



SA Dental Service

Year Book 14-15



Government
of South Australia

SA Health

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Executive Director's Report 2014/15

SA Dental Service has its own suite of strategic outcomes 2011/2016 within the framework of the SA Health Care Plan and the Department for Health and Ageing's Strategic Directions. The SA Dental Service strategic outcomes formed the framework for activities during the 2014/15 financial year. Highlights of the year include:

- > A balanced budget, which has been achieved every year for at least the past decade.
- > Further focus on the Aboriginal Liaison Program connecting Aboriginal communities with mainstream public dental services. As a result there was a further 1 % increase in the number of Aboriginal children treated in SA Dental Service facilities and a 5 % increase in the number of Aboriginal adults. This builds on significant increases in previous years.
- > On average 64 Homeless clients per month were referred for care, an increase of 18% over the previous year.
- > Over the past year 661 (78%) Supported Residential Facilities (SRF) residents have received dental treatment which compares favourably with attendance patterns of the general population and is an extremely positive result for this population group.
- > A further 4.5% increase in the number of preschool children treated in the School Dental Service reflecting a focus on reducing the incidence of early childhood caries.
- > Achievement of all activity targets of the National Partnership Agreement (NPA) 1 for Treating More Public Dental Patients resulting in SA receiving the full reward funding of \$27.7m across the program including \$9.6m in 2014/15.
- > In line with oral health's integral role within general health, the number of public dental patients receiving short interventions for tobacco cessation increased again in 2014/15 with almost 7,000 patients receiving one or more QUIT records, an increase of 26% over last year.
- > In early 2015 SA Dental Service was successful in its application for grant funding awarded by the Central Adelaide and Hills Medicare Local Partners in Recovery. This funding supported the

implementation of the *Innovation in Oral Health and Mental Health Project* from 1 April 2015 to 30 June 2015.

- > Sustainment of excellent outcomes in a range of indicators of clinical quality including retreatment rates for a range of services.
- > Further implementation of Specialist fee for service schemes including introducing an Orthodontic scheme to assist in alleviating long waiting lists for public orthodontic care.
- > Further involvement with the Commonwealth funded Voluntary Dentist Graduate Year Program and the Oral Health Therapist Graduate Year Program with two graduates selected for each program for SA Dental Service.
- > A successful desktop Accreditation survey against the National Safety and Quality Health Service Standards.
- > Involvement in the finalisation of the development of the new National Oral Health Plan 2015-2024.
- > Implementation of the Child Dental Benefits Schedule program with \$8m revenue generated in January 2014 – June 2014, exceeding expectations.
- > Continuation in the Child Dental Benefits Schedule program with \$16.5m revenue generated in 2014/15, exceeding expectations by almost \$3m.
- > Finalisation of the public tender process for a Dental Education Partner with SA Health with the University of Adelaide being the successful



bidder. SA Dental Service contributed a significant amount of work in July – December 2014 towards development of the Request for Proposal and in the evaluation of the tender bids and then in January – June 2015 in the development of the proposed 30 year Partnership Agreement between Central Adelaide Local Health Network/SADS and the University of Adelaide.

- > A significant outcome of this process is that the University will fund and build a new Adelaide Dental Hospital (ADH) at the West End Health precinct. The new ADH will be designed and developed in collaboration with SA Dental Service and will be managed by SA Dental Service when it opens in mid-2017.

Geoff Franklin
Executive Director
SA Dental Service

Strategic Directions

SA Dental Service Strategic Outcomes for 2011-2016

Strategic Outcome 1 – The oral health of the South Australian population is improved and oral health inequalities are reduced with a particular focus on:

- > people living in rural and remote areas
- > Aboriginal people
- > homeless people
- > people in Supported Residential Facilities
- > older people living in the community and in residential care
- > pre-school children
- > people with chronic diseases
- > migrants with a refugee background

Strategic Outcome 2 – Oral health is sustainably integrated into the wider health system.

Strategic Outcome 3 – The community and private dental sector are involved in the planning, design and monitoring of public dental services.

Strategic Outcome 4 – SA Dental Service is active in the development of public oral health policy at a State level and National level.

Strategic Outcome 5 – Population based health promotion underpins all of SA Dental Service Programs and clinical programs have an increased focus on prevention and early intervention.

Strategic Outcome 6 – Client focused quality systems drive improved clinical and non clinical services which are demonstrably efficient and effective.

Strategic Outcome 7 – SA Dental Service is an employer of choice, has sufficient skilled clinical and non clinical workforce and is making full and flexible use of its capabilities.

Strategic Outcome 8 – SA Dental Service is an active partner with the dental tertiary education and research sectors.

Strategic Outcome 9 – Public dental infrastructure supports the provision of contemporary public dental services and is integrated with other health services wherever possible.

SA Dental Service Vision

Good oral health is essential for overall health and well being. A healthy mouth has a positive impact on physical, mental and social well being, hence healthy smile - healthy life.

Healthy Smile Healthy Life

Mission

Working with the community to enable South Australians to achieve better oral health and well being through

- > health promotion
- > timely dental treatment with a focus on prevention and early intervention
- > support for education and research.

Values

South Australian Dental Service Values

SA Dental Service recognises that all people are entitled to the same rights and services and we are committed to the principles of social justice, fairness, and equity in the delivery of all our services. We value diversity and we work with the community to enable South Australians to achieve better oral health and well being.

We recognise that some groups have poorer health than others and we work towards improved health outcomes for disadvantaged groups, providing access to services in a fair way, recognising the rights and dignity of all individuals.

These principles are underpinned by our values.

Communication

We communicate openly and honestly to build effective relationships.

- We encourage staff and consumer involvement as participation helps us improve (our business).
- We keep our communication simple, sharing information that builds consistent understanding.
- We are open and approachable, we listen, learn from each other and are able to give and receive feedback.

Honesty & Integrity

We are recognised for high ethical standards, people can trust what we do and say.

- We accept responsibility and are accountable for our own actions.
- We have the courage to admit mistakes and the commitment to resolve issues.
- We build trust in relationships through consistency in our behaviour.

Respect & Compassion

We treat everyone in ways that we would like to be treated, showing understanding and empathy, not judging.

- We accept that people are different, and show everyone courtesy and consideration.
- We value people as individuals, acknowledging their needs.
 - We acknowledge people have a right to express their ideas and that difference can be a strength.

South Australian Dental Service Healthy Smile-Healthy Life

Teamwork

We work together in partnership to achieve common goals.

- We recognise and celebrate achievements and reinforce the positives.
- We work cooperatively, share ideas, the focus is "we not me."
- We support and motivate each other to achieve team goals.

Creativity & Innovation

We challenge existing ideas to constantly improve the way we work.

- We are always learning, having the courage to try new ways.
- We think outside the square, creatively solving problems.
- We reward innovation and value ideas and input from others.

Commitment to Excellence

We strive for excellence in all we do.

- We persevere, always working to the best of our ability.
- We challenge mediocrity, evaluate and improve our work practices and behaviours.
- We use our initiative to learn as individuals and as an organisation.



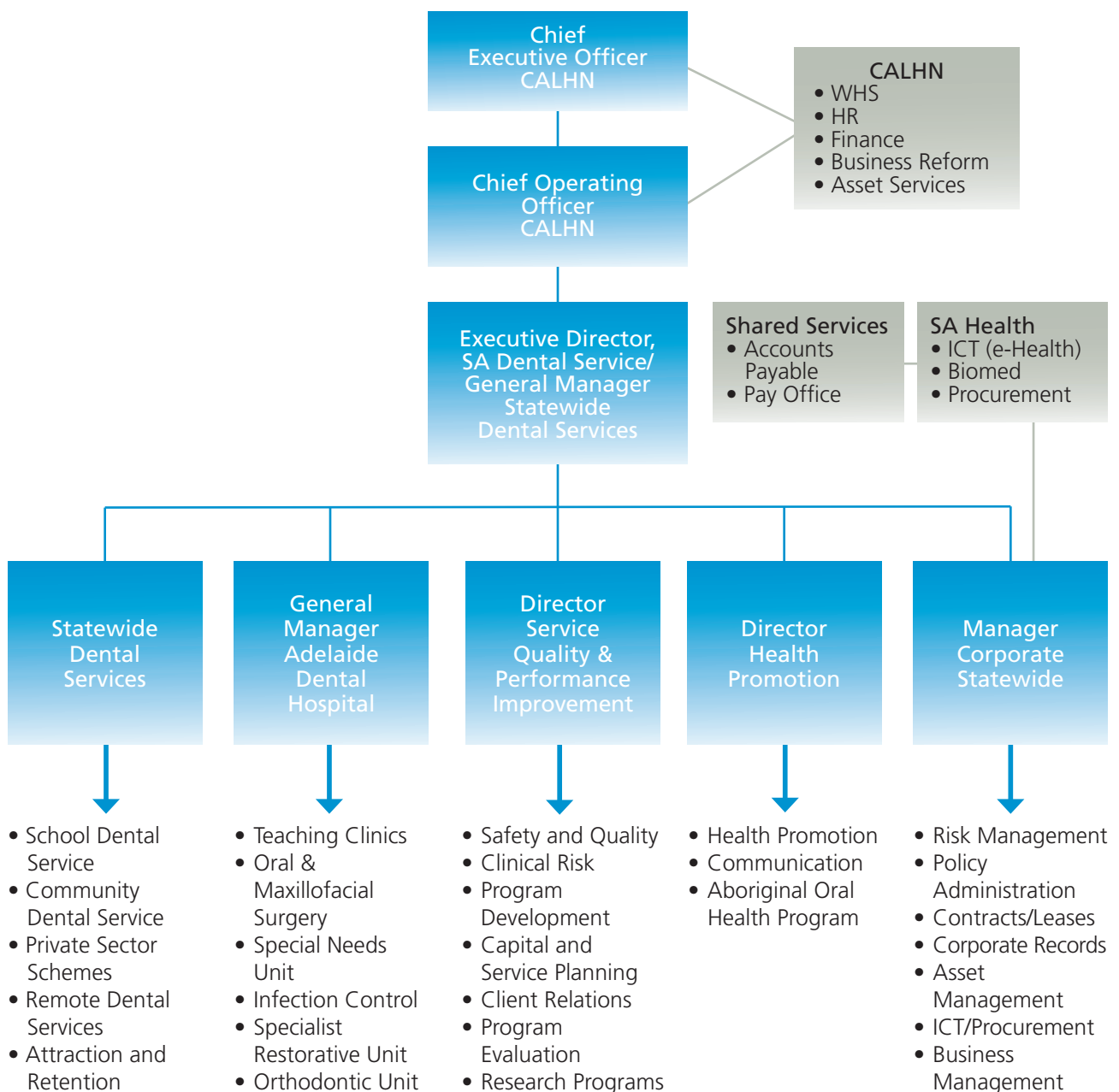
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South Australian
Dental Service

Organisational Structure

SA Dental Service



Statewide Dental Services Division

Statewide Dental Services provide dental services to children and eligible adults through two core programs, the School Dental Service and the Community Dental Service. Special arrangements apply for those who may be particularly vulnerable to the consequences of poor oral health including babies and young children, Aboriginal clients, clients with mental health issues, the homeless and the aged. Those arrangements may include priority access to care and/or free care.

In addition to services provided by qualified clinicians, general dental services in School and Community Dental Services are also provided by undergraduate dental students and students in the Bachelor of Oral Health Program. School and Community Dental Service staff are involved in the clinical supervision and training of these undergraduate students.

School Dental Service

The School Dental Service offers a comprehensive dental care program to all children up until their 18th birthday. This care is free of charge to all pre-school children. It is also free for primary school and high school students with a school card, or who have or are dependents of a Centrelink cardholder. Children and young people may also receive free care under the *Commonwealth Child Dental Benefits Schedule* which from January 2014 pays scheduled amounts to the provider for dental care to children in families eligible for a range of Commonwealth means tested payments, including Family Tax Benefit Part A. All other primary school and high school students are required to pay a small fee for each general course of care they receive.

