

News feature

Poor diet and dental hygiene the root cause of tooth decay

BY KATE CHAMBRÉ

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ULSTER has the worst rate of dental decay in the United Kingdom and Ireland, despite having the highest number of dentists.

Donncha O'Carolan, acting chief dental officer for Northern Ireland, says the problem will only be overcome when people reduce the level of sugar in their diets and regularly brush their teeth with fluoride toothpaste.

But the one "simple" thing, he believes will majorly decrease the problem of dental decay is introducing fluoride into the Northern Ireland water system, which has been heralded a major success in the Republic.

The suggestion, he says, has been met with huge political opposition.

One such politician is Iris Robinson who says she is totally opposed to water fluoridisation.

"I believe it's mass medication of the water system and doesn't always do well with certain people," she explains.

"I don't approve of it and my sentiments reflect the views of many other people."

Mr O'Carolan says the average five-year-old child in Dublin has one tooth affected by dental decay, but a child of the same age in Belfast has two-and-a-half teeth affected by dental decay.

"Before the south of Ireland flouridated their water their dental decay rates were worse than ours and now they are far, far better," he said.

"A recent study done by the western board in Northern Ireland and the north western board in the south was done on 16-year-old youths."

He said when the Health Service last "went out to consultation on fluoridating the water in Northern

Ireland" there was huge political opposition to it. Mr O'Carolan said: "There's no indication that has changed dramatically. So there is no plans to fluoridate the water at present. It doesn't look like fluoridating water is a possibility.

Based on 2006/2007 national health service statistics he said at present Northern Ireland has 48 dentists per 100,000 population, followed by Scotland with 41 dentists per 100,000.

"We have the best dentist to head of population ratio out of anywhere in the UK. We are relatively well supplied with dentists in Northern Ireland." In comparison England has 30 dentists per 100,000 population.

Weighing in last is Wales with just 21 dentists per 100,000 population.

Mr O'Carolan believes these figures won't have changed much since they were published.

So why are disease levels in Northern Ireland much higher than its British and Irish counterparts despite having a more substantial workforce?

It's largely down to a poor diet of people, says Mr O'Carolan.

"It's related to lifestyle and deprivation and nothing to do with access to dental services.

Dental decay is related to poor diet and lack of dental hygiene," he says.

"In particular people from poorer areas have high levels of disease such as cavities in their teeth."

Public health promotion, education, changing diets in schools, reducing the intake of sugary foods, and simply brushing our teeth twice-a-day with fluoride toothpaste all helps.

"It's about getting the population to change their lifestyle behaviours," he adds.

"We need to get people to improve their diets across the board."

'Substantial' NHS incentives

DENTISTS are being encouraged to work for the National Health Service by being offered extra incentives which has cost the taxpayer nearly £10 million over the past three years.

One such incentive is a practice allowance which helps owners of NHS practices meet their overheads and running costs.

It means that they will earn just under £30,000-a-year extra on top of their health service earnings.

Donncha O'Carolan, acting chief dental officer, believes it is a "substantial" incentive for them.

"We introduced the allowance in 2005 and since then we have put in £7.5 million. Last year

we put £4 million into the practice allowance.

Last year Mr O'Carolan said an extra £1.5 million was invested in helping dentists improve cross-infection control standards.

"This involves buying new sterilisers and other equipment to improve decontamination," he says.

On top of this the Department of Health has spent £500,000 on a vocational training scheme for dentists.

"When students graduate they have to do one year's

compulsory training in the Health Service and any dentist that is prepared to train a new graduate gets an extra £10,000 per year on top of their

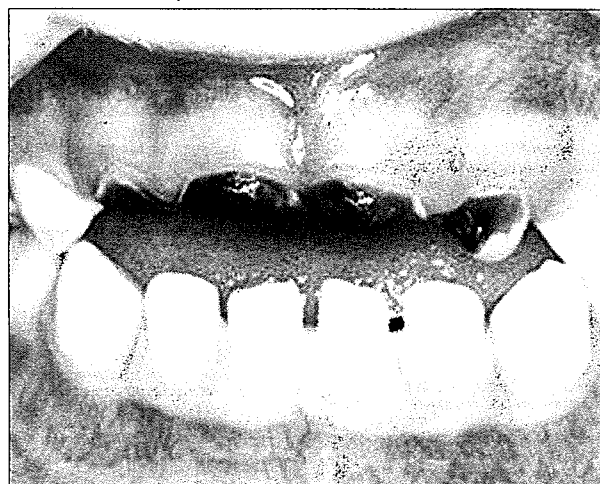
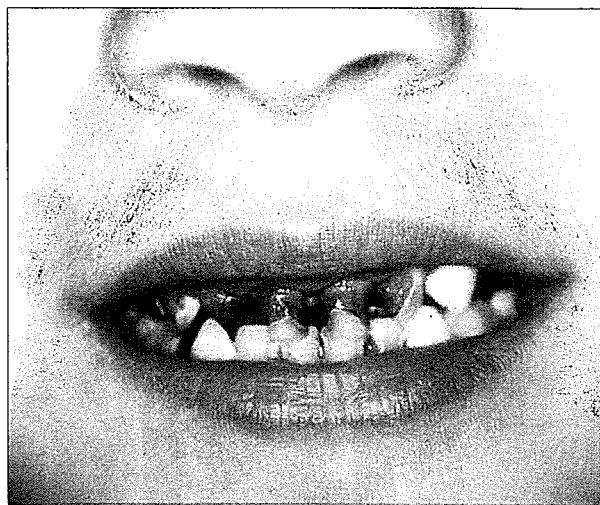
training grant that they are already receiving."

Up to £400,000 was also paid out to the health boards to employ salaried dentists.

