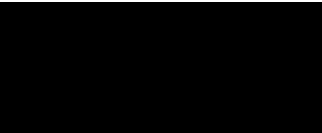




11 August 2020



Dear Ms 

**Re: OIA request – Children overdue for scheduled oral health examinations**

Thank you for your Official Information Act request, which was partially transferred to Waitematā District Health Board (DHB) by the Ministry of Health on 23 July 2020, seeking information about children's oral health examinations.

As we are the Auckland metropolitan provider of children's community oral health services, Auckland DHB and Counties Manukau Health transferred your request to us. The response below is provided on behalf of all three Auckland metropolitan DHBs.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā DHB serves a population of more than 630,000 across the North Shore, Waitakere and Rodney areas, the largest and one of the most rapidly growing DHBs in the country. We are the largest employer in the district, employing around 8,500 people across more than 80 locations.

In addition to providing services to our own population, we are also the metropolitan Auckland provider of forensic psychiatry, child disability services, child community dental services and community alcohol and drug services.

The Auckland Regional Dental Service (ARDS) provides oral health and dental services to approximately 280,000 preschool and school-aged children, up to and including school year eight students, living in the Auckland metropolitan area.

In response to your request, we can provide the following information:

**1. Can you please let me know the current percentage of overdue cases across the Northern, Midland, Central and Southern regions - and how that compares to the past two years?**

The table below provides the percentages of children who are currently overdue for their scheduled oral health examination (in arrears) and those who were in arrears in July 2018 and July 2019, by metro Auckland DHB.

The majority of children who are currently overdue for their scheduled examination have been waiting between one and six months (see table in response to question 2).

DHB	Percentage of children in arrears		
	31 Jul 2018	31 Jul 2019	24 Jul 2020
Auckland DHB	18%	29%	48%
Counties Manukau Health	25%	42%	54%
Waitematā DHB	24%	36%	50%

Percentage increases from 2018 are the result of an improvement initiative where the service changed its follow-up processes. That is, children who have historically not attended multiple scheduled appointments are now included in arrears figures. This enables us to track their attendance and implement specific strategies to support future attendance.

For example, a structured pathway has been introduced which requires staff to engage with families to assess barriers to attendance and work collaboratively with other agencies and providers to support children's access to oral health care. While this change in process has increased the number of children in arrears, it ensures the service maintains visibility of children who have not been seen for the greatest length of time so that they can be followed-up.

The onset of COVID-19 has also had a significant impact on the delivery of the service and this is reflected in the figures as at July 2020. On 23 March 2020, ARDS was directed by the Ministry of Health and Dental Council of New Zealand (DCNZ) to suspend all non-essential and elective dental treatments.

Only essential emergency treatment which included telephone triage and advice and limited treatment of children in severe pain were able to be provided under Alert Levels 3 and 4. As a result, ARDS was unable to offer any routine services to children between 23 March and 14 May 2020.

On 11 May 2020, the DCNZ issued guidance on service provision at Alert Level 2. This enabled the service to recommence the provision of routine care which required patient screening (symptoms and epidemiological risk) and enhanced infection prevention and control measures.

There were significant challenges with transitioning back to the provision of routine care, specifically:

- The need to maintain physical distancing, which reduced the number of chairs that could operate in each clinic.
- Some schools requested that services delivered from mobile clinics did not recommence until Alert Level 1.
- Additional infection prevention and control measures, required by the NZ Dental Council, impacted on service productivity.
- The DCNZ now requires all children to be screened prior to their appointment, which is completed with a parent or caregiver. This has required the service to alter its usual model of care and can no longer see children at school without prior contact with a parent/caregiver.

This continues to have an impact on the number of children who can be offered an examination. However, we are prioritising children with the greatest identified clinical need and those who have not been seen for the longest. This impacts the overall number of children in arrears, but is the most clinically appropriate response to the current constraints.

## 2. What are the longest wait times? Where are they?

The table below outlines wait times by DHB:

Length of time overdue	Percentage of children enrolled		
	Auckland DHB	Counties Manukau Health	Waitematā DHB
Not overdue	51%	46%	51%

1 – 6 months overdue	24%	19%	20%
7 – 12 months overdue	14%	14%	14%
13 – 18 months overdue	7%	12%	9%
>18 months overdue	4%	9%	6%

As indicated above, the majority of children who are overdue for their scheduled examination have been waiting between one and six months.

Many of the children who have been waiting more than 18 months for their examination experience challenges in accessing health care related to language barriers, health literacy and transport. The service has developed a structured process for identifying these children and working with schools and other health and social service providers to support them to attend their appointment. Priority is being given to children who have been waiting the longest.

I trust that this information is helpful.

Waitemata DHB supports the open disclosure of information to assist community 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 consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Mark Shepherd**  
**Director Provider Healthcare Services**  
**Waitemata District Health Board**