SWSLHD Oral Health Services

A Facility of South Western Sydney Local Health District

Operational Plan 2014 – 2018

Leading care, healthier communities

Health
South Western Sydney
Local Health District
NSW GOVERNMENT

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Foreword

Oral Health Services provide a high quality, affordable and well-managed dental services to the eligible population of South Western Sydney Local Health District (SWSLHD). The service focuses on evidence based dentistry, prevention and oral health promotion in all facets of patient care. Additionally, there are well established linkages with Sydney Dental Hospital (SDH), University of Sydney and various research institutions to advance and progress the science and art of dentistry. SWSLHD Oral Health Services have the following goals:

- Ensure that access to Oral Health Services is effective, timely and based on patient needs.
- Continue to improve patient journeys through the oral health system through a unique demand management strategy.
- Strengthen collaboration with other facilities, services and hospitals across SWSLHD and other Local Health Districts (LHD) to improve patient oral health outcomes.
- Create a team of valued oral health professionals with improved workforce skills, to deliver consumer focused care.
- Advocate and plan for improved infrastructure to meet the challenges of Oral Health Service delivery in view of rapidly growing and ageing populations.

Oral Health Services Operational Plan for 2014-2018 outlines the actions Oral Health Services will take in the next five years that will contribute to achieving SWSLHD's strategic priorities.

The plan outlines the geographic and organizational context, and presents brief population profiles of SWSLHD. Oral Health Services consider the likely demands on service demand over the next five years and the challenges that will be faced in meeting those demands and identifies priority areas of action. The major section of the plan details the activities that Oral Health Services intends to undertake to achieve SWSLHD's Corporate Actions, improve oral health status, improve service access, deepen clinical capabilities, develop new models of care and reduce inequalities in health.

We wish to thank staff and consumers who have contributed to the development of this plan for Oral Health Services.

Dr Ravi Srinivas

Transition Director, Oral Health Services

Executive Summary

SWSLHD covers the local government areas (LGAs) of Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly. In 2011 the population of SWSLHD was estimated at 875,763 people, projected to increase by 18,000 people per annum over the next decade. By 2016 there will be 504,121 residents eligible for public dental care including 253,679 children and young people who are under 18 years which will be a 7.5% increase in eligible population.

Oral Health Services in SWSLHD are provided by a range of professionals in a wide variety of settings. These include acute hospitals (Liverpool and Fairfield), Community Health Centres (CHCs), standalone Community Oral Health Clinics (COHCs) and school based clinics. Most clinics combine adult and child services and are co-located with other services to provide holistic health care treatment and service for the eligible population.

It is unlikely that there will be any decrease in the current level of activity over the next 10 years. In fact, with the increasing size of the population, its ageing, an increase in dental caries in the young and increased numbers in the dentate population, there is likelihood for increased demand for public dental services. This is based on the assumption that there will be no change to the current eligibility criteria for public dental services.

Given the anticipated population growth in South Western Sydney and the high numbers of eligible patients, it is essential to expand the number of existing dental chairs to provide additional services. The preferred strategy to develop specialist services in these Oral Health Centres of Excellence (OHCOE) would be through negotiation with Sydney Dental Hospital and Westmead Centre for Oral Health to rotate specialists and postgraduate students.

Priority corporate actions include ensuring quality, productivity and efficiency in care provision through use of clinical audits (the Squad); clinical Indicators including monitoring unplanned returns for restorations, endodontics, extractions and dentures; internal and external benchmarking; benchmarking treatment appointments and including broader options of care – maintenance of skills; support for continuing education courses. Enhance consumer participation in planning, delivery, reporting and evaluation of services. Strengthen and build on partnerships established with the Tharawal Aboriginal Medical Service to improve the Oral Health of Aboriginal people and their access to Oral Health Services. Promote Research achievements in conferences and in the media to raise the profile of Oral Health Services in the public domain.

Introduction

In December 2013, two strategic planning documents to guide the future directions of South Western Sydney Local Health District (SWSLHD) were released:

- *Strategic Priorities in Health Care Delivery to 2021* - which provides the healthcare services development plan for the District for the next ten years
- *Directions to Better Health - South Western Sydney Corporate Plan 2013 – 2017* - which outlines the actions that the District will take over the next five years to respond to community and District-wide needs and concerns and ensure that targets and strategies articulated in the national, NSW and the SWSLHD performance agreement are addressed.

The strategic directions and priority corporate actions are summarised in the *Summary of Strategic Directions*.

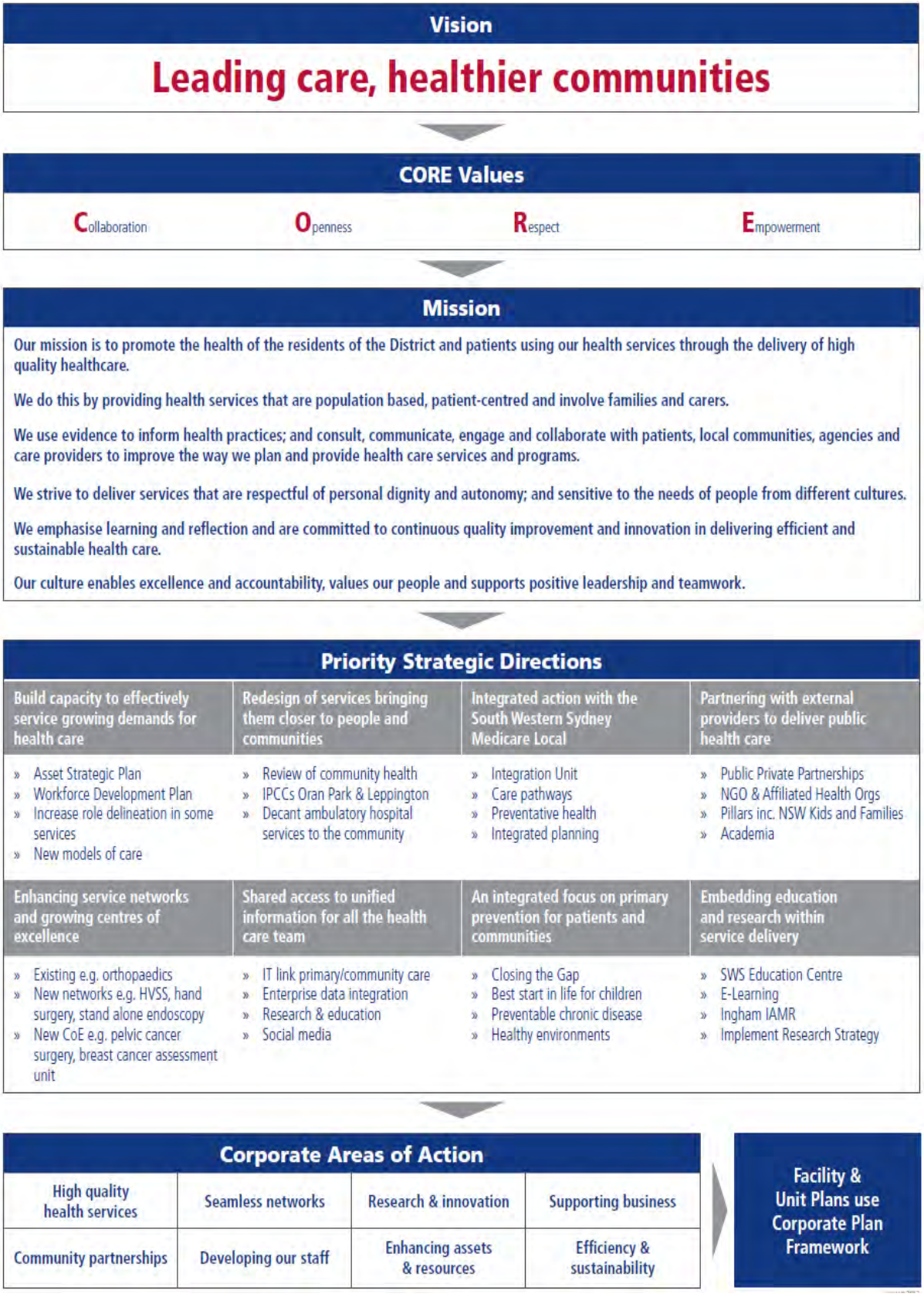
Together these plans form the basis of aligning all SWSLHD services to achieve the vision of ***Leading care, healthier communities***. They also provide a values framework which underpins all that we do. This includes the CORE values of Collaboration, Openness, Respect and Empowerment which are the foundation stones for building trust with our local communities; the mission statement which articulates our purpose, outlining how we will work collaboratively, innovatively and equitably to deliver better healthcare; and the core set of principles for service development (Appendix 1).

The *SWSLHD Oral Health Operational Plan 2014 - 2018* provides a framework through which the corporate priorities and actions articulated in the *SWSLHD Corporate Plan* will be addressed. The Corporate Areas of Action are:

- High quality health services
- Seamless networks
- Research and innovation
- Supporting business
- Community partnerships
- Developing our staff
- Enhancing assets and resources
- Efficiency and sustainability

The Plan outlines the specific strategies that Oral Health Services will take over the next five years to realise these organisational goals and contribute to achievement of the SWSLHD Vision.

Values Framework



Appendix 1 outlines the Guiding Principles SWSLHD applies in service delivery.

Community Profile

South Western Sydney Local Health District (SWSLHD) covers the local government areas (LGAs) of Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly.

In 2011 the population of SWSLHD was estimated at 875,763 people, projected to increase by 18,000 people per annum over the next decade. By 2016 there will be 504,121 residents eligible for public dental care including 253,679 children and young people who are under 18 years which will be a 7.5% increase in eligible population.

Growth is driven in part by the high number of births associated with fertility rates (the average number of babies born to a woman through her reproductive life) which are well above the NSW rate of 2.15 births. Growth is also driven by urban development, particularly in the South West Growth Centre (SWGC), which is impacting on Liverpool, Camden and Campbelltown LGAs. This main greenfield development will increase the population in the south-west by 300,000 people by 2025. In addition, there are significant developments planned for Wollondilly, with an additional 1,400 new dwellings and urban infill particularly in Bankstown and Fairfield LGAs.

Some key areas where South Western Sydney differs from NSW include:

- A higher rate of residents speak a language other than English at home (48.6%) than the NSW rate of 27.5%.
- 41.6% or 10,932 of all NSW Humanitarian Stream (Refugee) arrivals between 2005 and 2011 were re-settled in South Western Sydney.
- A higher proportion of Aboriginal people and Torres Strait Islanders in Campbelltown LGA (3.2%) than NSW (2.5%).
- SWSLHD has some of the poorest communities in NSW (SEIFA ABS 2011) with higher rates of unemployment and lower rates of school completion. There are also higher rates of disability.
- Approximately 26,400 social housing dwellings (Community Housing and Housing NSW) with waiting lists for housing exceeding ten years in some LGAs. There are also 3,600 homeless people and almost 5,000 people living in crowded dwellings.
- Higher levels of psychological distress reported (13.2%) compared to NSW (11.1%).
- SWSLHD residents were generally less likely to rate their health status as good, very good or excellent than the NSW average; report higher rates of daily and occasional smoking; lower

rates of physical activity and higher rates of overweight and obesity.

