



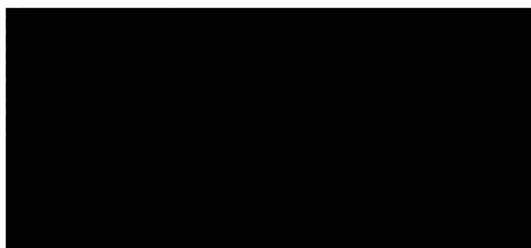
*Waitemata*  
District Health Board

Best Care for Everyone

#### Hospital Services

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3 December 2018



Re: Official Information Act request - oral health data

Thank you for your Official Information Act request of 1 November 2018 seeking the following of Waitemata District Health Board (DHB):

- *The number of children eligible for the free dental service in DHB's coverage area for 2015, 2016, 2017 and 2018. Please list each year separately including until end October 2018.*
- *The number of children registered for the service - if it differs.*
- *The number of children seen by a dental clinic (including mobile ones) during the above period.*
- *The number of reminders sent out to patients/their caregivers each year.*
- *Details of why there may have been a difference between the number patients eligible, those sent reminders and those who were seen.*
- *Should all patients registered with the service be sent reminders?*
- *Have there been any problems which may have led to caregivers not receiving reminders?*
- *How often should children have check-ups?*

The same request was made of the Auckland DHB and Counties Manukau DHB.

Waitemata DHB provides community oral health services to children across metropolitan Auckland. Given this, Counties Manukau DHB transferred its request to us on 5 November 2018. Auckland DHB did the same on 14 November 2018. Therefore, this response is provided on behalf of Waitemata, Auckland and Counties Manukau DHBs.

We note TAS requested confirmation of the age range of children that you were seeking information on. We were advised on 8 November 2018:

*"The requester is seeking information for all children up to and including age of 18 years"*

Please note, as dental services in New Zealand are publicly funded for children from birth until their 18<sup>th</sup> birthday, our response does not include data for 18-year-olds as they are no longer eligible for free dental care.

Children from birth to school year eight primarily receive dental care from community oral health services. Across metropolitan Auckland, the community oral health provider is Auckland Regional Dental Service (ARDS), operated by Waitemata DHB.

From school year 9, until a young person's 18th birthday, dental care is provided by private dental practices (contracted by DHBs) under the Combined Dental Agreement (CDA).

### ***Children eligible for free dental services***

The Ministry of Health uses census projections to define the population denominators for oral health reporting.

These projections are separated between those provided by community oral health services (children from birth to 12 years and 50% of 13-year-olds) and the adolescent cohort (50% of 13-year-olds and young people from 14 to 17 years).

Table one details the number of children eligible for free dental services by year.

DHB	2015	2016	2017	2018*
Auckland DHB	75,940	75,905	76,410	77,235
Counties Manukau DHB	109,980	109,825	109,310	109,975
Waitemata DHB	103,480	105,015	106,310	108,325
<b>Total</b>	<b>289,400</b>	<b>290,745</b>	<b>292,030</b>	<b>295,535</b>

*Table One: population denominator preschool and primary cohort (0 to 12 years and 50% of 13-year-olds)*

Table two details the number of adolescents eligible for free dental services by year.

DHB	2015	2016	2017	2018*
Auckland DHB	24,970	24,525	24,850	24,765
Counties Manukau DHB	35,680	35,515	35,190	34,645
Waitemata DHB	34,550	34,185	33,680	33,565

*Table Two: population denominator adolescent cohort (50% of 13-year-olds and 14-to-17-year-olds)*

### ***Children registered with the service***

ARDS is contracted to enrol 95% of eligible pre-schoolers (birth to four-year-olds) and 97% of eligible primary and intermediate school-aged children.

Table three outlines the number of children enrolled in the service by year.

DHB	2015	2016	2017	2018 (Jan to Oct)
Auckland DHB	69,288	72,719	73,420	71,042
Counties Manukau DHB	99,361	104,297	104,382	103,321
Waitemata DHB	95,299	100,549	103,133	101,944
<b>Total/</b>	<b>263,948</b>	<b>277,565</b>	<b>280,935</b>	<b>276,307</b>

*Table Three: children enrolled in ARDS*

In 2017, ARDS enrolled 96.2% of eligible children with the service.

The service has experienced challenges in enrolling children less than one year of age. However, in 2018, a new process has been implemented that automatically enrolls children from birth lists provided by the three DHBs.

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It is anticipated that this process will further improve enrolment rates as well as support early engagement with oral health services.