"In areas where there's a shortage of dentists it means the board can directly employ the dentists so patients can access Health Service dentistry," explains Mr O'Carolan.

"Last year the Northern board employed two salaried dentists in Ballymena and Cushendun and plan to employ more. The Western board have advertised for six."

It's understood the pay scale for salaried dentists ranges between £33,000 and £52,000 depending on their experience.



TEETHING PROBLEMS: water fluoridisation can reduce the rate of dental decay but the idea of "mass medication" has been met with criticism

Contracts to fill gaps in rural dental care

BY KATE CHAMBRÉ

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PRIVATE dental practices operating in Northern Ireland are making it difficult for patients to access National Health Service care, a dental health expert has claimed.

There are currently 366 registered NHS dental practices in Northern Ireland that provide health service dentistry. All these practices - comprising approximately 780 dentists - are also allowed to provide private dental care alongside health service work.

The exact number of completely private dental practices is not known by the Department of Health but it is thought to be comparatively small.

It has also been estimated that the number of dentists operating today has almost doubled in the Province since 1988.

Acting chief dental officer Donncha O'Carolan says the Department of Health plans to bring in a new dental contract in order for health boards to have more control over where dentists set up and operate in the Province.

This he believes will make it easier for patients to access NHS dental treatment.

"Private practices are causing problems because patients are less able to access NHS care," Mr O'Carolan explains. "There aren't waiting lists. It's up to the dentists' discretion whether they want to accept a patient for health service care or treat them privately. This is why we need to change the access for Health Service care."

For every dentist that goes into the private sector there is one less dentist doing Health Service work.

"We don't know how many private practices there are because the Department of Health has no jurisdiction over them but the number of purely private practices is very very small."

He reveals that approximately 62 per cent of children in Northern Ireland are registered with a Health Service dentist while just 45 per cent of the adult



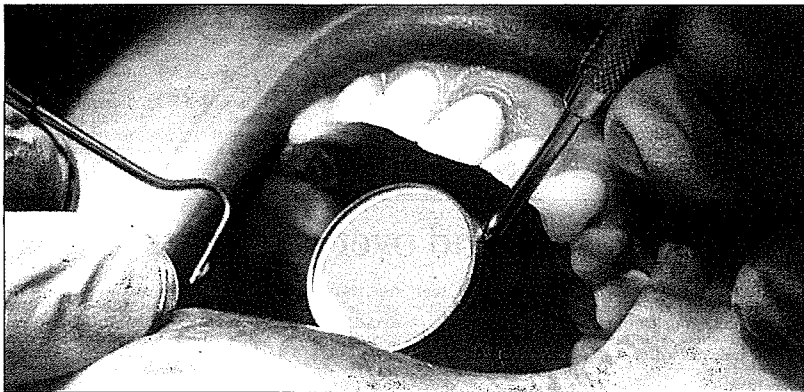
FUTURE CHANGES: Donncha O'Carolan aims to make NHS dentists more accessible to patients in rural areas

population are registered. There is "no indication" of the percentage of people who receive treatment privately because the DOH doesn't regulate these numbers, he adds. Mr O'Carolan admits that dentists who work privately are more than likely to relocate to places that are economically viable for them, which means they are likely to work in a rural area. This is why he says, the Department of

Health is currently in negotiations with the British Dental Association to develop a new contract.

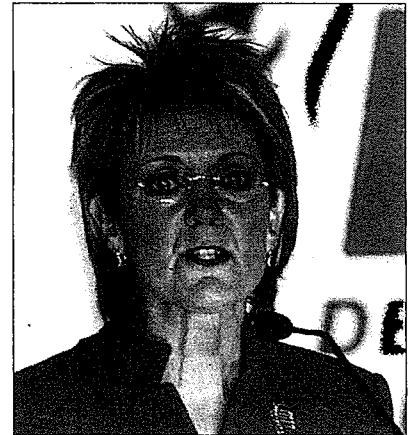
"We are looking to change the dentist contract in the future," he says.

"A key component to the new dental contract will be local commissioning. This will give the health boards more control over where their practices are located and who they see and treat." This, he believes, should help to improve dental services in rural areas.



POOR STATISTICS: just 45 per cent of adults in Northern Ireland are registered with a Health Service dentist

Plans for student 'payback' scheme



PROPOSALS: Iris Robinson

NEARLY £190,000 is spent on training dental students in Ulster over a five-year period. In comparison to other degree courses here their training is the most expensive. Because of this DUP Health spokesperson Iris Robinson believes "up-and-coming" young dentists should initially be made to work for the NHS as pay-back.

This she believes will also alleviate what she describes as the "alarming" problem of more and more dentists moving in the private dental sector. "The fact that more and more dentists are moving into the private dental sector is a worrying trend and many constituents particularly in the rural communities are finding it very very difficult to access dental treatment," Mrs Robinson said. "It is a major issue and one that will have to be addressed."

She believes the ways in which students are training for dentistry should be looked at to help ease the situation.

"There should be some form of contract where we see young dentists signing up to work within the NHS system for most of their working day as a payback for the years of study and education that they have been given."

Mrs Robinson adds: "I think there should be some form of contract on how long they work for the NHS before they can embark doing private work." Acting chief dental officer Donncha O'Carolan, however, isn't so sure Mrs Robinson's proposal will work.

"This matter was raised when we were up at the Assembly. In principle it sounds good, but I think it would be very problematic to legally enforce it." It costs the Health Service on average £188,752 to train each student over a five-year period.

And there is a much higher proportion of females training to become dentists in Northern Ireland in comparison to the rest of the United Kingdom. "Queen's University for example in recent years have had an 80 per cent female intake," he adds. A lot of it is based on A-level results. You have to have at least three As to do dentistry at Queen's, which is a very high academic requirement."