- South Western Sydney Local Health District (SWSLHD) is the largest and fastest growing District in metropolitan Sydney and spans 6,243 square kilometres of urban, rural and semirural areas.
- The Australian Bureau of Statistics Socio-economic Indexes for Areas (SEIFA) (2011) indicates that South Western Sydney has some of the poorest communities in NSW. Fairfield, Bankstown, Campbelltown and Liverpool are in the ten most disadvantaged LGAs in metropolitan Sydney, Approximately 9% of residents live in rural Wingecarribee and Wollondilly in smaller towns and rural properties. Geographical isolation is accentuated by relatively poor public transport and high dependence on private transport.
- Appendices 2 and 3 provide demographic and health information about the residents of South Western Sydney Local Health District.

Facility Profile

SWSLHD Oral Health Service work to protect, promote, maintain and improve the Oral Health of the people of South West Sydney and the Southern Highlands, delivering high quality, affordable and well-managed dental services. The Oral Health model of care for SWSLHD is predicated on reaching a balance between:

- Providing timely emergency and acute care to the eligible population based on equity of access to all sites, aligned with the NSW Priority Oral Health Program (POHP).
- Assessing general treatment need and clinically prioritising and offering care through treatment waiting list codes A to E.
- Ensuring quality, productivity and efficiency in care provision.
- Practising modern evidence based dentistry with focus on prevention and Oral Health Promotion.
- Progressively investing in the "Population Oral Health Approach" through capacity building of other health professionals, partnership with other health providers; and engaging community participation in planning and consultative processes.

Access to Services

Public Oral Health Services in NSW are available to two major groups (PD2009_074 Oral Health – Eligibility of Persons for Public Oral Health Care in NSW):

- For a child or young person to be eligible for free public Oral Health Services they must
    - be normally resident within the boundary of the providing LHD, and;

  - be eligible for Medicare, and;
  - be less than 18 years of age

- For an adult to be eligible for free public Oral Health Services they must:
  - be normally resident within the boundary of the providing LHD, and;
  - be eligible for Medicare, and
  - be 18 years of age or older, and
  - Hold or be listed as a dependent on one of the following valid Australian Government concession cards:
  - Health Care Card
  - Pensioner Concession Card
  - Commonwealth Seniors Health Card

Eligible patients currently access oral health services through Centralised Oral Health Intake and Information Services (COHIS) which is shared across Sydney Local Health District (SLHD) and SWSLHD. In some instances, a patient may be issued with an Oral Health Fee for Service Scheme (OHFFSS) voucher, which allows them to visit a registered private provider for prescribed routine dental work

Services and Programs

Oral Health Services in SWSLHD are provided by a range of professionals in a wide variety of settings. These include acute hospitals (Liverpool and Fairfield), Community Health Centres (CHC), standalone Community Oral Health Clinics (COHC) and school based clinics. Most clinics combine adult and child services and are co-located with other services to provide holistic health care treatment and service for the eligible population. Table 1 summarises the quantum and location of clinical services in SWSLHD. It should be noted that a proportion of the chairs at Ingleburn COHC are dedicated student chairs.

Table 1

Dental Services	Chairs	Adult	Child	Specialist	Theatres
Wingecarribee CHC (Bowral)	3	x	x		
Wollondilly CHC (Tahmoor)	3	x	x		
Narellan CHC	3	x	x		
Rosemeadow CHC	4	x	x		

Dental Services	Chairs	Adult	Child	Specialist	Theatres
Campbelltown Hospital				X[1]	access
Ingleburn COHC	6	x	x		
Liverpool Hospital COHC	4	x	x	X[2]	
Liverpool Hospital					access
Yagoona COHC	4	X	X		
Bankstown North Public School COHC	4		X		
Fairfield Hospital COHC	11	X	X		

X[1] provided by Paediatric Dentistry, Sydney Dental Hospital

X[2] provided by Oral Medicine, Sydney Dental Hospital

A full range of general dental services (adult and child) and a limited range of specialist clinical services are offered to eligible patients, including:

- Assessment and Emergencies
- General Dentistry
- Endodontics
- Periodontics
- Removable Prosthodontics
- Dental Trauma
- Preventive Dentistry
- Special Needs Dentistry
- Oral Surgery
- Paediatric Dentistry
- Relative Analgesia
- Oral/Dentoalveloar surgery under General Anaesthesia.
- Care to medically and/or surgically compromised patients (Liverpool Hospital COHC)

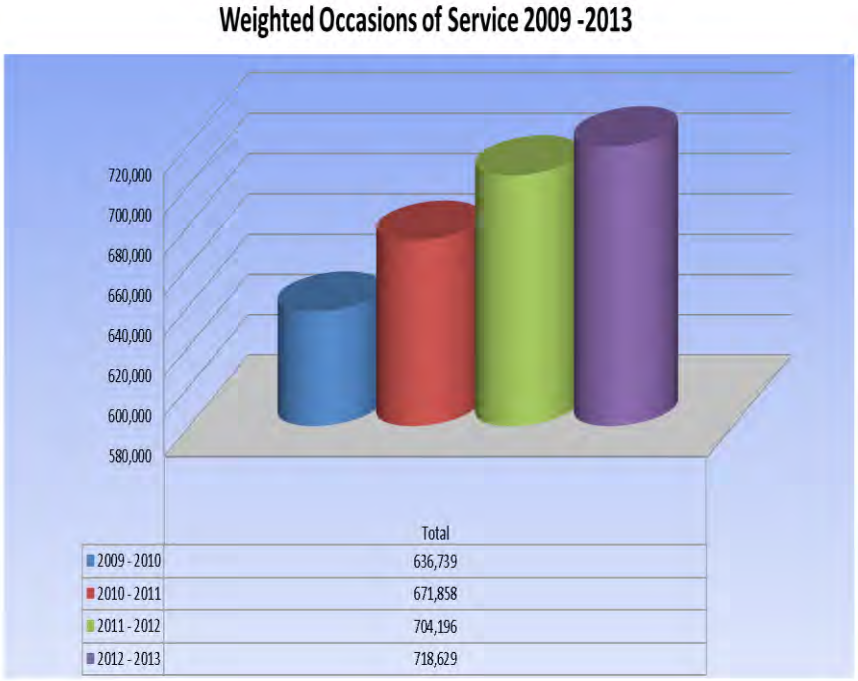
Special needs programs are also provided including:

- Out-of-Home Care children
- HIV and Related Programs
- Midwifery Initiated Oral Health Program

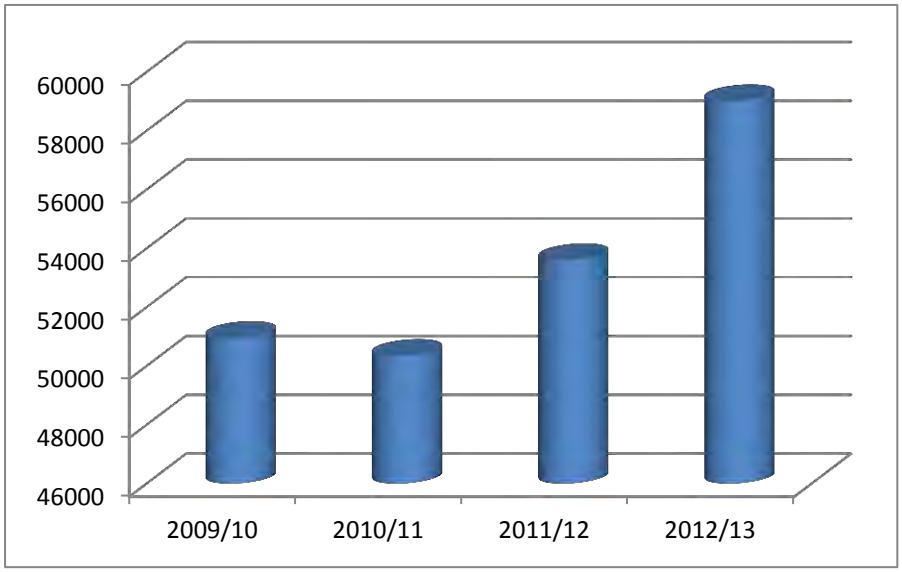
Activity and Performance

As indicated in the following graphs, over the past 4 years, Weighted Occasions of Service (WOOS) have increased by 12.8% and Non Admitted Patient Occasions of Service (NAPOOS) by 15.8%. This has been a result of multiple strategies including a structured clinical demand management program, optimising chair usage, keeping clinical activity and productivity in focus in clinic meetings and balanced use of the OHFFSS. Providing increased WOOS in view of limited physical clinical capacity is an ongoing challenge.

Weighted Occasions of Service 2009-2013 S & SWSLHD Oral Health Services



SWSLHD Oral Health Services Non Admitted Patient Occasions of Service (NAPOOS)

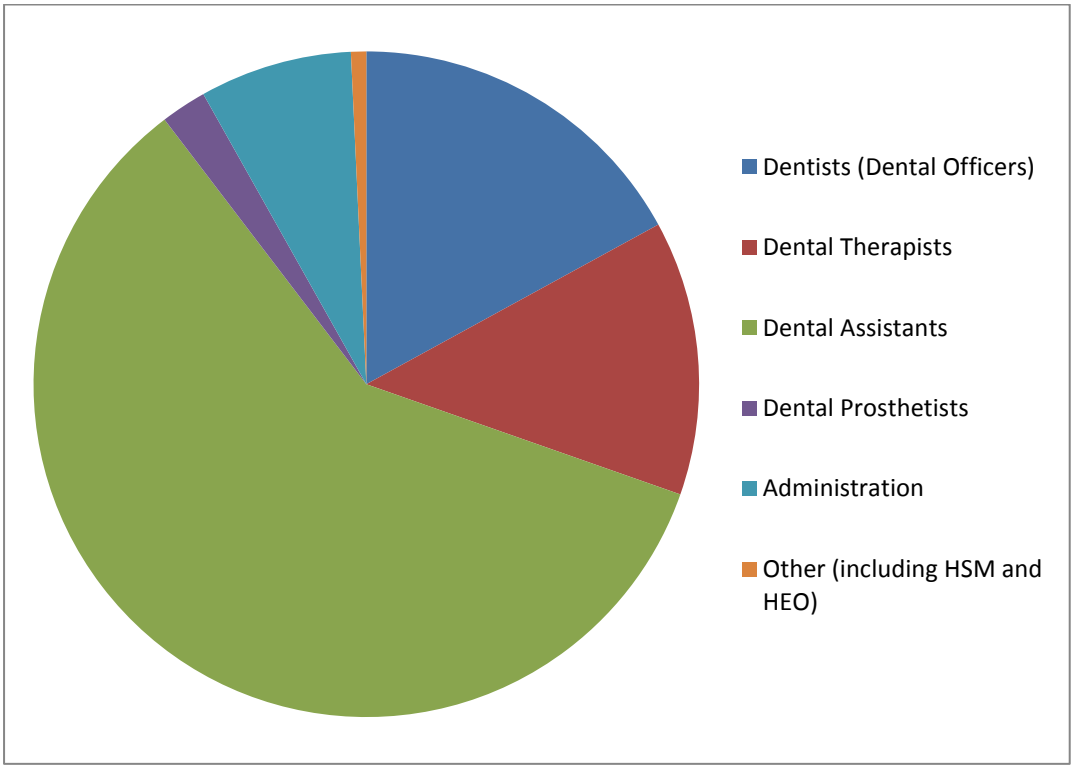


Workforce

Oral Health Services comprises a diverse mix of staff, dental officers, dental therapists, oral health therapists, dental assistants, dental prosthetists and administration officers. The total full –time equivalent (FTE) count is 123.8 and headcount is 134. The uniqueness of the stream is the vast geographical location of clinics while retaining the essence of collaboration and team work.

