MINISTRY OF HEALTH
MANATŪ HAUORA

All District Health Boards

ORAL HEALTH SERVICES –
COMMUNITY ORAL HEALTH SERVICES FOR CHILDREN AND SOME ADOLESCENTS
(previously Child Oral Health Services)
TIER TWO
SERVICE SPECIFICATION

STATUS: This nationwide service specification describes the national minima of services to be funded or provided by a DHB.

MANDATORY

Review History	Date
First Published on NSFL	October 2004
Administrative review of the Child Oral Health service specification (October 2004). Updated to better reflect current service delivery.	June 2015
Consideration for next Service Specification Review	within five years

Note: Contact the Service Specification Programme Manager, National Health Board, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library website http://www.nsfl.health.govt.nz

ORAL HEALTH SERVICES -
COMMUNITY ORAL HEALTH SERVICES FOR CHILDREN AND SOME ADOLESCENTS
TIER TWO
SERVICE SPECIFICATION
D01022

The tier two service specification for the Community Oral Health Service for Children and Some Adolescents (the Service) must be used in conjunction with the overarching tier one Oral Health Services service specification.

This tier two service specification was previously known as 'Child Oral Health Services'.

The Service Specification for the Community Oral Health Service for Children and Some Adolescents is related to, but distinct from, the Service Agreement for the Provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents (commonly known as the 'Combined Dental Agreement' or CDA).

1. Service Definition

The Service provides a range of oral health services for children and some adolescents up to their 18th birthday, to contribute to an improvement in oral health status of the DHB's population. The priority of the Service will be given to children and adolescents who are the most at risk of poor oral health.

The Service includes a range of oral health services within the scope of dental therapy practice including: preventive care, oral health promotion and education, diagnostic services, treatment of oral disease, and restoration of tooth tissue.

The Service is provided by registered dental therapists, other registered oral health professionals who have appropriate certification and supervision (eg, hygienists), other trained personnel where they can operate within the legislative framework and some community dentists. A continuum of care should be provided between oral health services for children and adolescents between this Service and the other services described in the tier two oral health service specifications.

2. Service Users

Service Users are:

- all eligible[1] children from birth up and including school year 8
- adolescents up to their 18th birthday, who are unable to access oral health services under the CDA.

3. Exclusions

In addition to the exclusions described in Section 3 of the tier one Oral Health Services service specification, the following services are excluded from this Service:

- oral health services for children and adolescents funded through other oral health services such as the CDA.

The Service also excludes those children and adolescents:

- that require treatment beyond the scope of the registered dental therapist/community dental service provider
- who are not able to be treated by the service provider due to the person's long term medical conditions, disabilities, and/or complicated on-going dental care needs.

[1] The Eligibility Direction describes the groups of people who are eligible for publicly funded (ie, free or subsidised) health and disability services in New Zealand. http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction

These children and adolescents are eligible to receive the Service but are better managed in other settings such as a hospital, or other community oral health setting, where the necessary linkages with hospital services are in place for children and adolescents with special needs.

4 Service Objectives

Refer to the tier one Oral Health Services service specification under Services Objectives.

5. Access

5.1 Enrolment Pathway Process

Enrolment pathways to the Service include, but are not limited to:

- birth notification
- referrals from Well Child/Tamariki Ora providers and Lead Maternity Carers
- general practice or other health professionals
- self-referral.

Service enrolment of pre-school, primary school and intermediate school children must include the full range of educational facilities, including Kohanga Reo, Kaupapa Māori and Pacific Language Nests.

The Service will identify, minimise and, where possible, eliminate access barriers for Māori and other children and adolescents likely to be assessed as high risk.

5.2 A Well Child/Tamariki Ora provider referral includes a risk assessment

Children of any age assessed as high risk must be examined within three months of the risk assessment. Babies may not yet have teeth, however, the appointment provides an opportunity to engage with parents of children assessed as high risk to support the development of good oral health care at home.

Children assessed as low risk must been examined by 2 years of age.

