



14 October 2019

**Deputy Lisa Chambers
Dáil Éireann
Kildare Street
Dublin 2**

PQ 40303/19: To ask the Minister for Health the reason children receiving dental care under the HSE can only receive extractions and cannot receive repair work such as crowns or fillings

Dear Deputy Chambers,

I refer to the above Parliamentary Questions which have been referred by the Minister for Health to the Health Service Executive for direct response.

Dental and Orthodontic Services are provided under statute to eligible persons in line with the provisions of the Health Acts. Almost one million children aged up to and including 15 years are eligible for HSE Dental Services.

The clinical services for children provided by the HSE Dental Service include:

- a) Emergency care
- b) Targeted preventive and treatment services
- c) Planned care for children with special care needs
- d) Hospital Services, including General Anaesthetic services

a) Emergency Care

Emergency care for the relief of pain (e.g. toothache) and infection is available on a same day/following day basis for all children aged up to 15 years and patients with Special Needs. Approximately 70,000 children attend for emergency treatment each year, with a 4.5% increase seen this year.

Large numbers of children present each day at HSE Dental Clinics for relief of pain and infection as a consequence of dental decay; treatment can involve fillings and extractions, prescription of antibiotics, and referral to hospital for dental extractions under General Anaesthesia.

The numbers presenting, and the extent of their needs, indicate that dental decay remains a significant public health problem in Ireland.

Dental decay in children is the fourth most common reason for a child to be admitted to hospital, and is the commonest reason for a child to have a general anaesthetic.

b) Targeted Preventive and Treatment Services for Children

The HSE Routine Dental Services are provided on the basis of need, through targeted screening and prevention for school children. This approach involves identifying children with the greatest needs, and the highest risks of dental disease.

It is widely recognised that the pattern of dental decay in children follows a socio-economic gradient, with those in lower socio-economic groups more affected by decay, and its consequences. The consequences of high decay rates include early loss of deciduous (baby) teeth, which can often involve treatment in hospital under general anaesthesia, leading to a shortage of space for the permanent dentition, as well as the avoidable loss of permanent teeth.

Children in the targeted age groups are typically in 1st/2nd Class and 6th Class of National School, with 4th Class children being seen in some parts of the country (See Appendix 1). The emphasis within the routine service is on preventing dental disease through patient and parent oral health education, dietary advice and tooth-brushing instruction, along with preventive interventions such as the placement of fissure sealants on vulnerable tooth surfaces. Restorative treatment, such as fillings, is also provided.

Demographic changes in Ireland in recent years have impacted on dental and orthodontic services. In some areas, the number of children has increased by up to 15% over a 5 year period. The uptake of these services is very high, often in excess of 95% of children are screened and offered follow up treatment where indicated. There are approximately 70,000 children in each of the targeted classes. In 2019 the HSE plans to see 162,336 children as part of the school programme.

The outcome of our targeted programme places child dental health in Ireland ahead of most European countries in a comparison of levels of decay in permanent teeth in 12 year olds. It is notable that the European country with the best outcomes is Denmark, which operates a similar system to the HSE. The dental service also monitors the development of the dentition during childhood and makes referrals for eligible patients for orthodontic assessment by the Regional Orthodontic Departments.

c) Planned care for children and adults with special care needs

HSE Primary Care Dental services are not limited to treating school children. They also cater for vulnerable groups such as special needs children and adults, whose needs cannot be met through mainstream care pathways.

Examples are children with autism, children and adults with physical and intellectual disability, those who are medically compromised, and newer patient groups such as the homeless, refugees and asylum seekers.

Many of these patients carry higher risks of oral disease than the general population, and can have risks associated with the treatment of oral disease, including general anaesthesia, so it is essential that long term prevention and continuity of care are ensured.

Conventional approaches in patient care such as behavioural management are of limited effectiveness for many of these individuals, so treatment under sedation or general anaesthesia is often indicated.

d) Hospital Services, including General Anaesthetic Services

Each year, approximately 7,000 children are referred for dental extractions that are carried out under general anaesthesia in 20 of our acute hospitals. This service is provided by the HSE Dental Service in conjunction with the acute hospital sector. In many cases, children have multiple dental extractions, often at very early ages.

e) Orthodontic Services

Access to treatment with the HSE Orthodontic Service is limited to those children with the most severe and complex orthodontic treatment needs. Referral for orthodontic assessment is usually made in 6th Class. The Modified Index of Treatment Needs (Modified IOTN) system is used in all regions to determine if a child will be accepted for treatment. There are a number of categories within the system, and these are used to prioritise care.

As can be seen from the description of current HSE Dental Services outlined above, current service provision does include restorative treatment such as fillings and other restorative approaches

I trust this information is of assistance to you, but if you require further clarification please do not hesitate to contact me.

Yours Sincerely,



Joseph Green
AND, National Oral Health Lead - Operations