



Hon Lawrence Springborg MP
Minister for Health



Submission No. 043

(Dental Services)

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Ms Jill Hall MP
Chair
Standing Committee on Health and Ageing
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20 MAR 2013

Dear Ms Hall

Thank you for your letter dated 25 February 2013, in relation to the House of Representatives Standing Committee on Health and Ageing's inquiry into adult dental services in Australia.

I appreciate the opportunity to make a submission to this inquiry to inform the development of the National Partnership Agreement (NPA) for adult public dental services, due to commence from July 2014. Queensland currently has one of the largest and most comprehensive public dental services in Australia. Public dental care is delivered through Hospital and Health Services across a range of settings throughout Queensland, including 194 mobile dental clinics, 120 fixed school clinics and 140 community dental clinics. Some services are provided in partnership with private dental providers, although this only accounts for a very small percentage of adult public dental services across the State. The Queensland Government currently provides the vast majority of funding for public dental services. In 2011-2012, approximately \$176 million was spent in Queensland to provide 835,333 dental visits to 325,352 eligible patients.

Despite this commitment to public dental services, Queensland faces similar challenges to other jurisdictions in meeting the increasing demand for dental care amongst the eligible population. Long waiting times for routine services and a high level of emergency care remain critical issues in many areas. As such, I am pleased that oral health has been noted on the national health agenda and I welcome the Federal Government's commitment of additional funding. The NPA is an opportunity to build on Queensland's already extensive publicly funded dental service and, therefore, to improve the oral health outcomes of eligible Queenslanders.

While many patients with routine dental needs can be efficiently and effectively cared for in the private sector, many eligible patients have complex health and dental conditions, or complicated social circumstances, which make dental treatment more difficult and time consuming. Public dental services in Queensland are well placed to provide the specialised, multidisciplinary care to these patients, in cooperation with public hospitals, primary healthcare services and other Government and non-government organisations.

Furthermore, public dental services provide dental care in many rural and remote areas in Queensland, where private dental services are minimal or non-existent. A high level of planning, innovation, time and expense is required to deliver services that are sustainable and effective in meeting the dental needs of populations in these areas, as well as patients who have complex health and dental conditions.

Any proposed NPA should recognise that building these types of services requires sustained effort and investment over time to develop the appropriate skills, capacity and systems. The NPA should provide flexibility and incentives to ensure funding is cost effectively and efficiently allocated. Furthermore, an NPA that does not provide certainty of funding, both within and beyond the NPA period, risks the development of short-term, temporary 'band-aid' strategies, that ultimately do not address the oral health needs of adults requiring public dental services in Queensland. The NPA should have provisions for State and Federal Governments, and private dental providers, to discuss ongoing funding for dental services at least 12 months prior to the expiry of the NPA.

In practical terms, a NPA for adult dental services that supports Queensland's efforts in public dental care should incorporate features such as:

- performance benchmarks based on improvements in service outcomes, not just increases in service activity for example, questioning if waiting times for routine dental care are reducing, or if access to emergency care has improved;
- timeframes that take into account the lead time necessary for local areas to implement new strategies;
- payment schedules that encourage investment in sustainable services rather than just short-term strategies;
- reporting requirements based on existing data collection and performance indicators to avoid additional administrative tasks for dental staff; and
- specific deliverables relating to the implementation of targeted initiatives, for example, the utilisation of Indigenous health workers for basic oral triage, oral cancer screening and brief intervention smoking cessation by appropriately trained practitioners, and oral health promotion and non-clinical prevention activities.

In the 2012 Final Report of the National Advisory Council on Dental Health, one of the options presented to the Federal Government was to increase "access for concession card holder adults to basic dental services by enhancing the public sector...through capacity building and consistent service levels". As the proposed NPA is developed, I would encourage an approach that does not simply expand the amount of publicly funded dental care but also enhances the specialised roles of Queensland public dental services.

Thank you again for bringing this matter to my attention.

Yours sincerely

LAWRENCE SPRINGBORG MP
Minister for Health