

National Healthcare Agreement: PI 13-Waiting times for public dentistry, 2018 QS

Identifying and definitional attributes

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| Metadata item type: | Quality Statement |
| METEOR identifier: | 681595 |
| Registration status: | <ul style="list-style-type: none">Health, Standard 30/01/2018 |

Relational attributes

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| Indicators linked to this Quality statement: | National Healthcare Agreement: PI 13–Waiting times for public dentistry, 2018 Health , Superseded 19/06/2019 |
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Data quality

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| Quality statement summary: | <p>Data are being reported for 2016–17 from data collated under an agreement to report against the Public Dental Waiting Times (PDWT) National Minimum Data Set (NMDS).</p> <ul style="list-style-type: none">Data are not comparable across jurisdictions due to differences in the way in which services are arranged and different arrangements that determine which people requiring treatment are placed on a public dental waiting list, including how jurisdictions prioritise certain disadvantaged population groups. Therefore the calculation of an Australian total is not appropriate.Data for jurisdictions are comparable across years.The collection excludes people who are treated under jurisdictional priority client schemes.Waiting times could not be calculated for some records, for instance where a record had no <i>date of offer</i> or <i>date of first visit</i>. Records which reported dates which resulted in negative waiting times were not permitted.Records with waiting times of zero days are included for calculations of waiting times from <i>listing date</i> to <i>date of offer</i> but are excluded from waiting times calculations for <i>listing date</i> to <i>date of first visit</i>.Data for 2016–17 do not include New South Wales, Victoria or the Northern Territory.Western Australian data only includes Dental Health Services information, which is the primary, but not sole, provider of public dental services in Western Australia. |
| Institutional environment: | <p>The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity governed by a management board, and accountable to the Australian Parliament through the Health portfolio.</p> <p>The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.</p> |
| Timeliness: | The reference periods for these data are 2016–17. |
| Accessibility: | The AIHW will publish data from this collection on the AIHW website . |

Interpretability: Metadata information for the PDWT NMDS is published in the AIHW's Metadata Online Registry (METeOR). METeOR can be accessed at the following AIHW web address:
</content/index.phtml/itemId/517220>

Relevance: The purpose of the PDWT NMDS is to collect information about the length of time that patients placed on a public dental waiting list wait for public dental care in Australia. The scope of the NMDS is adults who were placed on selected public dental waiting lists who received or were offered public dental care in the reporting period in Australia.

The time between *listing date* and *date of offer*, and *listing date* and *date of first visit* for these reporting periods may not reflect current or future waiting times experienced by patients. The availability of clinical resources, demand for services and client uptake of care are among the variables that will affect these figures throughout routine operations.

An increase in the number of services provided to people on the waiting list (or offers of care), especially to people who have been waiting longer, may increase overall waiting times reflected in this collection. This might occur, for example, as a result of additional clinical resources being made available.

The data collection excludes people who are treated under jurisdictional priority client schemes, and may also exclude some other people who are not placed on a public dental waiting list for any other reason. Therefore, the waiting times reported are not the median waiting times (and waiting times at the 90th percentile) experienced by *all* people aged 18 years or over who received public dental services.

The analyses by remoteness and socioeconomic status are based on the usual residence of the patient. However, data are reported by jurisdiction of receipt of dental care regardless of the jurisdiction of usual residence.

Accuracy:

For 2016–17, data are not published for New South Wales, Victoria or the Northern Territory.

Data providers are primarily responsible for the quality of the data they provide. However, the AIHW has undertaken basic validation of the data. The AIHW does not adjust data to account for possible data errors or missing or incorrect values, however:

- data provided that resulted in a negative waiting time was not permitted
- data were excluded from waiting times calculations where a record had no *date of offer* or *date of first visit*, and so a waiting time could not be calculated.

Waiting times of zero days are included in the analysis of *listing date* to *date of offer* but are excluded from waiting times calculations for *listing date* to *date of first visit* as these are considered to be errors in the data.

Only treatments which result in a person being removed from a public dental waiting list are considered to be ‘first visits’.

As 2 separate waiting periods are described in this indicator (i.e. waiting period from *listing date* to *date of offer* and to *date of first visit*), the waiting periods calculated may not be based on data relating to the same people. For example, where a record does not record the *date of first visit* (or the *date of offer*), the person’s waiting time will only be used in the calculation of one of the measures. Where a person’s *date of offer* falls in a different reporting period to their *date of first visit*, the 2 separate waiting periods will be reported separately in the relevant reporting periods.

Queensland uses the waitlist record history and a date of offer algorithm to calculate the date of offer as there is not a direct date of offer variable. The first data of an appointment made in a course of case is generally used as the date of offer. Where this is not recorded, the date the patient was contacted may be used.

In South Australia there is a large variation between the number of denture care offers and reported first visits due to no dates being reported for first visit under the Pensioner Denture Scheme in SA, i.e. most cases are excluded. Therefore, caution is advised in interpreting the 50th and 90th percentile waiting times for denture care.

In Tasmania, people who do not respond to offers of care are ‘suspended’ from the waiting list. If they later present for care they are restored to the waiting list in their original position and retain all their previous waiting time, rather than commencing a new episode of waiting. Often this places the person immediately at the top of the list, and if the resources are available they will be given an appointment. This policy can result in longer times between *listing date* and *date of first visit* and/or *date of offer*. It may particularly influence the 90th percentile figures.

Waiting times reported for denture care in Tasmania do not reflect the totality of clients provided with denture services for Tasmania as people who require general care before having a denture are treated through the general care waiting list, after which they commence a course of care for a denture. At no point are they added to the denture waiting list.

Data on Indigenous Australians is in some cases problematic and should be interpreted with caution. In some states Indigenous people are not included in the scope as they are treated as a priority group. In some jurisdictions, the proportion of records in which Indigenous status was not stated is high within specific disaggregations.

Waiting times data were suppressed where the number of contributing records was under 20, as waiting times are more likely to be volatile where the records numbers are low.

Coherence: 2013–14 was the first year of collection of national public dental waiting times data under the agreement to collect PDWT NMDS data.
In relation to the ability to compare data over time, and between jurisdictions:

- Data are not comparable to that previously published prior to 2016, due to the change in specifications, clarification of the scope with data providers and retrospective corrections of data.
- Data for jurisdictions are comparable across years.
- Data are not comparable across jurisdictions due to differences in the way in which services are arranged and different arrangements that determine which people requiring treatment are placed on a public dental waiting list, including how jurisdictions prioritise certain disadvantaged population groups. Therefore the calculation of an Australian total is not appropriate.
- New South Wales, Victoria and Northern Territory data were not provided for 2016–17.
- Western Australian data only includes Dental Health Services information, which is the primary but not sole provider of public dental services in Western Australia.

Relational attributes

Related metadata references: Supersedes [National Healthcare Agreement: PI 13-Waiting times for public dentistry, 2017 QS](#)

- [Health](#), Superseded 30/01/2018