



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

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12 August 2020

9(2)(a)

RE Official information request WCDHB 9441

I refer to your email dated 29 June 2020 requesting information under the Official Information Act from West Coast DHB regarding a survey you are conducting into “How a person with cancer has their oral health needs assessed and addressed at each stage of their cancer journey in NZ”.

Hospital dental services for people with cancer of the head and neck and of blood tumour streams for residents of the West Coast are primarily provided by and through specialist tertiary services at Canterbury DHB.

Accordingly, please find attached a copy of the West Coast DHB survey response in regard to the services provided locally and those provided through Canterbury DHB. This largely reflects this latter service provision, and should be read in conjunction with the Canterbury DHB response to your survey.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

APPENDIX 1: WEST COAST DHB

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. Planning and Funding
2. Cancer Nurse Coordinator
3. ENT Specialist – Canterbury DHB

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| GENERAL | |
| 1. Does the DHB have a hospital dental service? | YES / Very limited service; with visiting dental surgeons visiting from Canterbury providing 8-10 single-day operating theatre lists per year for people who need dental treatment under general anaesthetic. The majority of people treated are children. There is no outpatient clinic provided - so no opportunity to provide dental or general anaesthetic reviews or consultations, no restorative or prosthetic treatment, and no preventive care. |
| 2. Does the DHB run Multi-disciplinary Meeting (MDM) clinics to discuss and coordinate care for patients with: | Via Canterbury DHB. West Coast DHB clinicians dial in remotely to Canterbury DHB MDMs to discuss patients |
| Solid tumours in parts of the body other than the head and neck | As above. |
| Cancer of the head and neck region | <p>As above.</p> <p>The Otolaryngology Department of Canterbury DHB run a "New Patient Head & Neck MDT" every Wednesday from 11:00am. This usually includes a member of the Hospital Dental Service (HDS) and may also include a Maxillofacial surgeon.</p> <p>All patients who are likely to require radiotherapy to the H&N region (even if they are edentulous) are discussed with the HDS representative. The degree/extent of that assessment is often determined by an Orthopantomogram (OPG). Some surgical candidates also receive this assessment if the resection or access for surgery involves removal of teeth of division/resection of any portion of the mandible or maxilla.</p> <p>More complex dental assessments are organised by the HDS representative directly and are often undertaken</p> |

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| | <p>that day or very soon afterwards.</p> <p>Once the assessment is complete a recommendation for treatment is completed and communicated with those who will be undertaking that treatment. For surgical cases there is active coordination with the HDS, Maxillofacial and ORL services to ensure the treatment plan is performed in a timely fashion during the patients surgery.</p> |
| Cancers of the blood | As above. |
| If the DHB does not run MDM clinics, which DHB with MDM clinics do your patients with cancer attend: | Canterbury DHB |
| Solid tumours in parts of the body other than the head and neck | As above. |
| Cancer of the head and neck region | As above. |
| Cancers of the blood | As above. |
| Patients receive cancer treatment at this DHB but it is not coordinated via an MDM | NO , Discussed and agreed where treatment of cases can be provided locally at our DHB, and ratified by MDM attendees' consensus. |
| Is the hospital dental service in the DHB involved in the MDM clinics for patients with [please also indicate personnel involved]: | Please refer to response from Canterbury DHB, who provide such clinical services for West Coast DHB residents. |
| Solid tumours in parts of the body other than the head and neck | As per Canterbury DHB response |
| Cancer of the head and neck region | As per Canterbury DHB response |
| Cancers of the blood | As per Canterbury DHB response |

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| 3. | For the years 2014-2018: Included with Canterbury DHB response | 2014 | 2015 | 2016 | 2017 | 2018 |
| | how many patients with cancer were registered with your DHB? Note: The cancer register data is predominantly based on pathology reports for West Coast domiciled patients. There are other mechanisms for capturing cancers that are only diagnosed radiologically, but there may be a few missing. The data includes patients who may have gone privately or for example, had a melanoma removed in primary care. It is not possible to differentiate within this dataset. | 220 | 181 | 195 | 187 | 217 |
| | how many patients with cancer were seen in the hospital dental service for: | | | | | |
| | Oral/dental <u>assessment</u> | Included with Canterbury DHB data response | | | | |
| | Oral/dental <u>treatment</u> | Included with Canterbury DHB data response | | | | |
| | Is this information available by patient characteristics (e.g. SES, ethnicity and co-morbidities)? | Included with Canterbury DHB data response | | | | |
| | | | | | | |
| 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 | Included with Canterbury DHB data response | | | | |
| | % hospital dental service expenditure | Included with Canterbury DHB data response | | | | |