5.3 Exit or Transfer to another Service

5.3.1 Referral onto another service provider

The Service will refer children and adolescents requiring treatment beyond the scope of the Service to a dental service provider who can undertake the necessary treatment.

5.3.2 Year 8 Transfer

The Service will:

- aim to complete treatment for all Year 8 children before they transfer to a provider of adolescent oral health services
- promote enrolment with, and facilitate the transfer of Year 8 children to, a provider of adolescent oral health services operating an agreement or contract with the DHB. The priority is given to those at risk groups of children with relatively poor oral health.

Where the provider also has a contract for adolescent dental services, the child may remain enrolled with that provider. (Refer to the CDA.)

6. Service Components

6.1 Processes

The Service includes:

- **Preventive care** including scaling, cleaning, fluoride treatments and fissure sealing, when appropriate

- **Oral health promotion and disease prevention education** including individual, group and caregiver advice on oral hygiene, diet, fluoridation and other factors affecting oral health
- **Diagnostic services** including oral examination, radiographs where necessary, identification of a child or adolescent's oral health needs and consultation of treatment options and management plans with the parent/caregiver and Service User
- **Treatment of oral disease and restorative (or reparative) services** including the treatment of dental disease and restoration of tooth tissue. Where necessary this will require coordination with and referral to other health services and providers, including referral under the CDA.
- **Minor Surgical Services** including the extraction of deciduous teeth.

6.2 Examination and Completed Treatments

Every enrolled child will have at least one examination by a dentist or dental therapist every 12 months and will be offered any necessary treatment as defined above. Children at high risk of dental disease must be examined preferably every 6 months. Any necessary treatment should be completed within two months of examination.

Children assessed as low risk may be examined up to every 18 months where the Service has well-managed, computer-assisted oral health records, appropriate oral health information for parents and children, and a robust individual risk assessment. The impact of such a change must be monitored by the Service to ensure that the change does not result in a deterioration of oral health amongst low risk children.

6.3 Utilisation

The Service will implement a process to manage:

- children who are overdue for their scheduled dental examination to within the national benchmark of 10% or less
- the number of booked appointments that are not kept to within the national benchmark of 10%
- children who do not complete their treatment.

6.4 Oral Health Promotion

The Service will:

- support public policy initiatives on health, eg, the benefits of fluoridation in water supplies
- develop and maintain a close working relationship with the full range of Public Health providers and health services as appropriate.

6.5 Key Inputs

Dental therapists and community dentists are the lead practitioners that provide the Service.

Dental therapists are to have access to timely and appropriate advice from a registered dentist during delivery of clinical care. Service staff must have access to professional development and demonstrate effective links with dental professional organisations to facilitate continuing professional development such as Te Ao Marama, New Zealand Dental Association (NZDA), New Zealand Dental and Oral Health Therapy Association, previously known as the New Zealand Dental Therapist Association (NZD&OHTA), and the Dental Council of New Zealand.

Dental therapists and community dentists will work together to maintain a high standard of care for each child and to provide a seamless service, and develop and maintain appropriate linkages with services and organisations listed in Section 7 below.

Refer to section 6.6 Key Inputs of the tier one Oral Health Services service specification for generic requirements including Staff, Supplies, Equipment and other Services.

7. Service Linkages

In addition to the generic Service Linkages described in the tier one Oral Health Services service specification, the Service is required to develop appropriate links with private providers, hospital dental services and other health care services and consumer advisory services.

The Service will collaborate with providers of public health programmes such as health promotion and disease prevention programmes to coordinate effort and approaches.

Liaison with referring GPs or other medical practitioners, Well Child/Tamariki Ora service providers maybe required for overall health care management for appropriate action to be taken.

8. Quality Requirements

8.1 General

The Ministry of Health and District Health Boards (DHBs) have established oral heath indicators to evaluate system performance and clinical indicators useful for quality improvement such as Ngā Mana Hauora Tūtohu: Health status indicators Prevention and Management of Dental Caries in Children, Guidance in Brief, and Oranga Waha: Oral Health Research Priorities for Māori.[2]

Refer to the tier one Oral Health Services service specification for generic Quality Requirements including requirements of the Vulnerable Children Act 2014. In addition, the following specific quality requirements apply.

