



Dr Andrew Murrison MP
Chair, N. Ireland Affairs
Committee
Committee Office
House of Commons
LONDON
SW1A 0AA

22nd November 2018

Re. Oral Health Strategy

Dear Dr Murrison,

On behalf of BDA Northern Ireland, I write to commend the committee for its recent efforts in holding the Department of Health to account in relation to cancer services in Northern Ireland, and the policy vacuum underlying this.

It is no coincidence that recent positive announcements in relation to access to cancer drugs, and now a cancer strategy have come on foot of a period of effective scrutiny by the committee. Partnering closely with Cancer Focus Northern Ireland around mouth cancer, not least in campaigning for boys in Northern Ireland to be given access to the HPV vaccine as has been confirmed in England, Scotland and Wales, we trust the reality will match the rhetoric for the benefit of citizens here.

It is not only cancer where the Northern Ireland population have been let down; oral health -which historically has been accepted as being the worst in the UK -has also been functioning in a policy vacuum in the absence of a current Oral Health Strategy. The most recent strategy dates back to 2007.

Dentists in Northern Ireland are highly committed to seeing the oral health of the population increase; while child oral health has seen steady improvements, we believe much more can be achieved simply by better co-ordination of resources and stakeholders, and a fresh ambitious vision for the improvements we want to make. In essence, a prioritisation of oral health by the Department of Health, and in so doing, acknowledging the wider health benefits that could be achieved via upstream intervention -on obesity, diabetes, cancer and beyond -is badly needed. BDA Northern Ireland have been lobbying Department of Health for a new Oral Health Strategy that can help deliver significant public health improvements -for children -and the elderly

population in particular; regrettably, to date our efforts have been met with the same resistance as was the case for so long in relation to a Cancer Strategy.

There is a public health, not to mention a financial and good governance imperative to ensure that finite resources are allocated in a way that seeks to maximise outcomes for the population. Regrettably, in the absence of any co-ordinated plan or direction for the delivery of dental and oral health services, or any fresh targets to press towards, we are concerned that oral health will simply stagnate. Moreover, at a time when Health Service dentistry has become synonymous with low pay, low morale and working longer hours as confirmed by NHS Digital statistics, we are concerned about its long-term sustainability without a fundamental shift in approach.

Our members have a vision where children in Northern Ireland no longer have the highest number of General Anaesthetic extractions in the UK; where our most vulnerable elderly population's oral health is no longer neglected through inadequate provision; and where our dentists feel valued and more able to help deliver a culture shift towards better oral health.

In the current absence of any other accountability mechanism, we feel compelled to raise with you the absence of any strategy in relation to oral health in Northern Ireland, and the detrimental impact this is having on further progress.

Our 'current' Oral Health Strategy dates back to 2007, and has never been formally reviewed; the Northern Ireland Oral Health Improvement Group has been all but disbanded; and, at a time when, 'sugar is the new tobacco', more than ever we need an ambitious and joined-up approach to oral health that is imaginative enough to impact positively on overall population health. I urge the committee to take an interest in oral health provision in Northern Ireland.

BDA Northern Ireland looks forward to hearing from you, and to engaging further with the committee if this would be helpful.

Yours sincerely,



Tristen Kelso
Director, BDA Northern Ireland