Appendix 6 provides information on Oral Health staff profile.

Oral Health Workforce 2013



Recent Achievements

Oral Health Services key achievements have been the following:

1. Implemented unique demand management program with improved equity of access to Oral Health Services across SWSLHD including pathways to tertiary care.
2. Achieved the National Partnership Agreement (NPA) on Public Dental Waitlist service delivery targets (July to December 2013). As of 31 December 2013, Oral Health Service had significantly exceeded the required clinical activity target.
3. Designed and implemented a unique quality and safety audit tool across the stream- The Squad. The Squad is an audit tool designed to ensure that facilities are complying with NSW Health Clinical Quality and Safety Standards.
4. Created satellite minor oral surgery services including general anaesthetic services at Liverpool hospital.
5. Created an in-house dental prosthetic service by recruiting a travelling dental prosthetist.
6. Introduced digital dental radiography in all dental facilities allowing “real time” consultation with specialists in Sydney Dental Hospital.
7. Addressed workforce shortages in South Western Sydney and Southern Highlands by attracting new graduates, retaining skilled dental clinicians via strategies like the specialist mentoring program in collaboration with Sydney Dental Hospital.
8. Established endodontic hubs at Bowral, Ingleburn, Fairfield and Yagoona COHCs to enable the provision of state of the art root canal therapies to eligible public patients. Dentists providing this service have undergone specialist endodontic mentoring at Sydney Dental Hospital.
9. Hosted 3 Dental Officers under the inaugural Volunteer Dental Graduate Year Program (VDGYP) at Ingleburn and Fairfield Hospital COHCs. This provided good learning experiences to the VDGYP dentists and benefited SWSLHD patients.
10. Upgraded equipment in most clinics including provision of new chairs

Education and Teaching

1. Provided clinical placements for dental students from the University of Sydney (DMD, BDent and BOH) and University of Newcastle (BOH) at Bowral, Ingleburn, Fairfield and Bankstown North Community Oral Health Clinics
2. Built a mutually beneficial relationship with the University of Sydney, Faculty of Dentistry by offering clinical placement for Dentistry students in their final year in Ingleburn and Bowral COHC. This experience has been valued by past students and in some instances, they have

returned to work in the sector. Oral Health Therapy students are placed in Fairfield and Bankstown North clinics.

3. Participated in the training of dental assistants by providing support for traineeships and in certificate training such as Radiography.
4. Offered continued education and professional development opportunities for clinical staff by holding clinical lectures, clinical forum and specialist mentoring programs at Sydney Dental Hospital.

Research

There is an active Research Committee which networks across Sydney and South Western Sydney LHDs. Major initiatives in research are:

1. Midwifery Initiated Oral Health (MIOH) program- In 2010, the Centre for Applied Nursing Research, University of Western Sydney and Oral Health Service established the Midwifery Initiated Oral Health-Dental Service (MIOH-DS) program- the first in Australia. Since implementation the program has shown an improvement in dental consultations, oral hygiene, knowledge and quality of life among disadvantaged pregnant women and increased knowledge and confidence among midwives in promoting oral health in south western Sydney. In 2012 the NHMRC provided funding to further evaluate the MIOH-DS program through a multicentre trial across Sydney. 600 participants have been recruited with preliminary results available by mid-2014. It is anticipated the research will have significant policy implications for midwifery and dental services across NSW.
2. OHP Themed Months- In 2014 Oral Health Services commenced planning and implementation of this project involving design of an OHP calendar with each month having a theme for community clinics followed by a systematic evaluation of this project.
3. Evaluation of medical emergency programs for dentists- this was part of a Master's thesis at the University of Tasmania evaluating the effectiveness of such programs utilising qualitative research methods.
4. Major Randomised Controlled Trials (RCT) on Early Childhood Caries (University of Sydney and NSW Ministry of Health) to evaluate effectiveness of various interventions in managing and preventing dental caries in children.

Future Demands

Assuming there are no major changes in Commonwealth or NSW government policy, future demand for Oral Health Services is determined using the following methodology:

- In 2011 the population of SWSLHD was estimated at 875,384 people, projected to increase by 18,000 people per annum over the next decade. By 2016 there will be 504,121 residents eligible for public dental care including 253,679 who are under 18 years which will be a 7.5% increase in eligible population placing increased demand on existing services.

- The proportion of people who are 65 years are older, who are likely to retain some or all of their teeth and thereby requiring preventative and restorative Oral Health care, will increase from 11% to 14%;

- The number of children aged 0-15 years, to whom Oral Health Services delivers targeted services such preventative dental care and oral health promotion, will increase from 195,727 to 236,048.

- Non Admitted Patient Occasions of Service (NAPOOS) is projected to be 59,022 in 2016- 2017 which is a growth of 10.1% over the 2011-2012 NAPOOS.

- Sydney Local Health District (SLHD) has 36 community dental chairs based at Sydney Dental Hospital (SDH) and SLHD Community Health Centres which are assessable to SWSLHD patients, especially in the LHD border areas. In order to preserve patient flows to meet demand, the continued availability of these chairs is vital.

- There are currently 42 chairs in SWSLHD Oral Health Services. Based on 1 chair per 5,000 eligible people (NSW Health endorsed methodology based on Victorian planning guidelines), SWSLHD will require a total of 101 chairs by 2016 (140% increase in the number of chairs available.

Challenges in Meeting Demands – Current and Future

The following table summarises the challenges in meeting demand 2014 – 2018, and therefore planning, based on current oral health issues and an understanding of the likely changes in Population structure, Health status, Oral Health policy direction, and potential technological advancements. In summary, it is unlikely that there will be any decrease in the current level of activity in the next 10 years. In fact, with the increasing size of the population, its ageing, an increase in dental caries in the young and increased numbers in the dentate population, there is likelihood for increased demand for public dental services. This is based on the assumption that there will be no change to the current eligibility criteria for public dental services. The challenges detailed below exist for current demand and future projected demand for Oral Health care.

Influence on meeting future service demands	Comments
Demography	There will be an increasing number of older people forming a greater proportion of the population, many of whom are likely to hold a concession card. The number of older people requiring special care dentistry is likely to increase with the ageing of the population, including the ageing of people with a disability. There will be a larger number of school aged children in the eligible population It is unlikely that this is significant enough to cause a change in service delivery needs. The rapid increase of people from culturally and linguistically diverse (CALD) communities will add to disease burden needing treatment. Aboriginal population will increase as a proportion of the total population with unique service needs due to historic Oral Health inequalities.
Epidemiology	Smoking, inappropriate diet, high alcohol consumption, xerostomia associated with prescription medicine use and poor oral hygiene are risk factors or risk modifiers for diseases such as dental caries, periodontal disease and oral, head & neck cancers. There will be greater awareness of these risk factors due to Health Promotion activities but the effect on Oral Health at the population level is currently unclear (Spencer 2001 in Healthy Mouths Healthy Lives). Risks associated with cognitive decline (increasing dementia) will pose special challenges in care delivery. There is a noticeable trend towards increased caries rates in adolescents and adults, possibly due to diet, poor oral hygiene and a lack of fluoride (AHMAC,

Influence on meeting future service demands	Comments
	2006). The impact of this trend will be a greater need for services at least in the medium term. In the period 1979–1996 the highest rates of edentulism (complete loss of teeth) were in the 65+ age group. However, more teeth are now being retained in an ageing population and the incidence of edentulism is decreasing. There will be a corresponding increase in maintenance and treatment requirements for those natural teeth and an ongoing need for denture service for edentulous individuals
Determinants of Oral Health	Low income, older age, lower social class, lower education levels, mental illness, drug and alcohol misuse, and cultural identity and ethnicity are all risk factors for oral disease (Turrell et al 1999 in Healthy Mouths Healthy Lives). Oral Health Services should seek to target high risk groups with preventive programs.
Impact of Preventive Activity	The National Oral Health Plan makes recommendations for taking a more proactive approach to Oral health management. Gains through preventive activity may bring about an improvement in the overall oral health status. However, the size of the population and the need to manage episodes of illness means that there is unlikely to be a significant change in activity to 2018.
New Technology	New technology may provide some increased efficiencies in current practice. Tests to identify individuals' risk of disease may assist in the reduction of caries and other oral health problems in the community and allow the introduction of a more preventive approach in the long term.
Treatment Standards and protocols	Treatment standards and protocols across publicly provided Dental Services need to be standardised to ensure equity of access to services for all eligible residents. Some minor efficiency may be gained. The installation of in-chair radiographic imaging within Community Dental Clinics will expedite diagnosis and treatment and therefore increase efficiencies.
Changes in Legislation affecting dental practice	Proposed changes in the Dental Act may expand the scope of practice for oral health therapists. This will have an influence in managing future workforce needs and allow greater reach of oral health services to at-risk populations on a cost effect basis.
Evolving models of care	Integration of Oral Health Services into General Health Services such as Antenatal care; ACAT assessments for example including Oral Health

Influence on meeting future service demands	Comments
	examinations may permit early intervention thereby reducing the overall burden of disease resulting from poor Oral Health.
Changes in the way dental services are funded	Dentistry is largely outside the scope of Medicare and is therefore vulnerable to changes in funding from the Commonwealth. Typically the lifespan of Medicare funding injections last a few years and are aimed at mainly treatment services.

Priority Service Development Directions

The following sections outline priority service development direction for SWSLHD Oral Health Service. They describe the proposed model of care for Oral Health Service in SWSLHD to 2018 and beyond.

1. CLINICAL PRACTICE, RESEARCH AND EDUCATION

- Ensuring quality, productivity and efficiency in care provision through the use of clinical audits (the Squad); clinical indicators; internal and external benchmarking; benchmarking treatment appointments; broader options of care; support for continuing education courses and specialist mentoring programs.
- Proving evidence base through appropriate research- Active Research Committee; RCTs, MIOH program and Oral Health Promotion activities.
- Professional development of staff through a Learning and Development committee, annual clinical forum, specialist mentoring programs, MDAAC appointment processes and clinical audits.

2. DEVELOPMENT OF ORAL HEALTH CENTRES OF EXCELLENCE

Given the anticipated population growth in South Western Sydney and the high numbers of eligible patients, it is essential to expand the number of existing dental chairs to provide additional services. The preferred strategy to develop specialist services in these Oral Health Centres of Excellence (OHCOE) would be through negotiation with Sydney Dental Hospital and Westmead Centre for Oral Health to rotate specialists and postgraduate students.

The location of OHCOEs on hospital grounds facilitates in the development of strong clinical linkages between Oral Health and the Medical Specialties which may require the provision of responsive Dental Care, such as oncology, endocrinology, trauma, paediatrics and cardiovascular and to pathology services.

OHCOEs should have in the order of 15-20 chairs to allow for integration of child and adult services, along with specialist services. These hubs should be designed with a view to enable rotation of specialists, undergraduate and postgraduate students which will improve access to Specialist Dental Services for the eligible population in SWSLHD; a broader case mix; training opportunities for local dental staff; and an opportunity for students to work with a broad range of client groups, with a view to attracting graduating students to practice in SWSLHD in future. Such a service would also address issues of equity of access to specialist/specialised Oral Health Services.

