



23 July 2020



Dear 

Official Information Act Request

You have asked for information about oral health care needs of those with cancer.

The completed survey questionnaire is attached. Please note that some of the information requested would require substantial collation and research as it is not held outside of individual patient records.

Northland DHB supports the open disclosure of information to assist public understanding of how we deliver our services. This includes proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been provided to you. Personal or identifying information will be redacted from any response published online. If you consider there are good reasons why this response should not be publicly available we will consider your views.

If you have any queries relating to Northland DHB's response to your information request please contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nick Chamberlain'.

Dr Nick Chamberlain
Chief Executive

Attachment

Please forward your reply to [REDACTED]

Please answer the questions as they relate to your DHB. If you do not know the answer please write DON'T KNOW.

Please note the questions are divided into: general questions and then according to cancer treatment phases: pre-cancer treatment, during cancer treatment and post cancer-treatment.

Thank you for your assistance with providing this information.

Please indicate the positions of those within your DHB who have been involved in completing this questionnaire (e.g. dental, oncology, other)

1. Maxillo-Facial and Oral Surgery Consultant
2. Clinical Director Oral Health
3. Practice Manager Oral Health Department

GENERAL

1. Does the DHB have a hospital dental service? YES
2. Does the DHB run Multi-disciplinary Meeting (MDM) clinics to discuss and coordinate care for patients with:
- Solid tumours in parts of the body other than the head and neck NO
 - Cancer of the head and neck region NO
 - Cancers of the blood NO
- If the DHB **does not** run MDM clinics, which DHB with MDM clinics do your patients with cancer attend: Please state DHB:
- Solid tumours in parts of the body other than the head and neck ADHB
 - Cancer of the head and neck region ADHB
 - Cancers of the blood ADHB
- Patients receive cancer treatment at this DHB but it is not coordinated via an MDM YES
- Is the hospital dental service in the DHB involved in the MDM clinics for patients with [please also indicate personnel involved]:
- Solid tumours in parts of the body other than the head and neck NO
 - Cancer of the head and neck region YES Maxillofacial Surgeon
 - Cancers of the blood NO

3. For the years 2014-2018:

how many patients with cancer were registered with your DHB?

how many patients with cancer were seen in the hospital dental service for:

Oral/dental assessment

Oral/dental treatment

	2014	2015	2016	2017	2018
how many patients with cancer were registered with your DHB?					
how many patients with cancer were seen in the hospital dental service for:					
Oral/dental <u>assessment</u>					
Oral/dental <u>treatment</u>					

Is this information available by patient characteristics (e.g. SES, ethnicity and co-morbidities)?

YES / NO

Northland DHB does not maintain databases outside of individual clinical files that enables us to provide the data for this part of your survey.

The Ministry of Health collects and publishes new cancer registrations and information can be found on the Ministry's website.

4. For the years 2014-2018, what was the annual expenditure for dental services for people with cancer?

Northland DHB does not capture financial data in a way that enable us to respond to this part of your survey.

	2014	2015	2016	2017	2018
\$					
% of DHB expenditure					
% hospital dental service expenditure					

5. For most patients with the following types of cancer, does the oncology service know who the patient's primary oral health care provider is (i.e. dentist)?

Pre-cancer treatment

During cancer treatment

Post-cancer treatment

Solid tumours in parts of the body other than the head and neck	YES	YES	YES
Cancer of the head and neck region	YES	YES	YES
Cancers of the blood	YES	YES	YES
Is that information recorded in the patient notes?	YES	YES	YES

PRE-CANCER TREATMENT [from the point of cancer diagnosis and prior to patients commencing treatment for their cancer]

6. Is a formal oral health assessment part of the pre-cancer treatment process for:

Solid tumours in parts of the body other than the head and neck	YES if dental implications
Cancer of the head and neck region	YES
Cancers of the blood	YES if dental implications

For patients who have a formal oral health assessment, which of the following are checked:

	Soft tissues (e.g. gum and oral mucosa)	Hard tissues (e.g. teeth and jaw bone with xrays)
Solid tumours in parts of the body other than the head and neck	YES	YES if referred
Cancer of the head and neck region	YES	YES if referred
Cancers of the blood	YES	YES if referred

7. Does the hospital dental service provide oral/dental treatment for patients with the following types of cancer before they start their cancer treatment?

