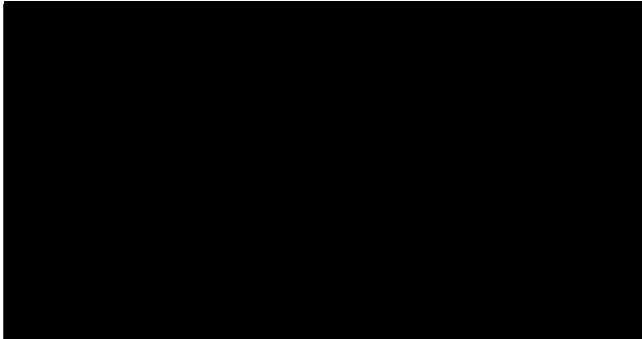


22 September 2020

Auckland DHB
Chief Executive's Office

Level 1
Building 37
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142

Ph: (09) 630-9943 ext: 22342
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Re Official Information Request – Oral health services for cancer patients

I refer to your official information request dated 29 June 2020 requesting the following information:

The Cancer Society is seeking your assistance in providing information to answer the questions in the attached survey.

The Cancer Society is collecting the information on how a person with any cancer has their oral health needs assessed and addressed at each stage of their cancer journey in each DHB in NZ-from the point of diagnosis, throughout their cancer treatment and following discharge from their cancer treatment (i.e. survivorship).

Auckland DHB, as the provider of secondary and tertiary oral health services for the Metro Auckland Region, has provided responses to the Cancer Society Survey on behalf of Auckland DHB, Counties Manukau DHB and Waitematā DHB. Counties Manukau DHB and Waitematā DHB have contributed to and reviewed the responses compiled on their behalf. Please find attached the three responses.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive

To whom it may concern

Kia ora

The Cancer Society is seeking your assistance in providing information to answer the questions in the attached survey.

The Cancer Society is collecting the information on how a person with any cancer has their oral health needs assessed and addressed at each stage of their cancer journey in each DHB in NZ—from the point of diagnosis, throughout their cancer treatment and following discharge from their cancer treatment (i.e. survivorship).

This information will be used to determine the consistency in, and equity of, service provision, eligibility, care coordination and integration of oral health services into cancer care services at all stages of a person's cancer journey.

We realise that some of the information we are requesting might not be readily available or possibly not collected. In such cases, we are seeking your assistance in understanding how the information may be accessed and would be happy to talk with someone further to understand what can be provided.

Please do not hesitate to contact us if you require further information.

Ngā mihi

Shayne Nahu

Manager Advocacy and Wellbeing

Cancer Society of New Zealand

National Office

The Cancer Society of New Zealand | Patron Her Majesty the Queen
Level 6, Ranchhod Tower, 39 The Terrace, Wellington 6011 | PO Box 651, Wellington 6140
04 494 7270 | Cancer Information Helpline 0800 CANCER (226 237)



Attachment

Please forward your reply to yuliya@cancer.org.nz.

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. WDH B Operations Manager Cancer Services
2. Data Analyst
3. Service Clinical Director, ADHB Auckland Regional Hospital & Specialist Dentistry
4. Business Manager, ADHB Head & Neck Surgical Services
5. Radiation Oncologist, ADHB Radiation Oncology
6. Service Clinical Director, ADHB Haematology Service
7. Data Analyst, ADHB Business Information Service

Waitematā District Health Board response.
Oral Health Services are delivered by Auckland DHB on behalf Auckland, Counties Manukau and Waitematā DHBs.

