

Western Australia 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 Western Australia with funding of up to \$28.9 million for the period from the commencement of this Implementation Plan to 31 March 2015 to provide 34,330 Dental Weighted Activity Units.
3. Western Australia 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 Western Australia, represented by the Hon Kim Hames MP, 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 Western Australia'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 WESTERN AUSTRALIA IMPLEMENTATION

Project information

9. Options for funding allocations are based on a combination of public and private sector service provision in ways best suited to the circumstances of each local area. To achieve the target of providing an additional 34,330 dental weighted activity units by March 2015.
10. Two broad approaches will be pursued: engaging the private sector through the increased use of the Metropolitan and Country Dental Subsidy Schemes, the use of other privately contracted services, and enhancing the public sector by recruiting additional staff and maximising the use of public dental facilities.
11. Outsourcing to the private sector primarily focuses on expansion of the existing Metropolitan and Country Patients Dental Subsidy Schemes; tenders for private dentists to provide services in local or regional areas; and purchasing of additional services from Aboriginal Community Controlled Health Services (ACCHSs) where possible, to provide services to the Aboriginal population.
12. The aim of the Metropolitan and Country Dental Subsidy Schemes 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. The schemes are primarily used for adult dental services and provide emergency, general treatment and dentures.
13. Western Australia will implement a Community Services Procurement Plan to enable private practitioners to enter a Common Use Agreement and provide defined dental services to public patients.
14. The contracting of private practitioners may extend to the access and use of public sector dental facilities to supplement services provided by existing public sector providers
15. A component of the NPA funding will be used to purchase specialist services in conjunction with metropolitan, regional health services and the Oral Health Centre of Western Australia (OHCWA).
16. Western Australia will explore other opportunities to maximise the use of the private sector, including the manufacture of dentures, and establishing innovative treatment solutions, such as "Fly in Fly Out" dental teams, to meet the unique needs of remote and Aboriginal communities.
17. Where additional private sector capacity does not exist, public sector services will be expanded by recruiting additional dental staff on fixed term contracts.
18. The capacity of public sector facilities may be increased by using existing or newly recruited dental staff. Expanding the capacity would enable additional patients to be treated by dental staff and extended hours of operation of public facilities.
19. The Commonwealth funded Voluntary Dental Graduate Year Program (VDGYP) which commenced in January 2013 recruited 6 graduates in Western Australia to provide mainly general dental services in the public dental sector. The services provided by these dental graduates will contribute to service targets of the NPA. The ability of the dental graduates to deliver additional services will be enhanced by the recruitment of additional dental assistants and support staff funded through the NPA.

20. Western Australia also delivers culturally appropriate services in partnership with Aboriginal Controlled Community Health Services (ACCHSs). The Federal Budget Papers indicate that Aboriginal people's dental needs are a priority and the Commonwealth is supportive of the involvement of ACCHSs in the implementation of the NPA.

Estimated costs

21. The maximum financial contribution to be provided by the Commonwealth for the project to Western Australia is \$28.9 M payable in accordance with the milestones and performance benchmarks set out in Part 4 of the National Partnership. All payments are exclusive of GST.
22. The estimated overall budget (exclusive of GST) is set out in Table 2. The budget is indicative only and Western Australia 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.
23. Engagement of the Private Sector is estimated to require: \$4M in 2012-13, \$10.1M in Year 2013-14 and \$6.1M in 2014-15. This is an estimated total of \$20.2M.
24. Enhancement of the Public Sector consists of additional in-house services and specialist services, and amounts required are estimated at: \$1.75M in 2012-13, \$4.35M in 2013-14 and \$2.6M in 2014-15. This is an estimated total of \$8.7M.

Table 1: Estimated Financial Allocations

Service Providers	2012-13	2013-14	2014-15	Total Budget
Expanded Private Sector - Dental Subsidy Schemes	2,890,000	7,225,000	4,335,000	14,450,000
Use of other Private Services under Contract	867,000	2,167,500	1,300,500	4,335,000
Specialist Services	289,000	722,500	433,500	1,445,000
Additional Public Sector - Dental Health Service (DHS) services	1,734,000	4,335,000	2,601,000	8,670,000
Total estimated budget	5,780,000	14,450,000	8,670,000	28,900,000
Total Commonwealth contribution	5,780,000	14,450,000	8,670,000	28,900,000

Program logic

25. Western Australia has chosen to focus on providing general dental services to metropolitan and regional areas, vulnerable groups such as children, the elderly, and Aboriginal people, and those with complex care needs. Patients already on public sector dental waiting lists will be prioritised. Some funding will be used to provide specialist services, remove barriers and reduce delays in completing treatment.
26. Given the nature of the dental workforce (85% of dentists currently work in the private sector), a broad strategy and range of initiatives will be applied across the public and private sectors to maximise engagement and participation. The public sector alone will be unable to deliver the targets required in the NPA. Public Health and Ambulatory Care (PHAC) has responsibility to plan and deliver services to the WA community and implement initiatives best suited to 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.

27. Outer metropolitan and regional areas have fewer dentists per head of population than their inner metropolitan counterparts and find it difficult to recruit dentists. Additional services in areas where there is workforce capacity will be delivered through the private sector. However areas that lack adequate private practitioners will be serviced by additional public sector dental services. The proposal may include state and national tendering for the provision of services to undertake additional services in specific metropolitan and rural locations, where barriers to access or areas of unmet need have been identified.
28. Since the Commonwealth has indicated that Aboriginal people are a priority group for the NPA, Western Australia will negotiate with regional areas to determine their service targets under the NPA which will be in addition to the baseline service activity achieved in 2011/12.

Risk management


29. Risks are being identified and categorised in terms of impact and likelihood. A risk management plan is being developed.


Relevant State or Territory Context

30. In Western Australia, public dental services are provided to children 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 Western Australia public dental services are delivered by the Dental Health Service (DHS) through general community clinics, mobile clinics and the School Dental Service, which are co-located with schools. The services provided include general dentistry such as examinations, fillings, and dentures. The Oral Health Centre of Western Australia (OHCWA) also provides general and specialist services in their clinics and training facilities. Some public hospitals also provide general, specialist and tertiary services.
31. Access to these dental services will be managed by PHAC. While the NPA will require enhanced referral and reporting processes, it is not expected to alter the way patients are prioritised, or assessed for their public dental care. The implementation of the NPA in WA will be the catalyst for reviewing existing systems and enhancing the way patients are triaged, prioritised, given an appointment, or wait listed.

Sign off

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

Signature  Date 16/5/13
Western Australia Minister for Health

 22.5.13
Signature Date
By Commonwealth Minister for Health