF PEOPLE? IF YES, PLEASE EXPLAIN.

DO THE CURRENT ARRANGEMENTS FOR EMERGENCY DENTAL TREATMENT, EG DENTAL ABSCESS, BLEEDING, FRACTURE, PRESENT DIFFICULTIES FOR ANY OF THE NINE CATEGORIES OF PEOPLE? IF YES, PLEASE EXPLAIN.

3.16 **We think further information is needed in order to decide whether the registration period with a dentist has an adverse impact on any of the nine categories of people and to assess whether there are any barriers in relation to people going to dentists for check ups.**

Anyone who is registered with a general dental practitioner 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, eg dental abscess, bleeding, fracture, outside normal surgery hours; and
- an estimate of the cost of treatment if the person is an adult and liable to pay.

The registration period with a general dental practitioner for both adults and children is 15 months. This means that to continue to be registered a patient must see his or her dentist at least every 15 months.

WERE YOU AWARE THAT TO CONTINUE TO BE REGISTERED WITH YOUR DENTIST YOU NEED TO SEE YOUR DENTIST AT LEAST ONCE EVERY 15 MONTHS?

WHAT, IF ANY, BARRIERS, DOES THE REGISTRATION PERIOD CAUSE TO ANY OF THE NINE CATEGORIES OF PEOPLE REGISTERING WITH A DENTIST?

WHAT, IF ANY, DIFFICULTIES MIGHT 'CARERS' AND PEOPLE WITH CHILDREN HAVE IN ATTENDING A DENTIST BECAUSE OF THEIR SITUATION?

BEYOND WHAT HAS BEEN MENTIONED ABOVE, ARE THERE ANY BARRIERS WHICH ANY OF THE NINE CATEGORIES OF PEOPLE MIGHT FACE IN RELATION TO GOING FOR CHECK UPS? IF YES, PLEASE EXPLAIN.

3.17 We think further information is needed in order to decide whether the fact that dentists are not obliged to accept a patient for treatment under the Health Service has an adverse impact on any of the nine categories of people.

DOES THE FACT THAT SOME DENTISTS CHOOSE NOT TO TAKE ON ALL PATIENTS UNDER THE HEALTH SERVICE PRESENT ANY PARTICULAR DIFFICULTIES TO ANY OF THE NINE CATEGORIES OF PEOPLE? IF YES, PLEASE EXPLAIN.

WHILST ALL NECESSARY TREATMENT IS PROVIDED, SOME DENTISTS PROVIDE ONLY CERTAIN TREATMENTS ON THE HEALTH SERVICE AND WILL PERFORM OTHERS PRIVATELY. DO YOU THINK THIS PRACTICE COULD DISADVANTAGE ANYONE IN THE NINE CATEGORIES OF PEOPLE? IF YES, HOW?

Other questions

HAVE YOU ANY OTHER COMMENTS ON THE GENERAL DENTAL SERVICE NOT SPECIFIC TO THE ABOVE QUESTIONS?

WHAT ELSE COULD THE DEPARTMENT DO, WITHIN GENERAL DENTAL SERVICES, TO BETTER PROMOTE EQUALITY OF OPPORTUNITY?

SECTION FOUR

Additional copies and accessible versions

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

Mr Denis O'Hara
Secretary
Equality Impact Assessment Steering Group
Room 413
Dundonald House
Upper Newtownards Road
BELFAST
BT4 3SF

TEL: 028 90 525037

FAX: 028 90 524863

Email: dennis.o'hara@dhsspsni.gov.uk

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

Preliminary consultation papers

- 4.3 These preliminary conclusions on both policy areas are based on papers 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>