Care is provided by teams of Dentists, Dental Therapists and Dental Assistants who work from a network of 45 clinics and mobile vans throughout the state. Many of these clinics are located within Primary Schools while others are mobile services to remote locations such as Leigh Creek, Nepabunna and Marree. The advent of the GP Plus and GP Super clinics has resulted in the closure of many small, old, part time clinics.

Private dentists provide school dental services, under a capitation agreement, to approximately 1,000 children who reside in areas remote from a school dental clinic. No client fees apply for these services.

General Anaesthetics are required for some young children with extensive oral health care needs and these are provided both at local hospitals by SA Dental Service dentists and under contractual arrangements with the Department of Paediatric Dentistry of the Women's and Children's Hospital.

Children are examined on a regular basis according to their individual needs and receive a full range of preventive and treatment based services. These services are provided mainly by Dental Therapists who work under a structured professional relationship with dentists, in accordance with their conditions of employment, supported by Dental Assistants.

Community Dental Service

The Community Dental Service provides emergency and routine dental services to adults who are the holders of a Centrelink concession card. Urgent needs are usually attended to promptly, while routine care is provided after recourse to a waiting list. Average restorative waiting periods reduced to 9 months during the year.

The majority of care is provided by dentists who operate from a network of 35 clinics located throughout the state, supplemented by private dentists through a range of schemes such as the Emergency Dental Scheme, General Dental Scheme, Pensioner Denture Scheme, Prisoner Dental Scheme and the Aboriginal Dental Scheme. Client fees apply for most services but some preventive items are provided at no cost. In addition some adult care is now provided by Dental Therapists and Dental Hygienists working under the prescription of a dentist.

Two Domiciliary Dental teams operate in the Adelaide metropolitan area and provide services to homebound people in private homes and Residential Aged Care Facilities.

Remote Dental Services

The Remote Dental Service team responsibilities include:

- > Strategic planning to meet service needs in remote areas, in particular for Aboriginal communities.
- > Contractual arrangements with private dentists to provide services in remote locations such as Coober Pedy.
- > Visiting services by SA Dental Service staff, for example, services to children in Ceduna.
- > Output or other funded services through Aboriginal Community Controlled Health Services.

Schemes Unit

This team has a range of responsibilities for predominantly externally sourced services including:

- > The management of private practice schemes including Emergency Dental Scheme, General Dental Scheme, Aboriginal Dental Scheme, Pensioner Dental Scheme, Capitation, Prisoner Dental Scheme.
- > Schedules for services provided through private practitioners.
- > Clinical quality issues relating to the outsourced provision of oral health services.

The Adelaide Dental Hospital Division

The Adelaide Dental Hospital (ADH) is one of the two service provision arms of SA Dental Service and is a core component of the SA Government's approach to providing public dental care. The ADH fulfils a number of essential roles including:

- > the only dental teaching hospital in South Australia that provides facilities, management and staff to support the training of undergraduate and postgraduate students of the School of Dentistry of the University of Adelaide
- > the sole statewide referral centre for specialist and complex oral health care services
- > provision of general and specialist public dental services, continuing education, some specialist and treatment planning advice to SA Dental Service professional staff. The provision of a specialist network and advice supports the acute medical sector in SA.

General and emergency dental care is largely provided by undergraduate dental and oral health students under the supervision of SA Dental Service.

Specialist services in the ADH are provided by a combination of staff and visiting specialists, academic staff of the University and significantly by postgraduate students in specialty training programs.

The range of specialty services provided include:

- > Oral and Maxillofacial Surgery
- > Orthodontics
- > Endodontics
- > Periodontics
- > Fixed and Removable Prosthodontics
- > Special Needs Dentistry.

In 2014-15, through the *National Partnership Agreement* (NPA), the ADH contracted an additional 3.5FTE staff in roles directly related to service provision for the reduction of waiting lists for specialist treatment. NPA specialist dentists provided services in oral and maxillofacial surgery, crown and bridge, endodontics, periodontics and orthodontics. To address the waiting times for specialist dental care, additional waiting list patients were seen through recently established private dental schemes for crown and bridge and endodontic treatment.

In addition to managing the operation of the ADH, and providing patient care, staff are involved in the clinical supervision and training of undergraduate and postgraduate students. Dental School Academic staff provide patient care as honorary appointees to the Hospital, or indirectly by the supervision of students in clinical programs.

Because of its historic relationship with the Royal Adelaide Hospital (RAH), the ADH provides dental services to inpatients of the RAH and operates an after hours on-call service through the RAH Accident and Emergency Department. All patients requiring general anaesthesia for dental or oral and maxillofacial surgery procedures are admitted and treated in RAH theatres. Dental technicians attached to the Oral and Maxillofacial Surgery Unit provide maxillofacial prostheses on referral from metropolitan hospitals.

In addition to providing specialist support to dentists in SA Dental Service Community and School Dental Services, the ADH also accepts a limited number of referrals from the private sector. These patients are



accepted in circumstances where the resources of the Hospital are better able to accommodate the needs of particularly complex or difficult cases.

Health Promotion Division

The Health Promotion Division is focussed on the provision of strategic advice on health promotion and quality support to SA Dental Service staff, our clients and consumers and the wider community. The division has a strategic approach to ensure that health promotion is integrated into all SA Dental Service programs and projects and to actively promote the integration of oral health into overall health and wellbeing.

The Division works in partnership with our staff and other agencies to promote health, prevent oral diseases and provide health information. We support oral health as an integral part of general health through the development of healthy public policy and organisational development. We assist our staff to develop local health promotion initiatives through skill development and the provision of oral health resources.

Health Promotion Division has responsibility for:

- > promoting an organisational commitment to policies and practices that incorporate the health promotion principles including those of the Ottawa Charter and Social Determinants of Health
- > supporting staff to develop and implement health promotion into their clinical practice through health promotion practice guidelines
- > promoting oral health as an integral part of general health by supporting the development of

- health promotion and prevention policies, healthy public policy and organisational practices
- > developing quality health information and resources to support staff to increase awareness and to promote oral health in the community
- > developing strategic partnerships that increase oral health knowledge and practice
- > managing internal and external communication strategies to ensure consistency of message and branding
- > staff culture surveys
- > implementing population health promotion programs to improve oral health.

Service Quality and Performance Improvement (SQ&PI) Division

The SQ&PI Division has a strategic, organisation wide focus, and provides leadership to, and works collaboratively with, all SA Dental Service Divisional teams to challenge and support service improvement and program development. SQ&PI promotes public oral health principles, drives quality and service improvement and provides high level advice and leadership with respect to:

- > Strategic and operational planning
- > Safety, quality and clinical risk management
- > Client relations and the management of consumer feedback
- > Program planning and development
- > Capital and infrastructure planning and development
- > Program Evaluation and Research.



The SQ&PI Division comprises the following Units:

- > Quality, Patient Safety, Clinical Risk and Workforce Development
- > Client Relations
- > Service Planning
- > Evaluation and Research.

SQ&PI leads service improvement by:

- > Promoting a culture of safety and quality as well as clinical learning.
 - Engaging with staff to positively influence the quality and safety culture of the organisation in recognition that improvement has to be an integral part of what the organisation does.
- > Developing Programs
 - Exploration and development of new and innovative models of care
 - Implementation of the SA Health Care Plan, State and National Oral Health Plans
 - Identification of at risk population groups and their oral health needs
 - Development of programs for at risk population groups.
- > Seeking and securing capital funding to support the provision of public oral health services
 - Identification of infrastructure requirements
 - Pursuit of capital funding opportunities
 - Oversight of capital developments.
- > Evaluating programs and organisational clinical performance
 - Provision of program analysis and reporting
 - Development of management information systems
 - Conducting and/or overseeing evaluation and research projects
 - Supporting research involving SA Dental Service clients and staff.
- > Promoting evidence-based approaches to service and program delivery.
- > Promoting client-centred approaches to enhance service quality
 - Promoting and facilitating good consumer practice at the interface between staff and clients
 - Developing and promoting mechanisms to facilitate effective management of consumer feedback
 - Monitoring consumer experience.

Corporate Services Division

The Corporate Services Division provides non-clinical support services to SA Dental Service for the management of risk and corporate records, as well as policy and procedure administration, contract development, business management and executive support services.

The Division leads strategic work for SA Dental Service via strong links with the consolidated support services such as eHealth Systems, Procurement and Supply Chain Management, Biomedical Engineering, Corporate Finance and Property Management, all of which report under SA Health. There are also close links with the Central Adelaide LHN Asset and Security Management Unit who are responsible for building maintenance and management via the Across Government Facilities Management Arrangement.

Other non-clinical support services are provided by SA Health staff out posted to Central Adelaide LHN who work closely with SA Dental Service in areas such as Human Resources, Finance and Business Advisory Service, and Worker Health and Safety. Links are also maintained with Shared Services SA who provide Accounts Receivable, Accounts Payable and Payroll functions under the Department for Premier and Cabinet.



Report on the Implementation of the SA Dental Service Strategic Plan - Progress as at June 2015

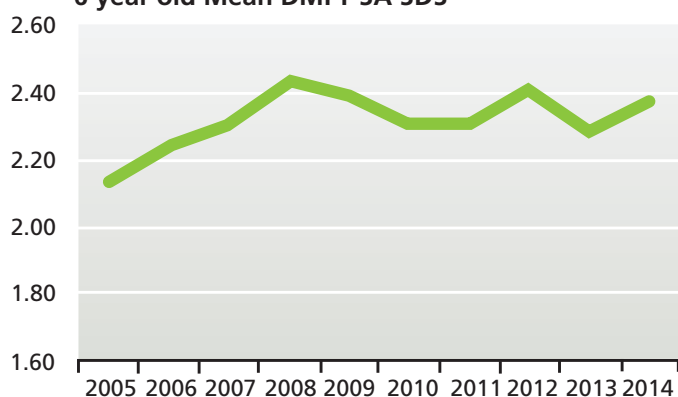
Strategic Outcome 1

Improved health and reduced health inequalities

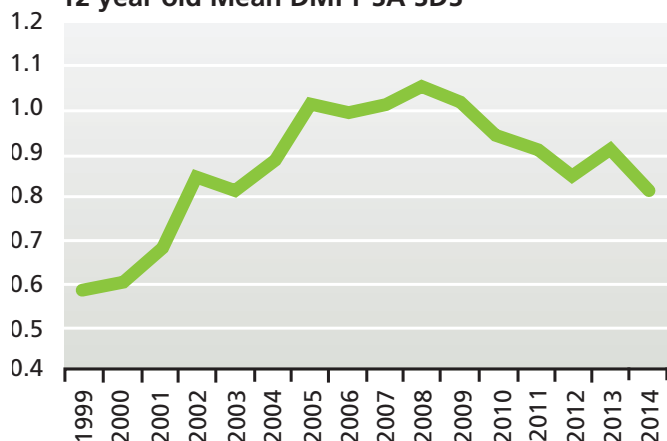
After continuous deterioration since the late-1990s, the amount of permanent tooth dental decay in 12 year old children has reduced by 22% since 2008. The 12 year-old mean DMFT is now 0.81, compared with 1.05 in 2008.

The average 6 year-old deciduous decay experience is now 2.37 teeth affected, which is approximately mid-range since 2008, but remains higher than pre-2007.

6 year old Mean DMFT SA SDS



12 year old Mean DMFT SA SDS



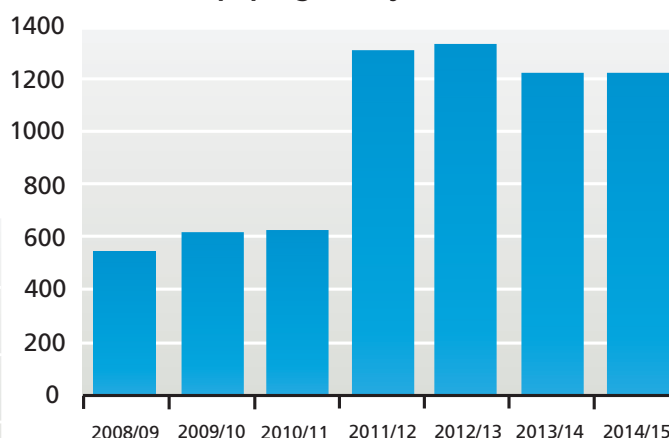
Population Oral Health Program

The Population Oral Health Program aims to increase the number of preschool children attending dental services. A total of 13,700 pre-school children had been referred to the program by 30 June 2015.

