



Llywodraeth Cymru
Welsh Government

A National Plan to phase down the use of dental amalgam in Wales

June 2019

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Background

Article 10(3) of EU Regulation 2017/852 on mercury requires member states to set out a national plan on the measures they intend to implement to **phase down** the use of dental amalgam.

The plans to phase down the use of dental amalgam in Wales are outlined in *A consultation on the proposed Control of Mercury (Enforcement) Regulations 2017*. https://consult.defra.gov.uk/environmental-quality/control-of-mercury-enforcement-regulations-2017/supporting_documents/20171016%20Draft%20UK%20Mercury%20Regulations%20Consultation%20Document.pdf

These plans were discussed with the Welsh Dental Committee (WDC) - the statutory advisory committee to Welsh Government - and other dental representatives in Wales and communicated widely to the dental profession. Communications have included a letter from the Chief Dental Officer (CDO) Wales to all dentists and dental therapists in Wales.

As noted in the Consultation, the Welsh Government has established a National Strategic Advisory Forum in Paediatric Dentistry to agree and communicate a national plan for expectations for the provision of dental care and treatment for children. Under the direction of Consultants in Paediatric Dentistry the Forum has published guidance on *Providing Excellence in the care of children affected by decay*.

This has been sent to all dental teams in Wales and published on the Cardiff and Vale University Health Board website: <http://www.cardiffandvaleuhb.wales.nhs.uk/udh-resources-for-health-professionals>

Wales is also finalising a dental amalgam information leaflet for dental patients to be made available in all dental practices in Wales

Plans to phase down the use of dental amalgam

1. Prevention of decay

The primary approach is to prevent the need for amalgam to be used as a filling material to treat dental decay (caries). Dental decay is almost entirely preventable and active steps are being taken in Wales through preventive programmes. These include:

- Designed to Smile – the national programme to improve children’s dental health. Since the introduction of Designed to Smile, Wales has seen a 13% reduction, in the level of dental decay experience amongst five year olds between 2008 and 2016. This is the first significant reduction since epidemiological studies of children’s dental health began and the improvements have been across all social

groups: including the most deprived children. The focus is on children brushing their teeth with fluoride toothpaste in nursery and early years at school. The programme is delivered by the Community Dental Service, but there are well established links with Health Visitors through the Healthy Child Wales programme and with general dental service teams.

<http://www.designedtosmile.org/>

- The programme to improve oral health of older people living in care homes in Wales
- Promotion of the evidence based toolkit – Delivering Better Oral Health
- CDO advice to dental teams on care of children age 0-3 years

This preventive approach is likely to mean that any new decay which requires restoration could be expected to be limited and easily restored using Minimally Invasive Dentistry techniques, using composites/ionomers which are better suited to smaller restorations.

- GDS Contract Reform
Wales is using its NHS dental contract reform programme to:
 - further promote evidence based preventive care;
 - introduce patient's risk and needs assessment to support effective communication with patients and provide them with personalised preventive advice and care; and
 - encourage skill mix and ensure all members of the Dental Care Professional team (DCPs) work to their full scope of practice.

2. Dental workforce education and training

We will work with our partner organisations to ensure the dental workforce is educated and trained in the use of alternative filling materials and understands the requirements in respect of dental amalgam. In Wales the key partners are Cardiff University Dental School (undergraduate training), Health Education and Improvement Wales (HEIW) (postgraduate refresher and update training), and the All Wales Faculty for Dental Care Professionals based in Bangor University (training and the development of educational, research, leadership and improvement matters).

3. Communications to the profession, dental patients and the public

We will use established communication channels to work with the dental profession in Wales including the Welsh Dental Committee, British Dental Association, Public Health Wales, HEIW and health boards.

We will primarily communicate with dental patients through information provided at dental practices.

We will work with patient representative bodies such as Community Health Councils in Wales (and their successor organisations) to consider how best to communicate appropriately with the wider public.

Risks and challenges

The phase down of dental amalgam poses a number of risks and challenges and we will need to consider these as we implement this plan.

1. The development of replacement materials – there is no universal material to replace amalgam and the present alternatives have their limitations.
2. The limitations of existing replacement materials include:
 - Current composites do not have the same longevity as amalgam. There may be the need for more re-restorations with associated resource costs
 - additional clinical time associated with more technique sensitive placement
 - current alternative materials don't have the same robust mechanical properties as amalgam when certain types of restorations are necessary
3. The cost of alternative materials or techniques could impact either directly on patients receiving private care, or on state-funded systems especially given increasing pressures on government healthcare budgets and the need for prioritisation of funding.
4. Harm to human health – there are known adverse health effects with 'free' mercury. Restrictions have previously been placed on the use of amalgam in pregnant and breastfeeding women and children under 15, on the precautionary principle, without any robust evidence of harm.
5. Population demographics. The growing aged population has amalgams placed over many years that may need replacing/repairing and amalgam may continue to be the best option for more extensive restorations. Older people with health problems (such as those living with dementia) may find it difficult to co-operate with the longer, more technique sensitive, requirements of alternative filling materials.
6. The environmental impacts of other dental materials. While the driver has been the environmental impact of mercury production and disposal we should remember that other filling materials have an environmental impact because of their constituents, manufacturing process, packaging etc. and this should be considered.