

Security classification: In-Confidence

Ministry of Health

23 OCT 2018

Memorandum: Meeting with the New Zealand Dental Council

DISPATCHED

Date:	19/10/2018	Report No:	20182115
		File Number:	AD62-14-2018

Action Sought

	Action Sought	Deadline
Minister Clark	Note	25 October 2018
Minister Genter	Choose an item.	
Minister Salesa	Choose an item.	

Contact for Telephone Discussion (if required)

Name	Position	Telephone	Contact Order
Barbara Burt	Team Leader, Oral Health, Population Health and Prevention	9(2)(a)	1st Contact
Grant Pollard	Group Manager, Population Health and Prevention	9(2)(a)	2nd Contact

Actions for the Minister's Office Staff

Return the signed report to Ministry of Health

Note any feedback on the quality of the report

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Quill record number: H201806628
File number: AD62-14-2018
Action required by: 25 October 2018

Meeting with the Dental Council on 25 October 2018 at 10.00 am

To: Hon Dr David Clark, Minister of Health

Out of Scope

Contacts:	Barbara Burt, Team Leader, Oral Health	9(2)(a)	
	Grant Pollard, Group Manager, Population Health		

Oral health therapy scope of practice

9. Out of Scope
10. Under the new scope of practice, OHTs provide oral health assessment, diagnosis, management, treatment and preventive care for patients in accordance with the detailed scope of practice and commensurate with their approved education, training and competence. Some activities can only be performed on patients up to age 18, in particular restorative dental care.
11. The Council is considering undertaking work to review the scope of practice for OHTs to allow for the treatment of adults. There has been recent sector and media interest in the potential extension of the scope of practice to include adults. The New Zealand Dental and Oral Health Therapists Association has spoken out in favour of the adult scope and the New Zealand Dental Association has expressed concern about the possibility of this. There is currently no educational institution in New Zealand offering training in adult scope. The Council will provide you with an overview of the range of issues involved and is interested in discussing this with you in the meeting.
12. The Ministry recognises there are potential benefits of extending the scope of practice. If oral health services are to become more affordable and accessible to adults then OHTs may be able to provide publicly funded services to eligible adults. Extending the scope of practice would also allow OHTs to maximise their skill set and potentially increase job satisfaction.
13. Out of Scope

Out of Scope

Out of Scope

END.

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Security classification: In-Confidence

Health Report: Meeting with QIG and Te Aō Marama representatives, 7 March 2019

Date:	28/02/2019	Report No:	20180578
		File Number:	AD62-14-2019

Action Sought

	Action Sought	Deadline
Minister Clark	Note	6 March 2019
Minister Genter	N/A	
Minister Salesa	N/A	

Contact for Telephone Discussion (if required)

Name	Position	Telephone	Contact Order
Barbara Burt	Team Leader, Oral Health, Population Health and Prevention	9(2)(a)	1st Contact
Grant Pollard	Group Manager, Population Health, Population Health and Prevention	9(2)(a)	2nd Contact

Security classification: In-Confidence

Quill record number: H201808578

File number: AD62-14-2019

Action required by: 6 March 2019

Meeting with Māori oral health providers' Quality Improvement Group (QIG) and Te Aō Marama

To: Hon Dr David Clark, Minister of Health

Out of Scope

Contacts:	Grant Pollard, Group Manager, Population Health and Prevention
	Barbara Burt, Team Leader, Oral Health, Population Health and Prevention

9(2)(a)

Out of Scope

12. Targeted funding for adult dental care

Talking points

- I would like to see more affordable access to dental care for adults, as I recognise there is unmet need in this group.
- At the moment, a wide-ranging review of New Zealand's health system is underway. It will provide a fresh perspective on delivering the best preventative health outcomes for all New Zealanders.

Ministry comment

- When you met with QIG in January 2017 you explained that you are interested in improving access to and affordability of adult dental care but that the Government is not in a position to do anything in this area during the current parliamentary term.
- At present adult access to publicly funded oral health services is limited to emergency dental care for the relief of pain and treatment for infection provided through DHBs for CSC-holders, WINZ income-tested grants usually up to \$300 per annum for urgent dental work, and dental care for hospital inpatients in specific circumstances.
- A background briefing on adult oral health was provided to you by the Ministry on 18 December 2018 [H201806264 refers].

Out of Scope

Out of Scope

END.

Out of Scope

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Meeting with Justin Wall on 31 January 2018 at 4.00 pm

To: Hon Dr David Clark, Minister of Health

Out of Scope

Advice

Background to oral health outcomes in New Zealand

6. New Zealand's oral health system is a mix of government funded and 'user-pays' services, delivered by a range of public, non-governmental organisation, and private providers. Children and adolescents have access to publicly funded basic oral health services up to their 18th birthday.

Out of Scope

Contacts:	Clare Perry, Group Manager, Service Commissioning
	Dr Riana Clarke, National Clinical Director, Oral Health
	Barbara Burt, Team Leader, Oral Health, Service Commissioning

9(2)(a)

Out of Scope

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Out of Scope

Access to oral health care for adults

14. Dr Wall may also raise the issue of accessibility and affordability of dental care for adults, specifically low income adults.
15. Adult dental care in New Zealand is currently generally not government funded, with a few specific exceptions, including emergency treatment of infection and relief of pain provided by DHBs for Community Services Card holders. Work and Income also provides some financial assistance for people on low incomes who require urgent dental work.
16. Survey data has indicated that many adults do not seek oral health care due to cost. These adults are more likely to be Māori or Pacific, or from deprived areas. There are potential impacts of untreated decay on general health, productivity and well-being.
17. Dr Wall may be aware of your recent media statements acknowledging the importance of affordable and accessible oral health care for adults, and on the Government's commitment to reducing child poverty.
18. Any review of eligibility for publicly funded dental care would need to consider the costs and benefits of policy initiatives for different population groups, as well as implications for workforce capacity.

