Oral Health Hospital Dental Services Tier 2

September 2024

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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 2010
Amendments: updated template, service linkages table, quality requirements, purchase units table and national collections requirements. User charges wording changed.	December 2009
Amendment: Inserted D01PRE Purchase Unit into the Purchase Unit table.	April 2012
Amendments: Administration review, edited for alignment with Service Coverage Schedule and the Community Oral Health Services for Children and some Adolescents service specification.	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 Service Specification Programme Manager, Planning and Accountability, Ministry of Health, for queries about these service specifications at NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site here

3. Introduction

ORAL HEALTH SERVICES – HOSPITAL DENTAL SERVICES TIER TWO SERVICE SPECIFICATION D01001, D01001S1, D01001S2, D01002, D01021, D01PRE

(May 2021)

This tier two service specification for Hospital Dental Services (the Service) must be used in conjunction with the overarching tier one Oral Health Services service specification. This service specification must also be read in conjunction with the tier one Specialist Medical and Surgical Services service specification with regard to oral and maxillofacial surgery.

4. Service Definition

The Service provides specialist oral health care services for people with special needs that prevent them from accessing oral health care services in the community.

The Service provides specialist oral health services for people when:

- dental treatment is an essential part of hospital treatment for a current medical or surgical condition, or for dental pre assessment for receiving another medical or surgical treatment
- orthodontic treatment is required for cleft palate or other craniofacial syndromes or severe congenital craniofacial abnormalities
- a hospital admission is required because of the need for special management facilities in order to provide dental treatment, such as general anaesthetics
- general and specialist dental services are required because a Service User's medical
 or congenital condition and/or physical, sensory, intellectual or psychological disability
 mean they are unable to access dental care in the community.
- People needing special dental care may include: residents of community residential disability services, residents of dementia and hospital level residential care facilities, care recipients under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 and care recipients under the Criminal Procedure (Mentally Impaired) Act 2003.

Ongoing primary oral health care may be provided by the Service for people with disabilities who require special management for their dental treatment, when capacity of the Service allows.

The Service will be located in a clinically appropriate setting.

Emergency dental services are also available when dental services are required as part of other medical or surgical treatment, such as the assessment and management of severe orofacial infections, uncontrolled oral haemorrhage and/or orofacial trauma.

The Service is complimentary to, rather than an alternative to:

- community oral health services provided for children and adolescents
- emergency dental services for low income adults

dental services for adults that are not publicly funded.

5. Service objectives

5.1.1 General

The key objectives of the Service are to provide:

- hospital based oral health services that are seamlessly integrated with other hospital based and community health services
- clinically appropriate hospital oral health services to ensure optimum care for the Service User.

Refer to Section 4 of the tier one Oral Health Services service specification for generic Service Objectives.

6. Service Users

Service Users are people whose dental treatment can only be, or is most appropriately provided, within a hospital oral health service setting.

7. Access and Exit

7.1 Referral

Entry into the Service will usually be by referral from health practitioners registered with the appropriate regulatory authority under the Health Practitioners Competence Assurance Act 2003. These health professionals include:

- medical and surgical specialists
- general medical practitioners
- general and specialist dentists
- dental and oral health therapists
- public health nurses
- nurse practitioners
- registered nurses in residential care facilities
- Well Child/Tamariki Ora providers.

7.2 Entry Criteria

7.2.1 General

Refer to the Service definition in Section 1 for information about the Service's entry criteria. Access to the Service will be managed ethically and equitably so that priority is based on acuteness of need and capacity to improve oral health status and quality of life. The Service will use eligibility criteria and prioritisation tools.

The Service will ensure that people with special needs and disabilities have equitable access to the Service. For people who require special management of their dental treatment and/or who have special access requirements that can only be addressed in a hospital setting, the Service may become their ongoing primary oral health care provider.

The Hospital Dental Services Minimum Eligibility and Level of Service Matrix¹ provides guidance on which patients should have priority of access to hospital dental services. The service eligibility matrix provides a tool for Districts to benchmark their service against, and may assist them to enter into regional arrangements to improve consistency of access to services (see Appendix One).

7.2.2 Dental Services for Low Income Adults

Where capacity and funding allows, the Service may provide basic dental services (routine dental care) for low income adults. This service specification acknowledges the custom and practice of those Districts providing dental care for Service Users that meet the District's eligibility criteria.

Emergency dental services for low income adults may also be provided by the Service if agreed with the Funder. Refer to the tier two service specification for Emergency Dental Services for Low Income Adults.

7.2.3 Exit Criteria

After the necessary episode or course of treatment is completed, Service Users will be advised to seek any further required care or treatment from a community based primary oral health practitioner or general medical practitioner, as appropriate.

Where capacity allows, the Service should consider its duty of care for people who are unable to access oral health services in the community, before discharging them from the Service.

