

6 August 2020

[REDACTED]  
[REDACTED]  
[REDACTED]

**Response to a request for official information**

Dear [REDACTED]

Thank you for your request for official information received 29 June 2020 by Nelson Marlborough Health (NMH)<sup>1</sup>, followed by the necessary extension of time 24 July 2020, where you seek the following information:

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

NMH response:

Please see the attached survey, completed with information that is available in a form that can be used to answer this request, as sourced from our Oncology, Medical and Dental services.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or free phone 0800 802 602.

If you have any questions about this decision please feel free to email our OIA Coordinator [OIArequest@nmdhb.govt.nz](mailto:OIArequest@nmdhb.govt.nz). I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely



Dr Peter Bramley  
**Chief Executive**

Encl: Cancer Society Survey – Oral health needs assessment (16 pages)

<sup>1</sup> Nelson Marlborough District Health Board

**CANCER SOCIETY SURVEY – ORAL HEALTH NEEDS ASSESSMENT** Nelson Marlborough Health

1. Does the DHB have a hospital dental service? YES / ~~NO~~
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 / ~~NO~~
  - Cancer of the head and neck region ~~YES~~ / NO
  - Cancers of the blood ~~YES~~ / 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 Canterbury DHB (CDHB)
  - Cancer of the head and neck region CDHB
  - Cancers of the blood CDHB
- Patients receive cancer treatment at this DHB but it is not coordinated via an MDM ~~YES~~/ NO
- Is the hospital dental service 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 YES / ~~NO~~  Maxillofacial Surgeon  Other dental
  - Cancer of the head and neck region YES / ~~NO~~  Maxillofacial Surgeon  Other dental
  - Cancers of the blood YES / ~~NO~~  Maxillofacial Surgeon  Other dental
3. For the years 2014-2018:  
how many patients with cancer are registered with your DHB?
- | 2014 | 2015 | 2016 | 2017 | 2018 |
|------|------|------|------|------|
| 832  | 910  | 934  | 975  | 1015 |

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

Oral/dental assessment

Oral/dental treatment

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

YES / NO

Characteristics of patients with cancer are not readily retrievable from a central data system and it would require a significant amount of time and resource to search by NHI and manually review individual records of referred patients. As such, NMH declines to respond for this aspect of your request under section 18(f) as *'the information requested cannot be made available without substantial collation and research'*.

All patients who are seen at the MDM in CDHB prior to radiation surgery, and with or without chemotherapy, are given an oral health assessment – this may be performed at NMH or CDHB, or both sites.

All patients who have a planned stem cell transplant are referred to the Hospital Dental Service for an oral health assessment.

All patients who have planned IV bisphosphonate treatment for multiple myeloma are referred to the Hospital Dental Service for an oral health assessment.

Other patients are referred to the Hospital Dental Service if they have a dental problem, or they are identified by their specialist as likely to have dental infection prior to commencing (or during) chemotherapy treatment.

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

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

Expenditure for dental services for people with cancer is not maintained within the financial system in a way that enables this data to be extracted separately from other DHB 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)?

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

Pre-cancer treatment	During cancer treatment	Post-cancer treatment
YES / NO	YES / NO	YES / NO
YES / NO	YES / NO	YES / NO
YES / NO	YES / NO	YES / NO
YES / NO	YES / NO	YES / NO

Cancer of the head and neck region

Cancers of the blood

Is that information recorded in the patient notes?

Sometimes but not consistently

**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 / NO

This depends on the circumstances

Cancer of the head and neck region

YES / ~~NO~~

Cancers of the blood

YES / NO

This depends on the circumstances, for example if the patient is having a high dose procedure, e.g. stem cell

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 / NO

YES / NO

Cancer of the head and neck region

YES / ~~NO~~

YES / ~~NO~~

Cancers of the blood

YES / NO

YES / NO

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~~/NO

Cancer of the head and neck region

~~YES~~/NO

Cancers of the blood

YES/ ~~NO~~,

If the patient is having a high dose procedure.

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

Refer attached *Oncology Dental Assessment Criteria*

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

Cancer of the head and neck region:

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																			
Blood cancer																			
Head and neck cancer																			

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

Another DHB? YES/N N/A  
 If yes:

Which DHB? CDHB, If necessary

What is the average travel time to that DHB?

