



Oral Health Services Specification Tier 1

September 2024

Contents

1. Status	3
2. Review History	3
3. Introduction	4
4. Service Definition	4
5. Service Users	5
6. Exclusions.....	5
7. Service Objectives	5
7.1 General.....	5
7.2 Achieving equity in health outcomes.....	5
7.3 Māori Health	6
7.4 Pacific Health.....	7
7.5 Other Ethnic Groups	7
8. Access	8
8.1 Entry and Exit Criteria.....	8
8.2 Timeliness	8
8.3 Charges to Service Users and Co-payments	8
9. Service Components.....	8
9.1 Processes.....	8
9.2 Oral Health Assessment, Diagnosis, Treatment Planning and Procedures	8
9.3 Settings	9
9.4 Transport	9
9.5 Facilities	9
9.6 Equipment	9
10. Service Levels	10
11. Key Inputs	10
11.1 Staff.....	10
11.2 Supplies, Equipment and other Services	10
12. Service Linkages	10
13. Quality Requirements	12
13.1 General.....	12
13.2 Access.....	12
13.3 Acceptability	12

13.4	Safety and Efficiency	12
13.5	Effectiveness	13
14.	Purchase Unit Codes.....	13
15.	Reporting Requirements.....	14

1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☒ RECOMMENDED ☐

2. Review History

Review History	Date
First published on Nationwide Service Framework Library	June 2006
Amendments: Standard Māori health clause, entry and exit criteria, support services, service linkages table, quality requirements updated, purchase units table updated.	December 2009
Amendments: Administration review, updated formatting, names of linked tier two service specifications, purchase unit table national collections column.	June 2015
Amendments: Administration review, minor editing and formatting changes, updated links, references and language etc.	May 2021
Consideration for next Service Specification Review	Within five years
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

This tier one Oral Health Services service specification is the overarching service specification for all publicly funded oral health services in New Zealand. It covers hospital and primary oral health care services for eligible children, adolescents and adults irrespective of the setting of service delivery.

The following service specifications must be used in conjunction with this tier one service specification:

- tier two Community Oral Health Service for Children and Some Adolescents
- tier two Adolescent Oral Health Coordination Service
- 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)
- tier two Hospital Dental Services
- tier two Emergency Dental Services for Low Income Adults.

Background

The focus for oral health services is to implement the key actions in *Good Oral Health for All, for Life¹: the Strategic Vision for Oral Health in New Zealand (Ministry of Health, 2006)*.

The provision and ongoing development of oral health services will also be aligned with the following strategic documents²:

- He Korowai Oranga: Māori Health Strategy
- Whakamaua Māori Health Action Plan 2020-2025
- Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025
- Child and Youth Wellbeing Strategy 2019
- New Zealand Health Strategy 2016
- New Zealand Disability Strategy 2016-2026
- Healthy Ageing Strategy 2016.

4. Service Definition

Districts fund or provide primary and specialist oral health services for eligible children, adolescents and adults. Not all people are eligible for publicly funded health services, refer to the New Zealand Health and Disability Services Eligibility Direction 2011³ for specific eligibility information.

Publicly funded services include: assessment, diagnosis, treatment, planning, procedures, onward referral if required, and oral health promotion and disease prevention.

An integrated continuum of care should be provided between oral health services and wider general health services, as appropriate.

¹ www.health.govt.nz/publication/good-oral-health-all-life

² The range of documents listed are available on the Ministry of Health's website www.health.govt.nz

³ www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services

5. Service Users

Publicly funded oral health services are provided for eligible:

- children and adolescents up to their 18th birthday, refer to Community Oral Health Service for Children and Some Adolescents service specification and the CDA for further details
- adults aged 18 years and older, refer to the Hospital Dental Services and Emergency Dental Services for Low Income Adults service specifications for further details.

6. Exclusions

The Services described in the oral health service specifications will not duplicate other services already funded by:

- Districts under other service specifications
- the Ministry of Health
- Health New Zealand
- other government agencies, specifically excluding treatment funded by Accident Compensation Corporation (ACC) or where funding for services is provided by other government agencies (ie, Work and Income, Department of Corrections).

This service specification excludes the provision of the following:

- oral health treatments, and/or diagnostic services that are outside evidence-based best practice
- orthodontic treatment (other than that specified in the tier two Hospital Dental Services service specification)
- elective dental treatment provided for cosmetic purposes only
- oral and maxillofacial surgery (refer to the tier one Specialist Medical and Surgical Services Service Specification).

7. Service Objectives

7.1 General

The key objectives of oral health services are to:

- contribute to improving the oral health status of the population by promoting, maintaining and restoring good oral health
- improve equity of access and outcomes for those most at risk of poor oral health
- provide an evidence-based approach to service delivery and evaluation when this exists
- ensure that professional and fiscal resources are used efficiently and effectively.