OHCOEs are proposed for:

- Liverpool Oral Health Centre of Excellence: 20 chair clinic incorporating existing 4 chairs currently located in the Health Services building with an Oral Surgery and Oral Medicine focus.
- Bankstown Oral Health Centre of Excellence: 12 chair clinic incorporating existing 8 chairs with a focus on preventive and minimal dentistry (MID).
- Campbelltown Oral Health Centre of Excellence: 20 chair incorporating existing 10 chairs with a focus on paediatric dentistry.

3. DEVELOP NEW COMMUNITY DENTAL CLINICS IN NEW COMMUNITY HEALTH CENTRES

Community based dental services to be co-located with other health services within Community Health Centres (CHC), Integrated Primary Health and Community Care Centres or on hospital sites to ensure the integration of oral health into mainstream health and enable integrated care for patients with multiple health problems.

4. DEVELOPMENT OF A PRIVATE PRACTICE MODEL OF SERVICE IN "ORAL HEALTH CENTRES OF EXCELLENCE"

A Private Practice Model or similar could be developed in SWSLHD facilities, enabling private practice use out of hours and on weekends. Such a service provides an opportunity for greater utilisation of existing resources; creates an income stream for the LHD; and offers a financial incentive to dental and other staff to remain in public dentistry, together with an enhanced service to improve the Oral Health of the entire South Western Sydney community. This model will be developed without an impact on public patient flow and will be based on a revenue share model with the LHD and clinicians. A feasibility study of these models would be required and is currently being scoped.

5. IMPROVE THE AVAILABILITY OF DAY SURGERY

Access to theatres across the SWSLHD for Paediatric dentistry, Special Care dentistry and Oral Surgery patients' will need to be increased and provided at cost. This improved access is required throughout the whole of SWSLHD to meet current and projected need. One strategy could be the rotation of staff specialists from Sydney Dental Hospital and Westmead Centre for Oral Health. Almost all general anaesthetic (GA) services for dental patients, generated by Oral Health Services dentists, are for day-surgery only, and require only a minor operating theatre with recovery suite.

However, it is preferable to offer a range of alternative options (such as anxiolytic modalities such as oral sedation or IV sedation) to provide a more efficient service to clients and reduce the demand on theatres. In particular, Paediatric and Special Care dentistry clients rely on the use of GA for Oral Surgery to meet their unique needs, whilst adolescents and the majority of adults could receive an alternative treatment modality in a community clinic setting, if appropriate infrastructure for IV sedation were available. Ideally this should be developed in conjunction with the development of Oral Health Centres of Excellence at Liverpool, Campbelltown and Bankstown Hospital campuses.

Corporate Actions

This section of the Operational Plan outlines the principal actions that Oral Health Services will be taking over the next five years.

The actions are structured using SWSLHD's eight areas of corporate action i.e. High quality health services; Seamless networks; Research and innovation; Supporting business; Community partnerships; Developing our staff; Enhancing assets and resources; Efficiency and sustainability. Under each area of corporate action, the SWSLHD Corporate Plan has identified objectives and within each of these objectives Oral Health has developed a number of specific actions and the major risks of not achieving it. For each specific action the timeframe for achievement and responsible staff member has been identified.

The column labelled *Links to CPS* indicates which strategy (or strategies) of the SWSLHD Corporate Plan the specific action relates to.

Corporate Action 1: Providing High Quality Health Services

Oral Health Services will continue to develop and deliver quality health care. Through clinical governance and corporate structures and systems, quality will be monitored and measured. The Service will implement a range of strategies to foster and strengthen health care.

Quality Health care not only relates to the health care of people who are sick but also preventing health problems from occurring. There is considerable evidence that intervention in the early years protects children against poor longer term outcomes and that Health Promotion strategies will prevent premature death, reduce ill health and prevent further disability.

Our actions will focus on ethical conduct, interpersonal communication, respect and dignity, safety and quality, accreditation, managing the patient journey, targets, timeliness and prevention and early intervention.

SWSLHD Objectives

1.1 Develop staff communication skills in working with patients, family and service providers

1.2 Ensure patients, carers, visitors, community and service providers are treated with dignity, respect and in an ethical manner

1.3 Improve the quality and safety of health services

1.4 Improve the patient experience

1.5 Implement early intervention and health promotion and illness prevention strategies

Note: The column labelled *Links to CPS* indicates which strategy of the SWSLHD Corporate Plan the Actions relate to

	Actions	Responsible Manager	Completed by	Links to CPS
1.1	**Develop staff communication skills in working with patients, family and service providers**			
1.1.1	Systematic evaluation of complaints & compliments to improve staff communication via ongoing targeted training.	CD	2014 and ongoing	1.1.1
1.1.2	Establish an Oral Health Consumer consultative committee	CD	2015	1.1
1.1.3	Train and equip staff in daily contact with the public in complaint-handling principles	All Managers	2014 and ongoing	1.1.3
The risk of not achieving this objective is: increased patient complaints and disengagement with consumers.				
1.2	**Ensure patients, carers, visitors, community and service providers are treated with dignity, respect and in an ethical manner**			
1.2.1	Implement the Respecting the Difference: Aboriginal Cultural Training Framework to provide staff with the required skills and knowledge to deliver respectful, responsive and culturally sensitive services to Aboriginal people, families and communities.	CD	2014 and ongoing	1.2.1
1.2.2	Maintain and support the Zero Tolerance Response to Violence in the NSW Health Workplace by training and equipping staff to appropriately manage difficult clients and situations.	SM & CD	Ongoing	1.3.1, 1.2
1.2.3	Incorporate the Patient Liaison function in existing positions to allow for a single point of contact for patients and families.	CD	2014 and ongoing	1.4
The risk of not achieving this objective is: increased patient complaints, barriers to access and decrease in staff morale.				
1.3	**Improve the quality and safety of health services**			
1.3.1	Prepare for stream wide National EQuIP Accreditation due in 2015.	CD	2015 and ongoing	1.3.1
1.3.2	Establish Squad audits to monitor compliance with clinical policies and procedures	CD	2015 and ongoing	1.3.1,
1.3.3	Use Clinical indicators to monitor clinician performance across Oral Health Services	CM & CD	2015 and ongoing	1.3.1
1.3.4	Establish a .5 FTE Quality & Patient Safety Officer position with responsibility for the quality activities of Oral Health, providing assistance to Oral Health staff in developing and implementing quality improvement projects. In addition, this position will be responsible for activities associated with the monitoring of patient safety activities	CD	2015	1.3.1
1.3.5	Implement Hand hygiene auditing program	CD	Ongoing	1.3.3
1.3.6	Implement and evaluate strategies to meet target in dental weighted occasions of service	CD	Ongoing	1.3.7

	Actions	Responsible Manager	Completed by	Links to CPS
The risk of not achieving this objective is: withdrawal of accreditation and impact on clinical services.				
1.4	**Improve the patient experience**			
1.4.1	Promote information about service access to patients via print and electronic media via community groups, school, GP groups etc.	SM	2015 and ongoing	2.2.1,3.3
1.4.2	Rotate staff across SWSLHD Oral Health clinics to provide a learning experience to staff about differing clinic demands	CM & SM	2015 and ongoing	
1.4.3	Implement Town hall style meetings with staff to improve communication across dental health	CD	2015 and ongoing	1.4.3
1.4.4	Hold Focus workshops with patients and carers to understand issues and formulate solutions using qualitative research methodologies	QM	2015-2016	1.4.3
1.4.5	Work with the SWSLHD Interpreter Service to improve access to interpreters and to develop written and audio materials in community languages.	QM & SM	2015 and ongoing	3.4
The risk of not achieving this objective is: decrease in quality of services leading to increased number of patient complaints.				
1.5	**Implement early intervention and health promotion and illness prevention strategies**			
1.5.1	Establish a SWSLHD Oral Health Promotion committee building on skills of existing staff	CD	2015	1.5.3
1.5.2	Establish better links with SWSLHD Health Promotion Service to allow for possible integration of messages for chronic conditions such as obesity and dental caries	CD	2015 and ongoing	1.5.1
1.5.3	Continue and further develop the Early Childhood Oral Health (ECOH) program by including further training of Early Childhood nurses	CD	Ongoing	1.5.1
1.5.4	Implement targeted Oral Health Promotion activities for high risk groups, for example. Aboriginal people, mental health consumers, drug health, people with chronic disease, etc	CD	2014 and ongoing	1.5.3
The risk of not achieving this objective is: providing services which are not evidence based and increased cost to service provision in the long run.				

Corporate Action 2: Community Partnerships

Communities have a significant role to play in the operation of health services - in service planning, in service provision through volunteering, in health research through participation in clinical trials and other forms of research, in working as businesses or local agencies with health services to meet patient needs or to provide support services, and in building physical capacity through donations and philanthropy. Different approaches will need to be developed to ensure that all members and sections of the community, including private business, can contribute.

Integral to service development and delivery will be partnerships with patients, clients, carers and the community. Services will need to draw on the expertise, experience and diversity of community members and communities to ensure that health responses are appropriate to local needs. In particular greater effort will need to be given to ensuring that communities who experience greatest disadvantage are consulted and involved in planning and development of services and programs that are tailored to meet their needs.

Our action will focus on the information portal; health literacy; understanding community values; community participation; capacity building; media and public relations and fund raising.

SWSLHD Objectives

2.1 Engage and involve stakeholders in planning, service development and delivery

2.2 Raise the profile of the Fairfield Hospital locally through timely and accurate information

2.3 Empower individuals and local communities to make informed health choices

	Actions	Responsible Manager	Completed by	Links To CPS
2.1	**Engage and involve stakeholders in planning, service development and delivery**			
2.1.1	Include consumer representation and/or consultation in strategic and service planning for all appropriate services consistent with the SWSLHD Community Participation Framework.	CD	2014 and ongoing	2.1.3
2.1.2	Strengthen and build on partnerships established with the Tharawal Aboriginal Medical Service to improve the oral health of Aboriginal people and their access to Oral Health Services.	CD	Ongoing	2.1.8
2.1.3	Participate in early care planning exercises for clinical specialties such as Trauma, Head & Neck and Cardiology	CM	2014 and ongoing	3.2
The risk of not achieving this objective is: poorly planned services which do not fit the needs of patients, carers and staff.				
2.2	**Raise the profile of Oral Health Services locally through timely and accurate information**			
2.2.1	Promote Research achievements in conferences and in the media to raise the profile of Oral Health Services in the public domain.	CD	2015 and ongoing	5.1, 2.2.1
2.2.2	In collaboration with Local councils and other relevant agencies, develop and implement strategies to improve Oral Health literacy for individuals and communities.	CD	2015 and ongoing	2.3.2
2.2.3	Contribute to other service plans from an Oral Health perspective	CD	2014 and ongoing	2.1.2
The risk of not achieving this objective is: low visibility of Oral Health potentially leading to isolation in the health care sphere and finally affecting patient outcomes.				
2.3	**Empower individuals and local communities to make informed health choices**			
2.3.1	Develop programs with migrant/refugee Non Government Organisations (NGOs), SWSLHD Health Promotion Unit and the NSW Refugee Health Service to promote Oral Health promotion in high risk populations	CD	2015 and ongoing	2.3.2
2.3.2	Develop a SWSLHD Oral Health webpage which will include information about service access, oral health promotion, dental health education and healthy choices and contribute to SWSLHD Facebook discussions	QM	2015 and ongoing	2.3.1, 2.3.2
The risk of not achieving this objective is: lack of engagement with consumers to make changes to improve health outcomes.				