Out of Scope

END.

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Importance of oral health

- Good oral health matters to everyone's well-being, including in basics such as being able to eat, speak, smile and socialise.
- Poor oral health is largely preventable, yet it is also one of the common chronic health problems experienced by New Zealanders of all ages.
- A body of evidence suggests that poor oral health affects general health and shares a number of risk factors with other chronic diseases, including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes.
- Government funding for oral health focuses largely on universal services for children and adolescents. Evidence indicates that oral health status at age five predicts oral health status at age 26. Facilitating and supporting good oral health from an early age helps set people up for life and thereby reduces the likelihood of needing costly dental care in later years.

What we provide

- Children and adolescents up to their 18th birthday have access to publicly funded basic oral health services.
- Most dental care for pre-school and primary school children up to school year 8 is provided by dental therapists within the Community Oral Health Service, which is provided by DHBs throughout New Zealand.
- Adolescents (from school year 9 up to their 18th birthday) receive DHB-funded dental care mainly from dentists in the community who are contracted by DHBs.
- Emergency dental treatment is available through DHBs for relief of pain and treatment of infection for low income adults with Community Services Cards. The service is subject to user part-charges.
- Hospital dental services provide specialist-level oral health care, and dental services for people of all ages with disabilities, medical complications or behavioural problems.
- Work and Income New Zealand (WINZ) provides special needs grants for urgent dental treatment (usually a maximum of \$300 per person per annum) for people on low incomes.

What it costs

In 2016/17 DHBs spent a total of \$196.45 million (GST excl) on oral health services, broken down as follows:

- Community Oral Health Service: \$101.08 m
- Adolescent dental services: \$38.04 m
- Emergency dental care for low-income adults: \$8.59 m
- Hospital dental services: \$48.74 m

Improved Service for Children and Adolescents

- There has been a significant government reinvestment in the last nine years into the infrastructure, model of care and capacity of child and adolescent oral health services.
- Since 2008 a reinvestment programme has provided \$116 million additional capital funding to DHBs to build new fixed and mobile dental facilities for the Community Oral Health Service (COHS). An additional \$32 million each year in operating funding for the COHS has also been provided to DHBs to support the improved model of care that is part of the reinvestment programme.
- The new Community Oral Health Service operates from 176 fixed clinics and 157 mobile units, working at 1263 sites around New Zealand.
- A key aim of the reinvestment is to change the model of care from a reactive focus to a health-promoting model of care with a focus on family/whanau involvement, health education for self-care, prevention of ill-health, and early intervention. Increasing parental engagement from an early age is critical to improving oral health for children.

Trends – Performance measures between 2007 and 2016

There are encouraging signs of improvement in child oral health outcomes over the past nine years. Between 2007 and 2016:

- the percentage of pre-school children enrolled in the Community Oral Health Service increased from 43 percent to 85 percent of pre-schoolers
- the percentage of adolescents using DHB-funded regular dental services increased from 59% to 71%
- the percentage of children who are caries-free at age 5 increased from 51% to 60% (the results for Māori five-year-olds increased from 29% to 41% caries-free, and for Pacific five-year-olds from 29% to 34% caries-free.)
- the average number of decayed, missing and filled teeth (DMFT) per child at school year 8 (12-13 years of age) has reduced (i.e. improved) from 1.53 to 0.87. The results for Māori children reduced from 2.31 to 1.34 average DMFT, and for Pacific children from 1.79 to 1.30 average DMFT.

Ministry of Health Work Programme

Oral Health Promotion Initiative

- The Ministry is delivering a health promotion initiative aimed at the parents and caregivers of pre-school children, to promote regular toothbrushing with fluoride toothpaste, and improve child oral health. Māori, Pacific and low income families/whānau are the priority groups. The initiative was rolled out in 2016/17 with the commencement of a social marketing campaign by the Health Promotion Agency. This campaign is continuing in 2017/18 and the distribution of toothbrushes and fluoride toothpaste to families/whānau and their young children is expected to commence in 2018.

Decision-making on the fluoridation of drinking-water supplies.

- In 2016 proposed legislative changes were announced to allow DHBs, rather than local authorities, to decide which community water supplies are fluoridated in their areas. Moving the decision-making process from local councils to DHBs recognises that water fluoridation is a health-related issue. The Health (Fluoridation of Drinking Water) Amendment Bill (the Bill) passed its first reading on 6 December 2016 and the Health Select Committee report was presented to the House on 29 May 2017. The Bill is currently awaiting its second reading in the House.

Electronic Oral Health Record

- The Ministry is working with DHBs to achieve a consistent Electronic Oral Health Record for all DHBs. When implemented, the EOHR will contribute the oral health component of the comprehensive electronic medical record for patients. It is anticipated that the improved capture, quality and access to oral health data will support clinical decision making, provide operational efficiencies, improve patient experience and provide more robust and timely data for service development and planning. The next phase of the work will now focus on establishing work streams that achieve national consistency and service improvements through data quality, analytics, process improvements and enhancements to existing systems.

The Healthy Ageing Strategy (HAS), 2016

- The HAS seeks to maximise the health and well-being of older people. HAS specifies three oral health priority actions for maximising older people's oral health, including Action 14(c): *disseminate updated information and advice on dental care to older people, family and carers in communities, and aged cared organisations*. This action relates to the delivery of oral health training to residential and domiciliary carers of older people. Since 2010, the Ministry has funded a programme of workshops, managed through New Zealand Dental Association, to provide oral health training to over 3,000 residential and domiciliary caregivers of older people.