Northern Territory 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 the Northern Territory with funding of up to $6.1 million for the period from the commencement of this Implementation Plan to 31 March 2015 to provide 4,464 Dental Weighted Activity Units.

3. The Northern Territory currently delivers free adult services to holders of Pensioner Care Cards and health Care Cards. The NT also provides free dental services to all children between the ages of 0-18. Aboriginal people living in remote communities access free adult services.

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 Northern Territory, represented by the Hon Robyn Lambley, MLA, Minister for Health.

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 the Northern Territories' 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 Territory 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 NORTHERN TERRITORY IMPLEMENTATION

No.	Title	Short description	Planned start date	Planned end date	Dependent on projects
1		Recruit staff	January 2013	June 2015	NPA Treating More Public Dental Patients
2		Roll out enhanced services to remote communities with increased infrastructure	January 2013	June 2015	NPA Treating More Public Dental Patients
3		Implement Central Booking System for NT	April 2013	June 2015	Installation of Q Master system
4		Increase in outsourcing of technical prosthetic work & increase size of dental laboratory	July 2013	December 2014	N/A
5		Provision of specialist Maxillo-facial services for dento-alveolar surgery	July 2013	June 2015	N/A

Project information

9. From the outset of the Chronic Disease Medicare Dental Program Oral Health Services NT (OHSNT) has had no opportunity for outsourcing to local private dentists. All oral health services outside of Darwin, Alice Springs and Katherine are provided by the Northern Territory Government. Private Practitioners in these major centres have no interest in outsourced clients. This was reflected in the very poor up take of the Medicare Chronic Disease Program in the NT.

10. Consequently, the first initiative is for funding allocations, based on identified needs, to enhance Oral Health Services to remote communities both in the Top End and Central Australia. This entails recruitment of dentists for remote trips working from Nhulunbuy, Alice Springs and Darwin, and Tennant Creek. There is a need for more experienced dentists for these duties. Salaries for these more experienced clinicians will be at a senior dentist rate. In the urban settings of both Darwin and Alice Springs it is proposed to increase intake from the Volunteer Graduate Year program for the NT from 2 to 4. Infrastructure for these additional new graduates has been obtained through this program. Funding under this Agreement will provide dental assistants for these new graduates. This increase in workforce is outlined in Table 1. Enhancement of the public sector primarily focuses on recruiting additional dental officers and dental assistants however this is dependent on physical infrastructure completion of the second surgeries at the larger Top End communities of Maningrida and Elcho Island.

    OHSNT has developed good relationships with a number of non-government Aboriginal Medical Services (AMS) in the NT. These include Katherine West Health Board, Wurli Wurli Winjilang Health Board, Miwatj and Marthakal. The relationship varies from total dependence on recruitment of clinicians to assistance with recruitment and infrastructure. Enhanced remote services may include provision of services to Katherine West Health Board and Miwatj. The opportunities from this NPA allow greater assistance to these AMS's for enhanced remote services as part of Program Element 2.

11. The second initiative involves increasing infrastructure in the major Top End remote clinics mentioned above to accommodate increased remote services. It also includes installation of a third clinic at the new facility at Humpty Doo. The area South of Darwin has undergone considerable growth with significant pressure on the Palmerston Dental Clinic. The additional of 3 chairs for this region will enhance access to services.

12. The third initiative involves the roll out of a centralised booking system. This will involve the installation of the Q master system. After community consultation OHSNT identified some frustration from the community around the many contact numbers both for school clinics and community clinics. The Q master system allows clients the convenience of a single number and the choice of appointment times and locations. The roll out will need a full time receptionist to take calls and allocate appointments through OHSNT database Titanium.

13. The fourth initiative is to increase outsourcing of technical prosthetic work to private laboratories. There is limited availability of this in the NT. Therefore southern laboratories would need to be engaged. To reduce denture wait lists expansion of the existing facility at the Darwin Dental Clinic is indicated. This expansion of the number of work stations will allow for the recruitment of an additional Prosthetist. In the urban setting 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. Several options for staffing clinics for extended hours will be explored for both prosthetic work and general dental work. This would involve early opening and late closure of the clinics. The option of Saturday morning openings is proposed.

14. The fifth initiative from the NPA funding will be used to purchase tertiary (specialist) services. The NT has no public oral surgeon. Clients often have to access a private visiting oral surgeon. The Oral & Maxillary facial unit at Royal Darwin Hospital is not funded to provide minor dento- alveolar surgery e.g. the surgical removal of third molars. Funding will be used to support a registrar position for provision of oral surgery to clients on a wait list and a fee for service from a consultant under contract. This will require negotiation with The Top End Local Hospital Network

Estimated costs

15. The maximum financial contribution to be provided by the Commonwealth for the project to the Northern Territory is $6.1 million payable in accordance with the milestones and performance benchmarks set out in Part 4 of the National Partnership. All payments are exclusive of GST.