At present, the number of adolescents registered with private dental practices is not collected. As a result, this information is not available.

### ***Children seen by services***

Dental caries (tooth decay) is the most-common dental disease affecting children. The frequency of dental appointments depends on the clinical need and oral health status (caries risk status) of each individual child, which is assessed at each dental examination.

This model enables children with high oral health needs to be seen more-frequently (six-monthly) and children with low needs to be seen less-frequently (18-monthly). As a result, not all children are seen annually.

Analysis undertaken, using preschool oral health outcomes, indicates that approximately:

- 15% of children have high oral health needs and should be examined every six months
- 53% of children have moderate oral health needs and should be examined every 12 months
- 32% of children have low oral health needs and should be examined every 18 months

Table four details the number of children seen by ARDS by year.

DHB	2015	2016	2017	2018 (Jan to Oct)
Auckland DHB	45,676	49,188	47,130	38,921
Counties Manukau DHB	61,287	64,195	64,069	54,499
Waitemata DHB	66,936	68,186	66,101	52,467
<b>Total</b>	<b>173,899</b>	<b>181,569</b>	<b>177,300</b>	<b>145,887</b>

*Table Four: children seen by ARDS*

Once an adolescent transfers to a private dental provider (under the CDA), it is expected that all patients will receive at least one annual consultation per calendar year. However, additional consultations can be scheduled as the patient's needs dictate.

The number of adolescents seen each year is calculated through unique individuals identified in the CDA claims data. This information is generally reported by the DHB that the service has taken place.

As many young people travel across DHB boundaries to receive dental care, data on exact utilisation has been limited in the past. However, since 2016, analysis has also been taken by DHB-of-domicile, which has improved the accuracy of utilisation data.

Table five details the number of adolescents seen under the CDA by year. Please note that prior to 2016, adolescent utilisation was reported by DHB-of-contract as National Health Index (NHI) numbers were not routinely collected.

Furthermore, as many adolescents travel into the Auckland DHB catchment area for schooling, the number of adolescents seen in Auckland DHB was higher. The Auckland DHB numbers from 2016 onward reflects the change to reporting by DHB-of-domicile.

DHB	2015	2016	2017	2018
Auckland DHB	19,696	15,833	15,944	Not available
Counties Manukau DHB	26,179	27,886	27,850	Not available
Waitemata DHB	23,160	23,012	23,668	Not available

Table Five: adolescent seen under the CDA

As dentists have six months to submit claims, the number of adolescents seen in 2018 will not be available until approximately August 2019, once all claims have been submitted and analysis of data undertaken.

### **Reminders sent to patients**

ARDS routinely sends caregivers a reminder text message when they are attending their child's appointment. Caregivers who have consented to their child being seen at school, without a parent or caregiver present, are not sent a reminder text message.

Text reminders are also not sent if the appointment was made less than 48 hours before the appointment date.

Table six below outlines the number of reminder texts sent by ARDs. Please note the number includes reminder text messages and text messages confirming a child is enrolled in the service.

We are unable to provide text data by DHB of clinic location as this information is not recorded.

Date	Text messages sent
2015	428,189
2016	468,883
2017	444,709
2018 (Jan to Oct)	392,803

Table Six: text messages sent by ARDS

ARDS is not aware of any problems that have led to caregivers not receiving text messages. However, caregivers may not receive reminders if they change their contact details and do not notify the service.

The number of text reminders sent from private dental practices is not known as they are sent directly from the practices to the patient. However, the DHBs remind dental practices each year that they need to contact patients to ensure they attend appointments.

### **Differences between the number of patients eligible, those sent reminders and those seen**

There are differences in the number of patients eligible for free dental care, those who were sent reminders and the number of children and young people seen.

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There are several reasons for this:

1. The eligible population is determined through population estimates and there are limitations associated with population modelling. That is, to create population estimates, the base population (from the census) is adjusted every year for births, deaths and net migration. Although the data associated with births and deaths is relatively robust, data associated with net migration is less so. In addition, the further out from the base population, the greater the associated uncertainty associated with modelled estimates.
2. Not all children are seen annually. Children with low oral health needs (approx. 32% of children) are recalled for dental examinations every 18 months.
3. Caregivers who have consented for their children to attend appointments at school based clinics without a caregiver present do not receive text message reminders. Reminders are also not sent when short-notice appointments (less than 48 hours) are made.

Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider them.

We hope this reply satisfies your request.

Yours sincerely



Cath Cronin  
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Waitemata District Health Board