Corporate Action 3: Seamless Networks

The health of individuals and communities is not only dependent on quality of health care and how and where health services and programs are delivered but also on individual factors including the social and environmental determinants of health such as education, employment and income and food security. Improving health can as a result be extremely difficult, requiring excellent communication, coordination and collaboration within and across health facilities and services, with other health providers such as general practitioners, with community services and across levels of government.

Health improvement will require input from medical, nursing, allied health, prevention and other health practitioners from the hospital, community health centres and primary health care settings. It will also require close collaboration and coordination with other government agencies and community based services which provide ongoing support to individuals, families and communities.

Our action will focus on clinical networks; transition of care; patient transport; inter-agency collaboration; high needs groups including carers, disability, chronic care, mental health, child protection, Aboriginal people, culturally and linguistically diverse; Medicacare Local.

SWSLHD Objectives

3.1 Actively participate in regional and local forums to build capacity to respond to emerging needs

3.2 Foster coordinated planning and service delivery in health care

3.3 Improve transfer of care and patient access to services

3.4 Strengthen access and support for high needs groups

	Actions	Responsible Manager	Completed by	Links To CPS
3.1	**Actively participate in regional and local forums to build capacity to respond to emerging needs**			
3.1.1	Develop clinical care pathways with South Western Sydney Medicare Local (SWSML) to integrate Oral Health into general health.	CD	2014 and ongoing	3.1.5
3.1.2	Develop new patient pathways with Sydney Dental Hospital and Westmead Centre for Oral Health.	CD	2014 and ongoing	3.2.5
3.1.3	Promote the Oral Health Fee for Service Scheme (OHFFSS) to private practitioners with a comprehensive education program of operating principles	CD	2015 and ongoing	3.2.1
The risk of not achieving this objective is: increased barriers to access specialist referrals for patients.				
3.2	**Foster coordinated planning and service delivery in health care**			
3.2.1	Re-establish referral and communication links with Westmead Centre for Oral Health for the management of specialist referrals	CD	2014 and ongoing	3.2.5
3.2.2	Prepare business case for new model of care to provide specialist services to SWSLHD eligible populations and with funding sources	CD	2015	3.2.1, 3.2.5
3.2.3	Monitor service responsiveness for residents accessing oral health care, post devolution of Inter-District Agreement	CD	Ongoing	3.2.3
The risk of not achieving this objective is: not providing holistic care to patients and potentially leading to fragmented costly approach.				
3.3	**Improve transfer of care and patient access to services**			
3.3.1	In consultation with Registered Age Care facilities, develop a standardised pathway for eligible residents to access Oral Health services	CM & CD	2015 and ongoing	3.3
3.3.2	Maintain OHFFSS vouchers as a fall back strategy to meet clinical demand	CD	Ongoing	
The risk of not achieving this objective is: increased barrier to access services.				
3.4	**Strengthen access and support for high needs groups**			
3.4.1	Explore new models of care for Aged care populations particularly those from Non English Speaking Backgrounds, Aboriginal backgrounds and those living in rural fringe areas.	CD	2015 and ongoing	3.4.1, 3.4.4 &
3.4.2	Develop new clinical pathways to expand access to dental care for Out Of Home Care children. Develop new clinical pathway for newly arrived refugees in collaboration with NSW Refugee Health Service	CD	2015 ongoing	3.4.10
3.4.3	Continue participation in Early Childhood Oral Health (ECOH) with enhanced engagement with referring practitioners.	CM & CD	Ongoing	1.5
3.4.4	Develop Oral Health programs for Aboriginal people in collaboration with SWSLHD Aboriginal Health and consistent	CD	2015 and	3.4.1 &

	Actions	Responsible Manager	Completed by	Links To CPS
	with the NSW Aboriginal Health Plan 2013-2023 while embedding this approach in Oral Health Promotion and Population Oral Health methodology.		ongoing	3.4.2
3.4.5	Expand Oral Health Promotion and education programs for Local NGOs e.g. supported playgroups, resource centres	CD	2015 and ongoing	1.5.6
The risk of not achieving this objective is: the vulnerable and high risk groups not receiving priority service access.				

Corporate Action 4: Developing Our Staff

Over the next five years, there will be further development of health services in South West Sydney. Quality Health Services and Care relies on having sufficient staff with the necessary knowledge and skills to provide effective care and to provide it in the right location.

Oral Health Services will need to attract and retain skilled staff across all health professions and support services. It will also need to ensure that the skills and knowledge of existing staff are developed and that staff has the capacity and adaptability to adopt new practice, and skills needed to support innovation and change. Oral Health Services values its workforce and will ensure that staff are encouraged, rewarded and treated fairly and with respect.

Our action will focus on workforce planning, matching to demand; supply shortages, attraction; efficiency in recruitment, retention and succession planning; performance management; job design / redesign and education.

SWSLHD Objectives

4.1 Develop a sustainable workforce that reflects and has the skills required to address community needs

4.2 Create an organisation that people want to work in

4.3 Develop relationships with future employees

	Actions	Responsible Manager	Completed by	Links To CPS
4.1	**Develop a sustainable workforce that reflects and has the skills required to address community needs**			
4.1.1	Develop Traineeships for Dental Assistants' through links with TAFE and CEWD Development of Aboriginal traineeships for dental assistants in partnerships with Tharawal Aboriginal Medical Service	SM	2015 and ongoing	4.1.9 & 4.1.3
4.1.2	Up skill Dental Therapists so they are dual trained to provide Hygiene work to adult patients	CM	2016 and ongoing	4.1.1 & 4.1.6
4.1.3	Develop a care pathway to provide at home denture services by dental prosthetists	CM & CD	2015 and ongoing	4.1
4.1.4	Continue and further develop specialist mentor programs with SLHD & WSLHD	CM	2014 and ongoing	4.1.5
4.1.5	Develop Continued Professional Development cycle for all clinicians along with self development programs for all staff	QM &CD	2015 and ongoing	4.1.5
The risk of not achieving this objective is: a workforce which is not appropriate for the population's clinical needs.				
4.2	**Create an organisation that people want to work in**			
4.2.1	Support higher/postgraduate study for eligible staff in accordance with existing SWSLHD policies and in collaboration with CEWD and with universities	CD	2015 and ongoing	4.2.4
4.2.3	Establish a SWSLHD Oral Health Service and Clinic Orientation Program	CM	2015 and ongoing	4.2.1
4.2.4	Ensure compliance of WHS legislation by undertaking regular maintenance audits of workplaces	All Managers	Ongoing	4.2.2
4.2.5	Participate in YourSay surveys and evaluation of results to incorporate changes	CD		4.2.3 or 4.2.6
4.2.5	Increase uptake of influenza vaccinations by Oral Health staff to assist in decreasing episodes of sick leave	SM	2015 & onwards	4.2.3
The risk of not achieving this objective is: a poorly motivated workforce.				
4.3	**Develop relationships with future employees**			
4.3.1	Attend career days coordinated by CEWD, NSW Health etc to promote oral health careers	CM & CD	2014 and ongoing	4.3.2
4.3.2	Promote careers in public sector dentistry by continuing to offer rural clinical placements to University of Sydney dental students	CD	Ongoing	4.3.1

	Actions	Responsible Manager	Completed by	Links To CPS
4.3.3	Participate in the Volunteer Dental Graduate Year Program for Dentists and Oral Health Therapists by offering placements in COHCs	CD	2015 and ongoing	4.3.2
4.3.4	Promote school tours of clinics by secondary school and primary school students	SM	Ongoing	4.3.1
The risk of not achieving this objective is: difficulty in recruitment and retention.				

Corporate Action 5: Research and Innovation

Health services and practices are constantly evolving and changing with new evidence about better methods to respond to emerging needs and improve health care. There are also changes led by national and state governments that require flexibility and new ways of working including new partnerships.

Oral Health Services has considerable clinical and research expertise and experience that can be leveraged to support the development of healthcare services. Clinicians and health services will be encouraged and supported to assume leadership roles and identify where they can contribute to health improvement. In collaboration with Ministry of Health agencies and other agencies, local services will use new health practice and contribute to new evidence through innovation and research which leads to better health outcomes for local communities.

Our action will focus on research; university liaison; clinical trials; collaboration with NSW health agencies; best practice models of care; health service redesign and building the evidence base.

SWSLHD Objectives

5.1 Foster an innovative culture and research capability

5.2 Support innovation and best practice in prevention and clinical settings

	Actions	Responsible Manager	Completed by	Links To CPS
5.1	**Foster an innovative culture and research capability**	**Chief Executive**		
5.1.1	Establish research space at Ingham Institute for Applied Medical Research	CD	2015 and ongoing	5.1.7
5.1.2	Participate in the SWSLHD Quality Awards	QM & CD	2015 and ongoing	5.2.3
5.1.3	Install an Oral Health representative on SWSLHD Ethics committee	CD	2015 and ongoing	
5.1.4	Progress links with Centre for Applied Nursing Research for future research projects	CD	2014 and ongoing	5.1.3
	Develop and implement a research plan for oral health which identifies oral health research priorities	CD	2015 and ongoing	
	Complete the oral health calendar project and evaluation;	QM & CD	2015 and ongoing	
	Complete research into the Midwifery Initiated Oral Health-Dental Service (MIOH-DS) program and support translation of findings into clinical practice	CD	2015 and ongoing	
The risk of not achieving this objective is: an organisation which follows others instead of being a leader.				
5.2	**Support innovation and best practice in prevention and clinical settings**			
5.2.1	Trial the State wide Chairside Advisory Project (CAP) project and participate in the evaluation process	CM & CD	2015 and ongoing	5.1.5
5.2.2	Promote the Pit & Fissure program to evaluate efficacy of various materials in a community health setting	CM	2015 and ongoing	5.1.5
5.2.3	Explore further involvement in the Healthy Kids, Healthy Smiles project (HKHS)	CD	2015 and ongoing	5.1.5
5.2.4	Work with the Sydney Dental Hospital, Westmead Hospital and universities to take part in multisite clinical trials	CD	2015 and ongoing	5.1.4
The risk of not achieving this objective is: not adhering to the principles of evidence based practice and therefore providing substandard care.				

Corporate Action 6: Enhancing Assets and Resources

Health service infrastructure includes buildings, equipment and information technology and needs to have sufficient capacity to meet the growing and complex healthcare needs arising from demographic change. Additional investment will be required in public and private health services to meet this demand.

Our action will focus on linking services and capital plans; facility capital development; equipment and technology; partnerships with the private sector; asset maintenance, replacement and disposal and utilisation review.