GENERAL -ADHB

1. Does the DHB have a hospital dental service?	NO (ADHB Hospital & Specialist Dentistry provides oral health services under contract to WDHb domiciled patients)
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	YES – for designated tumour streams
Cancer of the head and neck region	No
Cancers of the blood	YES
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 and Counties
Cancer of the head and neck region	ADHB
Cancers of the blood	N/A
Patients receive cancer treatment at this DHB but it is not coordinated via an MDM	NO

Is the hospital dental service in the DHB involved in the MDM clinics for patients with [please also indicate personnel involved]:

N/A

Solid tumours in parts of the body other than the head and neck

NO Maxillofacial Surgeon Other dental

Cancer of the head and neck region

YES Maxillofacial Surgeon Other dental

Provided by ADHB under contract

Cancers of the blood

NO Maxillofacial Surgeon Other dental

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?	1641	1736	1888	1916	1918
how many patients with cancer were seen in the hospital dental service for:					
<u>Oral/dental assessment</u>	298	486	582	660	741
<u>Oral/dental treatment</u>	319	514	629	727	875

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

NO (not on a 'population / cohort' basis)



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

2014	2015	2016	2017	2018
152013.93	236847.36	221134.83	289477.15	284041.62

\$

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	NO	NO	NO
Cancer of the head and neck region	YES	YES	YES
Cancers of the blood	NO	NO	NO
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 | NO (referral basis only) | |
| Cancer of the head and neck region | YES | |
| Cancers of the blood | YES | |
- For patients who have a formal oral health assessment, which of the following are checked:
- | | | |
|---|---|---|
| Solid tumours in parts of the body other than the head and neck | Soft tissues (e.g. gum and oral mucosa) | Hard tissues (e.g. teeth and jaw bone with xrays) |
| Cancer of the head and neck region | If referred | If referred |
| Cancers of the blood | YES | YES |
| | YES | YES |
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 | NO (not routinely, referral basis only) |
| Cancer of the head and neck region | YES |
| Cancers of the blood | YES |
- What is the eligibility criteria for that treatment, for patients with:



Solid tumours in parts of the body other than the head and neck: **On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical, oncology treatment or where care cannot be safely provided in private dental practice.**

Cancer of the head and neck region: **Diagnosis of a head / neck cancer**

Cancers of the blood: **Diagnosis of cancer of the blood where the oral health status impacts medical, surgical or oncology treatment and/or on referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification – generally where care cannot be safely provided in private dental practice**

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 No charge	Y No charge	Y No charge	Y No charge	Y No charge	N	N	N	N

	Y	No charge	Y	No charge	Y	No charge	Y	No charge	N	N	N
Blood cancer											N
Head and neck cancer									N	N	N

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

Another DHB?
If yes:
Which DHB?

YES, if meets Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification.
ADHB Hospital & Specialist Dentistry - if meets Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification
Varies – outpatients appointments available at Middlemore Hospital and Green Lane Clinical Centre, surgery available at Green Surgical Centre, Auckland City Hospital, Starship Hospital and Waitakere Hospital

DHB-funded private provider? NO
Private provider, no DHB funding? YES, if the patient circumstances do not meet Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification.

What is the average travel time to that DHB?

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) 1-2 weeks

Oral/dental treatment 1-2 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 – ADHB HSD primary coordination, can also involve those listed above |
| Other, please list | |
10. If a patient with cancer has the following oral/dental complications where does that patient seek care from:
- | | | |
|--------------------------------------|---|---|
| Hospital dental service | Soft tissue (e.g. problems with gums or ulcers) | Hard tissues (e.g. toothache, broken tooth) |
| Dental practitioner in the community | YES | YES |
| Their general medical practitioner | YES if the patient elects this | YES if the patient elects this |
| Other DHB | | |
| Another provider | | |

If YES please provide details:

Is that care/treatment DHB-funded?	YES if HSD NO if private dental provider	YES if HSD NO if private dental provider
Is there is a specific referral path for oral/dental complications?	NO -- by patient contact with HSD or referral from GP or medical specialist	NO – by patient contact with HSD or referral from GP or medical specialist

If YES, please provide details:

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	NO	On-going / episodic
Cancer of the head and neck region	YES	
Cancers of the blood	NO	

If YES, how long are they provided that care, e.g. 3 years, 5 years? **Patient and treatment dependent, typically 1-5 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: **On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely provided in private dental practice**

Cancer of the head and neck region: **Diagnosis of head / neck cancer**

Cancers of the blood: **On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely provided in private dental practice**

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	N	N	N	N	Y no charge	N	N	N	N	N
Blood cancer	N	N	N	N	Y no charge	N	N	N	N	N
Head and neck cancer	Y no charge	Y no charge	Y no charge	Y no charge	Y no charge	Y (when indicated) no charge	Y (when indicated) no charge	Y (when indicated) no charge	Y (when indicated) no charge	Y (when indicated) no charge

Please add any further relevant information to the above table:

Advanced care in the form of root canal therapy, implants, fixed and removable prostheses are provided if these are the most appropriate treatment modalities to restore form and function for the clinical situation. They are not routinely available to all patients.