7.3 Timeliness

Elective hospital dental services should be provided according to the timeframes specified in the Planned Care National Access Criteria.

7.4 User Part Charges and Co-payments

For eligible people the Service will be provided free of charge for:

- hospital inpatient services, and day-patient services
- services provided to children and adolescents aged 0 up to their 18th birthday:
 - that are covered in the scope of the CDA
 - orthodontic treatment for the correction of severe congenital craniofacial abnormalities and malocclusions.

The Service may charge co-payments to Service Users for outpatient dental treatment, other than those described above.

The Service must ensure that Service Users are explicitly advised of services that require a co-payment and informed of these charges prior to treatment commencing.

¹ Public sector oral health service provision for high needs and vulnerable New Zealanders. Smith M, Ferguson CA, and Thomson WM. (2019).

The Service must refer to the current Service Coverage Schedule² for guidance on copayments when setting Service User charges.

8. Service Components

8.1 Processes

The Service will provide the following:

- general and specialist dental services including oral health assessment, diagnosis, treatment planning and appropriate dental treatment
- oral health education and promotion to Service Users and/or their caregivers, and other health service personnel as appropriate
- a written assessment of cost information, before treatment commences, for:
 - Service Users where a co-payment may be required
 - Work and Income clients, when requested
 - clients of ACC and other accident insurance providers where the dental treatment to be provided is not covered, or if there will be a surcharge made above the claimable amount from the insurance provider. If there is doubt of coverage, prior ACC approval should be gained before treatment is commenced.

8.2 Referral process

Referring health practitioners will be informed when ineligible referrals are received. When practicable, the referred person will also be informed of their ineligibility for treatment and provided with advice about accessing alternative care where appropriate, including any financial support options that may be available to them.

For Districts without a local hospital dental service, arrangements must be in place for timely and appropriate referrals for service provision from the District of domicile to a District of service.

On completion of treatment adult Service Users will usually be referred back to the referring oral health or medical practitioner, or specialist. Child and adolescent Service Users will usually be referred back to a provider under the tier two Community Oral Health Service for Children and Some Adolescents service specification or a CDA provider for primary dental care.

8.3 Equipment

Refer to tier one Oral Health Services service specification section 6.5 for Generic Equipment Requirements. In addition, the Service will provide equipment, such as hoists to transfer patients, to assist with the treatment of Service Users with disabilities. Staff should be familiar with and trained in the use of this equipment.

8.4 Support Services

² The Service Coverage Schedule is updated annually and published on the NSFL website www.nsfl.health.govt.nz/accountability/service-coverage-schedule

Support services include but are not limited to the following:

- clinical support services:
 - operating theatres and anaesthetics
 - blood transfusion services
 - laboratory services
- allied heath support services:
 - speech language therapy
- ancillary services:
 - sensory support services for people with hearing and visual disabilities.

The Service will ensure the Service User has access to interpreter services, including New Zealand Sign Language interpreters.

8.5 Key Inputs

The key inputs required for the Service are as follows.

8.5.1 Staff

- Appropriately trained and registered clinical staff to meet the service mix requirements which may include: general dentists, dental specialists (or access to specialist services), nurses, dental and oral health therapists, dental hygienists, clinical dental technicians and dental technicians.
- support staff including, kaiawhina, health navigators, dental surgery assistants and administrative support personnel.

8.5.2 Supplies, Equipment and other Services

- Prosthodontic services access to dental technology services for fixed and removable prosthodontics.
- Pharmaceuticals including antibiotics, analgesics, haemostatic agents, and oral sedatives.

9. Service Linkages

In addition to the generic Service Linkages in the tier one Oral Health Services service specification, the Service will have effective relationships and linkages with the following services that contribute to their Service Users' overall care management, as appropriate:

- other hospital medical and surgical specialties such as haematology, oral medicine, otorhinolaryngology, cardiology, cardiothoracic surgery, orthopaedics, paediatrics and oncology
- District child development services
- other oral health practitioners and services including dental and oral health therapists and Child and Adolescent Dental Services.

10. 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 specification.

- Services funded under other tier two Oral Health service specifications.
- 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).
- Oral and Maxillofacial surgery services.
- Orthodontic treatment for dental crowding or mild/moderate skeletal discrepancy.

11. Quality Requirements

Refer to tier one Oral Health Services service specification for generic Quality Requirements including requirements of the Children's Act 2014.

12. Purchase Units and Reporting Requirements

12.1 Purchase units

Purchase units (PU) codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following PU codes apply to this Service.