Children identifying as being of Aboriginal and or Torres Strait Islander descent increased from 15% of referred children in 2013/2014 to 16% in 2014/2015. Of the total referrals received in 2014/2015 48% of children were aged under 4 years at the time of referral, the same as in the previous year.

In 2014/2015, almost 100% of referred families chose to attend the public dental sector.

Number of New Children seen under the 'Lift the Lip' program by SDS



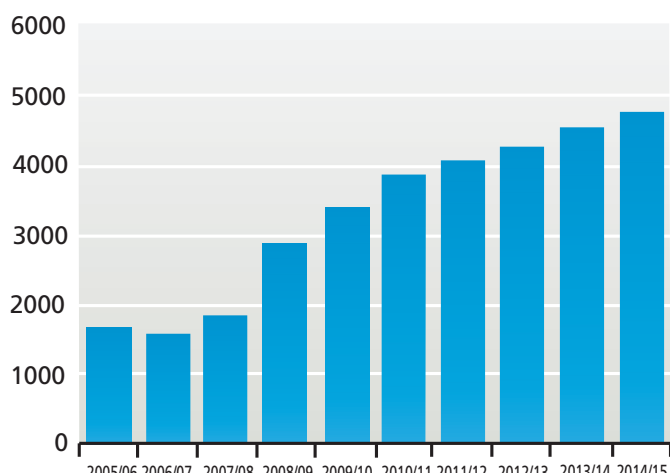
Aboriginal Oral Health

The Council of Australian Governments (COAG) committed further funding as a continued investment to close the gap on Indigenous disadvantage until the end of financial year 2016. This funding will enable the Aboriginal Oral Health Program (AOHP) to continue to support strategies to increase access to mainstream dental services for families, adults, early childhood, teenagers and pregnant women.

Furthermore it has enabled SA Dental Service to deliver Cultural Competency training via facilitator Paul Vandenberg of Power Community Ltd for SA Dental Service staff. The training provides staff with a greater understanding of Aboriginal culture in order for staff to deliver culturally safe and appropriate services when treating Aboriginal people.

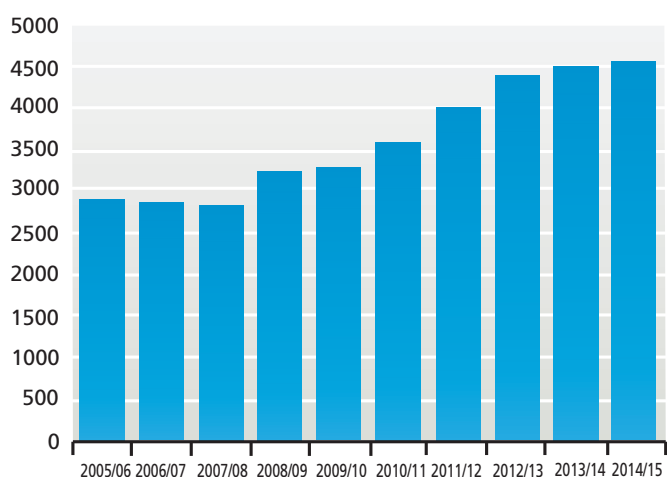
In 2014/15, 4803 Aboriginal adults were treated through the Aboriginal Liaison Program. This is an increase of 5% compared to last year and 24% increase since 2010/2011 baseline.

Aboriginal ADULT PATIENTS



In 2013/14, 4508 Aboriginal children attended SDS an increase of 2.4% compared to 2012/13 and 26% increase from 2010/11.

Aboriginal CHILD PATIENTS



Homelessness and Oral Health Project (HOHP)

Commencing in April 2011, the HOHP's initial focus was to address identified service gaps, such as access to timely and affordable care for vulnerable people in need of urgent dental treatment in the inner city area.

In 2013/14 key relationships were established and/or strengthened with homeless sector agencies including the Brian Burdekin Medical Clinic, the Homelessness Support Program, and agencies working with Department for Communities and Social Inclusion, to increase the numbers of clients being referred from outer metropolitan Adelaide. This work continued to be a focus in 2014/15 with some initial work to support homeless clients living in country areas commencing. Work also continued

with Drug and Alcohol Services SA (DASSA) with care options for their clients, embedded in the HOHP program.

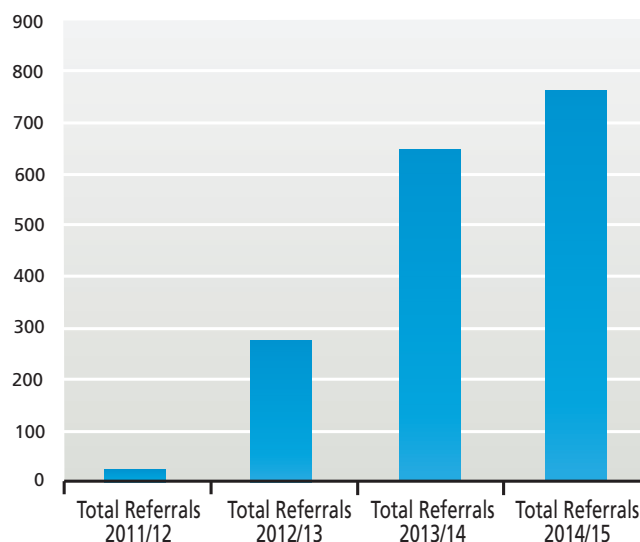
Treatment for HOHP clients is provided through a mix of public clinics and a small number of private dental providers who expressed interest and willingness to be involved.

Education programs have been provided for sector agency staff, highlighting the importance of oral health, links between oral health and general health, the HOHP and how to assist clients access care. Information has been provided directly to clients by HOHP staff who attend open days held by sector agencies.

HOHP staff regularly visit the Salvation Army Sobering Up Unit to talk with clients about their oral health, provide product samples and where appropriate, refer people for care.

Month	Total Referrals 2011/12	Total Referrals 2012/13	Total Referrals 2013/14	Total Referrals 2014/15
Average per Month	4.0	23.3	54.7	64.3

Homeless Referrals - Annual



Supported Residential Facility (SRF) Dental Program

In South Australia there are currently 26 SRFs accommodating around 850 people. Established in 2004, the SRF Dental Program continues to offer dental treatment to all residents of licenced pension-only SRFs. People living in SRFs tend to have

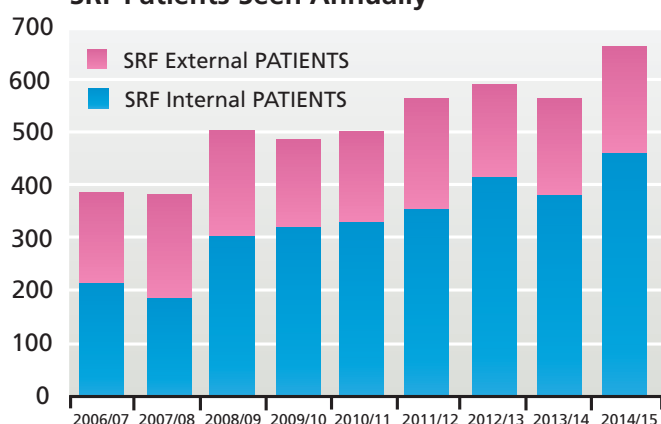
complex and diverse needs and many have a history of chronic homelessness. Overall, SRF residents are a vulnerable group who face significant barriers in accessing mainstream health services.

The SRF Dental Program involves a multidisciplinary approach involving SRF residents, SRF Managers and care staff, external support agency staff, and public and private dental professionals. Working relationships have been established supporting a greater awareness of the importance of oral health, and better oral health outcomes for SRF residents.

Dental treatment is provided through a mix of public clinics and a small number of private dental providers whose interest and participation in the program continues today.

Over the past year around 661 (78%) SRF residents have received dental treatment which compares favourably with attendance patterns of the general population.

SRF Patients Seen Annually



Innovation in Oral Health and Mental Health Project

In early 2015 SA Dental Service was successful in its application for grant funding awarded by the Central Adelaide and Hills Medicare Local Partners in Recovery. This funding supported the implementation of the *Innovation in Oral Health and Mental Health Project* from 1 April 2015 to 30 June 2015.

The aim of the Project was to reduce consumers' physical health risks and improve their quality of life by reducing the impact of prescribed mental health medications on their oral health. The Project developed and piloted oral health education training for participating community pharmacists and an intervention program for customers. This enabled pharmacists to offer oral health counselling and advice to customers who were prescribed medications for mental health conditions.

One of the Project's key achievements was the implementation of a software adjustment for participating community pharmacy dispensing systems. The software prompts pharmacists to engage in brief oral health interventions when customers present scripts for anti-depressant or anti-psychotic medications. A consumer information resource highlighting the impact of medications on oral health and the importance of regular dental review was also developed.

The Innovation in Oral Health and Mental Health Project has established sustainable multi-disciplinary relationships between the oral health sector, community pharmacy sector and the mental health sector. Recommendations arising from this short project include:

- > support to ensure an ongoing collaborative response to improving the physical health of people with mental illness
- > a focus on building further oral health capacity among the community pharmacy and mental health sector
- > the development of an online electronic training resource for pharmacists and evaluation of the pharmacy software prompt.

Strategic Outcome 2

Oral health is sustainably integrated into the wider health system

Building Better Oral Health Communities

During the past 12 months, the 2½ year Commonwealth funded *Building Better Oral Health Communities Project* progressed to its second stage of implementation.

Oral health care training for home care workers involved the development and testing of educational resources to suit the home care context. The Better Oral Health in Home Care resource now forms part of an integrated learning package based on five activities: better oral health care, dementia and oral care, understanding the mouth, care of natural teeth and care of dentures.

Following the training, oral health assessments were undertaken by the care coordinators. Older people identified as requiring a dental referral have attended SA Dental Service and Hunter New England dental clinics for dental examination and treatment. The introduction of oral health care planning by care



Building Better Oral Health Communities

coordinators has resulted in home care workers encouraging and supporting older people with their daily oral care.

Evaluation of the project continues and will help to shape recommendations for consideration by the Commonwealth Government at the end of the Project.

Oral Health for Older People Project

The Australia Research Centre for Population Oral Health (ARCPOH) led project, *Oral Health for Older People* commenced in October 2013. The project aims to assess over a two year period the medium to long term benefits of oral health screening for South Australian's aged 75 years and over. To achieve this aim a close working relationship was developed between ARCPOH, SA Dental Service, Central Adelaide & Hills Medicare Local (CAHML) and Southern Adelaide – Fleurieu - Kangaroo Island Medicare Local (SAFKI).

SA Dental service has been involved in all aspects of the project, assisting with recruitment of the GPs and Practice Nurses, delivery of education sessions and provision of the dental care for eligible project participants.

So far, an average of 29 people have been referred for care each month with approximately 550 referred since the program's inception. Of these, approximately 420 have commenced care and a further 60 are waiting for initial appointments. The refusal of offer of care is approximately 13% - a positive result for the project.

Strategic Outcome 3

The community and private dental sector are involved in the planning, design and monitoring of public dental services

Consumer Advisory Panel

The SA Dental Service Consumer Advisory Panel (CAP) was established in 1999 as a sub-committee of SA Dental Service Executive. Panel members are representative of each of the major population groups to whom public dental services are provided.

CAP's role is to advise the Executive Director on effective consumer participation in oral health programs, operational policy and strategy and impact on quality oral health service outcomes. CAP also advocates to the Executive Director on behalf of the community to promote attention and sensitivity to the needs of disadvantaged and marginalised consumers and communities.

During 2014/15 CAP was actively involved in

- > developing the content and format for three Measuring Consumer Experience Surveys and designing the accompanying reports for consumers on the surveys' findings
- > advocating on behalf of consumers during the design phase for the new Adelaide Dental Hospital
- > the development of various brochures, fact sheets, posters for consumers
- > promoting information about SA Dental Service to their communities of interest.