Solid tumours in parts of the body other than the head and neck	YES if referred
Cancer of the head and neck region	YES
Cancers of the blood	YES if referred

What is the eligibility criteria for that treatment, for patients with:

Solid tumours in parts of the body other than the head and neck: If the patients have poor oral health or there are dental implications ie radiotherapy or bisphosphate therapy from their cancer treatment

Cancer of the head and neck region: None

Cancers of the blood: If the patients have poor oral health or there are dental implications ie radiotherapy or bisphosphate therapy from their cancer treatment

If the DHB **does provide** oral/dental treatment in the **pre-cancer treatment** phase, are the following treatment items provided?

For each item, if there is a charge to the patient, please also provide that cost.

	Examination/ radiograph	Preventive	Fillings - permanent	Fillings - temporary	Extractions	Root canal treatment	Prosthesis	Implants	Crown and bridge
	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?
Solid tumour	Y	Y	Y	Y	Y	Y	N	N	N
Blood cancer	Y	Y	Y	Y	Y	Y	N	N	N
Head and neck cancer	Y	Y	Y	Y	Y	Y	Y	N	N

There is no charge for head and neck cancer or high risk osteonecrosis patients. There is a \$40 co-payment per appointment for all other patients.

If the DHB **does not provide** oral/dental treatment, where are patients referred to for treatment?

Another DHB? YES Prosthetics
If yes:
Which DHB? ADHB

What is the average travel time to that DHB? 2-4 hours

DHB-funded private provider? YES Dental technician

Private provider, no DHB funding? YES

8. What is the average wait time (days/weeks) in the hospital dental service for people with cancer in the pre-cancer treatment phase for:

First specialist assessment (FSA) 2 weeks

Oral/dental treatment 2 weeks

DURING-CANCER TREATMENT [while patients are receiving treatment for their cancer]

9. Who coordinates access to oral health care during cancer treatment?

General medical practitioner YES

General dental practitioner YES

Medical specialist (e.g. oncologist) YES

DHB dentist or dental specialist YES

Other, please list Maxillo-Facial

10. If a patient with cancer has the following oral/dental complications where does that patient seek care from:

Soft tissue (e.g. problems with gums or ulcers)

Hard tissues (e.g. toothache, broken tooth)

Hospital dental service YES

YES

Dental practitioner in the community YES

YES

Their general medical practitioner YES

YES

Other DHB	NO	NO
Another provider	YES	YES
If YES please provide details:		
Maxillo-Facial, oral surgery		
Is that care/treatment DHB-funded?	YES	YES
Is there is a specific referral path for oral/dental complications?	YES	YES

If YES, please provide details:

Dental Department assessment, referral to Maxillofacial, oral surgery

POST-CANCER TREATMENT (following active cancer treatment)

11. Does the hospital dental service provide oral/dental care for patients with the following types of cancer in the post-cancer treatment phase:

And if **YES**, is that care on-going (continuing) or episodic (one-off)?

Solid tumours in parts of the body other than the head and neck	YES	episodic
Cancer of the head and neck region	YES	on-going
Cancers of the blood	YES	on-going

If **YES**, how long are they provided that care, e.g. 3 years, 5 years? 3 years

What is the DHB's eligibility criteria for that care for patients who have had:

Solid tumours in parts of the body other than the head and neck: These patients are referred by Oncology. The Dental Department gets them dentally fit (\$40 copayment) then

they are discharged back to their private provider.

Cancer of the head and neck region: See below

Cancers of the blood: See above

If the DHB does provide oral/dental treatment, are the following treatment items provided?

For each item, if there is a charge to the patient, please also provide that cost.

