

New South Wales Implementation Plan

NATIONAL PARTNERSHIP AGREEMENT ON TREATING MORE PUBLIC DENTAL PATIENTS

PART 1: PRELIMINARIES

1. This Implementation Plan is a schedule to the National Partnership Agreement on Treating More Public Dental Patients and should be read in conjunction with that Agreement. The objective of this National Partnership is to alleviate pressure on public dental waiting lists with a particular focus on Indigenous patients, patients at high risk of, or from, major oral health problems and those from rural areas.
2. This initiative provides New South Wales with funding of up to \$110.8 million for the period from the commencement of this Implementation Plan to 31 March 2015 to provide 131,620 Dental Weighted Activity Units.
3. New South Wales will deliver this additional public dental service activity through the implementation of a number of initiatives outlined in this plan.

PART 2: TERMS OF THIS IMPLEMENTATION PLAN

4. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Hon Tanya Plibersek MP, and the State of New South Wales, represented by the Hon Jillian Skinner MP, Minister for Health and Minister for Medical Research.
5. As a schedule to the National Partnership Agreement on Treating More Public Dental Patients, the purpose of this Implementation Plan is to provide the public with an indication of how the additional services are intended to be delivered and demonstrate New South Wales's capacity to achieve the outcomes of the National Partnership.
6. This Implementation Plan will cease on completion or termination of the National Partnership, including the acceptance of final performance reporting and processing of final payments against performance benchmarks or milestones.
7. This Implementation Plan may be varied by written agreement between the Commonwealth and the State Ministers responsible for it under the overarching National Partnership.
8. The Parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the Parties' commitment to the plan and its full implementation.

PART 3: STRATEGY FOR NEW SOUTH WALES IMPLEMENTATION

Project information

9. Options for funding allocations are based on a "mixed portfolio" that combines public and private sector service provision in ways best suited to the circumstances of each Local Health District (LHD). To achieve the target of providing an additional 131,620 DWAs (approximately 1.447 million additional Weighted Occasions of Service) by March 2015, two broad approaches will be pursued: enhancing the public sector by recruiting additional staff and extending clinic hours; and engaging the private sector through increased use of the Oral Health Fee for Service Scheme (OHFFSS), privately contracted services, and the introduction of capitation packages.
10. Enhancement of the public sector primarily focuses on recruiting additional dental officers and dental assistants to the LHDs on a two-year contract. This option will depend on the LHDs having spare physical infrastructure (dental chair) capacity and on being able to attract and employ additional staff.
11. Increasing opening hours of public sector dental clinics using existing staff and/or newly recruited teams may be possible for some dental clinics. Extending the hours of opening by one or more per day during weekdays and five hours on Saturday, a total of 10 hours per week would equate to about an additional 20 patients a week per dental team. Several options for staffing clinics for extended hours will be explored.
12. A component of the NPA funding will be used to purchase tertiary (specialist) services. Tertiary services will be provided using a hub and spoke model of service delivery from the two metropolitan tertiary centres (the Westmead Centre for Oral Health and the Sydney Dental Hospital) and other local centres with tertiary service capacity.
13. The Commonwealth funded Voluntary Dental Graduate Year Program (VDGYP) which commenced in January 2013 recruited 14 graduates in New South Wales to provide mainly general dental services in the public dental sector. The placement of these graduates across New South Wales LHDs in 2013 is set out in Table 1. Services provided by these dental graduates will contribute to Local Health District service targets of the NPA. The ability of the dental graduates to deliver additional services will be enhanced by the recruitment of 14 dental assistants funded through the NPA.

Table 1: Location of Voluntary Dental Graduate Year Program graduates, by New South Wales Local Health District, 2013

Local Health District	Number of graduates
Murrumbidgee LHD	1
Nepean and Blue Mountains LHD	6
South Eastern Sydney LHD	1
Sydney LHD	3
Sydney West LHD	2
Western NSW LHD	1
Total	14

14. Enhancement of the private sector primarily focuses on increased use of the Oral Health Fee for Service Scheme (OHFFSS); introduction of capitation schemes; tenders for dental teams to provide services across an LHD or at the State level; and purchasing of

additional services from Aboriginal Community Controlled Health Services (ACCHSs) where possible, to provide services to the Aboriginal population.

15. The aim of the New South Wales Oral Health Fee for Service Scheme (OHFFSS) is to improve local access to patients eligible for publicly funded oral health care by engaging private dentists and dental prosthetists to provide dental services on a fee for service basis. It is mainly used for adult dental services. Since 1 July 2008 three types of OHFFSS vouchers have been issued state-wide: emergency, general and dentures. The three types of vouchers are differentiated by the degree of complexity of the services provided (as measured by the dental items used) rather than the time taken to provide those services. Dentures are provided in accordance with the Provision of Dentures Policy Directive.
16. The closure of the Chronic Disease Dental Scheme (CDDS) is likely to put significant pressure on the New South Wales Public Dental Waiting Lists because the Scheme funded the private sector to provide dental services to patients, some of whom were eligible for public dental services. Dental providers who have lost CDDS funding may now be available to participate in the OHFFSS. A number of LHDs have commenced recruitment of additional OHFFSS providers to support implementation of this NPA.
17. Oral Health Capitation Models are being piloted in New South Wales, targeting specific age groups and diagnostic pathways including: no active caries and no pain; active caries and no pain; active caries and pain; and periodontal disease. Each of the targeted age groups and diagnostic pathways have been allocated a capped amount of funding for one full comprehensive course of care provided by either a university or private practitioner that will address the patient's dental needs. There are also specific treatment items that are not included in a pathway but may be required to complete the patient's dental treatment. These treatment items have identified "out of pathway" fee and funding arrangements.
18. New South Wales will call for tenders for private contractors able to supply dental teams to work within public dental facilities to complement and supplement services provided by existing public sector providers in LHD facilities. In addition, New South Wales will explore other opportunities to harness private sector capacity, such as for the manufacture of dentures, through State contract mechanisms.
19. New South Wales also delivers culturally appropriate services in partnership with ACCHSs. This funding totalled approximately \$5.2M in 2012/13. The Federal Budget Papers indicate that Aboriginal people's dental needs are a priority and the Commonwealth have indicated that they are supportive of the involvement of ACCHSs in the NPA.