SA Dental Service - Measuring Consumer Experience

SA Dental Service was one of the pilot sites for the Measuring Consumer Experience (MCE) module within the Safety Learning System (SLS). The MCE module is a SA Health-led initiative offering health service organisations multiple options and models, including bed-side monitors, tablets and hard copy forms, to capture consumer experiences with the intent of enabling all consumers the opportunity to share their experiences and provide their perspective on health care services.

The purpose of the pilot was to develop and trial a mechanism which could regularly capture the experiences of SA Dental Service consumers in a manner which would

- > comply with the National Safety and Quality Health Service Standards

- > comply with SA Health requirements
- > become a manageable and integrated SA Dental Service practice.

The pilot phase (conducted in November 2014) targeted a random sample of 250 clients aged over 18 years who had completed an emergency or general course of dental care at a Community Dental Service clinic or the Adelaide Dental Hospital within one to two weeks prior to receipt of a 'Consumer Experience Survey' form. Two further surveys, each with a sample size of 250, were conducted in February 2015 (over 18 years) and May 2015 (under 18 years).

Collectively, the 2014/15 survey results indicated overall high levels of respondent satisfaction with

- > the manner in which SA Dental Service staff personally interacted with them
- > the work practices and behaviours observed in association with the provision of clinical care
- > their involvement in care and treatment.

On average, 98% of respondents indicated that they would recommend the service to family or friends.

The results showed considerable improvement in comparison to the 2013-14 Client Survey results and are evidence of changes made to work practices in response to client feedback.

The results reinforced that SA Dental Service has a respected workforce which provides highly valued services. Clients confirmed that the organisation promotes respectful and effective communication which is meaningful to clients and central to good work practice. It was also clear from the findings that clients do not respond well when these service features were not observed in practice.

Strategic Outcome 4

SA Dental Service is active in the development of public oral health policy at a State level and National level

Conclusion of the National Partnership on Treating More Public Dental Patients

The Commonwealth funded National Partnership (NPA) on Treating More Public Dental Patients commenced in January 2013 and concluded in June 2015 and provided \$27.7m to South Australia over the life of the Agreement. The following summarises the positive achievements over the

2½ year life of the Agreement:

- > The rate of offers of care to people who were on public dental waiting lists increased by 25% and nearly 115,000 people were offered care.
- > The number of dental occasions of service (visits) increased by around 15% per month.
- > Waiting lists for both restorative and prosthetic (denture) services improved substantially and twenty year historic lows were achieved in the first 12-18 months of the NPA. This included substantial reductions in waiting times in many country areas. However in the past 12 months both the waiting time as well as the number of people on waiting lists has increased.
- > Provision of specialist dental services expanded with an increase in salaried specialists and the introduction of privately provided publicly funded fee-for-service arrangements for Endodontic and Crown & Bridge specialists implemented for the first time.
- > Services for people experiencing homelessness were expanded and nearly 900 people experiencing homelessness accessed care.
- > Around 15% more Aboriginal people were treated.
- > An adult recall program for people with a range of medical conditions where oral health impacts on general health was introduced.

A second Commonwealth funded NPA was to have commenced from July 2014 and run for four years. However, as part of the May 2014 Federal Budget this NPA on Adult Public Dental Services was deferred for 12 months. In the May 2015 Federal Budget the NPA on Adult Public Dental Services was reduced from four years to one year with the total funding allocated to South Australia reduced from the original \$93m over four years to \$12.5m in 2015/16. Given the one year nature of the NPA it is expected waiting list reductions will be the primary focus of this NPA.

Continued High Levels of Demand for General Care

Annual demand for general restorative care, as measured by the number of people being added to the waiting list, continued to remain high in 2014/15. For example in the five years prior to the NPA around 25,000 to 28,000 people added their name to the restorative waiting list per annum. This increased by around 90% in each of the past two years with more than 50,000 people adding their name to the waiting list each year.

This sustained increase in demand of around 90% is strongly associated with the closure of the Commonwealth funded Medicare Chronic Disease Dental Scheme in late 2012 and creates pressure on the overall management of waiting lists and ability of people to receive timely access to basic general dental care.

National Oral Health Plan 2015-2024

The previous National Oral Health Plan 2004-2013 lapsed at the end of 2013.

A new National Oral health Plan 2015-2024 has been developed and as at June 2015 has been endorsed by the Australian Health Ministers Advisory Committee (AHMAC) and been referred to the COAG Health Council for final endorsement.

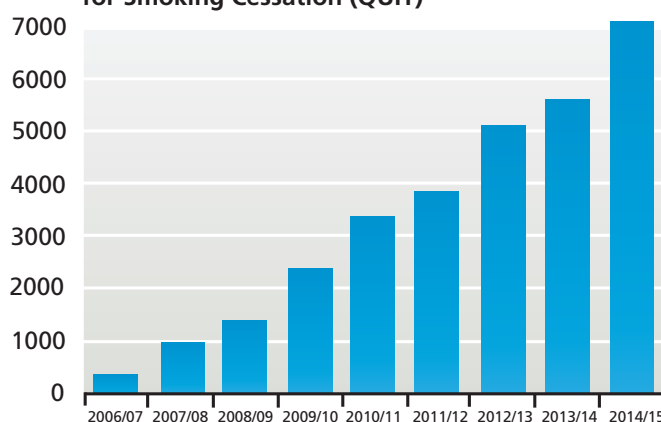
The new plan provides national strategic direction for collaborative action on oral health over the next 10 years, with targeted strategies in six foundation areas and across four priority populations.

The plan is the result of extensive consultation with a wide range of stakeholders including the Commonwealth, State and Territory Governments, the Australian Dental Association, Australian Dental Council of Dental Schools and consumer groups.

Conversations with clients about their smoking are embedded into daily clinical practice and are supported with targeted written resource material developed by the Health Promotion Unit. Interventions are tracked on a custom screen recording tool via an electronic case note system.

The program has resulted in significant increases in the number of public dental patients receiving short interventions for smoking cessation. 29,838 interventions have now been recorded, with almost 7,000 patients receiving one or more QUIT records this year, an increase of 26% on last year.

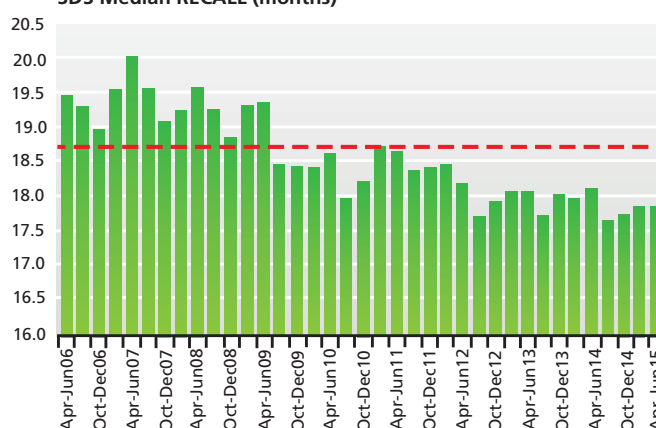
Number of People Receiving Short Intervention for Smoking Cessation (QUIT)



Child Recall Intervals 2014/15

The reduction in median actual recall interval for children treated in the School Dental Service was sustained with a reduction to 18 months or less, during 2014/15. This is well below the target of 18.7 months and achieved the shortest recalls, since before 2005. Recent emphasis on ensuring timely children's recalls, in particular for high risk children, has demonstrated improvement with a further reduction on the proportion and total number of overdue recalls for each risk group.

SDS Median RECALL (months)



Strategic Outcome 5

Population based health promotion underpins all of SA Dental Service Programs and clinical programs have an increased focus on prevention and early intervention

Smoking Cessation

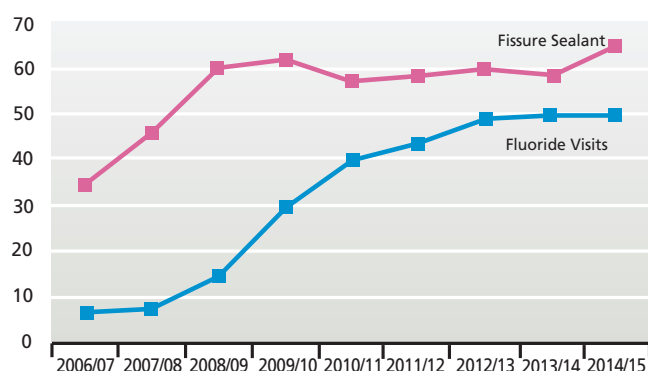
In line with oral health's integral role within general health, SA Dental Service introduced a clinic-based smoking cessation support program for adult clients in 2006. The program aims to raise client awareness to support services available for quitting smoking, with a focus on reducing smoking rates of Aboriginal clients.

Brief intervention techniques are used to support smokers who are interested in managing their tobacco dependence. Interest in quitting is assessed and where appropriate, clients are linked to the Quitline.

Preventive Care 2014/15

The delivery of preventive services per client improved across all of SA Dental Service. Across the School Dental Service the emphasis on providing Fissure Sealants and visits for Fluoride application to the teeth of children assessed as being at higher risk of caries was maintained. The outcomes of this sustained increase in clinical prevention for children can be seen in the long term trend of the 'Mean DMFT' graph on page 10, which shows the amount of dental decay experience in 12 year old children attending the School Dental Service fell for five of the past six years and is currently the lowest since 2003.

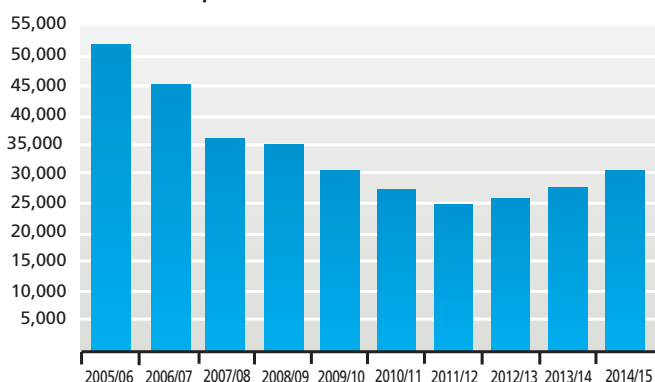
Clinical Prevention Services Rate per 100 Consenting Patients



Adult dental emergencies 2014/15

Dental emergencies treated in 2014/15 were 30,568, an increase of 2,815 or 10.1% on 2013/2014. Since the announcement of the cessation of the Commonwealth's Medicare Chronic Disease Dental Scheme (MCDDDS) in late August 2012, there has been a substantial increase in demand for both emergency and general services on the state public system. An additional 6,061 (+24.7%) more emergency patients were seen in 2014/15, after the MCDDDS closure, compared with the same period from three years before.

Dental Emergency Courses of Care commenced per annum



Waiting Lists 2014/15

Waiting times on waitlists for general and denture public dental care increased in 2014/15 as shown in the graphs below.

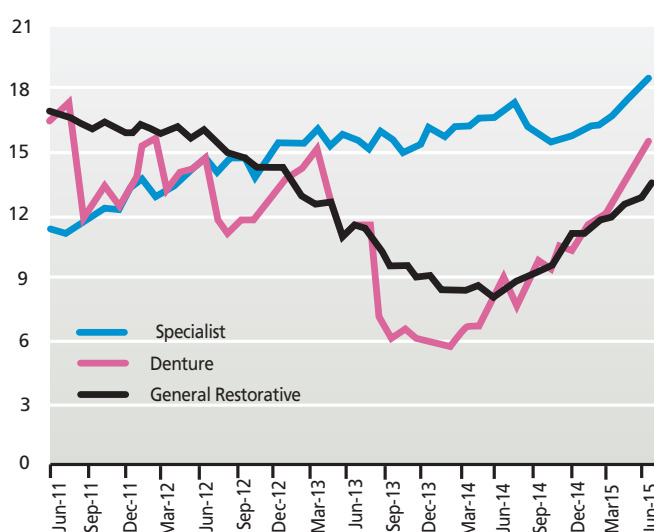
During the previous year, under the initial phase of the National Partnership Agreement on Treating More Public Dental Patients (NPA), which commenced in May 2013, there was a significant reduction in waiting times and in the number of people waiting. The additional NPA funding during 2013/14 allowed for significantly more patients to be offered dental care.

