



STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair), Mr Michael Pettersson MLA

Inquiry into Annual and Financial Reports 2020-2021
QUESTION ON NOTICE

LEANNE CASTLEY MLA: To ask the Minister for Health

Canberra Health Services Annual Report 2020-21, Rehabilitation, aged and community services

Topic: Rehabilitation, Aged and Community Services, p25

On page 25 of the CHS annual report 2020-21, you state that “Oral Health Services is a multi-disciplinary program within the division, which offers a range of dental services to eligible ACT residents including diagnostic, preventative, restorative, oral surgery and dentures.”. Your outlook also states that you will, “Commence the implementation of work from the Oral Health Services Governance Framework and Model of Care Review. This reform will aim to optimise and achieve a contemporary clinical service and business model for Oral Health Services.”

Questions:

1. How many recommendations were in the “Oral Health Services Governance Framework and Model Care Review”?
2. Is this review publicly available? If so, please provide a link or attachment to the document. If not, why?
3. Who conducted the review and how much did it cost?
4. Why did the government request a review into “Oral Health Services Governance Framework and Model of Care”?
5. How many recommendations has your government implemented? Provide a breakdown of recommendations completed and time frames for all other recommendations.
6. How many staff make up the Oral Health Services (the service) under RACS? Provide a breakdown of staff and their roles in the service e.g. admin, surgeons etc... Since the service began.
7. How many requests are made each year to this service by consumers? Provide a breakdown of what services consumers have requested from OHS, how many have been completed since the service began.
 - a. Provide a breakdown of the wait times for each service provided by OHS

- b. How many of these services are outsourced? Does this cost the directorate more? If so, how much more does each outsourced cost and what is the total cost of outsourcing services from OHS?
- 8. What funding has this service received since it began?
- 9. Have there been any complaints from staff about the way that the service is run? If so, provide a breakdown of complaints since the service began.
- 10. Have there been complaints from consumers about this service? If so, provide a breakdown of complaints since the service began.
- 11. Is the government going to increase funding and staffing for this service? If not, why?

RACHEL STEPHEN-SMITH MLA: The answer to the Member’s question is as follows:–

1. 12
2. The review report is not publicly available as it is subject to commercial in confidence arrangements.
3. Canberra Health Services (CHS) engaged KPMG through an approach to market procurement process. The total contract amount was approximately \$185,818.05 (including GST).
4. The review was undertaken in response to a recommendation from an internal workplace culture review.
5. An Oral Health Services Steering Committee has been established and includes members from within CHS and key external stakeholders. CHS has developed a new governance structure, a key recommendation of the review and the committee will oversight the implementation of the structure and other key activities from the review. It is expected that the implementation of the new model of care will address all the recommendations from the Oral Health Services Governance Framework and Model of Care Review. It is anticipated this work will be completed in the 2022-23 financial year.
6. The full-time equivalent (FTE) staff numbers for Oral Health Services for the previous two financial years is below. It is not feasible to provide information about staffing numbers since the service began in 1970.

FTE for Oral Health Services

	(2019-2020)	(2020-2021)
Dental Assistants	37.1	36.0
Dentists	14.0	11.2
Admin	16.5	17.7
Dental/Oral Health Therapists	19.3	17.9

7. It is not feasible to provide data on how many services have been requested or completed since the service began in 1970.

Requests for services

- 1669 clients were added to the client list for restorative dental services in the 2020-21 financial year.
- 60 clients were added to the client list for denture services in the 2020-21 financial year.

Clients can require multiple procedures (occasions of service) in each attendance, and the client may require multiple attendances in their course of care once they are referred for treatment. As such, it is not feasible to provide data on how many clients were referred and how many were treated or no longer required care.

Attendances

Dental attendances*	2019-20 FY volume of attendances	2020-21 FY volume of attendances**
Adult dental health	13,306	9,408
External prostheses and external restorative services	721	598
Child and youth dental health	15,379	11,019
Hume Health Centre	501	770
Mobile Dental Clinic	1007	505

*An attendance is defined as one visit or appointment.

**2020-21 FY attendances were impacted by the COVID-19 pandemic

Procedures provided

Dental procedures* provided by CHS	2019-20 FY volume of procedures	2020-21 FY volume of procedures**
Adult dental health	31,877	28,485
External prostheses and external restorative services	1,191	1,513
Child and youth dental health	46,160	44,519
Hume Health Centre	2,163	3,732
Mobile Dental Clinic	4,125	1,671

*Procedures (occasions of care) are individual activities undertaken (such as one filling or one extraction). Multiple procedures can be provided in one visit, and one client can have multiple visits in their course of care.

**2020-21 FY attendances were impacted by the COVID-19 pandemic

- It is not feasible to provide a breakdown of the wait times for each type of service.
- It is not feasible to provide a breakdown of the cost of each service provided by an external provider as it will be different for each client depending on their care needs, however:

- 2621 patients were seen by external providers in the 2020-21 Financial Year, which is an established part of the OHS model of care and consistent with service delivery models in other jurisdictions.
- The total business as usual cost for the 2020-21 financial year for outsourced services was \$1.672 million, which includes dental prosthetic referrals, dental lab referrals, the Restorative Referral Scheme, the Emergency Restorative Referral Scheme, and general anaesthetic sessions.

External Dental Lab Costs

In the 2020-21 financial year, Canberra Health Services (CHS) accrued invoices for a total of \$257,000 in costs to external providers for prosthetic lab services. This includes the creation of dentures and other protheses. This is in addition to the \$1.672 million business as usual costs listed above.

8. The funding provided to the service for the previous two financial years is below. It is not feasible to provide information about funding since the service began in 1970.

Funding for Oral Health Services

(2019-2020)	(2020-2021)
Budget \$'000	Budget \$'000
\$12,308	\$12,681

CHS also received an additional \$2 million in funding from the Commonwealth in 2020-21 to reduce the wait times that were significantly impacted by COVID-19 restrictions.

9. There have been no formal complaints from staff about how the service is run, however staff have had the opportunity to provide regular feedback through staff surveys. All OHS staff and relevant internal and external stakeholders were invited to engage directly with KPMG to provide feedback on the operations of the service. This was offered in a range of different formats (including forums, interviews and written feedback).
10. There have been complaints from consumers about the service. A breakdown of the complaints received through the Consumer Feedback and Engagement Team in the 2020-21 Financial Year is below.

Complaints in 2020-21 Financial Year

Category	Count
Access and appointment availability	34
Conduct of staff	4
Access to and suitability of dentures	6
Administration and program management	2

Costs for consumers and vouchers	4
Clinical care and appropriateness of treatment	15
Total	65

11. Additional funding may be considered should it be identified as needed to fully implement the future model of care.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date: 11 / 4 / 22

By the Minister for Health, Rachel Stephen-Smith