DHB-funded private provider? YES/NO

Private provider, no DHB funding? YES/NO

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)

Oral/dental treatment

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

General medical practitioner	<del>YES</del> /NO
General dental practitioner	<del>YES</del> /NO
Medical specialist (e.g. oncologist)	YES/ <del>NO</del> Oncology Service
DHB dentist or dental specialist	<del>YES</del> /NO
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 / NO	YES / NO
Dental practitioner in the community	YES / NO	YES / NO
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:		
This would be coordinated and supported via the Oncology Nursing Team		
Is that care/treatment DHB-funded?	YES / <del>NO</del> , as per attached	YES / NO
Is there is a specific referral path for oral/dental complications?	YES / NO	YES / NO
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	YES/NO	On-going/episodic
Cancer of the head and neck region	YES/NO	On-going/episodic
Cancers of the blood	YES/NO	On-going/episodic

If **YES**, how long are they provided that care, e.g. 3 years, 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:
- Cancer of the head and neck region:
- Cancers of the blood:

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																			
Blood cancer																			
Head and neck cancer																			

Please add any further relevant information to the above table:



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/~~NO~~

General medical practitioner YES/~~NO~~

Oncology YES/~~NO~~

Cancer support worker YES/NO

The patient would need to meet the eligibility criteria

Is it possible to obtain data on the number of referrals received and/or accepted by the hospital dental service per year? YES/NO

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

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

General medical practitioners? YES/ NO

General dental practitioners? YES /NO

Other providers? YES /NO

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? YES/NO Please state DHB:

DHB-funded private provider? YES/NO

Private provider, no DHB funding? YES/NO

Is it possible to obtain data on the number of referrals made and/or accepted per year? YES/NO

13. Who coordinates access to oral health care post-cancer treatment?

The patient YES/NO

Hospital dental service YES/NO

General or specialist medical practitioner YES/NO

Cancer support worker YES/NO

This depends on ongoing contact with the Oncology Service.

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

General dental practitioner YES/NO

General medical practitioner YES/NO

Oncology referral YES/NO

Hospital dental service YES/NO

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 YES/NO

Cancer of the head and neck region YES/NO

Cancers of the blood YES/NO

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

Refer attached *Oncology Dental Assessment Criteria*

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

Cancer of the head and neck region:

Cancers of the blood

Is there a charge to the patient? YES/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/NO

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? YES/NO

If **YES**, are there:

eligibility criteria? YES/NO

charges to the patients? YES/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?

If they do not have a community services card?

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.
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.

## **Nelson Marlborough Health *Oncology Dental Assessment Criteria***

### **– Oncology and IV Bisphosphonate Patient Charges and Recall Policy**

Oncology or IV Bisphosphonate patients referred for outpatient dental treatment that is required to stabilise oral health and control dental infection prior to or in conjunction with their medical treatment are exempt from dental outpatient user charges with the exception of prosthodontic treatment items (see below).

#### *Policy on dentures for IV Bisphosphonate patients*

A number of patients with a relatively poor dentition require partial or complete removal of their teeth as part of them becoming “dentally fit” for their IV bisphosphonate treatment. At clinician discretion they may be offered partial or full (delayed or immediate) denture construction at normal dental outpatient rates (paid in advance) to replace their missing teeth.

#### *Policy on dentures for oro-facial malignancy patients*

There are patients of Nelson Marlborough District Health Board who have had either surgery or teeth removed prior to radiation treatment for oro-facial malignancies. The surgery may have involved the removal of teeth or oro-facial hard/soft tissue. As a result of these interventions, the patient has a compromised dentition, which requires prosthetic replacement to restore function.

The provision of new/replacement partial or full dentures can be carried out at the NMDHB’s Hospital Dental Departments under the following provisions.

- The removal of natural teeth or the alteration in the edentulous alveolar tissue occurred as a direct result of the treatment for an oral-facial malignancy
- The patient was treated by or referred by specialist clinicians at Nelson or Wairau Hospitals.
- Only the initial replacement dentures will be considered as a part of the policy. Any further replacement dentures will only be considered should further oro-facial surgery be required.

Providing the above criteria have been met (a) for a Community Service cardholder, all fees will be met by the NMDHB – this includes the clinician time and laboratory fees, (b) for non community card holders – a charge will be made to cover all laboratory fees.

#### *Policy on ongoing recall and user charges for oncology or IV bisphosphonate patients*

Most oncology patients do not have any increased risk from dental disease or special requirements for dental care in the longer term and should **not** be put on recall. Oncology patients with either an increased risk from infection (e.g. those with leukaemia) or those at an increased risk of

dental disease (e.g. head and neck post-radiotherapy) may be recalled and are exempt from outpatient fees. Except for the small minority suffering from radiation caries, this group should cease to be recalled once they are cancer free (typically 5 years in remission).

Like heart valve patients, those who have had IV Bisphosphonate in the past need to maintain a good standard of dental health, however for both groups, their follow-up dental care should be provided in the community by private dental practitioners (i.e. they are not eligible for recall).