During 2014/15, all waiting times increased, due to a combination of higher demand and completion of the NPA program by March 2015, which necessitated offers of care to be initiated much earlier in the year.

The average waiting time for patients removed from routine care waiting lists increased by five months to 13.4 months at June 2015 compared with 8.4 months at June 2014. The weighted mean waiting time for patients being removed from denture waiting lists increased by six months to 15.4 months at June 2015 compared with 9.0 months at June 2013. The denture wait time had been as low as six months wait for much of 2013/14, but increased steadily throughout 2014/15.

The combined average waiting time for Specialist Services at the Adelaide Dental Hospital increased slightly from 17.0 months in June 2014 to 18.3 months by June 2015, continuing a long term trend evident since 2011.

Dental Wait Times (Months)



Strategic Outcome 6

Client focused quality systems drive improved clinical and non-clinical services which are demonstrably efficient and effective

Child Dental Benefits Schedule

From 1 January 2014 the Commonwealth Government introduced the Child Dental Benefits Schedule (CDBS) which provides payments to private and public dental practices for providing a limited range of dental care services to children eligible under the Schedule. Eligible children receive free care from SA Dental Service and include children in families receiving a number of means tested Commonwealth payments, including Family Tax Benefit Part A

A promotional campaign was undertaken to ensure eligible families were aware they could access the CDBS at School Dental Service clinics. A range of information resources were developed to support the campaign and were widely distributed throughout the community.

Extensive efforts were made to maximise legitimate CDBS claims including intensive auditing of claims against client records, monitoring of claim errors and adjustments, and retrospective claiming where client eligibility was confirmed during, rather than at the start of care.

During 2014/15 SA Dental Service received \$16.5 million in Medicare benefits, while continuing to maintain population oral health principles and the provision of clinically indicated appropriate care to individual children.

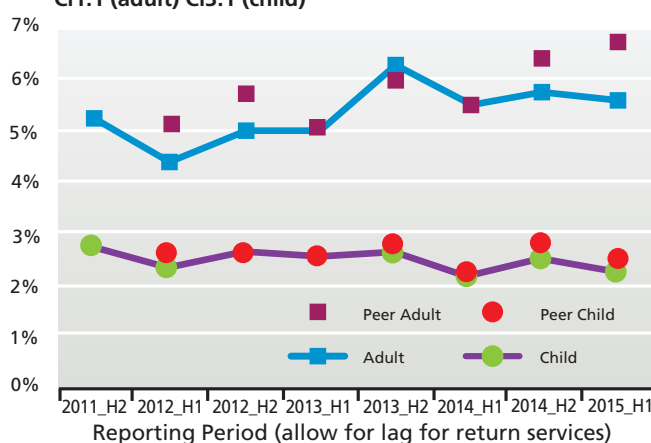
Quality of Care & Clinical Indicators

The SA Dental Service participates in the national quality clinical indicators program managed by the Australian Council on Healthcare Standards (ACHS). The main oral health care clinical indicators focus on monitoring and minimising returns for repeated care, usually on the same tooth - also known as retreatment rates, or unplanned return visits for adult dental services (restorations, extractions and dentures), endodontics and children's dental care (restorations, pulpotomy and fissure sealants).

2014/15 ACHS Quality Clinical Indicators (Oral Health) results

SA Dental Service results were statistically significantly more desirable than national peer aggregate results for five and three of the nine clinical indicator areas across both the School and Community Dental Services, for the two consecutive half-year reporting periods of 2014/15. Most other oral quality indicators achieved statistically equal to national peer aggregate results, with only a small shortfall for the indicator associated with completing root canal treatments within 6-months of commencing endodontic treatment, where a high rate is deemed desirable.

ACHS Clinical Indicators Restoration Retreatment (6mths) CI1.1 (adult) CI3.1 (child)



The rate of restoration (filling) re-treatments within 6 months, are two of the key ACHS clinical indicators. The CDS adult rates were significantly better than peer norm rates during 2014/15 and SDS child rates were significantly better during the second half of 2014 and similar to peer national rates during 2015.

Accreditation

In July 2014 SA Dental Service completed the second phase of the Accreditation cycle utilising the 1-6 National Safety and Quality Health Service Standards (NSQHS Standards) applicable to dental services. This phase involved a self-assessment against the 1-3 NSQHS Standards, preparation of action plans and supporting documentation outlining the activities undertaken to progress achievements relating to prior recommendations from the 2013 onsite organisation wide survey. The organisation documentation was reviewed by one surveyor and SA Dental Service was commended on its focus and commitment to progressing activities to achieve the recommendations.

Crown & Bridge Dental Scheme

The Crown & Bridge Dental Scheme was launched in January 2014. The scheme allows for referral of country residents who require simple crown and bridge treatment to the private sector, reducing the Specialist Restorative Unit waiting list for specialist crown and bridge treatment. In 2014/15, 52 country patients on the Adelaide Dental Hospital crown and bridge waiting list had been offered treatment under the scheme. The uptake rate was 60%. As a result of these offers in conjunction with waiting list removals for treatment at the Adelaide Dental Hospital, the number of patients on the crown and bridge waiting list at the end of the 2014/15 year was 307, with the maximum waiting time at 17 months. \$81K was spent on this scheme during 2014/15.

Specialist Dental Scheme (Endodontics)

The Specialist Dental Scheme (Endodontics) was launched in February 2013. The availability of this scheme provides another means by which patients can access specialist endodontic treatment, reducing the Adelaide Dental Hospital waiting list for specialist endodontic treatment. In 2014/15, 66 patients on the endodontics waiting list had been offered treatment under the scheme. The uptake rate was 70%. As a result of these offers in conjunction with waiting list removals for treatment at the Adelaide Dental Hospital, the number of patients on the endodontic waiting list at the end of the 2014/15 year was 122, with the maximum waiting time at 8 months. \$81K was spent on this scheme during 2014/15.

Specialist Dental Scheme (Orthodontics)

A pilot Specialist Dental Scheme (Orthodontics) was launched in December 2014, offering care to 30 country patients at the top of the priority 2 waiting list. As with other specialist schemes, this scheme aims to provide additional means by which patients can access specialist orthodontic treatment, thereby reducing the Orthodontic Unit waiting list. As at the end of June 2015, 14 patients had commenced specialist orthodontic treatment under this scheme.

Strategic Outcome 7

SA Dental Service is an employer of choice, has sufficient skilled clinical and non clinical workforce and is making full and flexible use of its capabilities

Credentialling and Scope of Practice

SA Dental Service Credentialling Committee maintained the credentialling status of over 500 Dental Practitioners. This includes all non-SA Dental Service employees who provide and or supervise the provision of dental care within SA Dental Service (eg University Tutors).

Voluntary Dentist Graduate Year Program (VDGYP)

In 2014/15 SA Dental Service employed a further two graduates in the Commonwealth funded Voluntary Dentist Graduate Year Program. Under this program new dental graduates work in the public sector providing treatment to eligible patients as well as undertaking a structured educational program to enhance their clinical practice.

The graduates were based at Marleston Community Dental Clinic, built with capital funding of \$1.9m allocated from the program, with rotations through the ADH and the Wallaroo Community Dental clinic. Funding for this program will cease at the end of 2015.

Oral Health Therapist Graduate Year Program (OHTGYP)

2014/15 saw the continuation of the Commonwealth funded Oral Health Therapist Graduate Year Program with two graduates selected for SA Dental Service, based at Elizabeth GP Plus Dental Clinic. The program is managed and funded along the same principles as the VDGYP.

SA Dental Service was successful in receiving \$1.4m from the capital funding allocation of the program, which was used for the Linden Park clinic redevelopment. Funding for this program will cease at the end of 2015.

Strategic Outcome 8

SA Dental Service is an active partner with the dental tertiary education and research sectors

Collaborative Partnership with the Australian Research Centre for Population Oral Health (ARCPOH)

Research Agenda

SA Dental Service has a long, well established and successful relationship with the Australian Research Centre for Population Oral Health (ARCPOH). A new two year Agreement with ARCPOH was signed in December 2014. This Agreement allows for the continuation of a range of existing research projects including:

- > Adult recall intervals and services in a course of care
 - Stage 2 of this long term project is currently under development and involves a prospective study of the differences in oral health needs when either no, one, two or three year recall periods are applied in the adult population in the public sector. It is expected the research will commence in the first half of 2015/16 and continue for at least three years.
- > Caries Risk Assessment Tool
 - A review of the existing Caries Risk Assessment Tool used in the School Dental Service is nearing completion and a final report will be considered in 2015/16. Preliminary results suggest the Caries Risk Assessment Tool remains a valid and useful means of assessing the oral health risks of children.
- > Qualitative research involving interviews with Aboriginal clients exploring the barriers to care and attendance patterns is nearing completion. The results of this study will inform future policies and work practices in the Adult Oral Health Program.

New research topics will be considered by SA Dental Service and jointly developed with ARCPOH in 2015/16.

Strategic Outcome 9

Public dental infrastructure supports the provision of contemporary public dental services and is integrated with other health services wherever possible

Adelaide Dental Hospital Business Case

In June 2014, SA Health issued a Request for Proposal (RFP) for an Educational Partner to join with SA Dental Service to provide dental care for eligible patients in SA. The RFP sought proposals from Australian Universities to use SA Dental Service facilities, provide dental care for patients through clinical placements of dental students and at the same time provide a capital infrastructure solution for the future of the Adelaide Dental Hospital. The University of Adelaide was the successful education partnership tenderer and from January 2015 work commenced on the formulation of a legal agreement between SA Health (CALHN) and The University of Adelaide for the clinical placement of dental students in SA Dental Service community clinics from 2015 onwards.

As part of the successful tender, a new 89 dental chair Adelaide Dental Hospital will be constructed as part of the University's Health and Medical Sciences Building in close proximity to the new Royal Adelaide Hospital and is planned to open in July 2017. The new Adelaide Dental Hospital will be operated and managed by SA Dental Service. Work on the design and layout of the new facility commenced in January 2015.

Infrastructure Improvements in Country Areas

SA Dental Service staff continue to be involved with architects, engineering consultants and managing contractors, developing detailed plans and the building works for major projects in Port Lincoln, Mount Gambier and Murray Bridge, in addition to the clinic extension and refurbishment at Port Pirie West.

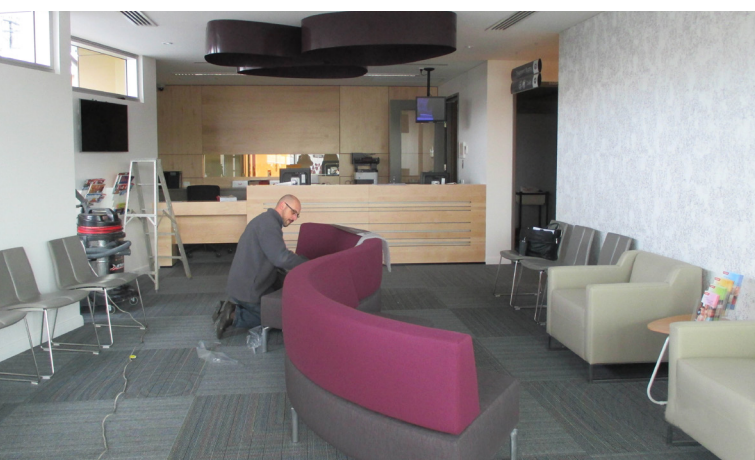
Work progressed on the Port Lincoln Hospital redevelopment which included the new 7 chair SA Dental Service clinic, operational in October 2014. The new clinic saw the closure and decommissioning of two clinics located in the local primary schools. The Cummins School Dental Clinic also closed with children from this area now accessing services at the new Port Lincoln Clinic.



