

**Username**

Si Doherty

**Please indicate your sector of involvement/interest**

Primary Care

**Location**

Kildare

**1. What changes in models of care and in the way we deliver care are (a) most urgent, and (b) what implications will this have on capacity requirements?**

The Society recommends that our service further develops both the dental public health aspects of the service as well as the primary care aspect. Our service should be reoriented towards early assessment and preventive strategies introduced at the earliest possible opportunity. As well as population measures such as fluoridation, oral health promotion needs to be part and parcel of the national universal child health screening and surveillance programme. Public Health Nurses need to be trained to ensure that key oral health messages are delivered at the earliest possible opportunity to prevent the development of disease. We need to reorientate toward progressive universalism with assessment and health promotion for all at key developmental stages, early risk assessment and enhanced care for those deemed high risk. Public health nurses should be trained so that key oral health messages are given to parents by them opportunistically at the same time as general health promotion. However, given that the forum on fluoridation recommends that all should use fluoride toothpaste by age 2 and those individuals that are assessed as high risk should commence brushing with fluoride toothpaste as soon as their teeth erupt, the first assessment needs to occur in the first year (CAMBRA).

In relation to Dental service provision to people with Disabilities the Society would like to make the following points:

- A need to integrate Oral health plan with general health care plans. General practitioners, Public Health Nurses and nutritionists all need to be involved in delivering Oral health messages. The provision of a holistic approach to oral health care through mainstreaming the public dental services with clear defined pathways for referral to secondary care when needed.
- Future funding and planning is necessary to provide more specialists training in Special care dentistry. Improved access Inhalation sedation for patients with disabilities is essential. Clear referral pathways to appropriately trained and experienced Dentists in accessible locations.
- A skill mix within the HSE dental services. There is a requirement for more hygienists and Oral health promoters within the Oral health team. Patients carers and family members should be trained in oral care.
- As with all paediatric patients the need for early intervention and regular checks for children with special needs is of extreme importance.
- Adequate, appropriate and timely access to general anaesthetic for people (children and adults) with disabilities needs to be provided. The "Assisted decision making Act" needs to be consulted re policy for consent.
- Fund ongoing research into the oral health service provision to groups with disabilities. The needs and preferences of this group must be considered in order to provide a service which meets their needs and best serves them, linking with The National Disability Authority.

## **2. How can current capacity be more effectively used?**

All of our response to Question 2 has implications on capacity for both dentists and other dental grades, particularly hygienists. Strategies to employ non-dental personnel to deliver oral health prevention strategies and effective use of clinical time by employing an appropriate skill mix will help to deliver a more effective and efficient service.

## **3. What do you consider to be the priorities for capital investment over the next 15 years?**

important.

Furthermore, there has been a lot of development when dental surgeries are included in primary care centres particularly with respect to separate decontamination facilities, but this also needs to happen in places that have not been included. The geographic challenges are very relevant. For example, how to keep clinics viable and compatible with HIQA standards in counties like Galway Mayo etc where there is such a spread-out population.