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 – access criteria based on the MoH Tier Two Service specification
General medical practitioner	YES – access criteria based on the MoH Tier Two Service specification
Oncology	YES – access criteria based on the MoH Tier Two Service specification
Cancer support worker	YES – access criteria based on the MoH Tier Two Service specification

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

YES



How is the transition from hospital dental services to primary care oral health providers managed? **Usually by the patient identifying a dentist & self-referring to that dentist.**

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? | N/A |
| DHB-funded private provider? | N/A |
| Private provider, no DHB funding? | YES after discharge from ADHB HSD |
- Is it possible to obtain data on the number of referrals made and/or accepted per year?
- NO we do not currently have this information
13. Who coordinates access to oral health care post-cancer treatment?
- | | |
|--|--------------|
| The patient | YES |
| Hospital dental service | YES |
| General or specialist medical practitioner | Occasionally |
| Cancer support worker | Occasionally |
- Who can that coordinator refer people who need ongoing oral/dental care to (answer yes to all that apply):
- | | |
|------------------------------|--|
| General dental practitioner | |
| General medical practitioner | |
| Oncology referral | |

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, currently not usually

Cancer of the head and neck region YES

Cancers of the blood NO, currently not usually

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

Solid tumours in parts of the body other than the head and neck: On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely provided in private dental practice

Cancer of the head and neck region: Diagnosis of head / neck cancer

Cancers of the blood: On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service



specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely provided in private dental practice

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?

NO we do not currently have this information

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?

We do not hold that information, but it may be able to be provided by the NZ Artificial Limb Centre as the national contact for this service.

If YES, are there:

eligibility criteria?

n/a

charges to the patients?

n/a

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? **If the patient has complex dental needs HSD continues to provide services to the patient. If the oral health needs are amenable to management in the primary dental care setting and the patient can be safely treated then accessing dental services is a patient responsibility. For ongoing care the patient will need to meet the eligibility criteria detailed in the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification**
- If they do not have a community services card? **With the exception of a pain relief only clinic for tooth extraction, HSD does not offer a low income service**
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. **Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification**
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. **Mucositis Clinic – mouth care instructions
Post-radiotherapy mouth care instructions**

To whom it may concern

Kia ora

The Cancer Society is seeking your assistance in providing information to answer the questions in the attached survey.

The Cancer Society is collecting the information on how a person with any cancer has their oral health needs assessed and addressed at each stage of their cancer journey in each DHB in NZ—from the point of diagnosis, throughout their cancer treatment and following discharge from their cancer treatment (i.e. survivorship).

This information will be used to determine the consistency in, and equity of, service provision, eligibility, care coordination and integration of oral health services into cancer care services at all stages of a person's cancer journey.

We realise that some of the information we are requesting might not be readily available or possibly not collected. In such cases, we are seeking your assistance in understanding how the information may be accessed and would be happy to talk with someone further to understand what can be provided.

Please do not hesitate to contact us if you require further information.

Ngā mihi

Shayne Nahu

Manager Advocacy and Wellbeing

Cancer Society of New Zealand

National Office



Attachment

Please forward your reply to yuliya@cancer.org.nz .

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. Service Clinical Director, ADHB Auckland Regional Hospital & Specialist Dentistry
2. Business Manager, ADHB Head & Neck Surgical Services
3. Radiation Oncologist, ADHB Radiation Oncology
4. Service Clinical Director, ADHB Haematology Service
5. Data Analyst, ADHB Business Information Service

Auckland District Health Board response.

Oral Health Services are delivered by Auckland DHB on behalf Auckland, Counties Manukau and Waitemata DHBs.

