



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk



QUESTIONNAIRE

A Consultation Document
September 2004

Consultation document:

AN ORAL HEALTH STRATEGY FOR NORTHERN IRELAND

The Department of Health, Social Services and Public Safety has published a consultation document - An Oral Health Strategy for Northern Ireland. The document presents proposals on how our population's oral health may be improved and sets challenging targets against which progress will be measured.

The document presents a 10-year plan which aims to improve the oral health of the entire population and reduce inequalities. We want to hear from all those with an interest, not just in oral health, but in general health as well.

We are seeking the views of those who are involved in delivering the services, those who feel they have a role in health improvement, the general public and any other interested parties. It is important to canvass opinion at this stage because the Oral Health Strategy will set the context for the future strategy on the Delivery of Primary Dental Care. We need to get the foundation right.

The consultation document and response pro forma can be made available in other languages and formats and they may also be accessed through the Department's website.

We value your views and encourage you to contribute to our consultation.



Doreen Wilson
Chief Dental Officer

Guidance on completing the questionnaire

The recommendations contained in the Oral Health Strategy consultation document are reproduced overleaf in a series of tables. To reduce the size of the questionnaire some recommendations have been abbreviated and others have been combined.

Respondents are asked to indicate the strength of their agreement with each recommendation by placing a tick in **one** of the columns labelled 1 to 5.

Tick the “1” column when you strongly agree with a recommendation.

Tick the “2” column when you agree with a recommendation.

Tick the “3” column when you neither agree nor disagree with a recommendation.

Tick the “4” column when you disagree with a recommendation.

Tick the “5” column when you strongly disagree with a recommendation.

If you would like to give an explanation of why you agree/disagree with a recommendation please do so in the relevant comments box.

Please respond to the consultation document by post or fax.

Responses should be sent to:

Liam McGuckin
Dental Services Group
Room 4.25
Castle Buildings
Belfast BT4 3SQ

Fax. 02890 523283

Tel. 02890 520212

Your response must be received by 31 December 2004

(Please tick a box)

I am responding as an individual

I am responding on behalf of an organisation

Name: _____

Job title: _____

Organisation: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Do you want your response
to be confidential Yes No

Note: There are no recommendations in section 1 of the Oral Health Strategy. The first recommendations therefore come from section 2. Within the Strategy document recommendations are numbered firstly by the section in which they occur and then, after the decimal point, by the order in which they appear in that section. In the questionnaire, as recommendations have in some cases been combined, there are occasions when the recommendations are out of sequence.

SECTION 2: PREVENTING ORAL DISEASE

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
	There should be a regional expert group for Oral Health Promotion (OHP) that:	2.2						
	Is formally linked in with general health promotion through the DHSSPS health promotion forum;	2.1						
	At a strategic level plans and coordinates OHP in Northern Ireland;	2.2						
	Develops regional OHP programmes and appropriate evaluations.	2.3						
	Each Community Trust should have at least one OHP coordinator.	2.4						
	Preventive interventions should be evidence-based with consideration given to cost-effectiveness.	2.5						

SECTION 3: CHILDREN'S ORAL HEALTH

1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree

Summary recommendation	Relevant recommendation	1 2 3 4 5					Comments
		1	2	3	4	5	
Preventing caries in children, particularly among those from disadvantaged backgrounds, should be a key health objective for all Boards and Trusts in Northern Ireland.	3.1						
The DHSSPS, Boards and Trusts should work with educational authorities to ensure that all schools, including special schools:							
Are free from vending machines selling sugary snacks and drinks;	3.2						
Have a healthy breaks and meals policy.	3.3						
Oral health professionals should build on existing partnership working arrangements to improve children's diets, particularly those from disadvantaged backgrounds.	3.4						
The DHSSPS will work in partnership with other stakeholders to examine the feasibility of fluoridating the public water supplies.	3.5						

SECTION 3: CHILDREN'S ORAL HEALTH (continued)

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
As 3.5 may take some time, an alternative, evidence-based, regional prevention programme for caries in children should be developed and implemented as soon as possible.		3.6						
The new Primary Dental Care Strategy should encourage dentists and PCDs to provide diet advice, oral hygiene instruction, fissure sealants and topical fluoride where appropriate.		3.7						
Producers of soft drinks should investigate ways of reducing their erosive potential.		3.8						
Dentists should be aware of the causes of dental erosion and should offer advice, treatment and referral as appropriate.		3.9						
Oral health professionals should work with the relevant bodies to ensure that all contact sports participants wear a mouthguard.		3.10						

SECTION 3: CHILDREN'S ORAL HEALTH (continued)

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
Oral health professionals should work in partnership with those who teach, train and care for children to improve the immediate management of dental trauma.		3.11						
Health Boards should examine the possibility of providing training to highlight the dentists' role in the detection and multidisciplinary management of suspected cases of child physical abuse.		3.12						
Oral health professionals at all levels should work in partnership with schools, local councils and other health professionals to ensure that the public are aware of the risks to health caused by excessive alcohol consumption.		3.13						
The DHSSPS and Health Boards should work with local councils, safety organisations and licensed premises to increase the use of "safe" glasses.		3.14						

SECTION 3: CHILDREN'S ORAL HEALTH (continued)

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
Oral Health professionals should be aware of the causes of falls among older people and should support falls prevention programmes.		3.15						
The boundaries of orthodontic treatment for health reasons and orthodontic treatment for purely cosmetic reasons should be clearly defined in the strategies for the GDS and the CDS.		3.16						
Nursing staff and trained carers of children with disabilities should receive an oral health module that covers how to prevent oral disease, detecting early signs of oral disease and how to access dental services. Parents and other carers should be given advice on maintaining oral health.		3.17						