8.2 Acceptability

The Service will undertake consumer experience surveys to support ongoing service quality improvement.

8.3 Quality Performance Measure

The Service will aim to improve the oral health status of pre-school, primary school and intermediate school children, as shown by mean dmft/DMFT[3] score and the percentage caries free at age 5 and School Year 8, the percentage of pre-school and primary school children enrolled in the Service, and the percentage of children who are overdue for scheduled examinations (arrears)

9. Purchase Units

9.1 Purchase Units are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Unit applies to this Service:

PU Code	PU Description	PU Definition	PU Unit of Measure
D01022	Community oral health - children/some adolescents	Community oral health services to maintain a functional natural dentition for children and some adolescents up to their 18th birthday. Includes preventive care, dental health promotion, health education, treatment of oral disease and restoration of lost or absent tooth tissue. It excludes services funded via the Combined Dental Agreement.	Client

[2] Ministry of Health Oral Health Publications http://www.health.govt.nz/our-work/preventative-health-wellness/oral-health/oral-health-publications

[3] dmft relates to 'deciduous 'little' teeth, and DMFT to permanent teeth. DMFT is a count of the number of: decayed, missing, filled TEETH in a person's mouth.

Unit of Measure	PU Measure Definition
Client	Number of clients managed / enrolled by the Service in the reporting period. ie. caseload at the beginning of the period plus all new cases in the period 'Client' and 'Service User' are interchangeable.

10. Reporting Requirements

10.1 General

The reporting requirements measure the prevalence of oral disease and severity of dental decay experience in preschool and primary school children, and system performance in terms of the number of children enrolled and receiving their scheduled examination on time. The information is used by the Provider and Funder to monitor the scope and quality of dental care provided to their enrolled children and adolescents.

Providers are expected to report complete, comprehensive and timely information as required by their Funder DHB using the Excel reporting templates (refer to Appendix One).

10.2. Annual Reporting

See Appendix One for the five Reporting Spreadsheets.

Service performance data for Quarter 3: is reported each calendar year in Quarter 3 to the Service's DHB Funding and Planning Manager and to the Ministry of Health.

- the total number and percentage of pre-school children enrolled with the Community Oral Health Service by ethnicity Māori, Pacific, Other
- the total number and percentage of enrolled children overdue for their scheduled examination.
- the percentage of children caries-free and the mean dmft/DMFT rate at age 5 and school year 8.

The DHBs report the total number of enrolled children at 31 December. Note this is a 'snap shot'.

10.3_National Health Index and Ethnicity Data

Services will record data at the unit (individual) level, using the National Health Index (NHI).

Services will report percentage of children caries-free and mean (d) (m) (f) (D) (M) (F) and total dmft / DMFT data by fluoridation status (fluoridated / non-fluoridated), ethnicity (Māori, Pacific, Other). All data must be recorded at the time of examination.

10.4 Fluoridation status

The fluoridation status for preschool children is determined by the water fluoridation status of their residential address.

The fluoridation status for primary and intermediate school children is determined by the water fluoridation status of the school the child attends, or in the case of home schooling the child's residential address.

Appendix: Reporting Requirements of the Community Oral Health Services service specification

The reporting templates are:

1. Pre-school enrolments (PP13a)
2. Examination arrears (PP13b)
3. Age 5 caries-free percentage and mean dmft rate (PP11)
4. School Year 8 (age 12/13 years) caries-free percentage and mean DMFT rate (PP10)

The following information will be reported by the provider using the Excel reporting templates on the NSFL website (http://www.nsfl.health.govt.nz/528 under Data for Quality Reporting – Document Links)**:**

1. Pre-school enrolments (PP13a)

(Enter DHB Name here)

Measure 1 (PP13a): Number of pre-school children enrolled in DHB-funded oral health services, ____ calendar year

	ALL ETHNICITIES			MĀORI ONLY			PACIFIC ONLY			OTHER		
	Total Enrolled	Total Population	Percentage Enrolled	Total Enrolled	Total Population	Percentage Enrolled	Total Enrolled	Total Population	Percentage Enrolled	Total Enrolled	Total Population	Percentage Enrolled
Pre-school children (age 0 - 4)												