16. The estimated overall budget (exclusive of GST) is set out in Table 2. The budget is indicative only and the NT 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.

Table 2: Estimated financial contributions

	2012-13 $	2013-14 $	2014-15 $	Total $
Workforce for additional remote services	633,000	633,000	725,000	1,991,000
Remote infrastructure and urban infrastructure	169,000	1,560,000	700,000	2,429,000
Use of private laboratory Services under Contract	80,000	240,000	130,000	450,000
Specialist oral and maxillary services under contract	180,000	180,000	180,000	540,000
Increase in implementation and evaluation of Oral Health Promotion Programs	90,000	180,000	180,000	450,000
Dental Assistants Volunteer Oral Health Therapist Graduate Year Program		120,000	120,000	240,000
Total estimated budget	1,152,000	2,913,000	2,035,000	6,100,000
less estimated Commonwealth contribution	1,152,000	2,913,000	2,035,000	6,100,000
equals estimated balance of non-Commonwealth contributions				
Commonwealth own purpose expense				
Total **Commonwealth contribution**	1,152,000	2,913,000	2,035,000	6,100,000

Program logic

17. The Northern Territory has chosen to focus primarily on providing increased general dental services to adults in remote communities. Some funding will be used to provide specialist oral surgery services in order to ensure that care pathways can be completed.

18. The increase in remote workforce will enable more frequent visits to remote communities. The focus is to increase visits to the larger remote communities in the Top End of Maningrida (pop. 2036), Elcho Island and Homelands (pop.2293) and Wadeye (pop.1927) and in Central Australia Tennant Creek Indigenous region (pop.3684). Infrastructure to support this increase will be used to expand the clinics at Maningrida and Elcho Island. The positions include 3 senior dentists and 3 dental assistants. With increase in remote clinical workforce a support remote coordinator will be appointed. All these positions will be initially contracted for the term of this agreement

    Two other components to improving access and service and the oral health of aboriginal communities include:

    (a) An increased focus on the treating of periodontal disease. There is strong evidence of the relationship between periodontal disease and systemic chronic diseases, in particular Diabetes Type2. Aboriginal people are 20 times more likely to suffer Type2 Diabetes than non-aboriginals.

    (b) An increased focus on Oral Health promotion and disease prevention. Successful population health measures already introduced by OHSNT need evaluating and further efforts to be made in water fluoridation.

19. The Commonwealth has indicated that Aboriginal people are a priority group for the NPA. As a result OHSNT intends to enter into negotiation with a number of Aboriginal Medical Services on enhancing services to their domains. These include:

    (a) Anyinginyi Aboriginal Congress (Tennant Creek)

    (b) Sunrise Health Service (east of Katherine to the Gulf)

    (c) Katherine West Health Board (west of Katherine to the WA border)

    (d) Wurli- Winjilang Health Service (Katherine)

    (e) Miwatj Health Service (Nhulunbuy and districts, Elcho Island)

    (f) Malabam Health Service(Maningrida)

    (g) Marthakal Health Service (East Arnhem Homelands)

20. Funds will be directed to reducing denture wait times in Darwin and Alice Springs. Initially this will involve outsourcing of technical work to southern laboratories. There is little opportunity to outsource to laboratories in the NT It is envisaged to increase the prosthetists workforce to facilitate completion of many of the clinical and technical aspects of denture construction within the communities

Risk management

21. 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 Territory Context

22. Access to child and adult dental services in the urban settings of Darwin, Katherine and Alice Springs is via an oral health call centre system. The introduction of a single call centre number is in response to discussions with stakeholders. It will allow clients to be offered variable suitable appointment times and clinic locations 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 NT Triaging Program and Wait List Management Work Instructions. The NPA will not alter the way in which patients are prioritised or assessed for their public dental care needs in the Northern Territory.

23. OHSNT services 73 remote communities. There are no waitlists in these communities. Clients present during remote visits and are seen on presentation. Appointment scheduling has shown to be ineffective in these remote communities. However high risk patients identified in need by the clinic are prioritised. This includes P1 and P2 as listed on the NT Rheumatic Heart Disease register. Patients in need of routine 6 monthly checks are identified in each community and a list is forwarded to the Clinic manager prior to visitation.

Sign off

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

Signature **Date** 14/05/13

Northern Territory Minister for Health

22-5-13

Signature **Date**

By Commonwealth Minister for Health