SECTION 3: CHILDREN'S ORAL HEALTH (continued)

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
The Care Standards for children's special schools and residential care homes should require that: each child has their oral health assessed by a dentist annually; each care plan has oral health input; there is a policy for preventing oral disease; arrangements are in place with local dental services to provide dental care and when a need is identified these arrangements are put into action.		3.18						
Trusts should ensure that appropriate transport is available to allow children and adults with mobility problems to access oral care.		3.19 and 4.15						
Oral health care needs assessments for children with disabilities should be carried out to agreed protocols throughout Northern Ireland and reported in a standard form.		3.20						

SECTION 4. ADULT ORAL HEALTH

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
The philosophy of lifelong prevention of dental disease should be adopted by all dentists.		4.1						
The DHSSPSNI, Health Boards and General Dental Practitioners should employ innovative approaches to increase dental service utilisation among older people. The new Primary Dental Care Strategy should facilitate this goal.		4.2, 4.9 and 4.13						
Boards and Trusts should continue to work with residential and nursing home staff to improve oral hygiene practices and reduce the decay causing potential of food so that levels of root caries are reduced.		4.3						
Training should be provided to carers of the elderly on how to prevent dental decay through dietary and oral hygiene measures.		4.4						

SECTION 4. ADULT ORAL HEALTH

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
The Primary Dental Care System should make it feasible for oral health professionals to spend time with patients on one-to-one oral hygiene and smoking cessation advice (brief interventions).		4.5 and 4.6						
Training in brief interventions for smoking cessation should be widely available to primary care oral health professionals.		4.6						
Oral hygiene should be integrated into the teaching of general body cleanliness education at both pre-school and primary school. For older children oral hygiene should be promoted as part of grooming behaviour.		4.7						
Dentists should opportunistically screen “at risk” patients for oral cancer.		4.8						

SECTION 4. ADULT ORAL HEALTH

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
Using interdisciplinary and intersectoral approaches oral health professionals should continue to work towards increasing the consumption of fresh fruit and vegetables among all children, but particularly those from disadvantaged backgrounds.		4.10						
An oral health assessment should form part of the multidisciplinary health assessment given to new residents of nursing and residential homes for the elderly.		4.11						
The Care Standards for residential and nursing homes for the elderly currently being developed in Northern Ireland should include simple indicators that allow the quality of oral healthcare provided by the home to be determined.		4.12						
National care standards for disabled adults in residential care should ensure that oral health is assessed regularly, that protocols are in place for dental care when it is required and that there is a policy on the maintenance of oral health.		4.14						

SECTION 4. ADULT ORAL HEALTH

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
The training of dentists, dental nurses, hygienists and therapists should include practical experience in the management of those with special needs. Appropriate postgraduate training should be available to those who wish to develop their skills in the treatment of the disabled.		3.21						
Nursing staff and professional carers should receive training on simple oral assessment criteria, how to prevent oral disease in those with mental illness and how to access dental services.		4.18						
Professionally trained carers of adults with disabilities should receive an oral health module that covers how to prevent oral disease, detecting early signs of oral disease and how to access dental services. Other carers should be given advice on maintaining oral health.		4.16						

SECTION 4. ADULT ORAL HEALTH

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
<p>The Care Standards for those with a psychiatric illness in residential care should ensure that an oral health assessment forms part of the general health assessment, that each individual's care plan should have oral health input and that each residential care home has a protocol to ensure all residents with an oral health care need have access to appropriate services.</p>		4.17						

SECTION 5: DENTAL SERVICES

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
In modernising primary care dental services, comprehensive access to appropriate dental care should be safeguarded.		5.1						
The Chief Dental Officer should establish a multidisciplinary working group to examine the shortfall in dental services for special needs patients and develop an action plan to improve services for this group.		5.2						
As it may take some time to develop a suitable long-term solution to the shortfall in dental services for special needs patients the working group should also investigate remedial measures that can be implemented quickly.		5.2						
A regional oral health care needs assessment and a simple survey of dental service usage should be carried out for homeless, travellers and ethnic minorities.		5.3						

SECTION 5: DENTAL SERVICES

1=Strongly agree	2=Agree	3=Neither agree nor disagree	4=Disagree	5=Strongly disagree				
Summary recommendation		Relevant recommendation	1	2	3	4	5	Comments
The DHSSPS, Health Boards and Trusts should work in partnership to try to improve dental service utilisation levels among those groups with historically low levels of dental attendance.		5.4						
Access to, and uptake of, dental care should be monitored carefully during any changes to the primary care dental services.		5.5						

SECTION 6: IMPLEMENTATION OF THE STRATEGY

1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree

Summary recommendation	Relevant recommendation	1	2	3	4	5	Comments
The Chief Dental Officer should set up a Strategy Implementation Group to ensure that the Strategy recommendations are enacted and to monitor progress towards Strategy targets.	6.1						
Each Health Board and Trust should produce an annual action plan and submit this to the Strategy Implementation Group at the beginning of each financial year.	6.2						
There should be a mandatory review of the strategy after 5 years. Recommendations and especially targets may need to be revised as new information is received and the Strategy Implementation Group should give this consideration on an on-going basis.	6.3						

**Thank you for taking the time to complete this questionnaire.
Please return it to us using one of the methods described at the front of this booklet**

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