

**Submission
No 8**

INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

Organisation: NCOSS
Name: Ms Lauren Dela Paz
Position: Executive and Events Assistant
Date Received: 28 April 2017



About NCOSS

The NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage in NSW to make positive change in our communities.

As the peak body for health and community services in NSW for over 80 years we support the sector to deliver crucial services that make a difference.

We work directly with communities to identify the challenges they face and solutions that will allow them to overcome those challenges.

Through collaboration with communities, services and across government, the private sector and other civil society organisations we work to see these solutions become a reality.

Together we advocate for a NSW free from poverty and inequality.

Published April 2017.

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NCOSS can be found at:

3/52 William St, WOOLLOOMOOLOO NSW 2011

phone: (02) 9211 2599

email: info@ncoss.org.au

website: www.ncoss.org.au

facebook: on.fb.me/ncoss

twitter: [@ncoss](https://twitter.com/ncoss)

Introduction

NCOSS welcome this opportunity to provide input into the inquiry into the management of health care delivery in NSW. Our submission focuses on the Terms of Reference as they relate to oral health, given its importance for low-income families:

- In our 2016 survey of 400 people on low-incomes, respondents nominated timely, affordable dental care as the number one policy that would make a difference in their life and the lives of their families.¹
- In our 2017 survey, access to dental care is once again emerging as one of the highest priorities for people on low-incomes. The results of this survey will be available in early May.

The relationship between oral health and a person's socioeconomic status is well-established. In NSW, people on low-incomes are more likely to have: fewer teeth; all of their teeth missing; less favourable patterns of dental visiting; higher rates of extractions and lower rates of fillings; and more self-reported treatment needs than the general population.²

We know that the impact of poor oral health can be profound, further entrenching existing disadvantage. It impinges on many aspects of people's lives – the food they eat, their sleep, their ability to work, and their social interactions.³ Poor oral health not only causes pain and discomfort, it affects physical well-being and is strongly associated with major chronic diseases. It also affects mental health, leading to feelings of worthlessness and low self-esteem, and is linked with depression. In addition, poor oral health can impact a child's development and ability to learn, and diminishes an adult's employment prospects and ability to engage in social situations.

We also know that it is possible to prevent the majority of oral disease and tooth loss. But we are failing to provide an adequate level of care to the people who most need it. Demand for public dental services currently far exceeds the capacity of the NSW public dental system, with 76,553 adults waiting for treatment as at March 2017. And this figure is likely to under-estimate the level of unmet demand for dental services, with the Ministry of Health stating that waiting lists:

“... do not include adults who for various reasons are not seeking access to dental care even when they need it. In NSW this includes adults with poor dental health, who are not eligible for public dental services and cannot afford private dental care.”⁴

It is clear that more needs to be done to improve access to timely dental services in NSW and reduce oral health inequities. To this end, the 2017-18 NCOSS Pre-Budget Submission *Investing in Communities* recommended the NSW Government inject an additional \$25 million into oral health services in NSW, and we ask that the Committee support this recommendation.

In addition, this submission focuses on the lack of data and information needed to drive the improvements in oral health needed for people on low incomes living in NSW.

¹ NCOSS (2016) Poor Health: The Cost of Living in NSW. Available at https://www.ncoss.org.au/sites/default/files/public/policy/CostofLiving_Health_FINAL.pdf

² AIHW, Dental Statistics and Research Unit, *The National Survey of Adult Oral Health 2004-06: NSW*, Cat no. DEN 176, Dental Statistics and Research Series no. 40, Australian Institute of Health and Welfare, Canberra, 2008.

³ *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2004-13* (2004). Prepared by the National Advisory Committee on Oral Health.

⁴ NSW Ministry of Health (2013) *Submission to the Inquiry into adult dental services*. p. 3.

Recommendation:

1. That the Committee support our recommendation that the NSW Government inject an additional \$25 million into oral health services in NSW.