Port Lincoln Dental Clinic



Port Pirie West School Dental Clinic



Murray Bridge Dental Clinic

Construction of the new 6 chair Murray Bridge clinic commenced in September 2013 with the project handed over in June 2014. The clinic was officially opened by the Hon Jack Snelling MP, Minister for Health. This saw the closure and decommissioning of the 2 clinics located in the local primary schools. Funding for this project was via the Commonwealth Health and Hospitals Fund with the final report completed and accepted.

The Mount Gambier Hospital development progressed with the 4 chair extension to the SA Dental Service clinic being operational in early 2015. Refurbishment of the older section continued for several months and included installation of new dental chairs and reconfiguration of the original clinical and non-clinical spaces. Staff continued to provide services during the building and refurbishment stages of the redevelopment.



Port Pirie West School Dental Clinic

Extension and upgrade of the Port Pirie West School Dental Clinic was completed in August 2014, with the clinic size increasing from 70m² to 130m².

Major changes included a dedicated reception area, decontamination room and improved space around the dental chairs.

Metropolitan Infrastructure Improvements

Building works commenced on the new Parks clinic, which is part of the Parks Community Health Centre redevelopment. Works progressed throughout the later part of 2014 with exterior walls, internal structural steel and electrical and service cabling in place. Local staff were involved in the furniture, fixture and fittings purchase selection process. The clinic is expected to be operational in late 2015.



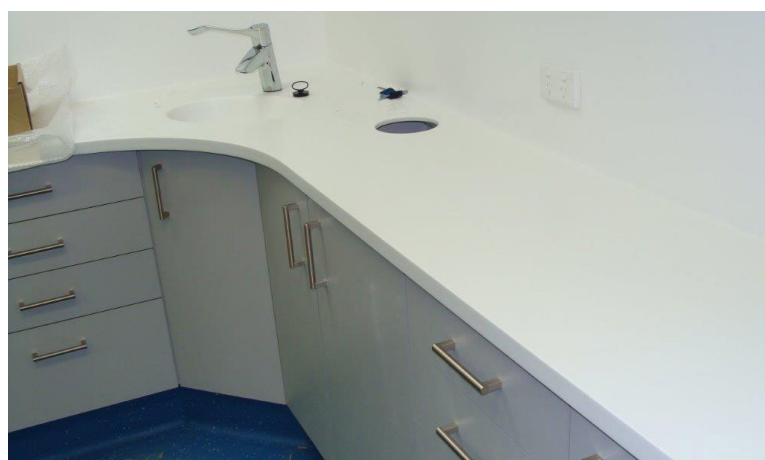
Marlestone Community Dental Clinic



Mobilong Prison Clinic



Marlestone Community Dental Clinic



Mobilong Prison Clinic

Magill and Linden Park clinic redevelopments funded via the Commonwealth Voluntary Oral Health Therapist Graduate Year Program infrastructure grant experienced some delays. Following the appointment of project Architects and in consultation with clinic staff, concept plans were developed allowing the project to move to the detailed design phase.

The new Marlestone Community Dental Clinic funded via the Voluntary Dentist Graduate Year Program infrastructure grant was completed in late 2014. The new 5 chair clinic will treat adults and children from surrounding areas and replaces the clinic located in the Cowandilla Primary school grounds which has since been demolished.

Prison Clinics

The SA Dental Service Planning team continue to be involved in the planning and building works undertaken to upgrade the Prison Clinics located at sites owned by the Department of Correctional Services (DCS).

Significant improvements have been made to the Mobilong Prison clinic. The completed upgrade includes refurbishment of the clinical area and development of a separate decontamination space.

Planning for the new Health Building at the Yalata Prison site continues with building works having commenced. The facility will include a newly designed clinical space and a separate utility / sterilisation area. It is expected the clinic will be completed in late 2015.

Freedom of Information 2014/15

Information Statement

The *Freedom of Information Act 1991* gives members of the public a legally enforceable right to access information held by the South Australian Government, subject to certain restrictions.

Functions of SA Dental Service directly impacts on the public

The work of SA Dental Service directly impacts on the public as a result of providing public dental services to eligible South Australians who hold current Centrelink Pensioner Concession Cards or Health Care Cards.

Public participation

The public can contribute to policy development within SA Dental Service in a number of ways. SA Dental Service accesses external expertise and policy advice through statutory and non-statutory advisory committees such as the Consumer Advisory Panel, which are comprised of both government and non-government representatives. SA Dental Service consults with major consumer groups, circulates discussion papers, calls for submissions on particular topics, and convenes public meetings

in metropolitan and country areas. It also fosters a culture of inclusion of communities and service providers in planning, development and evaluation of services. These processes ultimately facilitate the community's access to services and their informed decision making about service options and program developments.

Types of documents held by SA Dental Service

SA Dental Service holds various hard copy and/or electronic oral health publications in addition to administrative and client files. These include books, reports, reviews, serial publications, pamphlets, information sheets, codes of practice, surveys, guidelines, policies, procedures, programs, strategies, directories and evaluations.

Arrangements and procedures for seeking access to documents

Application forms for access to documents can be downloaded from the SA Dental Service website, obtained through any clinic or provided by the Client Relations Unit. The Client Relations Unit is responsible for processing FOI requests and is able to assist with any FOI related enquiries.

Applications for Access (2014-15)

Details of Applications	Personal	Non Personal	Total
New applications for the year	41	0	41
Applications brought forward from previous year	1	0	1
Total to be processed	42	0	42
Determined	42	0	42
Transferred in full	0	0	0
Withdrawn	0	0	0
Totally actually processed	42	0	42
Unfinished	0	0	0

Outcomes of Access Applications (2014-15)

Outcome description	Personal	Non Personal	Total
Full Release	42	0	42
Partial Release	0	0	0
Refused access (no record)	0	0	0
Total	42	0	42

Applications for Amendment (2014-15)

	Personal	Non Personal	Total
New Amendment applications	1	0	1
Outcome description			
– partially amended	1	0	1
Total	1	0	1

Applications for Internal Reviews (2014-15)

	Personal	Non Personal	Total
New Internal Review applications	0	0	0
Total	0	0	0

Adelaide Dental Hospital Statistics

Treatment Statistics

	2011/2012	2012/2013	2013/2014	2014/2015
Patients	21,527	22,096	23,239	23,689
Attendances	75,531	77,174	80,425	79,685

Diagnostic / Preventive

Examinations	14,506	13,455	13,983	14,790
Consultations	11,487	12,238	12,683	13,315
Radiographs	28,739	27,830	30,296	28,413
Periodontal treatment dental health education	18,741	18,551	17,317	17,085

Conservative Dentistry

Temporary restorations	1,939	1,915	1,784	1,693
Plastic restorations (amalgam, GIC & resin)	14,219	14,708	14,405	14,292
Complex restorations	1,032	943	1,312	1,218
Root canal treatment	883	947	1,175	923

Prosthetic Dentistry

Full dentures	495	498	593	608
Part dentures	692	834	880	929
Denture relines / re-bases	173	186	202	191
Denture repairs	211	194	216	256
Denture adjustments	935	1,056	1,166	1,341

Oral Surgery

Simple extractions	12,084	12,280	14,163	14,184
Surgical extractions	2,101	2,863	2,730	2,777

Orthodontics

Removable appliances**	942	982	1,148	1,068
Fixed appliance (Arches)	1,125	1,134	1,026	1,250

Adelaide Dental Hospital Statistics (cont.)

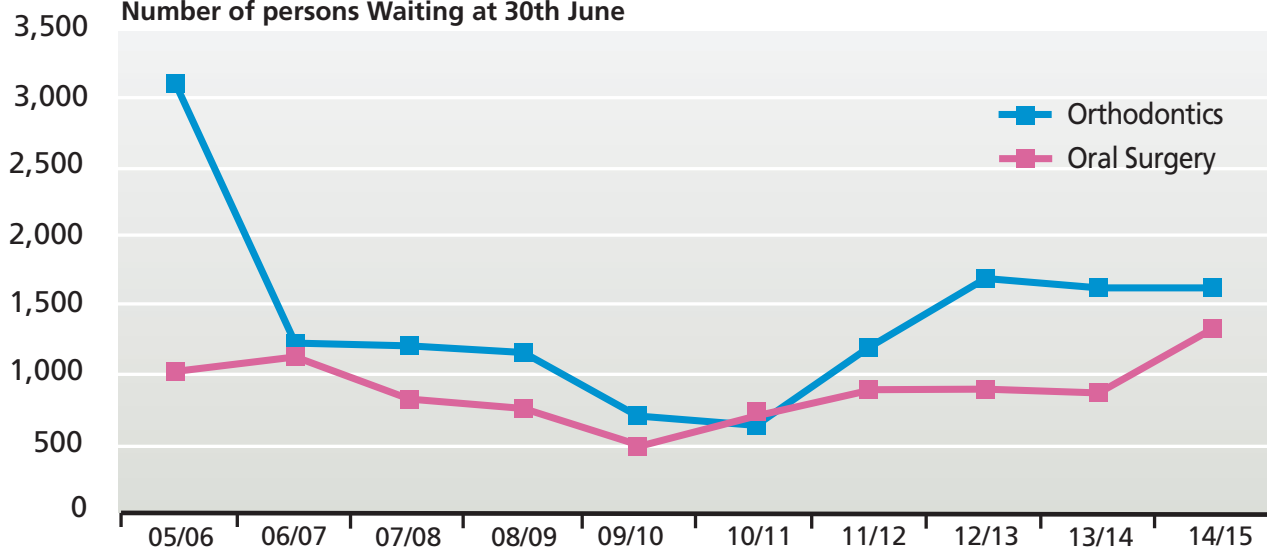
Waiting Lists

Number of people on waiting lists

	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Orthodontics	3,120	1,249	1,222	1,165	708	626	1,210	1,710	1,635	1,646
Oral Surgery	1,008	1,125	819	765	494	721	895	898	877	1,343

Adelaide Dental Hospital Specialist Waiting Lists

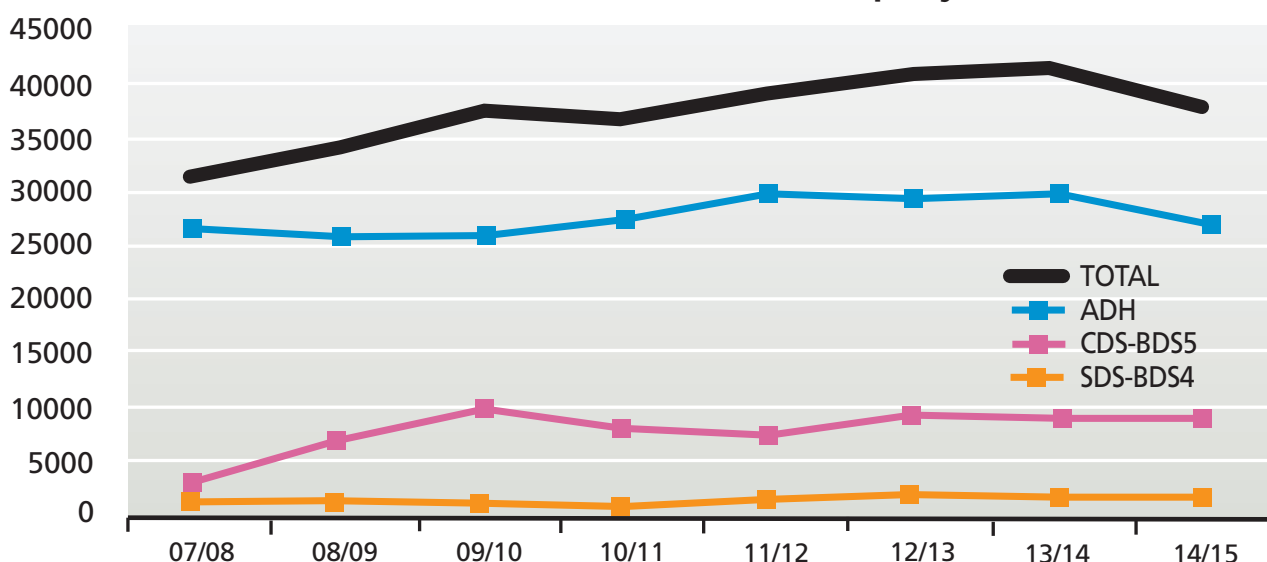
Number of persons Waiting at 30th June



Patient Visits – seeing a dental student

	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Adelaide Dental Hospital	26,426	25,816	26,003	27,272	29,707	29,193	29,713	27,065
Community- BDS5	2,934	6,978	9,716	7,990	7,386	9,272	9,134	9,031
School Dental/Pedo BDS4	1,807	1,242	1,539	1,296	1,982	2,163	2,099	1,949
All	31,167	34,036	37,258	36,558	39,076	40,628	40,946	38,045

Total Number of BDS Student Patient Visits per year



School Dental Service Statistics

Children under care (consents)

In 2014/15, the School Dental Service cared for 141,175 registered children; 116,399 pre-school and primary school children (+1,012) and 24,776 (+428) secondary school students. The number of patients under care is 1,440 more than the 2013/14 total, and the highest number enrolled since 2008/09.