Estimated costs

20. The maximum financial contribution to be provided by the Commonwealth for the project to New South Wales is \$110.8M payable in accordance with the milestones and performance benchmarks set out in Part 4 of the National Partnership. All payments are exclusive of GST.
21. The estimated overall budget (exclusive of GST) is set out in Table 2. The budget is indicative only and New South Wales retains the flexibility to move funds between components and/or years, as long as outcomes are not affected. The Commonwealth contribution can only be moved between years with the agreement of the Commonwealth.

22. Enhancement of the Public Sector consists of additional in-house services and specialist services, and amounts required are estimated at: \$9.6M in Year 1, \$21.4M in Year 2 and \$16.5M in Year 3. This is an estimated total of \$47.5M.
23. Engagement of the Private Sector is estimated to require: \$12.7M in Year 1, \$28.6M in Year 2 and \$22.0M in Year 3. This is an estimated total of \$63.3M.

Table 2: Estimated financial contributions

	Year 1 (\$ million)	Year 2 (\$ million)	Year 3 (\$ million)	Total (\$ million)
Additional In-house Dental Services	8.47	18.94	14.56	41.97
New South Wales Oral Health Fee for Service Scheme	11.10	24.82	19.09	55.00
Use of Private Services under Contract	1.615	3.25	2.425	7.29
Specialist Services	1.115	2.5	1.925	5.54
University and Private Sector Capitation Programs	0	0.5	0.5	1.0
Total estimated budget	22.3	50.0	38.5	110.8
less estimated Commonwealth contribution	22.3	50.0	38.5	110.8
equals estimated balance of non-Commonwealth contributions				
Commonwealth own purpose expense				
Total Commonwealth contribution	22.3	50.0	38.5	110.8

Program logic

24. New South Wales has chosen to focus on providing general dental services to adults, and children with complex care needs. Patients already on public sector dental waiting lists will be prioritised. Some funding will be used to provide specialist services in order to ensure that care pathways can be completed.
25. The broad strategy of "mixed providers" - developing a raft of initiatives across the public and private sectors - is being pursued because of the nature of the dental workforce (85% of dentists currently work in the private sector). The public sector alone is unlikely to be able to deliver the targets required in the NPA. Local Health Districts have a responsibility to plan and deliver services to their communities, which means that they are best placed to implement a suite of initiatives suited to their local circumstances. This includes taking account of both the nature of demand and the capacity to supply dental services to local communities, through both public and private sector mechanisms.
26. Rural LHDs have fewer dentists per head of population than their metropolitan counterparts and usually find it more difficult to recruit dentists. Many have indicated that they will provide the bulk of additional services through the OHFFSS rather than seeking to recruit additional dental teams. The proposal to tender on a state-wide basis for dental teams to provide additional services allows these teams to be used where required and they will be available to both rural and metropolitan LHDs.
27. Since the Commonwealth has indicated that Aboriginal people are a priority group for the NPA, the NPA funding allocation model to be used in New South Wales includes specific additional weighting for the Aboriginal population within each LHD. New South Wales will negotiate with LHDs to determine their service targets under the NPA (expressed in Weighted Occasions of Service) which will be in addition to the baseline service activity achieved in 2011/12.

Risk management

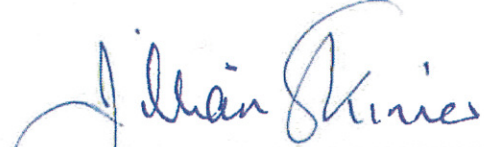

28. A risk management plan is in place. Risks have been actively identified, entered into a risk log and categorised in terms of impact and likelihood.

Relevant State or Territory Context

29. In New South Wales, public dental services are provided to children¹ and eligible adults. Services are provided according to criteria that prioritise emergency situations, those in most need and those at highest risk of disease. In New South Wales public dental services are delivered through 16 Local Health Districts, however some services are managed across two Local Health Districts. Oral health services are delivered in dental clinics based in hospitals, community health centres and schools within each LHD. The services provided include general dentistry such as examinations, fillings, and dentures. The Westmead Centre for Oral Health and the Sydney Dental Hospital also provide specialist services in their clinics and through outreach programs in rural public dental clinics. Other local centres also provide some specialist service capacity.
30. Access to these dental services is via an oral health call centre system, through which a patient is triaged and assigned an assessment priority code, and is then given an appointment or wait listed. This process is governed by the New South Wales Health Policy Directive Priority Oral Health Program and List Management Protocols (PD2008_074). The NPA will not alter the way in which patients are prioritised or assessed for their public dental care needs in New South Wales.
31. Under the New South Wales Priority Oral Health Program (POHP), patients are assigned to a treatment category following a clinical examination by a dental officer. Each of these categories has a Recommended Maximum Waiting Time (Benchmark) within which the patient should receive treatment. The New South Wales Ministry of Health requires LHDs to focus their attention on providing services to patients who are already on a dental waiting list.

Sign off

The Parties have confirmed their commitment to this agreement as follows:

Signature		Date	21.2.13
New South Wales Minister for Health			
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Signature		Date	14.3.13
By Commonwealth Minister for Health			

¹ This excludes access to general anaesthetics, for which there are eligibility criteria for children.