

Queensland 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 the National Partnership Agreement 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 Queensland with funding of up to \$67.3 million for the period from the commencement of this Implementation Plan to 31 March 2015 to provide 79,908 Dental Weighted Activity Units.
3. Queensland 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, Minister for Health, and the State of Queensland, represented by the Hon Lawrence Springborg, 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 Queensland's capacity to achieve the outcomes of the National Partnership Agreement.
6. This Implementation Plan will cease on completion or termination of the National Partnership Agreement, 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 State Ministers responsible for it under the overarching National Partnership Agreement.
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 QUEENSLAND IMPLEMENTATION

Project information

9. Funding under this Agreement will be allocated to Hospital and Health Services according to the project elements outlined in Table 1.

Table 1: Project elements

| No. | Title | Short description | Planned start date | Planned end date |
|-----|--|---|--------------------|------------------|
| 1. | Reduction of long wait times for dental patients | Increasing the capacity of public oral health services to treat waiting list patients | 27 Feb 2013 | 31 March 2015 |
| 2. | Capacity building through clinical placements | Increasing the number of final year dental students | 27 Feb 2013 | 31 March 2015 |
| 3. | Improving access to services in remote areas | Increasing access to clinical services for remote and Indigenous communities | 27 Feb 2013 | 31 March 2015 |

10. Queensland has chosen to focus on providing general dental services to adults on public dental waiting lists. In general, the additional Dental Weighted Activity Units will be achieved by increasing the existing capacity of public oral health services and/or by introducing or increasing the provision of public dental services by private dental providers. The range and mix of strategies will be determined by Hospital and Health Services to suit their local circumstances. Further details are provided later under **Program logic**.
11. The majority of the funding allocated to Queensland under the National Partnership will be allocated to Queensland's 16 Hospital and Health Services according to the proportion of Queensland's eligible population in their region.
12. Funding will also be allocated to Hospital and Health Services to encourage them accept more final year dental students. In most cases this funding will contribute to the cost of employing dental assistants to work with the students. Increasing the number of clinical placements adds to the productivity of public dental services, as well as supporting Queensland university dental schools by giving dental students experience within public dental services.
13. In recognition of the difficulties of providing dental services in remote locations, additional funding will be allocated to those Hospital and Health Services that are predominantly servicing small, remote and/or Indigenous communities.

Estimated costs

14. The maximum financial contribution to be provided by the Commonwealth for the National Partnership Agreement to Queensland is \$67.3 million payable in

accordance with the performance benchmarks set out in the National Partnership Agreement. All payments are exclusive of GST.

15. The estimated overall budget (exclusive of GST) is set out in Table 2. The budget is indicative only and Queensland retains the flexibility to move funds between components and/or years, in order to meet agreed performance targets. The Commonwealth contribution can only be moved between years with the agreement of the Commonwealth.

Table 2: Estimated financial contributions

| (\$ million) | 2012-13 | 2013-14 | 2014-15 | Total |
|---|-------------|-------------|-------------|-------------|
| Reduction of long wait times for dental patients | 12.1 | 26.6 | 19.6 | 58.9 |
| Capacity building through clinical placements | 1.2 | 2.5 | 2.5 | 6.2 |
| Improving access to services in remote areas | 0.2 | 1.3 | 1.3 | 2.0 |
| Total estimated budget | 13.5 | 30.4 | 23.4 | 67.3 |
| less estimated Commonwealth contribution equals estimated balance of non-Commonwealth contributions | 13.5 | 30.4 | 23.4 | 67.3 |
| Commonwealth own purpose expense | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Commonwealth contribution | 13.5 | 30.4 | 23.4 | 67.3 |

Program logic

16. The way in which these project elements will achieve the outcomes and objectives set out in the National Partnership Agreement is detailed in Table 3 below.