	Examination/ radiograph	Preventive	Fillings - permanent	Fillings - temporary	Extractions	Root canal treatment	Prosthesis	Implants	Crown and bridge
	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?	Y/N Cost?
Solid tumour	Y	Y	Y	Y	Y	Y	N	N	N
Blood cancer	Y	Y	Y	Y	Y	Y	N	N	N
Head and neck cancer	Y	Y	Y	Y	Y	Y	N	N	N

Please add any further relevant information to the above table:

\$40 co-payment per appointment unless they are head and neck cancer patients or have a high risk of osteonecrosis when all appointments are free for 3 years.

Who does the hospital dental service accept referrals from for patients in the post-treatment phase of care: (answer yes to all that apply)

General dental practitioner	YES
General medical practitioner	YES
Oncology	YES
Cancer support worker	YES

Is it possible to obtain data on the number of referrals received and/or accepted by the hospital dental service per year?

YES however this would require substantial collation and research to look through data and referral and clinical records.

How is the transition from hospital dental services to primary care oral health providers managed?

By referral and access to Concerto medical notes.

Does the importance of regular oral/dental monitoring and care feature in the discharge summaries to:

General medical practitioners?	YES
General dental practitioners?	YES
Other providers?	YES

12. If your DHB hospital dental service **does not provide** oral/dental treatment for patients with cancer after their cancer treatment, are they referred to:

Another DHB? If yes, which one?	NA
DHB-funded private provider?	NA
Private provider, no DHB funding?	NA

Is it possible to obtain data on the number of referrals made and/or accepted per year?	YES however this would require substantial collation and research to look through data and referral and clinical records.
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13. Who coordinates access to oral health care post-cancer treatment?

The patient	YES
Hospital dental service	YES
General or specialist medical practitioner	YES
Cancer support worker	YES

Who can that coordinator refer people who need ongoing oral/dental care to (answer yes to all that apply):

General dental practitioner	YES
General medical practitioner	YES
Oncology referral	YES
Hospital dental service	YES

14. Do the following groups of patients with cancer have the option to receive oral/dental rehabilitation that restores their mouth to an acceptable functional

standard? For example, if a patient needed a full dental clearance so that they could commence their cancer treatment, would the hospital dental service offer prostheses for patients with:

Solid tumours in parts of the body other than the head and neck	NO
Cancer of the head and neck region	YES in most cases
Cancers of the blood	NO

If **YES**, what are the eligibility criteria for patients with:

Solid tumours in parts of the body other than the head and neck:	NA
Cancer of the head and neck region:	If there has been surgical intervention or healthy teeth removed due to tumour size.
Cancers of the blood:	NA

Is there a charge to the patient?	NO
Is it possible to obtain the data available on the number of patients who are referred and accepted for dental prostheses per year, post cancer treatment?	YES however we would need to audit technician fees. This would require substantial research and collation

Do patients with cancer who require rehabilitation (other than oral/dental) for the consequences of their treatment for cancer, e.g. replacement of a lower limb, have the option of receiving a DHB-funded prosthesis?

If **YES**, are there:

eligibility criteria? NO

charges to the patients? NO

15. Following completion of a patient's cancer treatment, how does the DHB manage the oral/dental care of patients with cancer who:

- I. do not have a primary dental care provider
- II. who indicate that they cannot afford care in the primary dental care setting?

If they have a community services card?

Northland DHB offers ongoing care after 3 years to people who have a community services card for a \$40 co-payment if they do not have a private provider

If they do not have a community services card?

Please see above.

16. Please provide any protocols or guidelines used within your DHB that outline the criteria for dental assessment and follow up, **at all cancer stages**, i.e. pre-treatment, during treatment and post-treatment.

A significant number of our cancer patients receive treatment at Auckland DHB. As a result dental assessments and treatment is prescribed by the Auckland DHB clinicians. Patients with Head and Neck Cancer generally have dental assessments and follow-up determined as part of the MDM process undertaken at Auckland DHB. Other cancer patients are referred by oncologists for dental assessment and treatment on a case by case basis; there are no formal protocols or guidelines.

17. Please list the oral health resources available for patients with cancer, **in all phases of cancer treatment, including post-cancer care** that inform them of:

importance of continuing oral health care, local oral health providers, dental grants, preventive advice etc.

The following information forms are available-

- Head & Neck Cancer;
- Risk Osteonecrosis