GENERAL -ADHB

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

YES

Cancer of the head and neck region

YES

Cancers of the blood

YES

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

WDHB Melanoma, CMDHB Sarcoma

Cancer of the head and neck region

N/A

Cancers of the blood

N/A

Patients receive cancer treatment at this DHB but it is not coordinated via an MDM

Some skin cancers, such as Basal Cell Carcinoma and Squamous Cell Carcinoma, may not be discussed at MDM.



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
 Cancer of the head and neck region
 Cancers of the blood

NO Maxillofacial Surgeon Other dental
 YES Maxillofacial Surgeon Other dental
 NO Maxillofacial Surgeon Other dental

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:

	2014	2015	2016	2017	2018
	980	1,177	1,183	1,202	1,268
Oral/dental <u>assessment</u>	164	313	441	424	544
Oral/dental <u>treatment</u>	184	333	497	467	602

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

NO (not on a 'population / cohort' basis)

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

	2014	2015	2016	2017	2018
\$	107905.03	160955.54	168982.47	185939.14	233759.91

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)?				
Solid tumours in parts of the body other than the head and neck				
Cancer of the head and neck region	NO	NO	NO	NO
Cancers of the blood	YES	YES	YES	YES
Is that information recorded in the patient notes?	NO	NO	NO	NO
Cancers of the blood	YES	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 **NO (referral basis only)**

Cancer of the head and neck region

YES

Cancers of the blood

YES

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

If referred

If referred

Cancer of the head and neck region

YES

YES

Cancers of the blood

YES

YES

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 **NO (not routinely, referral basis only)**

Cancer of the head and neck region

YES

Cancers of the blood

YES

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

Solid tumours in parts of the body other than the head and neck: **On referral consistent with the Ministry of Health Oral**



Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical, oncology treatment or where care cannot be safely provided in private dental practice.

Cancer of the head and neck region: Diagnosis of a head / neck cancer

Cancers of the blood: Diagnosis of cancer of the blood where the oral health status impacts medical, surgical or oncology treatment and/or on referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification – generally where care cannot be safely provided in private dental practice

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 No charge	Y No charge	Y No charge	Y No charge	Y No charge	N	N	N	N
Blood cancer	Y No charge	Y No charge	Y No charge	Y No charge	Y No charge	N	N	N	N

Head and neck cancer	Y	No charge	Y	No charge	Y	No charge	Y	No charge	N	N	N
----------------------	---	-----------	---	-----------	---	-----------	---	-----------	---	---	---

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

Another DHB? **NO**
If yes:
Which DHB? **N/A**
What is the average travel time to that DHB? **N/A**
DHB-funded private provider? **NO**
Private provider, no DHB funding? **YES, if the patient circumstances do not meet Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification.**

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) **1-2 weeks**
Oral/dental treatment **1-2 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 – ADHB HSD primary coordination, can also involve those listed above

Other, please list

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

Hospital dental service	Soft tissue (e.g. problems with gums or ulcers)	Hard tissues (e.g. toothache, broken tooth)
Dental practitioner in the community	YES	YES
Their general medical practitioner	YES if the patient elects this	YES if the patient elects this

Other DHB
 Another provider

If YES please provide details:

Is that care/treatment DHB-funded?	YES if HSD	YES if HSD
	NO if private dental provider	NO if private dental provider

Is there is a specific referral path for oral/dental complications? **NO – by patient contact with HSD or referral from GP or medical specialist**

If YES, please provide details: **NO – by patient contact with HSD or referral from GP or medical specialist**

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 **NO**

Cancer of the head and neck region **YES**

Cancers of the blood **NO**

On-going / episodic

If **YES**, how long are they provided that care, e.g. 3 years, 5 years? **Patient and treatment dependent, typically 1-5 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: **On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely provided in private dental practice**

Cancer of the head and neck region: **Diagnosis of head / neck cancer**

Cancers of the blood: **On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely provided in private dental practice**

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	N	N	N	N	Y no charge	N	N	N	N
Blood cancer	N	N	N	N	Y no charge	N	N	N	N
Head and neck cancer	Y no charge	Y no charge	Y no charge	Y no charge	Y no charge	Y (when indicated) no charge	Y (when indicated) no charge	Y (when indicated) no charge	Y (when indicated) no charge

Please add any further relevant information to the above table:

Advanced care in the form of root canal therapy, implants, fixed and removable prostheses are provided if these are the most appropriate treatment modalities to restore form and function for the clinical situation. They are not routinely available to all patients.