7.2 Achieving equity in health outcomes

The Ministry's definition of equity is:

“In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.”

The Ministry’s definition of equity is designed to:

- fit the New Zealand context
- align with Te Tiriti o Waitangi obligations
- be principle based
- be inclusive enough to incorporate all possible dimensions of equity (indigenous, socio-economic, geographically, disability, etc.)
- reflect the international literature on equity
- reflect the definition put forward by the World Health Organization.

Inequitable health outcomes are evident amongst populations with different levels of underlying social advantage/disadvantage. This may be on the basis of socioeconomic status, ethnicity, gender, stage of the life course, locality, or due to racism and discrimination. These disparities result in cumulative effects throughout life and across generations. The causes of disparities in health outcomes largely arise from the inequitable distribution of and access to the wider determinants of health such as income, education, employment, housing and quality health care amongst populations.

Health New Zealand, Districts and providers have an important role in supporting intersectoral approaches to address the social determinants of health and in ensuring health services themselves achieve equity and eliminate disparities in health outcomes between population groups.

7.3 Māori Health

Achieving Pae Ora (healthy futures for Māori), including Mauri Ora (healthy individuals), Whānau Ora (healthy families) and Wai Ora (healthy environments), is an overarching aim of the health and disability system. Meeting our obligations under Te Tiriti o Waitangi is a necessary part of achieving these goals. Te Tiriti principles provide guidance on how we can approach these obligations and achieve these aims. For the purpose of commissioning and delivering the services, the following principles will apply:

Options: One of the key principles which flows from Te Tiriti is the principle of options, requiring us to recognise the need to provide, resource and grow:

- kaupapa Māori health and disability services as an option for Māori which are uniquely Māori
- whānau centred services that directly drive towards Māori health equity
- mainstream health and disability services that are culturally safe and support the expression of hauora Māori models of care.

Equity: The principle of equity requires us to commit to achieving equitable health and disability outcomes for Māori through the allocation of time, effort, resources, and funding to where the greatest need exists. We will focus on addressing unfair and unjust differences by:

- building the capacity and capability of the Māori health workforce
- working to eliminate racism and discrimination in all its forms.

Active protection: The principle of active protection requires us to act to the fullest extent possible in providing options and achieving equity. This includes ensuring all

services are designed in ways that make them accessible, timely and effective for Māori whānau and communities.

Ensuring that robust information that can be disaggregated is collected and necessary to ensure that Māori are well informed on the extent of Māori health and disability outcomes and efforts to achieve equity for Māori.

We will work in accordance with the principle of partnership in the governance, design, delivery, and monitoring of health and disability services, with a strong focus on upholding the Treaty at all levels of decision-making. Through this we will enable tino rangatiratanga, providing for Māori self-determination and mana motuhake in the design, delivery and monitoring of the services.

7.4 Pacific Health

Compared to the total New Zealand population, Pacific people have poorer health status across a wide variety of measures, including child and youth health, and risk factors leading to poor health and long-term conditions such as obesity, diabetes, cardiovascular and respiratory disease.

Pacific people are more exposed to risk factors leading to poor health and experience more barriers to accessing health and disability support services than other groups. In addition, Pacific people with English as a second language may have difficulty understanding health information and engaging effectively with health professionals. Beliefs about individual health and family and community needs and realities can also influence health choices and behaviours.

The Service must be responsive to Pacific health needs and identified concerns, and should be aligned with *Ola Manuia 2020-2025* which sets out priority outcomes and actions that will contribute to the Government's overarching goal that all New Zealanders, including Pacific peoples, achieve better health outcomes. Service delivery should aim to improve Pacific health outcomes and reduce inequalities.

The Service will respond to the needs of Pacific people by recognising differences, especially as they relate to linguistic, cultural, social and religious practises. The Provider must develop and maintain linkages with key local cultural groups in order to facilitate consultation and involvement of these groups in planning, implementing, monitoring and reviewing the Service. The Provider will consider the appropriateness and quality of the Service and address inequalities in access to and provision of the Services to Pacific people communities.

The Provider will be culturally competent and have the ability to respond to the needs and expectations of Pacific Service Users. The Service will enable Pacific Service Users to make healthy choices and facilitate access to other health and disability and social services.

7.5 Other Ethnic Groups

As New Zealand is made up of culturally diverse communities, the Provider will take into account the particular cultural and linguistic needs of the groups within the community it serves. The Provider will strive to minimise barriers to access and communication and will ensure the Service is safe for, and respectful of all people.

8. Access

8.1 Entry and Exit Criteria

Refer to the relevant tier two oral health service specifications listed on page one for information on access, exit and entry criteria to those services.