Table 3: Program logic

| Project elements | Outputs | Outcomes | Project Objectives | Responsibilities |
|---|---|--|---|--------------------------------------|
| Reduction of long wait times for public dental patients | Treat more eligible patients by increasing the capacity of public dental services and/or provide services under arrangements with private providers | Improve the oral health of eligible patients throughout Queensland through more timely dental care | Reduce the number of patients on public dental waiting lists in Queensland who have been waiting longer than the recommended time | State - Hospital and Health Services |
| Capacity building through clinical placements | Treat more eligible patients by increasing the number of final year dental student placements within public oral health services | Improve the oral health of eligible patients throughout Queensland through more timely dental care | Reduce the number of patients on public dental waiting lists in Queensland who have been waiting longer than the recommended time | State - Hospital and Health Services |

| Project elements | Outputs | Outcomes | Project Objectives | Responsibilities |
|--|---|--|---|--------------------------------------|
| Improving access to services in remote areas | Treat more eligible patients in remote areas and Indigenous communities | Improve the oral health of eligible patients in remote areas and Indigenous communities through better access to dental care | Increase the amount, frequency and/or reach of public dental services for patients in remote areas and Indigenous communities | State - Hospital and Health Services |

17. Strategies that Hospital and Health Services may adopt to achieve their share of Queensland's additional services may include:
- (a) Increasing the capacity of public oral health services by: extending working hours for existing dental staff; extending opening hours for dental services; recruiting new temporary public dental staff; increasing the efficiency of delivering public dental services; and/or accepting more final year dental students to deliver dental services;
 - (b) Introducing or increasing the provision of public dental services by private dental providers. Dental services that may appropriately be provided by private dental services include emergency care, general care or dentures. The utilisation of such arrangements will, in part, be influenced by whether or not local private dental providers have the capacity to accept public dental patients. Metropolitan and large regional centres are generally well serviced by private dental providers, however small rural and remote towns either have few or no private providers. Following the closure of the Chronic Disease Dental Scheme, some private dental providers now have greater capacity to accept public dental patients under outsourcing arrangements.
18. Each Hospital and Health Service will determine the most appropriate strategies to implement the project elements within their local context. Key factors that will influence the strategies adopted by Hospital and Health Services include:
- (a) capacity of existing public oral health staff to modify working arrangements;
 - (b) ability to recruit additional temporary public oral health staff;
 - (c) availability and condition of existing dental capital infrastructure and equipment;
 - (d) capacity of private dental providers to accept public dental patients;
 - (e) geographical remoteness of communities, specifically current access to dental services and the impact of remoteness on service provision, such as travel, recruitment, accommodation and professional support;
 - (f) demand for public dental services, including public dental waiting lists; and
 - (g) specific oral health needs within the community, such as special needs dentistry patients and discrete Indigenous communities.

Risk management

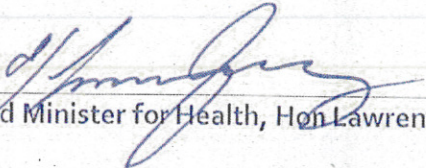
19. A risk management plan is in place. Risks have been actively identified, entered into a risk log and categorised in terms of impact and likelihood.



Relevant State or Territory Context

20. In Queensland, public dental services are provided free of charge to eligible Queensland residents. Eligibility is extended to children aged four years up to grade 10 at school and adults with a current Pensioner Concession Card issued by the Department of Veteran's Affairs or Centrelink, Health Care Card, Commonwealth Seniors Health Card or Queensland Seniors Card. The number of Health Concession Card and Pensioner Concession Card holders, in particular, is a key factor influencing the number of people on public dental waiting lists.
21. Public dental services are delivered through 16 Hospital and Health Services through a range of mobile dental clinics, fixed school clinics, and community dental clinics. Service provided generally fall into three categories: general, emergency and specialist. General dental care typically includes a check up, preventive services and treatment, if necessary (such as fillings, extractions, dentures), and is usually accessed via a public dental waiting list for adults. Emergency dental care is episodic treatment for urgent dental problems. Hospital and Health Services focus on ensuring that people with urgent and immediate problems are prioritised according to clinical need. Limited specialist care is available in some locations on a referral basis and according to eligibility and clinical criteria.

Sign off

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

Signature  **Date** 3.4.13
Queensland Minister for Health, Hon Lawrence Springborg

Signature  **Date** -----
Commonwealth  ya Plibersek

Sign off

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

Signature

Date

Queensland Minister for Health, Hon Lawrence Springborg

Tanya Plibersek

22.4.13

Signature

Date

Commonwealth Minister for Health, Hon Tanya Plibersek