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 – access criteria based on the MoH Tier Two Service specification
General medical practitioner	YES – access criteria based on the MoH Tier Two Service specification
Oncology	YES – access criteria based on the MoH Tier Two Service specification
Cancer support worker	YES – access criteria based on the MoH Tier Two Service specification
Is it possible to obtain data on the number of referrals received and/or accepted by the hospital dental service per year?	YES
How is the transition from hospital dental services to primary care oral health providers managed?	Usually by the patient identifying a dentist & self-referring to that dentist.
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? | N/A |
| DHB-funded private provider? | N/A |
| Private provider, no DHB funding? | YES after discharge from ADHB HSD |
- Is it possible to obtain data on the number of referrals made and/or accepted per year?
- NO we do not currently have this information**
13. Who coordinates access to oral health care post-cancer treatment?
- | | |
|--|--------------|
| The patient | YES |
| Hospital dental service | YES |
| General or specialist medical practitioner | Occasionally |
| Cancer support worker | Occasionally |
- Who can that coordinator refer people who need ongoing oral/dental care to (answer yes to all that apply):
- | | |
|------------------------------|--|
| General dental practitioner | |
| General medical practitioner | |
| Oncology referral | |

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, currently not usually

Cancer of the head and neck region YES

Cancers of the blood NO, currently not usually

if YES, what are the eligibility criteria for patients with:

Solid tumours in parts of the body other than the head and neck: On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely provided in private dental practice

Cancer of the head and neck region: Diagnosis of head / neck cancer

Cancers of the blood: On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts

medical, surgical treatment or where care cannot be safely provided in private dental practice

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?

NO we do not currently have this information

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?

We do not hold that information, but it may be able to be provided by the NZ Artificial Limb Centre as the national contact for this service.

If **YES**, are there:

eligibility criteria?
charges to the patients?

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?
If the patient has complex dental needs HSD continues to provide services to the patient. If the oral health needs

are amenable to management in the primary dental care setting and the patient can be safely treated then accessing dental services is a patient responsibility. For ongoing care the patient will need to meet the eligibility criteria detailed in the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification

If they do not have a community services card?

With the exception of a pain relief only clinic for tooth extraction, HSD does not offer a low income service

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.

Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification

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.

Mucositis Clinic – mouth care instructions
Post-radiotherapy mouth care instructions

To whom it may concern

Kia ora

The Cancer Society is seeking your assistance in providing information to answer the questions in the attached survey.

The Cancer Society is collecting the information on how a person with any cancer has their oral health needs assessed and addressed at each stage of their cancer journey in each DHB in NZ—from the point of diagnosis, throughout their cancer treatment and following discharge from their cancer treatment (i.e. survivorship).

This information will be used to determine the consistency in, and equity of, service provision, eligibility, care coordination and integration of oral health services into cancer care services at all stages of a person's cancer journey.

We realise that some of the information we are requesting might not be readily available or possibly not collected. In such cases, we are seeking your assistance in understanding how the information may be accessed and would be happy to talk with someone further to understand what can be provided.

Please do not hesitate to contact us if you require further information.

Ngā mihi

Shayne Nahu

Manager Advocacy and Wellbeing

Cancer Society of New Zealand

National Office

The Cancer Society of New Zealand | Patron Her Majesty the Queen
Level 6, Ranchhod Tower, 39 The Terrace, Wellington 6011 | PO Box 651, Wellington 6140
04 494 7270 | Cancer Information Helpline 0800 CANCER (226 237)



Attachment

Please forward your reply to yuliya@cancer.org.nz.

