Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Planning and Funding
P O Box 1600,
CHRISTCHURCH

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
Carolyn.gullery@cdhb.health.nz

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[redacted]

[redacted]

RE Official information request CDHB 10029

I refer to your email dated 29 January 2019, requesting the following information under the Official Information Act from Canterbury DHB.

1. **How many visits are primary school children funded for per year to attend the dental van that visits primary schools?**

The minimum requirements for child oral health services are set out in the Community Oral Health Services Tier Two specification [https://nsfl.health.govt.nz/service-specifications/current-service-specifications/oral-health-service-specifications]. The Service Specification states:

- Every enrolled child will have at least one examination by a dentist or dental therapist every 12 months and will be offered any necessary treatment as defined above. Children at high risk of dental disease must be examined preferably every 6 months. Any necessary treatment should be completed within two months of examination.

2. **When a child attends an appointment with the dental van at primary schools what are they funded to receive during this appointment.**

Only diagnostic and preventive services are provided in dental vans. Diagnostic services include oral examination, radiographs where necessary and identification of the child's oral health needs. Preventive care includes scaling, cleaning, fluoride treatments and fissure sealing, when appropriate.

3. **What funding is in place to take x-rays for children who attend the dental van?**

There is no specific funding for x-rays – the equipment is available when required.

4. **What is the criteria for giving a child an x-ray at the dental van?**

Taking of x-rays is based on clinical need and follows a national guideline (see **Appendix 1** attached), provided that:

- The child both consents and is able to co-operate for the x-rays, and
- The parents have previously agreed to x-rays being taken when necessary

5. **What policies / procedures are in place for obtaining parental consent to treat children at the dental van?**

Parents are asked whether they consent to their child being seen in a dental van at either the last visit to a Community Dental Clinic before their child starts school or at the next opportunity. No children are seen in dental vans unless parents have agreed – the agreement is recorded in the child's electronic oral health record. Before a dental van visits a school parents are informed, via the school, that this is about to happen and asked to contact the Community Dental Service if they have any questions or requests.

6. **What policies are in place to communicate follow up treatment required following a visit at the dental van?**

Children are provided with a note to take home informing families of the need for follow up treatment and requesting them to contact the Community Dental Service to arrange an appointment. At the same time a flag is set in the child's health record indicating further treatment is needed and if no response has been received from the family by two weeks then Community Dental staff attempt to contact the family.

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 Canterbury DHB website after your receipt of this response.

Yours sincerely

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Bitewing Radiography

Posterior bitewing (PBW) radiography is not a screening tool, but is an essential adjunct to the diagnosis of dental caries. Research has shown that the sensitivity and specificity of a clinical/visual examination alone is much lower than an examination that includes bitewing radiography (Gowda et al. 2009; Kidd et al. 1990; Newman et al. 2009). Bitewing radiography increases the number of lesions detected and finds them at an earlier stage - this increases the opportunities to implement effective preventive care, and reduces the likelihood of complications associated with restorative treatment (Espelid et al. 2003; Tinanoff et al. 2002).

The use of bitewing radiography must be based on an individual caries-risk assessment, however -- because of the shortcomings of clinical/visual examination -- bitewing radiographs should be taken in caries-free individuals to establish baseline caries risk (and this includes new patients where no previous radiographic examination is available).

The first set of radiographs should be taken at age 3 (after the spaces between the deciduous molars have closed), or at the earliest age at which the child is compliant.

Subsequent sets of BWs should be taken at intervals related to both caries-risk and the stage of development of the dentition.

Individuals who have active caries lesions (non-cavitated or cavitated) should have further radiographs taken within 12 months. Low-risk children should have radiographs taken at the following intervals:

- **Following the eruption of the first permanent molars**
- **8 to 9 years old**
- **11 to12 years old**

As with any aspect of health care, the decision as to whether radiographs are taken rests with the patient – or in the case of children, usually their parents – following an explanation of the options, benefits and risks associated with the procedure. In the case of bitewing radiography, where the radiation exposure is equivalent to less than one day's background radiation exposure, the individual risk of adverse effects is negligible.

This guideline was developed by consensus of the Child Oral Health Services Clinical Directors Group in December 2010.

References:

Espelid I, Mejare I, Weerheijm K. EAPD guidelines for use of radiographs in children. European Journal of Paediatric Dentistry 2003; 4: 40-48

Gowda S, Thomson WM, Foster Page L, Croucher. What Difference Does Using Bitewing Radiographs Make to Epidemiological Estimates of Dental Caries Prevalence and Severity in a Young Adolescent Population with High Caries Experience? Caries Research 2009; 43: 436-441

Kidd E, Pitts NB. A reappraisal of the value of bitewing radiographs in the diagnosis of approximal caries. British Dental Journal 1990; 169: 195-200.

Newman B, Seow WK, Kazoullis S, Ford D, Holcombe T. Clinical detection of caries in the primary dentition with and without bitewing radiography. Australian Dental Journal 2009; 54:23-30

Tinanoff N, Douglas J. Clinical decision making for caries management in children. Pediatric dentistry 2002;24 (5):386-392.

Contact:

Dr Martin Lee, Public Health Dentist. Email: martin.lee@cdhb.health.nz