

## **Hospital Services**

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Dear

Re: Official Information Act request - ARDS service in the Waitemata DHB area

Thank you for your Official Information Act request of 30 January 2019 seeking the following of Waitemata District Health Board (DHB):

- How often should a child see an ARDS dental therapist?
- Did ARDS meet that target last year?
- What are the average times between appointments for children in the Waitemata DHB area?
- How many vacancies for dental therapists are there at the moment?
- Are all the mobile dental clinics fully staffed and operational in the Waitemata DHB area for the start of the 2019 academic year?

Waitemata DHB operates Auckland Regional Dental Service (ARDS), which provides community oral health services to children across metropolitan Auckland. Within the Waitemata DHB catchment area, there are currently 97,031 children enrolled with ARDS. This represents around 95% of all children within the Waitemata district. Services are delivered in the community from fixed dental clinics (predominantly located in schools), transportable two-chair dental clinics and single-chair mobile dental vans.

Please note that procedures requiring general anaesthetic, such as complex tooth extractions, are performed by Auckland DHB, not by ARDS.

#### How often should a child see an ARDS dental therapist?

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). Children with moderate oral health needs are examined annually.

Analysis of preschool oral health outcomes undertaken by the service 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; and 32% of children have low oral health needs and should be examined every 18 months.

The Ministry of Health (MOH) has set the target for children's community oral health providers to see 90% of children within 30 days of their scheduled recall date.

The number of children seen within 30 days of their scheduled recall date fluctuates on a daily basis. As at 1 December 2018, ARDS had seen 73.5% of children in the Waitemata DHB area within the required timeframe.

There a number of reasons why children may not be seen on-time which impact ARDS' ability to achieve the MOH target. These include:

- Parents may request a specific appointment time, which best fits the needs of their family (e.g. siblings being seen at an appointment together).
- Some families may not attend their scheduled appointment. The service has a number of strategies in place to reduce barriers to attendance, including the provision of Saturday and early evening clinics to improve convenience for families.
- Some families may change their address without informing the service. This can make it
  challenging to locate children to offer an appointment within the required timeframe. However,
  the service is working collaboratively with other health providers to reduce potential delays and
  is currently introducing a new email communication process with families to ensure a change of
  address does not result in missed or delayed appointments.
- A child is not recorded as being seen until <u>all</u> the treatment they require is completed. Many treatments provided by the service need consent from parents before they are undertaken. If a child attends an appointment without a parent present (e.g. while they are at school), the service sends a consent form home with the child for the parent/caregiver to complete. At times, there can be delays in children returning the required forms, which subsequently delays treatment completion.

## What are the average times between appointments for children in the Waitemata DHB area?

Currently, the average time between appointments for children in the Waitemata DHB area is 12 months. However, as highlighted above, the frequency of appointments is determined by each child's individual needs.

## How many vacancies for dental therapists are there at the moment?

As of 11 February 2019, there were a total of 1.2 full-time equivalent (FTE) dental therapist vacancies (all part-time positions). These roles are currently being actively recruited to.

# Are all the mobile dental clinics fully staffed and operational in the Waitemata DHB area for the start of the 2019 academic year?

Mobile dental vans are used to support children to access oral health care. They are predominantly used to provide examinations but can also provide limited treatments (full treatment cannot be provided due to the nature of the facility). Children who require treatment that cannot be provided within the mobile clinic are offered a further appointment at their closest dental clinic.

There is a planned schedule for the mobile dental clinics, which is based on the number of children enrolled in the service (e.g. the number that require examination/screening). At present, the service is adequately staffed to deliver the 2019 schedule. However, this can change at short notice as a result of staff sickness.

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 trust this reply satisfies your request.

Yours sincerely

**Cath Cronin** 

**Director Hospital Services** 

**Waitemata District Health Board**