SWSLHD Objectives

6.1 Provide physical capacity to address emerging health needs and population increases

6.2. Respond to changes in the operating environment

6.3 Ensure good stewardship of existing resources

	Actions	Responsible Manager	Completed by	Links To CPS
6.1	**Provide physical capacity to address emerging health needs and population increases**			
6.1.1	Progress planning for Oral Health Centres of Excellence for at Campbelltown, Bankstown & Liverpool hospitals	CD	2015 and ongoing	6.1.2
6.1.2	Integrate Oral Health Services into all aspects of planning for the proposed Regional Integrated Primary and Community Care Centres (RIPCC-Tier 3) at Leppington and Oran Park.	CD	2015 and ongoing	6.1.5
The risk of not achieving this objective is: inability to meet increasing clinical demand for services leading to long waitlists and increasing complaints.				
6.2	**Respond to changes in the operating environment**			
6.2.1	Undertake an environmental scanning and service forecast process	SM, BM & CD	2015 and ongoing	6.2.1
6.2.2	Use the demand strategy to monitor and respond to changes in appointment wait times and treatment waitlist numbers to meet MOH benchmarks.	CD	Ongoing	1.3.7
The risk of not achieving this objective is: inability of the service to meet emerging challenges in service delivery and models of care.				
6.3	**Ensure good stewardship of existing resources**			
6.3.1	Develop and implement a maintenance and replacement program for Oral Health equipment including chairs, handpieces and computers	SM & BM	2015 and ongoing	6.3.1
6.3.2	Develop electronic registers to track asset movement between clinics.	SM & BM	2015 and ongoing	6.3.1
The risk of not achieving this objective is: the possibility of the service not keeping up with improvements in technology and therefore potentially compromising patient quality of care.				

Corporate Action 7: Supporting Business

In an environment of rapid change, clinicians and managers require access to appropriate and up-to-date information and data to support informed choices, monitor progress and develop new ways of care. Information management and technology (IM& IT) provides potential for developing efficiencies, promoting innovation and improving patient care.

A patient-centred Electronic Medical Record (eMR) informed by privacy considerations will provide a comprehensive view of each patient. All team members will share access to the EMR, strengthening decision making and improving communication. There will also be a focus on business planning to ensure service viability.

Our action will focus on electronic medical record; connectivity with primary care; Telehealth; voice and data networks; corporate IT systems; business and services planning and data and information integration.

SWSLHD Objectives

7.1 Develop integrated and appropriate technology to meet the needs of clinicians, managers and patients

7.2 Develop business intelligence and decision support capability

	Actions	Responsible Manager	Completed by	Links To CPS
7.1	**Develop integrated and appropriate technology to meet the needs of clinicians, managers and patients**			
7.1.1	Implement the digital radiography strategy Phosphor Storage Plate (PSP) to community Oral Health clinics (COHCs)	CD	2015 and ongoing	7.1.8
7.1.2	Develop and implement a plan for the progressive rollout of Intraoral cameras in dental surgeries	CD	2016 and ongoing	
7.1.3	In collaboration with IM&TD roll out the Information System Oral Health (ISOH) version with electronic patient records	CD	2016 and ongoing	7.1.8
The risk of not achieving this objective is: not keeping with technological advances and thereby not using clinical resources efficiently.				
7.2	**Develop business intelligence and decision support capability**			
7.2.1	Establish and use a local shared drive to enable better dissemination of Oral Health Policies and procedures to staff	CD	2015 and ongoing	7.2.1
7.2.2	Further develop KPIs for performance reporting to include a focus on clinical outcomes and service quality; and then annually review to ensure that the KPIs are fit for purpose	CD	2016 and ongoing	
7.2.3	Develop the business skills of managers in analysing Oral Health data and costing business options to improve service delivery	BM & CD	2015 and ongoing	
7.2.4	Undertake OHFFSS survey of providers – best practice with finance	CD	2015-2016	
The risk of not achieving this objective is: the inability to plan and deliver cost efficient and evidence based oral health services.				

Corporate Action 8: Efficiency and Sustainability

Recent changes to funding models created by the National Health and Hospitals Reform Agreement will drive considerable change in how services are funded, provided, organised and measured. There will be a growing emphasis on monitoring performance and identifying opportunities to improve efficiency and effectiveness in care and service delivery. All services will need to ensure that the necessary processes and systems are used to drive improvement.

Responding to new challenges will also create new risks. Systems will need to be developed to ensure that the risks are clearly identified and strategies are in place to ensure that these risks are managed. These systems will need to be supported by effective governance

Our action will focus on financial processes; activity based funding; budget management; financial modelling; support services; risk management and audit; asset and energy sustainability; service efficiency and corporate governance.

SWSLHD Objectives

8.1 Strengthen the financial sustainability of Oral Health Services

8.2 Minimise risk

8.3 Contribute to environmental sustainability

8.4 Ensure efficiency of services

8.5 Strengthen governance

	Actions	Responsible Manager	Completed by	Links To CPS
8.1	**Strengthen the financial sustainability of Oral Health Services**			
8.1.1	Conduct education sessions to further develop the understanding of all staff about Activity Based Funding (ABF) , and clinical activity performance	BM & CD	2015 and ongoing	8.1.2
8.1.2	Monitor performance and implement strategies to enable the Oral Health Service to continue to meet Key Performance Indicators (KPIs)	CD	Ongoing	1.3.7, 8.1.3 & 8.1.9
8.1.3	Establish a single point of contact for all procurements by Oral Health Services	BM & CD	2015	8.1.8
8.1.4	Optimise financial management of OHFFSS by monitoring monthly use of vouchers, education programs for voucher issuing clinicians and for claiming private providers	CD	2015-2016	
8.1.5	Explore the use of clinics for private practice after hour and/or weekends and develop a business case if appropriate	CD	2015 and ongoing	
The risk of not achieving this objective is: increased likely hood of the service not meeting financial and revenue targets.				
8.2	**Minimise risk**			
8.2.1	Recruit a Quality & Patient Safety Manager for Oral Health Services to develop, implement and manage risk register in line with the SWSLHD risk management framework.	QM &CD	2014 and ongoing	8.2.1
8.2.2	Establish a Disaster recovery plan for ISOH	BM & CD	2015 and ongoing	8.2.1
The risk of not achieving this objective is: an unsafe clinical work environment.				
8.3	**Contribute to environmental sustainability**			
8.3.1	Promote a culture of waste reduction by provision of education and resources to staff	SM	2015 and ongoing	8.3
8.3.2	Promote ecological sustainable development within Oral Health when replacing assets by looking at environmental parameters such as energy and water usage	SM	2015 and ongoing	8.3
The risk of not achieving this objective is: increased service delivery cost leading to an unsustainable outcome.				
8.4	**Ensure efficiency of services**			
8.4.1	Undertake systematic evaluation of Chair utilisation rates and Clinical Productivity graphs	CD	2015 and ongoing	8.4.1
8.4.2	Expand range of clinical services at COHC level and thereby reducing the referral rate by completing patient treatment at one site	CD	2015 and ongoing	8.4.1

	Actions	Responsible Manager	Completed by	Links To CPS
8.4.3	Optimise Dental Assistant ratio – rosters, type of procedures being conducted will be reviewed and information will be incorporated into ensure clinical support staff are utilised effectively and efficiently.	SM	2015 and ongoing	8.4.1
8.4.4	Create an Accountability Matrix to ensure that all senior staff are aware of their responsibilities in the day to day management of their clinics.	CD	2015 and ongoing	8.4.1
8.4.5	Identify a solution for the long term storage of culled patient files	SM	2015 and ongoing	
The risk of not achieving this objective is: increased service delivery cost and inability to meet clinical service demand.				
8.5	**Strengthen Governance**			
8.5.1	Establish a clinical and corporate governance framework	CD	2015	8.5.1
8.5.2	Develop the management and decision making skills of the Oral Health Leadership Team	CD	2015	8.5.2
8.5.3	Maintain staff awareness of statutory requirements through distribution of and orientation to relevant policies	All Managers	Ongoing	8.5.4
The risk of not achieving this objective is: an organisation with poor clinical and financial outcomes.				

Implementation

This Plan identifies the key strategies that will be implemented by SWSLHD Oral Health Services over the next five years. Against each key strategy the person(s) responsible for ensuring that the operational aspects of the strategy are progressed and the completion status have been identified.

The SWSLHD Oral Health Management Team will monitor, on a monthly basis, progress against this Plan. It is expected that all services will contribute to achieving the objectives of the Plan and will report progress to the Executive. The review process will include consideration of:

- The performance reports prepared for the *South Western Sydney Local Health District Annual Strategic Priorities and Performance Agreement* with the NSW Ministry
- Local priorities from this Plan for inclusion in the Annual *SWSLHD Strategic Priorities and Performance Agreement* for the subsequent financial year
- New and emerging NSW Government priorities and whether they are adequately reflected within this Plan
- Reports on progress against strategies which may not be in the annual performance agreement. This may include strategies which have a longer timeframe or have been prioritised to respond to the operating environment

Progress on strategies within this Plan will be used to inform the South Western Sydney Local Health District Annual Report and reporting to the NSW Ministry of Health.

Appendices

Appendix 1: SWSLHD Guiding Principles

The **Principles** which guide how services are managed and developed into the future are:

1. All residents have equity in access to health care services. People who are disadvantaged will be provided with assistance to access services where necessary.

2. Health services across the District will be of high quality.

3. Patients, communities, staff and service providers will be treated with courtesy, dignity and respect.

4. Health care will be patient and family centred and responsive to the needs of individuals, families and communities.

5. Individuals and communities will be actively engaged in health care and programs. They will be provided with information and supported to make informed choices about their health. Autonomy in decision making will be respected.

6. Population health programs and strategies will be developed with communities and other agencies to improve the health of local communities. Strategies will be multifaceted to increase effectiveness and sustainability.

7. Services will be provided as close to home as possible and integrated across hospitals, community and primary health settings. Networks to centres of excellence and tertiary services will increase access to expertise when required and support timely care.

8. Teamwork will occur within all Health Services, and involves patients, community members and service partners. New partnerships and opportunities to improve Health and Health care will be explored and developed.

9. The workforce is valued and will be consulted and included in the development and implementation of initiatives. Personal and professional development opportunities will be provided to enable staff to meet ongoing changes in the Health system.

10. Services will be provided in a safe and healthy environment.

11. New models of care, health care practices and technology based on evidence will be used to ensure that patients and communities receive the best and most appropriate service available. Innovation and research will be encouraged to ensure safe and appropriate interventions.

12. Services will be provided in an efficient and cost effective manner and will be evaluated and remodelled as required.

13. Environmental sustainability will be fundamental to the design and delivery of clinical and non-clinical services and infrastructure.