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)? <i>Yes for Zolidronic acid treatment – local dental provider recording and data available to Canterbury DHB Specialist Oncologist. We know that Zolidronics is a "Yes" in the patient notes etc for solid tumours and head and neck cancers</i> | Pre-cancer treatment | During cancer treatment | Post-cancer treatment |
|---|---|-------------------------|-----------------------|
| Solid tumours in parts of the body other than the head and neck | YES | YES | YES |
| Cancer of the head and neck region | YES | YES | YES |
| Cancers of the blood | Please refer to Canterbury DHB response | | |
| Is that information recorded in the patient notes? | YES | YES | YES |

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| 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: | As per Canterbury DHB response |
| | Solid tumours in parts of the body other than the head and neck | As above. |
| | Cancer of the head and neck region | As above. |
| | Cancers of the blood | As above. |
| | For patients who have a formal oral health assessment, which of the following are checked: <i>As per Canterbury DHB response for the following:</i> | <div>Soft tissues (e.g. gum and oral mucosa)</div> <div>Hard tissues (e.g. teeth and jaw bone with xrays)</div> |
| | Solid tumours in parts of the body other than the head and neck | "As per Canterbury DHB response" – as this is done in Canterbury – so the same will apply as undertaken by the services they provide. |
| | Cancer of the head and neck region | |
| | Cancers of the blood | |
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| 7. | Does the hospital dental service provide oral/dental treatment for patients with the following types of cancer before they start their cancer treatment? | As per Canterbury DHB response |
| | Solid tumours in parts of the body other than the head and neck | As above. |
| | Cancer of the head and neck region | As above. |
| | Cancers of the blood | As above. |
| | What is the eligibility criteria for that treatment, for patients with: | Canterbury DHB eligibility criteria applies. As per Canterbury DHB response. |
| | Solid tumours in parts of the body other than the head and neck: | As above. |
| | Cancer of the head and neck region: | As above. |
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| Cancers of the blood: | | | | | | As above. | | | | | | | | | | | | | |
| <p>If the DHB does provide oral/dental treatment in the pre-cancer treatment phase, are the following treatment items provided?</p> <p>For each item, if there is a charge to the patient, please also provide that cost.</p> | | | | | | <p>Canterbury DHB eligibility criteria applies. As per Canterbury DHB response.</p> | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | | | |
| <p>If the DHB does not provide oral/dental treatment, where are patients referred to for treatment?</p> | | | | | | | | | | | | | | | | | | | |
| <p>Another DHB? If yes: Which DHB? What is the average travel time to that DHB?</p> | | | | | | | | | | <p>YES</p> <p>Canterbury DHB</p> <p>West Coast population is very rural and widely spread. Dependent upon where on the West Coast the patient lives – travel time can literally be anything from a three hour to seven hour drive one way to get to Christchurch. For people living in around main centres at Greymouth and Hokitika; travel time would be three hours drive one way to get to Christchurch; for those in Reefton three-and-a-half hours drive one way; and just over four hours drive one way for those living in and around Westport.</p> | | | | | | | | | |

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| DHB-funded private provider? | NO Provided through Canterbury DHB tertiary services | |
| Private provider, no DHB funding? | NO Provided through Canterbury DHB tertiary services | |
| What is the average wait time (days/weeks) in the hospital dental service for people with cancer in the pre-cancer treatment phase for: | Experience is that the service provided by Canterbury is very prompt, but as per Canterbury DHB response. | |
| First specialist assessment (FSA) | As per Canterbury DHB response. | |
| Oral/dental treatment | As per Canterbury DHB response. | |
| | | |
| DURING-CANCER TREATMENT [while patients are receiving treatment for their cancer] | | |
| Who coordinates access to oral health care during cancer treatment? | | |
| General medical practitioner | NO | |
| General dental practitioner | NO | |
| Medical specialist (e.g. oncologist) | YES, Main coordination for West Coast residents | |
| DHB dentist or dental specialist | NO | |
| Other, please list | | |
| | | |
| 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 | NO | NO |
| Dental practitioner in the community | YES | YES |
| Their general medical practitioner | YES | NO |

| Other DHB | Via Canterbury DHB | Via Canterbury DHB |
|--|---------------------------------------|-----------------------|
| Another provider If YES please provide details: | NO | NO |
| Is that care/treatment DHB-funded? | Depends upon individual circumstances | |
| Is there is a specific referral path for oral/dental complications? If YES, please provide details: | YES Via Mosaiq | YES Via Mosaiq |

