Towards a better oral healthcare service for children and special care patients

A HSE Dental Surgeons Group Position Paper

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IDA
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INTRODUCTION

The HSE public dental service (PDS) is a vital part of the oral healthcare system which aims to deliver better oral health for all.

A reoriented and appropriately resourced PDS is best positioned to deliver several key components of Ireland's sought after **''new community oral healthcare service''.**

It is vital that the PDS and general dental practitioners work together if preventive care and treatment, once adequately resourced, are to be delivered.

A system-wide approach to improving oral health allowing the **development of pathways across and between the public and general sectors is required.** Such a system should be designed to confer improvements in oral health outcomes and associated benefits for the most vulnerable children and adults in society.

Ultimately, the **"dental home"**, where an ongoing lifelong relationship between the patient is enabled, should be rooted in general dental practice.

KEY ELEMENTS

1. Oral health prevention and promotion for all.

2. Oral healthcare for children.

3. Oral healthcare services for special care adults and marginalised groups.

ORAL HEALTH PREVENTION AND PROMOTION

Oral health promotion should be at the beginning and central to everything we do so that health **outcomes for individuals and for wider society can be improved.**

Oral health promotion needs to be available at society and individual level across the life course. We need to work in partnership within dentistry and with other health and non-healthcare professionals relating oral health to general health.

Oral health should be a part of **early education** and the roles of others e.g. community workers, teachers and childcare staff. There are inequalities in health globally.

Therefore we need to incorporate the **promotion of oral health and prevention of oral diseases** in programmes, which aim to prevent and treat all non-communicable diseases globally. The PDS is perfectly positioned to lead on community oral health improvement.

ORAL HEALTHCARE SERVICES FOR CHILDREN

An appropriately resourced PDS would be well positioned to provide **targeted, free universal oral health care to children** age from birth to the end of primary school education.

By framing the service in this way, capacity would be available to provide accessible **high-quality community based oral healthcare and prevention** for this key, and currently inadequately provisioned, population cohort.

These ages represent the **key formative years** for **good oral health and must be prioritised** for focused attention.

The application of a **clear age-related ceiling for oral healthcare services** by the PDS, would enable the service to provide appropriate, and targeted prevention and treatment for this key cohort.

The PDS has the skills and competencies – but not yet the resources - required to address oral health care needs amongst this demographic.

Such a reoriented, **targeted and resourced** PDS would also be well placed to provide an emergency dental service for children within the defined age cohort.

SPECIAL CARE ADULTS & MARGINALISED GROUPS

While the majority of eligible adults would be able to avail of **timely access to appropriate preventive and therapeutic oral healthcare** in general dental practice, there are some individuals with special care/ additional needs and within marginalised groups, where the expertise to provide care resides in the public dental service.

In a reoriented service, **patients unable to accept dental treatment with their general dental practitioner could be referred to the PDS for treatment** episodes and returned to their general dental practitioner for ongoing care.

The concept of **shared care would be possible for these patients between their general dental practitioner and the public service**. The PDS should be equipped with the required referral pathways and networks, clinical protocols and access to specialist services to meet the needs of these patients. **Specialist care should be widely available to support general and public dental care with flexible pathways between all skill sets.** Specialists other than special care specialists will be required across a properly functioning and appropriately resourced public dental service.

General dental practitioners should be supported to provide as much care as possible meaning that only the minority of patients would be unable to accept oral care and require referral. The PDS has an experience base in working effectively with and for this, at times, challenging cohorts.

CONCLUSION

The Irish Dental Association has a clear vision of how oral health can improve across Irish Society. We have a strong desire for the way services are planned, delivered, reoriented and improved.

The Association believes that the public dental service is central to improving oral health outcomes in Ireland and accordingly we are calling to be included in the planning and delivery of any new system of services.

KEY ENABLERS

For community oral health improvement by the PDS, we require fundamentals such as:

- Partnerships: both internally and externally to dental services.

- Political will.

- Appropriate funding and resourcing.

- Oral health research which supports the measurement of oral health outcomes. This should also identify disease trends and where oral healthcare services need to be targeted across the population.

- Programmes must be evidence based and their design and delivery must be supported by strong research evidence of effectiveness and demonstrate a rationale that it can deliver targeted, measurable outcomes which support high quality oral healthcare for all patient cohorts.