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. Service Manager Position
2. Cancer Nurse Coordinator Position
3. Service Clinical Director, ADHB Auckland Regional Hospital & Specialist Dentistry
4. Business Manager, ADHB Head & Neck Surgical Services
5. Radiation Oncologist, ADHB Radiation Oncology
6. Service Clinical Director, ADHB Haematology Service
7. Data Analyst, ADHB Business Information Service

GENERAL

1. Does the DHB have a hospital dental service?
NO (ADHB Hospital & Specialist Dentistry provide care to CMDHB domiciled patients)
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
 Cancer of the head and neck region
 Cancers of the blood
YES for most tumour streams
NO
YES
- If the DHB does not run MDM clinics, which DHB with MDM clinics do your patients with cancer attend:
 Solid tumours in parts of the body other than the head and neck
 Cancer of the head and neck region
 Cancers of the blood
Please state DHB:
ADHB & WDHB
ADHB
CMDHB & ADHB (lymphoma MDM)
- Patients receive cancer treatment at this DHB but it is not coordinated via an MDM
 Some urology and skin cancers (BCC and SCC) may not be discussed at MDM
NO Maxillofacial Surgeon Other dental
YES Maxillofacial Surgeon Other dental
- 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
 Cancer of the head and neck region



Provided by ADHB under contract

NO Maxillofacial Surgeon Other dental

Cancers of the blood

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:

	2014	2015	2016	2017	2018
	1405	1598	1531	1986	1839
Oral/dental <u>assessment</u>	179	417	553	509	619
Oral/dental <u>treatment</u>	187	428	568	543	679

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

NO (not on a 'population / cohort' basis)

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

	2014	2015	2016	2017	2018
\$	125204.92	219027.38	192647.56	207347.94	238703.02

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	NO	NO	NO
Cancer of the head and neck region	YES	YES	YES
Cancers of the blood	Sometimes	Sometimes	Sometimes
Is that information recorded in the patient notes?	Sometimes, often for head & neck cancers	Sometimes, often for head & neck cancers	Sometimes, often for head & neck cancers

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 | NO (referral basis only) | |
| Cancer of the head and neck region | YES | |
| Cancers of the blood | YES | |
-
- For patients who have a formal oral health assessment, which of the following are checked:
- | | | |
|---|---|---|
| Solid tumours in parts of the body other than the head and neck | Soft tissues (e.g. gum and oral mucosa) | Hard tissues (e.g. teeth and jaw bone with xrays) |
| Cancer of the head and neck region | If referred | If referred |
| Cancers of the blood | YES | YES |
| | YES | YES |
-
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 | NO (not routinely referral basis only) |
| Cancer of the head and neck region | YES |
| Cancers of the blood | YES |

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

Solid tumours in parts of the body other than the head and neck: **On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service**



specification - generally where oral health status impacts medical, surgical, oncology treatment or where care cannot be safely provided in private dental practice.

Cancer of the head and neck region: **Diagnosis of a head / neck cancer**

Cancers of the blood: **Diagnosis of cancer of the blood where the oral health status impacts medical, surgical or oncology treatment and/or on referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification – generally where care cannot be safely provided in private dental practice**

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 No charge	Y No charge	Y No charge	Y No charge	Y No charge	N	N	N	N
Blood cancer	Y No charge	Y No charge	Y No charge	Y No charge	Y No charge	N	N	N	N
Head and neck cancer	Y No charge	Y No charge	Y No charge	Y No charge	Y No charge	N	N	N	N

- If the DHB does not provide oral/dental treatment, where are patients referred to for treatment?
- | | |
|--|---|
| <p>Another DHB?
If yes:
Which DHB?

What is the average travel time to that DHB?</p> | <p>YES, if meets Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification.

ADHB Hospital & Specialist Dentistry - if meets Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification

Varies – outpatients appointments available at Middlemore Hospital and Green Lane Clinical Centre, surgery available at Green Surgical Centre, Auckland City Hospital, Starship Hospital and Waitakere Hospital</p> |
| <p>DHB-funded private provider?

