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**Deputy Mairéad Farrell
Dáil Eireann
Leinster House
Kildare Street
Dublin 2**

PQ 46596/22: To ask the Minister for Health the number of fourth class children who will receive dental screening services under the Health (Amendment) Act 1994 during the current academic year by CHO area in tabular form; and if he will make a statement on the matter.

Dear Deputy Farrell,

The Health Service Executive (HSE) has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for response.

Dental Services for primary school going children are provided in line with the 1970 Health Act, subsequent Acts and regulation. Services are organised and delivered by the HSE's Dental Service in line with Department of Health policy. Access to emergency treatment for the relief of pain and sepsis is through local dental clinics. Routine dental services for primary school going children are delivered through a targeted approach with a strong emphasis on the prevention of oral disease. Referral for treatment in secondary care settings are also made from the HSE Dental Service.

The 1994 Dental Health Action Plan states that 'Children in specific classes, usually 2nd, 4th and 6th classes are targeted for preventative measure under the school based approach'. Children in the targeted age groups are typically seen in 1st/2nd Class (7-8 year olds) and 6th Class (11-13 year olds), with some 4th Class (10 year olds) children being seen in some parts of the country.

There is deficit in capacity required for the provision of routine dental services to children in 4th class, with Community Healthcare Organisations (CHOs) currently not providing dental screening services to this target class. Routine Dental Services for children in 4th class will be re-examined as resources and capacity permit.

Since the emergence of Covid-19, there has been a significant increase in delays in accessing routine treatment for those in target classes. This has resulted in backlogs emerging in the targeted schools programme.

Throughout the course of the Covid-19 pandemic, including in 2022, the HSE responded to a number of emerging problems, including testing capacity, contact tracing and the implementation of updated infection prevention and control guidance. Each of these has involved the HSE Dental Service, with extensive redeployment for testing and contact tracing, as well as for the mass vaccination programme. In some locations, access to clinical facilities was reduced due to repurposing for pandemic-related activities. The cyberattack on the HSE system in summer 2021 also had significant impacts on Dental Services.

While most oral health staff have now returned to core duties enabling the safe resumption of services, Covid-19 continues to impact on service provision for patients and staff.

As part of targeting of resources, each dental service maintains a commitment to urgent/emergency treatment for the relief of pain, infection, and the sequelae of trauma. For routine and preventive services, patient groups are prioritised with children and adults with special care needs given the highest priority, followed by children in 6th class. Where service deficits are identified locally, clinical teams can be redirected to address those needs.

The extent of the backlog in targeted services and delays in providing preventive interventions and treatment for patients are concerns for the HSE, with services working to reduce the backlog in treatment appointments.

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