PU Code	PU Description	PU Definition	PU Unit of Measure
D01001	Inpatient Dental treatment	DRG WIESNZ Discharge. Additional Information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year.	Cost Weighted Discharge
		Consultations for children requiring dental treatment under sedation.	Attendance
D01001S2	Sedation programme	Sedation for children requiring dental treatment.	Attendance
D01002	Outpatient Dental treatment	Attendance to registered Oral Health Practitioner for assessment/ treatment.	Attendance
D01021	Paediatric dental support	Specialist dental support for children with and jaw deformities or complex dental problems.	Service
D01PRE	Dental - Preadmission visit	NOT PURCHASED FOR NNPAC USE ONLY - preadmission visit for Dental pre- anaesthetic activity, paid for as part of CWD price	Attendance

Unit of Measure Name	Unit of Measure Definition	
Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.	
Cost Weighted Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	
Service	Service purchased in a block arrangement uniquely agreed between the parties to the agreement	

12.2 Reporting Requirements

The Service must comply with the requirements of national data collections where appropriate. Districts must ensure that they and their contracted providers submit data to the relevant national collections for all mandatory reporting purchase unit codes.

Where the Service is provided by a non-hospital provider, data/reporting may be requested by the funder as per the contractual agreement.

Ethnicity data

Services will record data at patient level, using the National Health Index (NHI). Ethnicity data for NHI is to be collected and provided to the District according to the *HISO 10001:2017 Ethnicity Data Protocols* for the health and disability sector ³ at Level 2. The Protocols provide guidelines for collecting ethnicity for children.

³ HISO 10001:2017 Ethnicity Data Protocols Ministry of Health publication: www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols

13. Appendices

13.1 Appendix One

Hospital Dental Services Minimum Eligibility and Level of Service Matrix

Population Group	Description	Services	
Secondary services			
Hospital inpatients	 Establish pathway of care for hospital inpatients in acute medical and surgical wards and acute or inpatient mental health units Emergency dental treatment for patients presenting through the emergency department with head and neck trauma, severe orofacial infections and uncontrolled bleeding. 	Care will be episodic for most patients Patients should be advised to seek continuing care from primary care practitioners once the episode of care has been completed. However, there should be an ongoing commitment of hospital dental services to provide more ongoing specialist care as and when required.	

Population Group	Description	Services
Hospital outpatients These patients may be under the care of another District service and their oral health may not be the primary reason for their interaction with the hospital dental service.	 Medically complex adults, children and young people requiring dental treatment to support hospital based medical care. Could include (but not be limited to): endocrine disorders severe or complex cardiac conditions complex haematology dialysis severe stroke organ transplant patients Pre-surgery oral health assessments and treatments, could include, but not be limited to: organ transplant bone marrow transplant cardiac valve surgery head and neck cancer treatment 	Care will be episodic for most patients and related to immediate need. Patients should be advised to seek continuing care from primary care practitioners once the episode of care has been completed. However, there should be an ongoing commitment of hospital dental services to provide more ongoing specialist care as and when required.
Adults, children and young people that have high needs or are particularly vulnerable, requiring special care The primary reason for these patients accessing hospital dental services is	 People with severe physical and/or intellectual disabilities People who have developmental or congenital conditions People with complex medical comorbidities People living in residential care, nursing care or attending day care programmes People in long-term mental health units 	Continuing care by a secondary level hospital dental service should be provided for most of these patients, with a focus on holistic, whole-of-life oral health care. Some patients may be able to be referred to public sector or private primary oral health care providers for routine assessment and preventive care. However, there should be an ongoing commitment of hospital dental services to provide more specialist episodic care as and when required.

Population Group	Description	Services
likely to be for their oral health as they may not be able to access care in a community setting.		
Children and young people needing secondary care	 Children and young people that: have uncontrolled high caries rates and/or require dental treatment under GA in day surgery or inpatient settings. 	Care will be episodic for most patients.
Tertiary – higher level specialised services		
High needs and vulnerable children, young people and adults requiring higher level specialised oral health care	Districts with tertiary level hospital dental services should, in addition to providing secondary level services, provide higher level specialised care, including: oral and maxillofacial assessment and surgery head and neck trauma oral medicine treatment of cranio-facial abnormalities orthodontic, restorative and prosthodontics specialist support	Services will be episodic for most patients and related to immediate need. Referral and continuity of care arrangements should be inter-regional, regional and sub-regional with Districts providing secondary care hospital dental services. If a specialist service is not available in the patient's District of domicile, arrangements must be in place for referrals for service provision by another District's service. Wherever possible, patients should be referred to their primary dental care practitioner for ongoing dental care once the specialist episode of care has been

Population Group	Description	Services
		completed.
As capacity allows a	nd as a provider of last resort	
Vulnerable adults with high oral health needs i.e. low- income adults accessing emergency or essential oral health care.	Services should be provided as a last resort where provision of services in primary health care settings is limited or not available and capacity exists within the District. This would include: urgent relief of pain and essential dental treatment urgent treatment of significant infection of oral origin.	Care should be episodic and most individuals referred to a primary health care provider for continuing care. Vulnerable adults should also be encouraged to access appropriate oral health services privately in primary health care settings where possible, with for example financial assistance from other avenues (eg. Work and Income).