A stable number of secondary school children, just below 25,000, have been enrolled in SDS for each of the past five years.

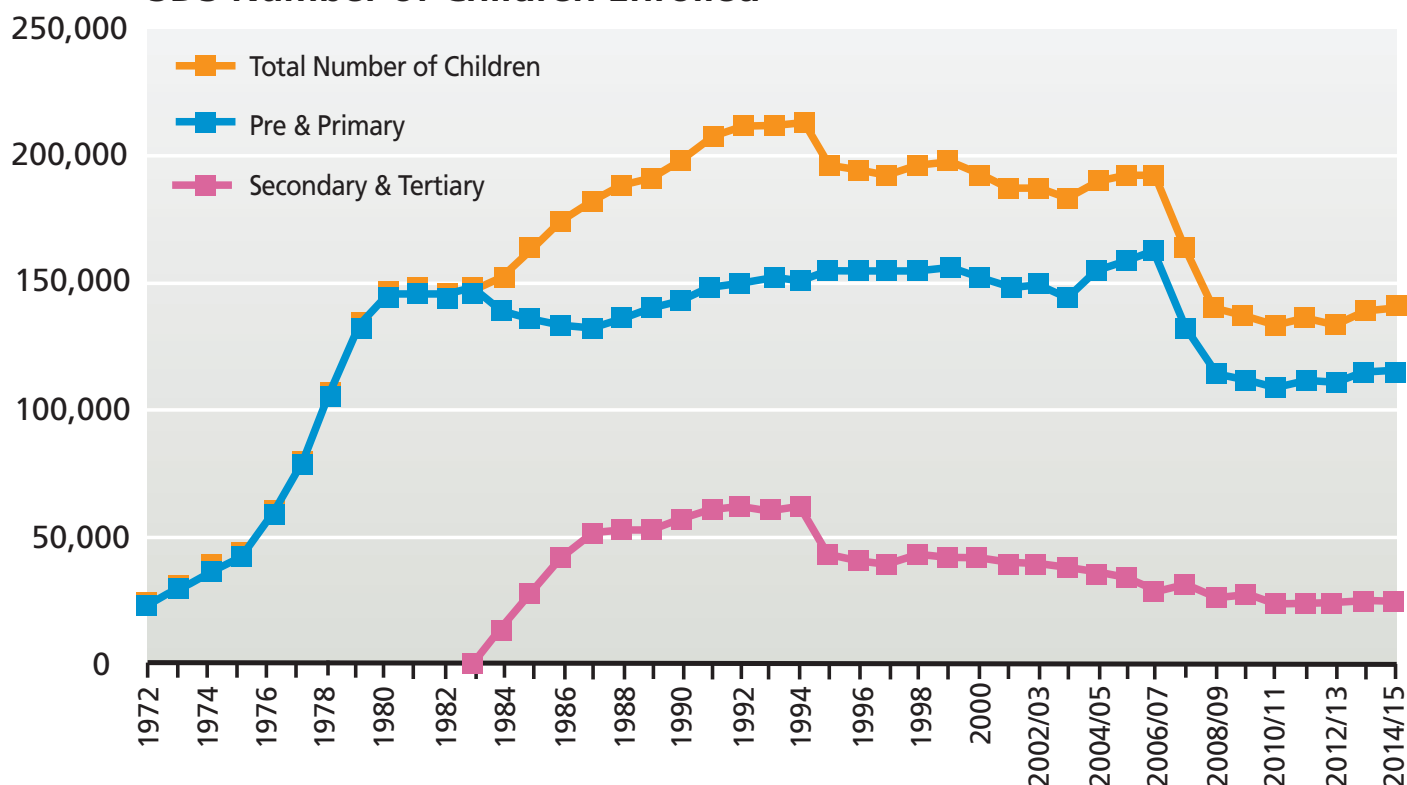
The Medicare Teen Dental Plan voucher scheme for diagnostic and preventive dental services, allows the SDS to offer free dental care to many non-cardholder children aged 12 to 17 years, covered under Family Tax Benefit A entitlements ceased in December 2013.

The number of pre-school and primary school children enrolled in the SDS increased to levels not seen since before 2008.

A new commonwealth funded scheme, the Child Dental Benefits Schedule (CDBS) commenced from 1 January 2014.

The number of children under care by the School Dental Service since 1972 is shown below:

SDS Number of Children Enrolled



- > Note: lower secondary school participation since 1995, associated with an annual secondary school subscription.
- > Note: Copayments were introduced for Primary (& some Preschool) children – after first Free course of care – for non-cardholders from January 2007.
- > Pre-school aged children are now free of copayments for school dental service care.
- > The Medicare Teen Dental Plan voucher scheme introduced from July 2008, also now allows non-carholders to receive free SDS care in exchange for the voucher.
- > The Child Dental Benefits Schedule (CDBS), a Commonwealth funded children's dental program commenced in January 2014. The SA School Dental Service staff are deemed eligible providers under the CDBS, but dental students and services under GA in hospitals are not entitled CDBS services.

School Dental Service Statistics (cont.)

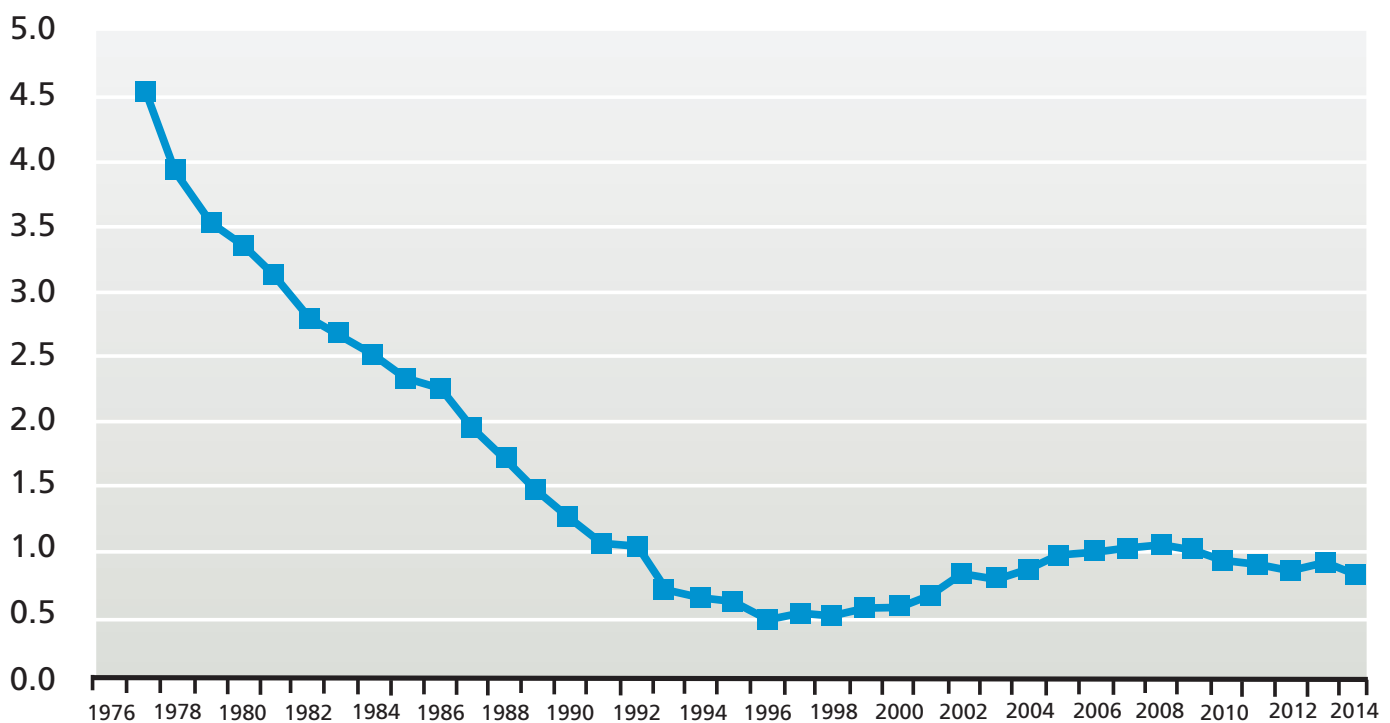
Dental caries experience

A patient's DMF(T) index is the total number of decayed, missing or filled permanent teeth and is a measure of decay experience. The mean DMF(T) for 12 year old children is presented below for years since 1977. The oral health of 12 year old SDS patients is represented by a mean DMFT score of 0.81 in 2014.

While there had been noticeable deterioration in children's oral health over approximately the decade leading up to 2006, this had stabilised at about DMFT = 1.0 for about four years, and improved annually between 2009 and 2012 and again in 2014.

The average 12 year old DMFT in 2014 at 0.81 is the lowest rate of caries experience observed since 2003 for children attending the School Dental Service.

SA School Dental Service DMFT – 12 year olds



School Dental Service Statistics (cont.)

Annual services per 100 children under care (registered consents)

	2011/12		2012/13		2013/14		2014/15	
	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per100 Consents
Patients	84,380		84,975		86,666		85,709	
Attendances	173,208		184,509		183,222		180,402	
Examinations	81,013	59.4	83,967	62.2	98,218	70.3	112,261	79.5
Radiographs	88,971	65.2	92,273	68.3	99,531	71.2	103,114	73.0
Prophylaxis	14,592	10.7	15,390	11.4	19,829	14.2	22,833	16.2
#Topical Fluoride (visits)	19,836	14.5	20,235	15.0	#47,076	#33.7	#69,316	49.1
#Conc Fluoride (Teeth treated)	354,336	259.6	413,611	306.4	#198,357	#142.0	#N/A	#N/A
Filling (primary + permanent)	46,758	34.3	44,544	33.0	40,474	29.0	39,996	28.3
Pulpotomy (Primary)	2,350	1.7	2,207	1.6	1,816	1.3	1,815	1.3
Root Canal Treatment	251	0.2	285	0.2	244	0.2	211	0.1

Extractions

Simple (primary+perm)	15,925	11.7	15,872	11.8	15,433	11.0	15,808	11.2
Temporary dressing	2,585	1.9	2,617	1.9	2,240	1.6	2,237	1.6

Orthodontics

Active appliance	280	0.2	331	0.2	302	0.2	272	0.2
Referral	4,512	3.3	4,916	3.6	4,300	3.1	4,334	3.1
Mouthguard	853	0.6	933	0.7	724	0.5	480	0.3
Fissure sealant and surface protection	79,767	58.4	80,479	59.6	81,793	58.5	91,573	64.9

Dental Health Education

Child-individual*	60,256	44.1	65,018	48.2	70,102	50.2	85,022	60.2
small group*	1,343	1.0	804	0.6	1,454	1.0	1,211	0.9
Parent-individual*	82,073	60.1	84,325	62.5	80,395	57.5	133	0.1
-group**	133	0.1	124	0.1	41	0.0	67	0.0

* Estimated 5 minute time unit

** Estimated 15 minute time unit

from January 2014 Child Dental Benefits Schedule – Fluorides (as visits)

Not documented as Conc Fluoride per Tooth

Community Dental Service Statistics

Treatment Statistics (Community Dental Clinics and Private Sector Schemes)

Number of services provided 2014/2015

	CDS		Contracted Privately		Total 2014/2015	
	Freq	Per 100 Patients	Freq	Per 100 Patients	Freq	Per 100 Patients
Number of patients	44,337		14,599		57,114	
Patient attendances	101,465		30,333		131,798	
Examinations	44,645	100.7	7,898	54.1	52,543	92.0
Radiographs	47,296	106.7	6,207	42.5	53,503	93.7
Periodontal treatment / dental health education	61,971	139.8	2,685	18.4	64,656	113.2
Temporary restorations	3,044	6.9	372	2.5	3,416	6.0
Plastic restorations (amalgam, GIC & resin)	42,942	96.9	5,079	34.8	48,021	84.1
Complex restorations	38	0.1	0	0.0	38	0.1
Root canal treatments	950	2.1	29	0.2	979	1.7
Denture units	1,652	3.7	4,388	30.1	6,040	10.6
Denture relines / rebases	289	0.7	319	2.2	608	1.1
Denture repairs	264	0.6	6,840	46.9	7,104	12.4
Denture adjustments	1,904	4.3	84	0.6	1,988	3.5
Simple extractions	23,518	53.0	3,827	26.2	27,345	47.9
Surgical extractions	322	0.7	569	3.9	891	1.6

Community Dental Service Statistics (cont.)

