

NMDHB Oral Health Services Business Case; Summary of Submissions

Number of Submissions; Total (37), Dental Therapists 11, schools 10, individuals 9, community groups 5, NGO's 2.

"The following is a summary for the 37 written submissions received from the consultation to inform document for which submissions closed on 22 November 2006, but the deadline then extended to 2 February 2007. The community/stakeholder consultation process continued until 4pm 28 February 2007. The summaries of key points from these meetings is also available on this website.

Themes arising from the Submissions

There is a need to

- Increase infant and pre-school contact, health promotion and prevention activities
- Reduce barriers to access for Maori, Pacific people, and low income families
- Reduce disparities in oral health outcomes
- Improve access to services for adolescents
- Provide a sustainable solution for providing dental care beyond the scope of dental therapists e.g. oral health educators, fluoridation
- Address workforce recruitment and retention
- Extend opening hours to include weekdays and Saturdays.
- Allow for introduction of new technologies and service models e.g mobile units
- Improving the quality of care provided

And that

- Existing school clinics work well and enable ease of access for 5-12 year olds

0-2.5yrs

Health promotion, more resources, enrollment at 6 wks of age eg. Enrollment forms provided by GPs and practice nurses.

Water fluoridation/tablets to be provided.

Dental Therapists to be paid accordingly.

Toothbrushes for all, not just community cardholders.

Children treated at Dental Clinic on school grounds. Recall 6m and 12m works well,

Dental Health Educator to visit and work in pre-school centres.

Limited access for 0-2.5 age group. A client tracking system would be beneficial.

Better General Anesthetic services at hospital.

Oral status to be assessed among family members and pregnant mothers.

More promotion of the services. A newsletter would be helpful.

In support of purpose built facilities. Mobile units could service rural areas.

2.5-12yrs

School clinics work well, as minimum time missed from class.

If children have to attend a clinic elsewhere, they may take the whole day off, or there could be transport problems eg if parents are unable to take time off work.

Dental Therapists could visit pre-school organisations.

Children can be taught dental hygiene, and diet in years 7&8.

Multi-chair clinic would work well for mentoring new staff. Need more staff and better education.

There is no funding for Dental Therapists to enter schools for education.

6 month and 12 month recall works well.

An aging work force of Dental Therapists is of concern.

Extended clinic hours and days for working parents could increase access.

Water fluoridation beneficial

13-18 yr. olds

Mobile units would be good if there are no school clinics.

Numbers drop off in adolescents accessing care, this needs to be improved.

Could text to remind adolescents of appointments.

Need promotional education and promotion of free dental service.

Water fluoridation.

Extension of clinic hours, for weekdays and Saturdays.

Location of services is critical to access.

Monitoring bacterial status, diet and family history could be an important role of service.

Fees and costs of service need to be realistic.

Community clinics on school grounds may provide easy access to services for all.

Adults and Low Income groups

Provide free dental care for adults over the age of 65 years who are on low incomes

Provide free fluoride tablets for pregnant mothers

Provide emergency dental surgery for people with mental illnesses on low incomes

Provide free preventative dental treatment for people with mental illnesses on low incomes

Provide prevention and promotion education to service users about dental hygiene for people on medication that are known to damage teeth