

Meeting Briefing

Health New Zealand
Te Whatu Ora

Meeting with New Zealand Dental Association

Due to MO:	17 March 2025	Reference	HNZ00081097
To:	Hon Simeon Brown, Minister of Health		
From:	Deborah Woodley, Director Starting Well, Planning, Funding and Outcomes		
Copy to:	n/a		
Security level:	In Confidence	Priority	Routine
Consulted	Ministry of Health		

Contact for further discussion

Name	Position	Phone	1st contact
Deborah Woodley	Director Starting Well, Planning, Funding and Outcomes	S9(2)(a)	x
Saskia Booiman	Group Manager Young People	S9(2)(a)	

Attachments

Appendix 1: NZDA attendee biographies

Appendix 2: s 9(2)(g)(i)

About the meeting

Purpose	You are meeting with the New Zealand Dental Association to discuss the priorities outlined in their Briefing for the Incoming Minister.
Date	Thursday, 27 March 2025
Time	4.30pm
Venue	Beehive
Attendees	Dr Amanda Johnston, President Dr Robin Whyman, Director Dental Policy Dr Mo Amso, Chief Executive [Note, biographies are attached as Appendix 1]
Health New Zealand Te Whatu Ora officials	Deborah Woodley, Director Starting Well, Planning, Funding and Outcomes (available to attend, subject to confirmation from your office).
Media	No media are expected
s 9(2)(g)(i)	

Background and context

1. This meeting briefing provides you with background information and talking points to support your upcoming meeting with the New Zealand Dental Association (NZDA).
2. NZDA has requested a meeting with you to discuss the issues they have outlined in their Briefing to the Incoming Minister (BIM). It includes their concern for the oral health status of New Zealanders and suggested measures that could be implemented to reduce tooth decay. These measures include health promoting environments, community water fluoridation, access to oral health services, workforce issues and clinical governance.
3. NZDA would also like to share with you their draft 'Roadmap Towards Better Oral Health for New Zealanders'.

Background on oral health initiatives

Publicly funded oral health care

4. Children from birth to school year 8 (around 12 years of age) are eligible to receive publicly funded services from the Community Oral Health Service (COHS). The service is mostly delivered by dental and oral health therapists, assistants and some dentists employed by Health New Zealand (Health NZ) districts via a combination of fixed and mobile clinics at a cost of \$116.9 million for the 2021/22 financial year (latest data available).
5. Adolescents from school year 9 up to their 18th birthday are eligible to receive publicly funded services under the Combined Dental Agreement (CDA). Services are mostly delivered by private dental practices. In districts where there are no providers providing care under the CDA, adolescents continue to receive services through the COHS. In

2023/24 financial year, services funded under the CDA cost \$62.3 million.

6. Health NZ districts provide emergency dental treatment for eligible adults (identified through provision of a Community Services Card) in either hospital or community settings at a cost of \$7.2 million for the 2021/22 financial year (latest data available). Districts also provide specialist-level hospital dental services for people of all ages with disabilities or medical complications.
7. Private providers can utilise the Ministry of Social Development (MSD) Dental Special Needs Grant to provide care to eligible people over 18 years. This allows up to \$1,000 annually (non-recoverable) for emergency and essential dental treatment.
8. There are a small number of Hauora Māori and Pacific-led oral health providers that provide oral health care across the lifespan - to children, adolescents and/or adults in the community. These are funded through a combination of district contracting arrangements, the CDA and MSD grants.
9. With high arrears in the number of children being seen by Health NZ COHS, along with low and inequitable access for adolescents under the CDA, there are growing surgical waitlists for children and adolescents for dental procedures. These are preventable had they been seen earlier in the community.
10. As of February 2025, there were 5,840 young people aged 0-18 years on the waitlist for dental surgical procedures, of which 56% have been waiting more than 4 months. This is a 350% increase on 2017 where there were 1,638 young people on the waitlist with less than 1% of those waiting more than 4 months.