Treatment statistics (Community Dental Clinics and Private Sector Schemes combined)

Number of services provided most recent four years

	2011/2012		2012/2013		2013/2014		2014/2015	
	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients
Number of patients	45,997		53,846		65,551		57,114	
Patient attendances	107,543		131,350		167,479		131,798	
Examinations	40,251	87.5	48,938	90.9	57,983	88.5	52,543	92.0
Radiographs	41,200	89.6	55,652	103.4	68,626	104.7	53,503	93.7
Periodontal treatment / dental health education	33,394	72.6	47,883	88.9	69,537	106.1	64,656	113.2
Temporary restorations	2,318	5.0	3,076	5.7	3,246	5.0	3,416	6.0
Plastic restorations (amalgam, GIC & resin)	42,677	92.8	59,200	109.9	86,014	131.2	48,021	84.1
Complex restorations	1	0.0	22	0.0	15	0.0	38	0.1
Root canal treatments	821	1.8	1,120	2.1	1,702	2.6	979	1.7
Denture units	5,549	12.1	6,096	11.3	7,127	10.9	6,040	10.6
Denture relines / rebases	358	0.8	438	0.8	593	0.9	608	1.1
Denture repairs	5,151	11.2	5,957	11.1	6,940	10.6	7,104	12.4
Denture adjustments	1,551	3.4	1,588	2.9	1,924	2.9	1,988	3.5
Simple extractions	21,953	47.7	23,684	44.0	28,645	43.7	27,345	47.9
Surgical extractions	1,022	2.2	1,271	2.4	1,851	2.8	891	1.6

Community Dental Service Statistics (cont.)

State Adult Dental Waiting Lists

Waiting lists at Community Dental Service Clinics – adult dental services

	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Prosthetic Waiting Lists	6,119	6,378	6,075	3,776	3,043	1,615	927	429	1,861	2,823
Conservative Waiting Lists	57,969	42,051	32,429	31,289	28,143	23,951	21,373	13,473	20,371	37,324

State Average Waiting Time (months) at Community Dental Service Clinics

	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15
Prosthetic Waiting Lists	37.5	40.6	38.7	27.8	28.6	16.6	14.8	11.4	9.0	15.4
Conservative Waiting Lists	26.0	22.6	19.1	17.3	17.7	16.8	16.0	11.5	8.4	13.4

Aboriginal Dental Scheme Statistics

Treatment Provided 2009/2010 – 2014/2015

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015
Practices participating	46	55	56	32	18	25
Claims submitted	917	847	611	566	356	292
Examinations	775	723	503	519	318	234
Dental prevention	71	91	57	54	163	127
Restorations	300	272	222	185	412	299
Endodontics	1	3	1	2	4	3
Radiographs	396	370	235	379	573	396
Extractions	521	408	275	244	274	198
Surgical extractions / oral surgery	69	75	82	85	79	25
Relief of pain / Temporary filling	15	11	9	11	4	2
Dentures units	47	46	29	5	17	34
Repairs / maintenance to Dentures	16	15	16	11	5	1
Adjustments or relines	3	3	5	2	0	0

Aboriginal Liaison Project Statistics

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015
Number of patients	1,351	1,840	2,216	2,500	2,934	3,377
Patient attendances	3,679	4,625	5,557	6,322	6,743	7,850
Courses of care	1,425	1,951	2,352	2,690	3,150	3,688
Examinations	1,511	2,108	2,442	2,767	3,188	3,964
Dental prevention / periodontal treatment	909	1,189	2,197	2,898	3,866	5,465
Restorations	1,792	2,147	2,616	3,289	3,172	3,678
Endodontics	15	25	28	48	52	44
Radiographs	1,534	2,151	2,756	3,307	3,686	4,543
Extractions	1,506	1,812	2,338	2,518	2,339	2,847
Surgical extractions / oral surgery	7	10	5	12	8	28
Relief of pain / temporary filling	75	149	129	213	271	219
Dentures units	129	100	139	86	130	140
Repairs / maintenance to dentures	15	8	12	11	10	20
Adjustments or relines	53	52	75	71	66	119

Human Resources Statistics

Agency	Health Units	Org Level	DSSA
Persons	896		
FTE's	681.25		

Gender	% Persons	%FTE
Male	15.51	14.8
Female	84.49	85.2

Number of Persons Separated from the agency during the last 12 months	95
Number of Persons Recruited to the agency during the 14/15 financial year	95
Number of Persons Recruited to the agency during the 14/15 financial year AND who were active/paid at June 2015	71
Number of Persons on Leave without Pay at 30 June 2015	22

Number of Employees by Salary Bracket

Salary Bracket	Male	Female	Total
0 - \$56,199	10	430	440
\$56,200 to \$71,499	24	115	139
\$71,500 to \$91,499	15	121	136
\$91,500 to \$115,499	20	31	51
\$115,500 Plus	70	60	130
Total	139	757	896

Status of Employees in Current Position

FTEs	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	75.63	19.97	1	4.24	100.84
	Female	485.58	83.17	1	10.66	580.41
	Total	561.21	103.14	2	14.9	681.25
Persons	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	92	25	1	21	139
	Female	624	102	1	30	757
	Total	716	127	2	51	896

Number of Executives by Status in Current Position, Gender and Classification

Classification	Term Untenured		Total				
	Male	Female	Male	% of total Execs	Female	% of total Execs	Total
EXEC0A	1	1	1	50	1	50	2
Total	1	1	1	50	1	50	2

Human Resources Statistics (cont.)

Total Days Leave Taken – Needs to be divided by average FTE figure for the financial year for per FTE figure

Leave Type	2013/14
1) Sick Leave Taken	6847.75
2) Family Carer's Leave Taken	221.47
3) Miscellaneous Special Leave	512.25

Number of Aboriginal and/or Torres Strait Islander Employees

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees
0 - \$56,199	3	440	0.68
\$56,200 to \$71,499	1	139	0.72
\$71,500 to \$91,499	3	136	2.21
\$91,500 to \$115,499	1	51	1.96
\$115,500 Plus	0	130	0
Total	8	896	0.89

Number of Employees by Age Bracket by Gender

Age Bracket	Male	Female	Total	% of Total
15 - 19	0	6	6	0.67
20 - 24	3	85	88	9.82
25 - 29	16	86	102	11.38
30 - 34	16	63	79	8.82
35 - 39	23	67	90	10.04
40 - 44	14	62	76	8.48
45 - 49	10	80	90	10.04
50 - 54	9	92	101	11.27
55 - 59	22	145	167	18.64
60 - 64	17	61	78	8.71
65+	9	10	19	2.12
Total	139	757	896	100

Cultural and Linguistic Diversity

Name	Male	Female	Total	% of Agency
Number of Employees born overseas	51	165	216	24.11
Number of Employees who speak language(s) other than English at home	10	37	47	5.25

Total Number of Employees with Disabilities (according to Commonwealth definition)

Male	Female	Total	% of Agency
1	7	8	0.9

Human Resources Statistics (cont.)

Types of Disability (where specified)

Disability	Male	Female	Total	% of Agency
Disability Requiring Workplace Adaptation	1	5	6	0.7
Physical	0	0	0	0.0
Intellectual	0	0	0	0.0
Sensory	0	2	2	0.2
Psychological/Psychiatric	0	0	0	0.0

Number of Employees using Voluntary Flexible Working Arrangements by Gender

Leave Type	Male	Female	Total
Purchased Leave	0	0	0
Flexitime	8	12	20
Compressed Weeks	8	38	46
Part-time	78	493	571
Job Share	0	0	0
Working from Home	1	1	2

Documented Review of Individual Performance Management

Documented Review of Individual Performance Management	Total
% Reviewed within the last 12 months	56.03
% review older than 12 months	33.04
% Not reviewed	10.94

Leadership and Management Training Expenditure

Training and Development	Total Cost	% of Total Salary Expenditure
Total training and development expenditure	\$0.00	manual calculation – consult Circular 13
Total Leadership and Management Development	\$0.00	manual calculation – consult Circular 13

Accredited Training Packages by Classification

No record found

Financial Statements

SA Dental Service Financial Report as at 30 June 2015

Revenue	YTD Actuals \$'000	YTD Budget \$'000	YTD Variance \$'000
Patient/Client Fees	(21,029)	(16,889)	4,140
Goods and Services Recharge / Recoveries	(35)	(10)	25
Recharges - Employee Related Cost	343	0	(343)
Commonwealth Grants	(747)	(493)	254
Grants, Donations & Subsidies	(179)	(212)	(33)
User Fees and Charges Revenue	(965)	(1,159)	(194)
Investment Income & Other Revenue	(391)	(563)	(171)
Revenue Total	(23,003)	(19,326)	3,678
Expense			
Employee Related Expenses			
Salaries and Wages - Nursing	455	373	(81)
Salaries and Wages - Medical Officers	805	742	(63)
Salaries and Wages - Weekly Paid	425	448	22
Salaries and Wages - Clinical Academics	55	0	(55)
Salaries and Wages - Salaried Employees	43,642	44,112	470
AL, LSL and Revals for Leave and Oncosts	3,332	5,325	1,992
Other Employee Related Expenses	5,794	5,491	(303)
Employee Related Expenses Total	54,508	56,491	1,982
Non Employee Related Expenses			
Agency Staffing	41	63	22
Food Supplies	34	17	(16)
Drug supplies	81	3	(78)
Medical, Para Med & Laboratory Supplies	3,963	4,021	58
Outside Pathology Charges	4	5	1
Housekeeping	1,462	1,543	82
Linen Services	10	13	3
Electricity, Gas, Fuel	563	579	16
Minor Equipment	23	374	351
Repairs & Maintenance	645	450	(195)
Fee for Service	6,923	6,469	(454)
Other Supplies & Services	5,448	2,258	(3,189)
Patient/Client Transport Assistance	25	22	(4)
S & W Purchased Staff from Other SA Health Regions	0	0	0
Other Expenses	34	0	(34)
Grants and Subsidies	344	390	46
Borrowing Expenses	0	0	0
Non Employee Related Expenses Total	19,600	16,207	(3,391)
Expenses Total	74,108	72,698	(1,409)
Capital Revenue			
Contributed Assets & Services	(160)	0	160
Revaluation Increments Revenue	0	0	0
Proceeds from Assets Disposals	(19)	0	19
Cost or Valuation of Assets Disposed	853	0	(853)
Accum Depreciation of Assets Disposed	(373)	0	373
Fixed Asset Impairments	0	0	0
Appropriations and SA Government Revenue - Capital	0	0	0
Capital Revenue Total	301	0	(301)
Capital Expenses			
Financial and Investment Losses	(185)	0	185
Depreciation & Amortisation	2,310	2,596	286
Donated Assets Expense	576	581	5
Capital Expenses Total	2,701	3,177	476
Grand Total	54,107	56,549	2,444

For more information

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**Government
of South Australia**

SA Health