- Ensure equity of access: Any new reoriented PDS must address existing regional inequalities so that the service can be readily accessed by all children from birth to the end of primary school education no matter where one lives. Consideration should be given to providing “catch up” dental services to all those children that the system has failed in more recent times (i.e. those not targeted for dental services).

- Services underpinned by clear clinical guidelines with direct practitioner and patient decisions about required oral healthcare for specific clinical circumstances e.g. what care is provided, by whom and in what clinical setting.

-The provision of an accessible well-resourced and financially viable network of general dental practitioners working in collaboration with the PDS, will be critical in delivering high quality community based oral healthcare services.

- Facilitate an adequately resourced and multi-disciplinary approach which provides for both prevention and intervention as required and whereby dental surgeons are adequately supported by sufficient number of qualified members of the dental team, other healthcare providers and other non- healthcare providers to ensure that oral health becomes the role of many and not just the dentist.

- Support consistent engagement with children from birth to the end of primary school education via provision of periodic oral health visits for every child within this age cohort at a minimum of every two years. This periodic care and evaluation of children will result in improvements to oral health and associated benefits for the most vulnerable children and young people.

- Ensure adequate priority for paediatric dentistry. Children with advanced tooth decay must be referred to specialist services to be treated effectively by dentists with appropriate skills and facilities.

KEY ENABLERS

- Ensure adequate priority for special care dentistry and other dental specialities so that patients can be referred along referral pathways when required in a seamless timely manner to access appropriate care.

- An urgent review of the General Anaesthetic service (G.A) provided by the PDS is required. Frequently the patients referred to these services have multiple health problems and face unacceptable difficulty accessing the service. Any reoriented service must, in particular, reduce the barriers to access for children and adults with special care needs.

- State subvention scheme to support children when they leave primary school to their 16th birthday to access oral healthcare via general dental practitioners. The cost involved in accessing general care may prompt families not to pursue the required treatment and therefore subvention in the form of a voucher scheme or similar will be relevant.

- Provide clear and adequately resourced referral pathways between the PDS and the patients 'dental home' in general practice.

- A PDS that is supported by Continuous Professional Development (CPD) and the time and funding for dentists working within the service to access same.

- The conduct of a capacity review and the development of dedicated recruitment, retention and training programmes are required to build the required capacity within a reoriented PDS. The role and capacity of the dental schools must also be considered so as to ensure adequate provision of a suitably skilled oral healthcare workforce. The provision of working visas for relevant non-national oral health care professionals may also be usefully considered. Consider the role for additional specialist registration categories so as to provide enhanced recognition and attract skilled dentists into the public dental service.

- A range of levers to ensure equity of access (such as the development of 'regional specialist oral health hubs'; 'practice allowances' for public dental surgeons providing service in remote, rural communities and 'mobile dental units') could usefully be considered to support enhanced access and address regional inequalities.

- Facilitate enhanced use of technology to support planning, delivery monitoring and evaluation of public dental health and clinical care. There should be IT communication systems supporting public and general dental providers so that care can be integrated for each patient for the delivery of safe and efficient care.

- Promote the use of personal oral health records which would support both dentists and parents to monitor and record children's oral health within a personal child health record.

KEY ENABLERS

Build greater public awareness and understanding of the importance of good oral health care:

- A strong evidence-based programme for non-clinical care is required. Both Wales and Scotland, have introduced national, system-wide strategies to improve oral health among children. Successful national programmes such as Childsmile (Scotland) have been providing nursery, school and dental practice programmes in disadvantaged communities since 2001 and have proved highly successful at reducing oral health inequalities and improving children's access to dental services.

- Public health policy makers should consider a major national public campaign to stress the importance of children seeing a dentist regularly through their childhood.

- Parents and children should be educated about the risks of tooth decay and the importance of good oral health and prevention of itself and for their general health.

- Education is key to improving oral health, particularly in areas of social deprivation where rates of tooth decay are highest. Promoting good oral health in childhood will also help to ensure these lessons are continued into adulthood, thereby reducing the risk of decay in permanent adult teeth.

- Make every contact count to support good oral health. All child health professionals (and in particular paediatricians, health visitors and public health/school nurses) should include oral health in their assessment of children's all-round health.

- The role and importance of oral healthcare within an overall health care approach must be provided for in the education and training of such relevant medical professionals.

FOR FURTHER INFORMATION

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