Appendix 2: Demographic profile of South Western Sydney

Population Characteristics	Bankstown	Camden	Campbell-town	Fairfield	Liverpool	Wingecarribee	Wollondilly	SWSML	NSW
Total persons (Estimated Resident Population) [1]	190,637	58,376	151,221	196,622	188,083	46,042	44,403	875,384	7,211,468
	21.8%	6.7%	17.3%	22.5%	21.5%	5.3%	5.1%	12.1%	
Population Profile (Source: ABS Census 2011)									
Aboriginal people and Torres Strait Islanders	1,388	1,117	4,729	1,322	2,676	802	1,036	13,070	172,621
	0.8%	2.0%	3.2%	0.7%	1.5%	1.8%	2.4%	1.6%	2.5%
Aboriginal people: Median Age	24	18	18	21	20	20	20	N.A.	21
Aboriginal people: Median Household Income	1089	1796	1006	988	988	1064	1381	N.A.	941
Aboriginal people: Median Weekly Rent	240	360	225	260	235	270	278	N.A.	200
Persons born overseas	68,721	9,007	41,133	98,652	71,715	6,734	5,374	301,336	1,778,548
	37.7%	15.9%	28.2%	52.5%	39.8%	15.2%	12.4%	35.8%	25.7%
Language spoken at home – English only	72,426	48,973	101,863	48,620	80,046	40,564	39,455	431,947	5,013,343
	39.7%	86.3%	69.8%	25.9%	44.4%	91.4%	91.2%	51.4%	72.5%
1st most common language other than English spoken at home	Arabic	Italian	Arabic	Vietnamese	Arabic	Italian	Italian	Arabic	Arabic
	38,640 (21.2%)	873 (1.5%)	4,004 (2.7%)	35,840 (19.1%)	17,194 (9.5%)	276 (0.6%)	348 (0.8%)	74,296 (8.8%)	184,252 (2.7%)
2nd most common language other than English spoken at home	Vietnamese	Spanish	Samoan	Arabic	Hindi	German	Arabic	Chinese	Mandarin
	16,594 (9.1%)	531 (0.9%)	3,047 (2.1%)	13,745(7.3%)	8,043 (4.5%)	192 (0.4%)	196 (0.5%)	35,780 (4.3%)	139,825 (2.0%)
3rd most common language other than English spoken at home	Greek	Arabic	Hindi	Assyrian	Vietnamese	Greek	Maltese	Vietnamese	Cantonese
	6,565 (3.6%)	471 (0.8%)	3,044 (2.1%)	10,582(5.6%)	7,843 (4.4%)	161 (0.4%)	180 (0.4%)	61,313 (7.3%)	136,374 (2.0%)
4th most common language other than English spoken at home	Cantonese	Cantonese	Bengali	Cantonese	Italian	Spanish	Greek	Italian	Vietnamese
	5843 (3.2%)	324(0.6%)	2563 (1.8%)	9,334 (5.0%)	5,108 (2.8%)	105 (0.2%)	145 (0.3%)	12,090 (2.0%)	87,499 (1.3%)
Humanitarian Stream, number of settlers arriving from 2005 to 2011	985	7	196	6,547	3,197	0	0	10,932	26,239
Disability: need for assistance with core activities	11,279	2,218	7,717	13,180	9,643	2,328	1,624	47,989	338,362
	6.2%	3.9%	5.3%	7.0%	5.4%	5.2%	3.8%	5.7%	4.9%
Carers: Unpaid assistance to a person with a disability	17,268	4,672	13,554	17,519	15,484	4,596	4,002	77,095	638,614
	9.5%	8.2%	9.3%	9.3%	8.6%	10.4%	9.3%	9.2%	9.2%
Education [2,3]									
Total persons 15 years and over, no longer attending primary or secondary school	135,830	40,672	108,230	141,451	130,534	34,012	31,646	622,375	5,344,114
Education: Completed Year 12 or equivalent	65,318	17,484	46,128	64,273	63,884	14,965	11,497	283,549	2,631,287
	48.1%	43.0%	42.6%	45.4%	48.9%	44.0%	36.3%	45.6%	49.2%
Education: Completed Year 10 or equivalent	28,859	13,403	31,059	25,070	28,009	10,140	11,869	148,409	1,278,047
	21.2%	33.0%	28.7%	17.7%	21.5%	29.8%	37.5%	23.8%	23.9%
Education: Completed Year 10 or below	51,696	18,403	46,525	58,922	47,990	14,210	16,177	253,923	1,983,205
	38.1%	45.2%	43.0%	41.7%	36.8%	41.8%	51.1%	40.8%	37.1%

Employment [2,3]									
Total labour force	75,608	29,969	70,235	75,950	80,188	20,106	22,224	374,280	3,334,857
Employed full time	44,906	19,295	43,968	44,627	50,804	11,367	13,886	228,853	2,007,925
	59.4%	64.4%	62.6%	58.8%	63.4%	56.5%	62.5%	61.1%	60.2%
Employed part-time	20,162	7,762	16,987	18,934	18,696	6,731	6,096	95,368	939,465
	26.7%	25.9%	24.2%	24.9%	23.3%	33.5%	27.4%	25.5%	28.2%
Unemployed	5,739	1,209	5,182	7,341	5,620	846	936	26,873	196,526
	7.6%	4.0%	7.4%	9.7%	7.0%	4.2%	4.2%	7.2%	5.9%
Income [2]									
Income: Median individual ($/weekly)	428	690	549	369	510	548	617	N.A.	561
Income: Median family ($/weekly)	1,228	1,865	1,390	1,065	1,401	1,348	1,661	N.A.	1,477
Income: Median household ($/weekly)	1,091	1,727	1,251	1,022	2,199	1,094	1,478	N.A.	1,237
Family households with incomes <$600/wk	15.1%	7.3%	12.5%	17.8%	12.3%	11.7%	9.0%	13.6%	12.3%
Family households with incomes > $2500/wk	16.8%	27.8%	17.1%	12.9%	18.9%	17.2%	24.1%	17.7%	23.3%
Family characteristics [2]									
Families	47,029	15,462	39,123	49,714	46,563	12,271	11,877	222,039	1,829,553
Couple families with children	24,715	8,494	19,016	25,853	26,421	4,777	6,247	115,523	831,850
	52.6%	54.9%	48.6%	52.0%	56.7%	38.9%	52.6%	52.0%	45.5%
Couple families without children	12,411	4,635	10,769	11,569	11,058	5,539	3,906	59,887	669,019
	26.4%	30.0%	27.5%	23.3%	23.7%	45.1%	32.9%	27.0%	36.6%
One parent families	9,069	2,182	8,718	11,227	8,478	1,832	1,613	43,119	297,904
	19.3%	14.1%	22.3%	22.6%	18.2%	14.9%	13.6%	19.4%	16.3%
Other families	834	151	620	1,065	606	123	111	3,510	30,780
	1.8%	1.0%	1.6%	2.1%	1.3%	1.0%	0.9%	1.6%	1.7%
Household composition: private dwellings [2]									
Households	57,238	17,875	47,286	55,835	53,595	16,694	13,953	262,476	2,471,296
Family household	44,620	14,963	37,380	45,959	44,019	12,053	11,472	210,466	1,777,398
	78.0%	83.7%	79.1%	82.3%	82.1%	72.2%	82.2%	80.2%	71.9%
Lone person household	11,454	2,589	8,854	8,737	8,596	4,324	2,245	46,799	599,148
	20.0%	14.5%	18.7%	15.6%	16.0%	25.9%	16.1%	17.8%	24.2%
Other households	1,164	323	1,052	1,139	980	317	236	5,211	94,750
	2.0%	1.8%	2.2%	2.0%	1.8%	1.9%	1.7%	2.0%	3.8%

Dwelling characteristics [2]									
Total private dwellings	60,236	18,806	49,486	58,369	55,958	19,656	15,038	277,549	2,736,637
Median rent ($/weekly) (occupied private)	310	360	260	280	295	260	270	N.A.	300
Median housing loan repayment ($/monthly) (occupied private)	2,002	2,167	1,800	1,800	2,167	1,873	2,167	N.A.	1,993
Occupied private dwellings - fully owned	19,467	4,648	11,435	18,139	12,908	6,945	4,298	77,840	820,006
	32.3%	24.7%	23.1%	31.1%	23.1%	35.3%	28.6%	28.0%	30.0%
Occupied private dwellings - rented including rent-free	16,549	3,347	14,373	17,181	16,301	3,564	2,276	73,591	743,050
	27.5%	17.8%	29.0%	29.4%	29.1%	18.1%	15.1%	26.5%	27.2%
Number of Public Housing Dwellings [4]	6,282	367	6,438	4,634	4,879	9	18	22,627	
Proportion of dwellings rented from Housing NSW	9.3%	1.8%	11.2%	7.4%	7.9%	2.3%	1.0%	7.5%	4.4%
Travel [2,3]									
Proportion travelled by car only	66.4%	73.6%	65.8%	70.4%	69.8%	68.6%	72.7%	68.9%	62.6%
Proportion travelled by public transport only	13.5%	3.3%	13.2%	10.5%	8.9%	1.8%	2.1%	9.6%	11.7%
Proportion travelled by bicycle or walking only	2.1%	1.4%	1.6%	2.0%	2.6%	4.1%	1.7%	2.1%	4.8%
Internet Connection at Home									
Proportion of private dwellings with no internet connection	23.2%	13.5%	19.3%	25.3%	19.2%	19.7%	16.5%	20.9%	20.1%
Socio-Economic Indexes for Areas - Index of Relative Socio-Economic Disadvantage (IRSD) (2006) [5]									
IRDS Score	945	1,057	955	876	966	1,032	1,044	N.A.	N.A.
Rank in NSW	39	133	46	4	28	124	127	N.A.	N.A.
Most Disadvantaged Suburb & IRDS Score	Villawood (718)	Leppington (971)	Claymore (574)	Villawood (718)	Cartwright (735)	Welby (921)	Warragamba (952)	Claymore (574)	Murrin Bridge (497)
2nd most Disadvantaged Suburb & IRDS Score	Chester Hill (900)	Narellan (1015)	Airds (602)	Cabramatta (739)	Miller (738)	New Berrima (975)	Tahmoor (968)	Airds (602)	Claymore (574)

Source:

1. Total persons data from ABS Estimated Resident Population (ERP) (ABS 3218.0 Regional Population Growth, Australia - released 31 July 2012) - includes an allowance for census net undercount and estimated number of Australian residents temporarily overseas at the time of the 2011 census

2. All other data is from the Australian Bureau of Statistics 2011 Census of Population and Housing; percentages apply to census count data, not ERP data

3. Proportion is applying to people aged 15 years and over in the census

4. Number of Public Housing Dwellings, Housing NSW 2010 (accessed June 2012)

5. SEIFA ranks areas in Australia according to relative socio-economic advantage and disadvantage. A lower IRDS score indicates that an area is relatively disadvantaged compared to an area with a higher score. There are 153 LGAs in NSW. All areas within a State are ordered from lowest to highest score, with the area with the lowest score given a rank of 1.

6. Humanitarian data sourced from the Department of Immigration and Citizenship Settlement Database (2012)

Appendix 3: Health Status of South Western Sydney Residents

Although high level health indicator measures such as life expectancy at birth and deaths from all causes for SWSLHD residents mirror the NSW average, on a range of health indicators local residents have poorer outcomes than the average for NSW. SWSLHD residents on average have elevated rates of behaviours which have been linked to poorer health status and chronic disease including cardiovascular and respiratory diseases, cancer, and other conditions that account for much of the burden of morbidity and mortality in later life.