Recent investment in oral health

11. Budget 2022 provided \$125.8 million to extend the Work and Income New Zealand special needs grant for dental care for low-income adults from \$300 to \$1,000 per annum. The care provided under the grant is also no longer restricted to emergency treatment but is now available for all immediate and essential dental treatment.
12. Additional health promotion is also happening alongside regular Lift the Lip checks at key Well Child Tamariki Ora checks. The Oral Health Promotion Initiative offers free toothbrushes and fluoride toothpaste to service providers who have contact with preschool aged children. Providers distribute enough products for the whole household to help build oral health behaviours. The aim is to support those who are most at risk of poor oral health outcomes including Māori whānau, Pacific families and people living on low incomes. Product distribution began in December 2021 and, to date, over 3 million products have been distributed to over 200 providers.
13. Budget 22 provided \$12 million in capital funding for 20 new mobile dental clinics to increase access to oral health care for children and young people. Operational funding to support service delivery is being sourced from Health NZ baseline funding.
14. The clinics are being delivered in two tranches. Seven clinics have been procured as part of tranche one, with five delivered and the two-remaining due by July 2025.
15. Given what we know about manufacturing timeframes, Officials are considering options of how best to allocate the remaining capital funding for tranche two. This is to deliver more oral health services to children and young people in high needs areas but doing this at a faster speed and ideally, at a reduced total cost.

Background on the NZDA and relationship with Health NZ

16. The NZDA is the largest professional association for dentists, with over 2900 members (98% of New Zealand's dentists). Members work across the public sector, including the New Zealand Defence Force, as well as the private sector, academia, and in Non-Government Organisations and Not-for-Profit sectors.
17. In addition to providing professional services to its membership, NZDA provides the sector with guidance on clinical practice, continuing professional development, representation in international forums, oral health promotion and supports oral health research.
18. Health NZ holds two national contracts with the NZDA for oral health training for caregivers of older people and distribution of oral health resources. Both contracts expire on 30 June, and in the context of Health NZ's financial position are seen as lower value. Health NZ is considering not renewing these contracts as part of its savings plan.
19. Health NZ also holds a contract with NZDA to administer the Ministry of Health Oral Health Research Fund, supporting community, tertiary and practice-based oral research.
20. Health NZ and Ministry of Health (Ministry) officials meet quarterly with NZDA to discuss a wide range of topics relating to the oral health system.
21. The NZDA is the largest oral health peak body Health NZ engages with, representing just over 94% of contracted providers delivering publicly funded oral health care to adolescents under the CDA.

Risks and Issues

Mediation

22. In response to the 2024/25 2.51% price uplift applied to the CDA, the NZDA initiated an urgent annual review process. Health NZ participated in good faith agreeing to all actions that had no financial or data implications. However, NZDA referred their remaining issues to mediation.
23. The outcomes of mediation in November 2024 are included in a mediation settlement agreement that is bound by confidentiality. s 9(2)(ba)(i), s 9(2)(h)
24. The NZDA's main concern has not been addressed, that the fees paid under the CDA are significantly lower than fair market rates because of cumulative price increases that have been below inflation rates. Significant additional investment or reprioritisation of the services or populations funded under the CDA would be required to increase the fees to market rates.
25. The annual review process for the 25/26 CDA contract term between Health NZ and the NZDA is now underway. As anticipated the issues being raised by the NZDA focus on funding. Health NZ is unlikely to be able to meet funding expectations in the current fiscal environment.
26. NZDA may wish to raise their concerns about fees paid under the CDA with you. Talking points on this issue are included in Appendix 2.

Appendix 1: Biographies of NZDA attendees

Dr Amanda Johnston, President

Dr Amanda Johnston is a general dentist working in the private sector in Northland and has been a member of the NZDA Board for over a decade. Amanda is a National Liaison Officer for New Zealand at the FDI World Dental Federation and is a Fellow of the International College of Dentists.

Dr Robin Whyman, Director Dental Policy

Dr Robin Whyman's past roles include Executive Director at the NZDA, Chief Dental Officer at the Ministry of Health and Chair of the Dental Council of New Zealand. He is a registered dental public health specialist and works at Health NZ Hawke's Bay district.

Dr Mo Amso, NZDA Chief Executive

Dr Mo Amso is a former recipient of NZDA's Outstanding Young Dentist Award. Mo Amso is an Otago graduate who has practiced as a Senior Dental Officer for Health NZ. Prior to that he worked as a dentist at The Fono, a Pacific-led community health care provider in Auckland, for 8 years.

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