8.2 Timeliness

Services will be provided in a timely manner and in line with the requirements of the relevant tier two oral health service specifications.

8.3 Charges to Service Users and Co-payments

Eligible children and adolescents up to their 18th birthday can access publicly funded oral health services as described in the tier two Community Oral Health Service for Children and Some Adolescents service specification and the CDA.

Districts/providers may charge co-payments for outpatient hospital dental services and emergency dental services for low income adults. The current Service Coverage Schedule ⁴ provides guidance on maximum charges and co-payments.

Before oral health treatment is undertaken, Service Users must be explicitly advised of the treatment they require and the costs of any treatment that is outside of the scope of the Service. If appropriate, Service Users should be provided with advice about accessing any privately funded care required, including any financial support options that may be available to them. When requested to do so, the Service will provide an estimate of costs for Work and Income clients.

9. Service Components

9.1 Processes

The range of publicly funded oral health services includes the following. Further information about relevant access criteria is contained in the tier two service specifications.

9.2 Oral Health Assessment, Diagnosis, Treatment Planning and Procedures

- clinical oral examination in order to detect and diagnose disease
- general maintenance of the teeth and mouth including appropriate preventive, restorative and extraction services
- discussion of treatment options (including possible risks) and management plans with Service Users and/or their family and whānau or caregivers as appropriate.

⁴ The Service Coverage Schedule describes the agreed level of service coverage for publicly funded services. <https://www.health.govt.nz/about-us/new-zealands-health-system/overview-and-statutory-framework/accountability-arrangements>

9.2.1 Oral Health Promotion and Disease Prevention

- appropriate education and counselling for Service Users and/or their caregivers and groups concerning:
 - oral health care and dietary advice in line with preventing dental disease
 - smoking cessation
- advocacy for dental public health issues in line with current government agency policies and procedures:
 - promotion of fluoridation of water supplies.

9.3 Settings

Services should be provided as close to the Service User's home as is possible and located within the most appropriate setting for their purpose within the bounds of clinical safety and quality and population needs. Considerations in determining these settings should include (but are not limited to) accessibility, cultural appropriateness, workplace and physical safety of the practitioner and Service User, and the effective and efficient use of resources. Settings may include fixed or mobile oral health clinics and local community settings that meet the Dental Council's standards for oral health practitioners to deliver safe and competent care to the public of New Zealand.

9.4 Transport

Transport to oral health services is the responsibility of the Service User or their caregivers. The Service provider will assist in coordinating or arranging transport when it is appropriate to do so, as well as providing information on accessing financial support for transportation costs if required.

9.5 Facilities

Refer to the Funder's Provider Quality Specifications, the NZS 8134:2021 Health and Disability Services Standard, or the Dental Council's Standards Framework for requirements on facilities that also apply to mobile oral health clinics.

The Service Provider must consider:

- if clinically appropriate services can be effectively delivered from mobile clinics
- the specific needs of their local communities
- the need to ensure the health and safety for the Service Users and staff delivering such services.

9.6 Equipment

Service Providers will have access to dental operative equipment, instruments and treatment facilities that enable the provision of appropriate contemporary dentistry and comply with current standards and codes of practice.

10. Service Levels

10.1.1 Primary Oral Health Services

Primary oral health care services will be provided within the scope of practice of professional staff. When treatment is out of scope, timely and appropriate referral processes to a specialist service must occur.

10.1.2 6.7.2 Specialist Oral Health Services

Specialist oral health services will be provided by general and specialist dental practitioners contracted to provide these services, or hospital dental services when necessary.

11. Key Inputs

The key inputs required for the Service are:

11.1 Staff

- appropriately trained and registered clinical staff to meet the service mix requirements including: general dentists, dental specialists, nurses, dental and oral health therapists, dental hygienists, clinical dental technicians and dental technicians
- support staff including kaiawhina, health navigators, dental assistants and administrative support personnel.

See section 8.1 for further information on staff requirements.

11.2 Supplies, Equipment and other Services

Supplies, equipment and other services required to deliver services may include, but are not limited to:

- pharmaceuticals - local anaesthetics, haemostatic agents, analgesics, topical fluorides
- oral health supplies
- diagnostic imaging
- sterile supply services
- infection control
- occupational health and safety services
- biomedical engineering
- interpreter services, including New Zealand Sign Language
- data and digital technology.

12. Service Linkages

To ensure optimum care for Service Users, funders and Service Providers should maintain robust and effective relationships with appropriate services/agencies, such as those listed below, to facilitate referral and liaison with those services.

Hospital medical and surgical specialist services

Other oral health providers

- District funded oral health services
- community based general and specialist dental practitioners in private practice.

Primary health care providers

- general practitioners
- primary health organisations
- community pharmacies
- Well Child Tamariki Ora providers
- Lead maternity carers (LMCs) and District Community Midwives
- Māori health providers
- Pacific health providers
- non-governmental organisations
- public health programmes.