Health Behaviours

- SWSLHD residents were generally less likely to rate their health status as good, very good or excellent than the NSW average
- Current daily and occasional smoking at 19.2% (higher than the NSW average)
- Adequate physical activity at 47.8% (7% worse than the NSW average)
- Overweight at 34.1% (slightly higher than NSW average)
- Obesity at 21.8% (2% higher than NSW average)
- Consuming vegetables in recommended quantities at 7% (3% worse than the NSW average)
- First antenatal visit before 14 weeks gestation for Aboriginal mothers at 54% (17.3% worse than the NSW average) and for non-Aboriginal mothers at 53.8% (25.8% worse than the NSW average)
- 15.3% of women smoked during pregnancy (4% higher than the NSW rate)

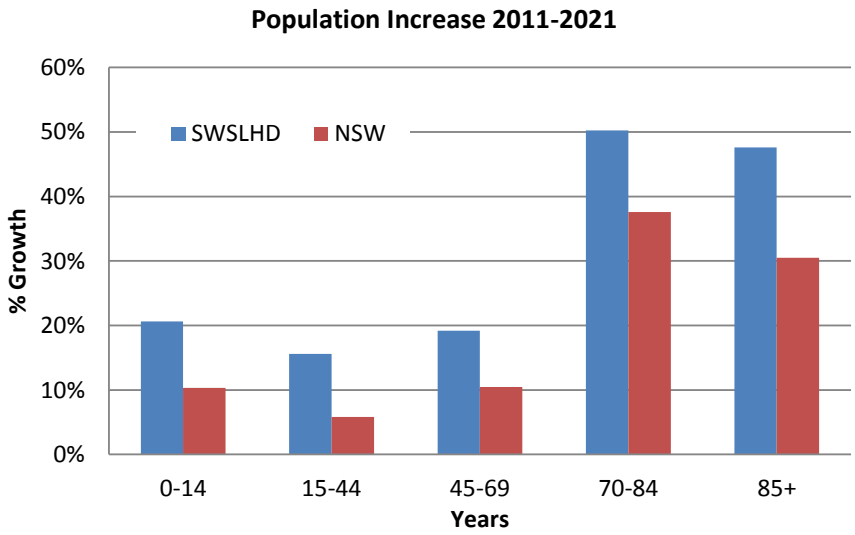
Health Status

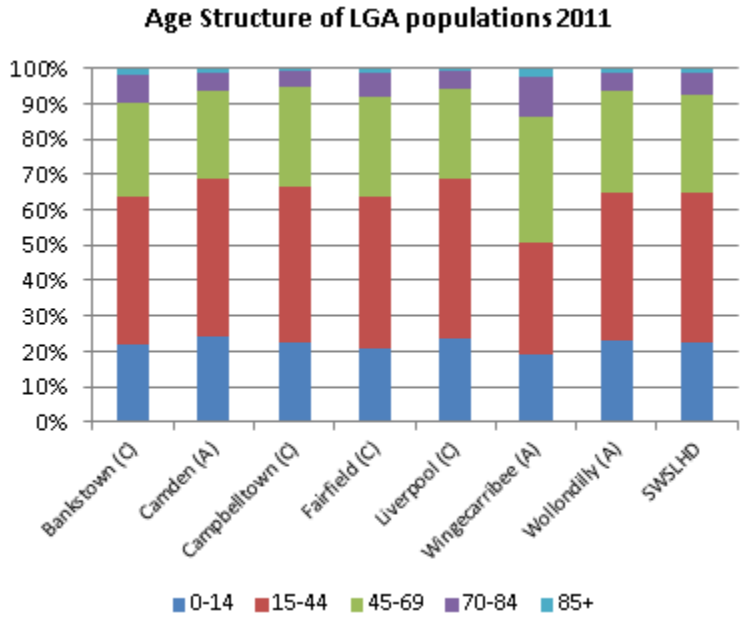
- Higher standardised mortality ratios (SMRs) than NSW for deaths from all causes in Campbelltown (107.4), Liverpool (105.8) and Camden (102)
- In 2004- 2008, SWSLHD had higher incidence of lung, kidney, head and neck, pancreas, thyroid, stomach, bladder, uterus and liver cancer than NSW
- Cardiovascular disease was the most common cause of death in NSW in 2007, accounting for 35.1% (16,260) of all deaths. Mortality rates in SWSLHD for cardiovascular disease at 83.9 per 100,000 are 5% higher than the NSW average of 100 and are significantly higher in Liverpool LGA (111.4) (2005/06)

- Higher rates of diabetes are reported for residents of Bankstown, Liverpool, Campbelltown and Fairfield LGAs than for NSW
- Rates of Hepatitis B in SWSLHD were almost double the NSW rate, and were particularly high in Fairfield
- Rates of Hepatitis C in SWSLHD are higher than the NSW rate, particularly in Campbelltown and Fairfield
- The prevalence of dementia is expected to substantially increase over the next ten years as the population ages

Age groups

- Infants and children aged 0 – 14 years represent 22.2% of the population and will increase from 195,727 to 236,048 children by 2021. Although the largest change will occur in the Camden LGA where the number of children will grow by 82%, the largest number of children will continue to reside in Liverpool (55,071) and Bankstown (45,203)
- In 2011 there were 171,834 young people aged 12-14 years in the District, growing by 13.5% to 195,101 young people by 2021. Greater growth is projected for adults aged 25 – 64 years, increasing by 16.6%
- The number of people aged 65 years and over is projected to grow by 48% from 98,089 (2011) to 145,538 people (2021) and compared to 2011 will grow by 80% by 2026
- Highest projected growth for people aged 65 years and over will be in Camden and Campbelltown LGAs, 153% and 77% respectively in the next decade
- The number of people aged 85 years and over will increase from 11,998 (2011) to 17,709 people (2021) i.e. 47.6%


Population Increase 2011-2021
60%
50%
40%
30%
20%
10%
0%
% Growth
SWSLHD
NSW
0-14
15-44
45-69
70-84
85+
Years


Age Structure of LGA populations 2011
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Bankstown (C)
Camden (A)
Campbelltown (C)
Fairfield (C)
Liverpool (C)
Wingecarribee (A)
Wollondilly (A)
SWSLHD
0-14
15-44
45-69
70-84
85+

Appendix 4: Role Delineation Levels for Oral Health

Service	Bankstown	Fairfield	Liverpool	Campbell town	Camden and Wollondilly	Wingecarri bee
Oral Health	2	2	5	5	2	2

NB. Role delineation levels for Oral Health have been incorporated into the profile of each hospital facility, reflecting the level of service that is available in the local government area in which the facility is located.

Appendix 5: Draft Core Activity Indicators from the Performance Management Framework

This information is not currently collated at a SWSLHD level. The indicators in the table will need to be reviewed and amended to reflect current activity indicators. Performance will also need to be incorporated into the table where possible.

Draft SWSLHD Performance Management Framework				
Indicator	**2010/11**	**2011/12**	**2012/13**	**Target**
Non-admitted patient occasions of Service (NAPOOS)	50,338	53,597	59,003	
Adult Assessment Appointment Waiting Times % CLIENTS within Maximum Waiting Time				
Code 1 (EMERGENCY)				24 hours
Code 2 (IMMEDIATE MEDICAL ATTENTION)				3 days
Code 3a, 3b (ORAL CONDITION - PAIN)				1 month
Code 3c (Denture repair/ adjust)				3 months
Adult Assessment Waiting Lists:				
Code 3c (Denture repair/ adjust)				3 months
Code 4 (MEDICAL)				6 months
Code 5 (ORAL HEALTH NEED)				12 months
Code 6 (GENERAL REQUEST e.g. check up)				24 months
Adult Treatment Waiting Lists:				
Code B (Stabilisation/Endodontic Treatment)				3 months
Code C (Medically Compromised)				6 months
Code D (Urgent Denture requirements)				9 months
Code E (HIGH Oral Health need)				12 months
Code F (LOW Oral Health need)				24 months
Adult Denture Waiting Lists:				
Code C (Medically Compromised)				6 months
Code D (Urgent Denture requirements)				9 months
Code E (HIGH Oral Health need)				12 months
Child Appointment Waiting Times % CLIENTS within Maximum Waiting Time				
Code 1 (EMERGENCY)				24 hours
Code 2 (IMMEDIATE MEDICAL ATTENTION)				3 days
Code 3a/ 3b (ORAL CONDITION - PAIN)				1 month
Code 3c (0-5 years) (Oral Health Condition)				1 month
Child Assessment Waiting Lists:				
Code 3c (6-17 years) (Oral Health Condition)				3 months
Code 4 (MEDICAL)				6 months
Code 5 (ORAL HEALTH NEED)				12 months
Code 6 (GENERAL REQUEST e.g check up)				24 months
FTA rates				
DOC Appointments				
Missing treatment data				

MISSING TREATMENT

MISSING TREATMENT South Western Sydney LHD - Missing Treatment	2010/11	2011/12	2012/13
TOTAL	347	145	42

PERCENTAGE OF FAIL TO ATTEND (FTA) CLINIC APPOINTMENTS

South Western Sydney LHD - FTA % of clinic appointments	2010/11	2011/12	2012/13
Bankstown Child	7.13	6.05	6.33
Bowral Child	6.91	5.72	6.37
Bowral	4.26	4.57	3.96
Fairfield	7.3	7.75	7.42
Fairfield Child	8.07	7.76	6.02
Ingleburn	7.46	6.6	6.39
Ingleburn Child	7.61	6.71	5.61
Liverpool	10.11	8.89	9.57
Liverpool Child	9.69	6.39	8.01
Narellan Child	5.96	5.34	4.94
Narellan	5.51	5.53	4.98
Rosemeadow Child	6.7	6.56	5.99
Rosemeadow	7.06	7.71	7.36
Tahmoor Child	5.54	6.71	4.57
Tahmoor	4.18	4.39	5
Yagoona Child	6.79	4.01	9.47
Yagoona	9.6	8.85	9.02
Average	**7.05**	**6.44**	**6.53**

PERCENTAGE OF Dental Officer Cancelled (DOCs) CINIC APPOINTMENTS

South Western Sydney LHD - DOC % of clinic appointments	2010/11	2011/12	2012/13
Bankstown Child	7.17	6.76	4.47
Bowral Child	16.84	10.78	8.88
Bowral	12.56	14.03	12.48
Fairfield	8.25	6.85	6.08
Fairfield Child	6.73	6.11	5.73
Ingleburn	6.38	3.65	2.99
Ingleburn Child	8.79	13.06	6.8
Liverpool	3.48	3.9	2.95
Liverpool Child	6.84	3.08	3.21
Narellan Child	12.05	9.62	9.81
Narellan	5.63	2.41	5.35
Rosemeadow Child	10.5	9.13	6.4
Rosemeadow	12.36	5.12	5.2
Tahmoor Child	13.6	5.09	12.44
Tahmoor	14.4	10.81	12.88
Yagoona Child	6.79	5.84	6.15
Yagoona	4.83	7.51	7.64
Average	**9.24**	**7.28**	**7.03**

Appendix 6: Oral Health Services Workforce Profile 2013

Employee Category	Oral Health	
	Number of Employees (Headcount)	% of Employees
Dentists (Dental Officers)	22	17.4
Dental Therapists	16	12.90
Dental Assistants	71	57.26
Dental Prosthetists	2	1.61
Administration	10	8.06
Other (including HSM and HEO)	4	2.23
Total	124	100

Source: SWSLHD Workforce Profile, April 2013

Glossary

AHMAC Australian Health Ministers Advisory Council

BDent Bachelor of Dentistry

BM Business Manager

CALD Culturally and Linguistically Diverse Communities

CD Clinical Director

COHC Community Oral Health Clinic

DMD Doctor of Dental Medicine

DWAU Dental Weighted Activity Units

Edentulism Complete loss of teeth

ISOH Information System for Oral Health

MDAAC Medical and Dental Appointments Advisory Committee

MIOH Midwifery Initiated Oral Health project

NAPOOS Non Admitted Patient Occasions of Service

OHFSS Oral Health Fee for Service Scheme

OHP Oral Health Promotion

OHCOE Oral Health Centre of Excellence

QM Quality Manager

RCT Randomised Control Trial

SM Service Manager

WOOS Weighted Occasions of Service

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