2. Examination arrears (PP13b)

(Enter DHB Name here)

Measure 2 (PP13b): Number of enrolled pre-school and primary school children overdue for their scheduled examinations, ____ calendar year

	ALL ETHNICITIES					MĀORI ONLY					PACIFIC ONLY					OTHER					
	Number of Children Overdue	Total Number Enrolled	Percentage Overdue	Longest waiting time		Number of Children Overdue	Total Number Enrolled	Percentage Overdue	Longest waiting time		Number of Children Overdue	Total Number Enrolled	Percentage Overdue	Longest waiting time		Number of Children Overdue	Total Number Enrolled	Percentage Overdue	Longest waiting time		
				Duration (in months)	Number Affected				Duration (in months)	Number Affected				Duration (in months)	Number Affected				Duration (in months)	Number Affected	
Pre-School Children (age 0 -4)																					Pre-School Children (age 0 -4)
Primary School Children (age 5 - Year 8)																					Primary School Children (age 5 - Year 8)
TOTAL																					

3. Five-year-old children caries-free and dmft results (PP11)

(Enter DHB Name here)

Five-year-old children, ____calendar year

Dental Health Status	Number of Children Examined	Number of Children Caries-Free	Number of Decayed Teeth	Number of Teeth Missing due to Caries	Number of Filled Teeth	Number of Decayed, Missing due to caries and Filled Teeth	%Caries Free	Mean d	Mean m	Mean f	Mean dmft	Mean DMFT for children with caries			
												Mean d	Mean m	Mean f	Mean dmft
All 5-year old Children	0	0	0	0	0	0									
All Maori 5-year old Children	0	0	0	0	0	0									
All Pacific 5-year old Children	0	0	0	0	0	0									
All "Other" 5-year old Children	0	0	0	0	0	0									
All Fluoridated 5-year old Children	0	0	0	0	0	0									
All Non-Fluoridated 5-year old Children	0	0	0	0	0	0									
Maori Fluoridated 5-year old Children						0									
Maori Non-fluoridated 5-year old Children						0									
Pacific Fluoridated 5-year old Children						0									
Pacific Non-fluoridated 5-year old Children						0									
Other Fluoridated 5-year old Children						0									
Other Non-fluoridated 5-year old Children						0									

Other comments

Enter any other comments here that may help explain the figures provided.

If any of these results did not meet your DHB's targets, you **must** provide an explanation here that includes a description of what your DHB is doing to rectify the problem.

4. School Year 8 children (age 12/13 years) caries-free and DMFT results (PP10)

(Enter DHB Name here)

School Year 8 (age 12/13) children, ____ calendar year

Dental Health Status	Number of Children Examined	Number of Children Caries-Free	Number of Decayed Teeth	Number of Teeth Missing due to Caries	Number of Filled Teeth	Number of Decayed, Missing due to caries and Filled Teeth	%Caries Free	Mean D	Mean M	Mean F	Mean DMFT	Mean DMFT for children with caries			
												Mean D	Mean M	Mean F	Mean DMFT
All Year 8 Children	0	0	0	0	0	0									
All Maori Year 8 Children	0	0	0	0	0	0									
All Pacific Year 8 Children	0	0	0	0	0	0									
All "Other" Year 8 Children	0	0	0	0	0	0									
All Fluoridated Year 8 Children	0	0	0	0	0	0									
All Non-Fluoridated Year 8 Children	0	0	0	0	0	0									
Maori Fluoridated Year 8 Children						0									
Maori Non-fluoridated Year 8 Children						0									
Pacific Fluoridated Year 8 Children						0									
Pacific Non-fluoridated Year 8 Children						0									
Other Fluoridated Year 8 Children						0									
Other Non-fluoridated Year 8 Children						0									

Other comments

Enter any other comments here that may help explain the figures provided.

If any of these results did not meet your DHB's targets, you **must** provide an explanation here that includes a description of what your DHB is doing to rectify the problem.