11.

| POST-CANCER TREATMENT [following active cancer treatment] | | |
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| 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)? | As per Canterbury DHB response. | |
| Solid tumours in parts of the body other than the head and neck | As per CDHB response (YES episodic) | on-going/episodic |
| Cancer of the head and neck region | As per CDHB response (YES ongoing for 2-5 years) | on-going/episodic |
| Cancers of the blood | As per CDHB response (YES episodic) | on-going/episodic |
| If YES, how long are they provided that care, e.g. 3 years, 5 years? | As per Canterbury DHB response. | |
| What is the DHB's eligibility criteria for that care for patients who have | As per Canterbury DHB response. | |

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| had: | | | | | | | | | |
| Solid tumours in parts of the body other than the head and neck: | | | | | | As per Canterbury DHB response. | | | |
| Cancer of the head and neck region: | | | | | | As per Canterbury DHB response. | | | |
| Cancers of the blood: | | | | | | As per Canterbury DHB response. | | | |
| 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. | | | | | | As per Canterbury DHB response. If a patient already has dentures, then not all changes are funded / covered. | | | |
| | 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) | | | | | | As per Canterbury DHB response. | | | |
| General dental practitioner | | | | | | As per Canterbury DHB response. | | | |
| General medical practitioner | | | | | | As per Canterbury DHB response. | | | |
| Oncology | | | | | | YES | | | |

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| Cancer support worker | As per Canterbury DHB response. |
| Is it possible to obtain data on the number of referrals received and/or accepted by the hospital dental service per year? | As per Canterbury DHB response. |
| How is the transition from hospital dental services to primary care oral health providers managed? | As per Canterbury DHB response. |
| Does the importance of regular oral/dental monitoring and care feature in the discharge summaries to: | As per Canterbury DHB response. |
| General medical practitioners? | As per Canterbury DHB response. |
| General dental practitioners? | As per Canterbury DHB response. |
| Other providers? | As per Canterbury DHB response. |

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| 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: | As per Canterbury DHB response. |
| | Another DHB? If yes, which one? | As per CDHB response (N/A) |
| | DHB-funded private provider? | As per Canterbury DHB response. |
| | Private provider, no DHB funding? | As per Canterbury DHB response. |
| | Is it possible to obtain data on the number of referrals made and/or accepted per year? | As per Canterbury DHB response. |
| 13. | Who coordinates access to oral health care post-cancer treatment? | As per Canterbury DHB response. |
| | The patient | As per Canterbury DHB response. |
| | Hospital dental service | As per Canterbury DHB response. |
| | General or specialist medical practitioner | As per Canterbury DHB response. |

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| | Cancer support worker | As per Canterbury DHB response. |
| | Who can that coordinator refer people who need ongoing oral/dental care to (answer yes to all that apply): | As per Canterbury DHB response. |
| | General dental practitioner | As per Canterbury DHB response. |
| | General medical practitioner | As per Canterbury DHB response. |
| | Oncology referral | As per Canterbury DHB response. |
| | Hospital dental service | As per Canterbury DHB response. |
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| 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: | As per Canterbury DHB response. |
| | Solid tumours in parts of the body other than the head and neck | As per Canterbury DHB response. |
| | Cancer of the head and neck region | As per Canterbury DHB response. |
| | Cancers of the blood | As per Canterbury DHB response. |
| | If YES, what are the eligibility criteria 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: | |
| | Is there a charge to the patient? | As per Canterbury DHB response. |
| | 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 | As per Canterbury DHB response. |

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| | treatment? | |
| | 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? | As per Canterbury DHB response. |
| | If YES, are there: | |
| | eligibility criteria? | As per Canterbury DHB response. |
| | charges to the patients? | As per Canterbury DHB response. |
| | | |
| 15. | Following completion of a patient's cancer treatment, how does the DHB manage the oral/dental care of patients with cancer who: <ul style="list-style-type: none"> I. do not have a primary dental care provider II. who indicate that they cannot afford care in the primary dental care setting? | As per Canterbury DHB response. |
| | If they have a community services card? | WINZ subsidy may potentially be available depending upon other individual patient circumstances. |
| | 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. | As per Canterbury DHB response. |
| 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. | As per Canterbury DHB response. |

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