Support services

- cultural support and advocacy services, as appropriate
- Māori primary and community care services, community health worker services; whānau facilities including whānau accommodation facilities
- other specialist support services, as appropriate.

Community residential care and support services, supported living facilities, care and protection residences and youth justice residences for:

- older people
- disabled people
- mental health and addiction service users
- young people under the care of the Ministry of Social Development, Oranga Tamariki, or the Department of Corrections.

Education services

- Schools and pre-schools including kindergartens, Early Childhood Education Centres, kohanga reo, kura kaupapa Māori, puna reo, Pacific language nests and other alternative education providers.

Government

- Ministry of Education
- Work and Income
- Ministry of Justice
- Ministry of Social Development
- Department of Corrections
- Oranga Tamariki
- Ministry of Social Development.

13. Quality Requirements

13.1 General

Service providers must comply with the Provider Quality Specifications described in the Operational Policy Framework (OPF)⁵ or, as applicable, Crown Funding Agreement variations, contracts or service level agreements.

The Services will be delivered in full compliance with relevant legislation including:

- Privacy Act 1993
- Health and Disability Commissioner Act 1994
- New Zealand Public Health and Disability Act 2000
- Health and Disability Services (Safety) Act 2001
- Health Practitioners Competence Assurance Act 2003
- Children's Act 2014.

Service providers must comply with current professional standards of the Dental Council, the Code of Health and Disability Services Consumers' Rights, the Health Information Privacy Code, any relevant health and safety standards and, where appropriate, the Health and Disability Services Standard or other relevant New Zealand/joint Australia/New Zealand or international standard.

Service providers will implement and monitor quality improvement processes and clinical audit activities relevant to their service. Reporting on these activities will be provided to the District funding the Services, on request.

13.2 Access

Service Users will have timely access to appropriate oral health information and advice. The Service Provider will monitor access to its services, and ensure entry is managed in a timely, equitable and efficient manner.

13.3 Acceptability

The Service Provider must ensure that the needs of Service Users and their families or whānau are taken into account at all times.

Service Users and their families or whānau are to be treated with respect, dignity and in ways that are culturally sensitive.

13.4 Safety and Efficiency

13.4.1 General

The Service Provider will have documented protocols for the following:

- patient management including confidentiality and informed consent
- equipment management and maintenance

⁵ The OPF is a set of business rules, policy and guideline principles. It is a schedule to the Government Policy Statement on Health (GPS) 2024 -27: <https://www.health.govt.nz/about-us/new-zealands-health-system/overview-and-statutory-framework/accountability-arrangements>

- management of referrals and communication with referrers.
- imaging procedures
- patient record management
- infection prevention and control procedures.

13.4.2 Child Protection Policy

In accordance with Part 2 of the Children's Act 2014:

- the Provider must have a child protection policy and review the policy at least every three years
- the Provider's child protection policy must be written and contain provisions on the identification and reporting of child abuse and neglect in accordance with section 15 of the Oranga Tamariki Act 1989.
- where the Provider is a District, its child protection policy must be posted on a publicly available website maintained by, or for, the Provider.

13.4.3 Safety Checking

In accordance with Part 3 of the Children's Act 2014, the Provider must carry out safety checks on all personnel who are 'children's workers' as defined in the Act.

13.5 Effectiveness

Service Providers will:

- prioritise and monitor timeliness of assessment and treatment
- monitor entry to their service, and ensure entry is managed in a timely, equitable and efficient manner, to meet assessed need
- meet the Clinical Effectiveness and Effectiveness of Services requirements of the Health and Disability Services Standards.

14. Purchase Unit Codes

Purchase units (PU) codes are defined in the joint District and Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The table below lists the tier two oral health service specifications and their purchase unit codes.

Service Specification	Purchase Unit Codes
Community Oral Health Services for Children and Some Adolescents	D01022
Hospital Dental Services	D01001, D01001S1, D01001S2, D01002, D01021, D01PRE,
Emergency Dental Services for Low Income Adults	D01005
The Service Agreement for the Provision of Oral Health Services for Adolescents, Specialist Dental Services for Children and Adolescents (Combined Dental Agreement or CDA)	D01016, D01017, D01020
Adolescent Oral Health Coordination Services	D01009

15. Reporting Requirements

Specific reporting requirements apply in the tier two service specifications and the CDA.

Ethnicity Reporting

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

Ethnicity data is to be collected according to the HISO 10001:2017 Ethnicity Data Protocols for the health and disability sector.

To align with Statistics New Zealand's statistical standards for ethnicity, the requirement for all organisations in the health sector is to move to collecting ethnicity data at level 4 of the ethnicity data protocols by 1 July 2022.