Private provider, no DHB funding?</p> | <p>NO

YES, if the patient circumstances do not meet Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification.</p> |
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) | 1-2 weeks |
| Oral/dental treatment | 1-2 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 – ADHB HSD primary coordination, can also involve those listed above |
| Other, please list | |
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 if the patient elects this | YES if the patient elects this |
| Their general medical practitioner | YES / NO | YES / NO |
| Other DHB | YES / NO | YES / NO |
| Another provider | YES / NO | YES / NO |

If YES please provide details:

Is that care/treatment DHB-funded?	YES if HSD NO if private dental provider	YES if HSD NO if private dental provider
Is there is a specific referral path for oral/dental complications?	NO – by patient contact with HSD or referral from GP or medical specialist	NO – by patient contact with HSD or referral from GP or medical specialist

If YES, please provide details:

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	NO	NO
Cancer of the head and neck region	YES	On-going / episodic
Cancers of the blood	NO	

If YES, how long are they provided that care, e.g. 3 years, 5 years? Patient and treatment dependent, typically 1-5 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: **On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely provided in private dental practice**

Cancer of the head and neck region: **Diagnosis of head / neck cancer**

Cancers of the blood: **On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely provided in private dental practice**

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	N		N		N		N		Y	no charge	N		N		N		N		N
Blood cancer	N		N		N		N		Y	no charge	N		N		N		N		N

Head and neck cancer	Y no charge	Y no charge	Y no charge	Y no charge	Y (when indicated) no charge	Y (when indicated) no charge	Y (when indicated) no charge	Y (when indicated) no charge

Please add any further relevant information to the above table:

Advanced care in the form of root canal therapy, implants, fixed and removable prostheses are provided if these are the most appropriate treatment modalities to restore form and function for the clinical situation. They are not routinely available to all patients.

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 – access criteria based on the MoH Tier Two Service specification
General medical practitioner	YES – access criteria based on the MoH Tier Two Service specification
Oncology	YES – access criteria based on the MoH Tier Two Service specification
Cancer support worker	YES – access criteria based on the MoH Tier Two Service specification
Is it possible to obtain data on the number of referrals received and/or accepted by the hospital dental service per year?	YES
How is the transition from hospital dental services to primary care oral health providers managed?	Usually by the patient identifying a dentist & self-referring to that dentist.



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? | N/A |
| DHB-funded private provider? | N/A |
| Private provider, no DHB funding? | YES after discharge from ADHB HSD |
- Is it possible to obtain data on the number of referrals made and/or accepted per year?
- NO we do not currently have this information**
13. Who coordinates access to oral health care post-cancer treatment?
- | | |
|--|--------------|
| The patient | YES |
| Hospital dental service | YES |
| General or specialist medical practitioner | Occasionally |
| Cancer support worker | Occasionally |
- Who can that coordinator refer people who need ongoing oral/dental care to (answer yes to all that apply):
- | | |
|------------------------------|-----|
| General dental practitioner | |
| General medical practitioner | |
| Oncology referral | |
| 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, currently not usually
Cancer of the head and neck region	YES
Cancers of the blood	NO, currently not usually

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

Solid tumours in parts of the body other than the head and neck:	On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely provided in private dental practice
--	--

Cancer of the head and neck region: **Diagnosis of head / neck cancer**

Cancers of the blood: **On referral consistent with the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification - generally where oral health status impacts medical, surgical treatment or where care cannot be safely**

provided in private dental practice

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?

NO we do not currently have this information

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?

We do not hold that information, but it may be able to be provided by the NZ Artificial Limb Centre as the national contact for this service.

If **YES**, are there:

eligibility criteria?

charges to the patients?

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?

If the patient has complex dental needs HSD continues to provide services to the patient. If the oral health needs are amenable to management in the primary dental care setting and the patient can be safely treated then

accessing dental services is a patient responsibility. For ongoing care the patient will need to meet the eligibility criteria detailed in the Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification

If they do not have a community services card?

With the exception of a pain relief only clinic for tooth extraction, HSD does not offer a low income service

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.
- Ministry of Health Oral Health Services Hospital Dental Services Tier Two Service specification
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.
- Mucositis Clinic – mouth care instructions
Post-radiotherapy mouth care instructions