TOR (a) and (b)

- a) **The current performance reporting framework for monitoring the effectiveness and efficiency of health care service delivery in NSW;**
&
- b) **The extent to which efficiency and effectiveness is sustained through rigorous data collection, monitoring and reporting;**

The *Oral Health 2020: A Strategic Framework for Dental Health in NSW* sets the platform for oral health action in NSW. The overarching performance indicators for the Framework are:

1. A reduction in the percentage of people across all age groups who:
 - a. Are edentulous
 - b. Have any decayed teeth
 - c. Have periodontitis
2. An increase in the percentage of people across all age groups who have
 - a. Ten or more occluding pairs of teeth
3. Ensure clinically appropriate and quality services by maintaining low levels of:
 - a. Retreatment following restorative treatment
 - b. Denture remake

Of these indicators, however, only data on the *quality* of dental services is captured on a regular basis: re-treatments following restorative treatment and denture remakes are both included as safety and quality indicators in the service agreements between the Ministry of Health and each LHD.

When it comes to the oral health of the people of NSW, there is a lack of comprehensive, routinely collected population based data. It is therefore difficult to accurately track improvements (or otherwise) in overall oral health, and in the oral health of particular cohorts, over time.

For children, the most recent data available through HealthStats NSW comes from the NSW Child Dental Health Survey, conducted in 2007. More recent data on the dental status of children in NSW was collected as part of *The National Child Oral Health Study 2012–14*, but while the National and State-level data was published in 2016, disaggregated information for NSW is not yet publicly available. The NSW Teen Dental Survey 2010 also provides information on the distribution of dental caries among teenagers 14 and 15 years of age in NSW.

For adults, the most recent data is from *The National Survey of Adult Oral Health 2004–06*.⁵ Now, more than ten years later, the *National Study of Adult Oral Health (NSAOH) 2017–2018* is underway.

Given the infrequency of comprehensive population level data on oral health, we recommend that funding be allocated to enable the collection of robust population-level data on the oral health of children and adults in NSW on a more regular basis. Such data should be made publicly available within a reasonable timeframe.

⁵ AIHW, Dental Statistics and Research Unit, *The National Survey of Adult Oral Health 2004-06: NSW*, Cat no. DEN 176, Dental Statistics and Research Series no. 40, Australian Institute of Health and Welfare, Canberra, 2008.

In addition, according to experts in the field of oral health Australia lags behind many other countries, with a reliance on (sporadic) survey data. We have been slow to move to electronic data collection systems that would allow for more sophisticated and timely analysis that can drive improvements in oral health.⁶ In NSW, while we understand that work to replace and improve the current Information System for Oral Health (ISOH) is in train, we contend that integration with other electronic medical record systems, and across all health networks (including justice health), should be a priority and should be resourced accordingly. This recommendation is consistent with the National Oral Health Plan 2015-2024 which calls for increased efforts to maximise linkages between oral health and other health data systems.⁷

Recommendations:

2. The integration of oral health records with other electronic medical record systems, and across all health networks, should be prioritised, and should be resourced accordingly.
3. Funding should be allocated to enable the collection of robust population-level data on the oral health of children and adults in NSW on a more regular basis.

TOR (c)

c) The adequacy of the provision of timely, accurate and transparent performance information to patients, clients, health providers and health system managers;

As outlined above, we consider that more regular and timely information population-level data should be made publicly available, not least to allow for accurate assessment and tracking of the oral health of the people of NSW.

We also believe that more effort is needed to improve the availability and accessibility of performance information for clients and their representatives, particularly in relation to wait-times for public dental services. NSW Health publishes some information on waitlists by local health district and by priority code. However, this information is not accessible in such a way as to enable a consumer trying to navigate the system to understand how long they might be expected to wait for a particular procedure. We therefore recommend that NSW Health work with consumers and their representatives to improve access to information about the performance of public dental services in NSW.

Recommendations:

4. NSW Health should work with health consumers and their representatives to improve access to information about the performance of public dental services in NSW

TOR (d)

d) The extent to which the current framework drives improvements in the health care delivery system and achieves broader health system objectives.

⁶ Tennant, M and Kruger, E (2017) Talking Teeth: time to catch up on oral health data systems and big-data analysis, published in Croakey, February 15, 2017. Available at <https://croakey.org/talking-teeth-time-to-catch-up-on-oral-health-data-systems-and-big-data-analysis/>

⁷ Australian Government, *National Oral Health Plan: Healthy Mouths, Health Lives*.

We submit that current performance framework and data collection systems are insufficient to drive the improvements we need to see in the oral health of the people of NSW. This is not a new problem. The NSW Health submission to the 2005 Inquiry into Dental Services in NSW acknowledged the lack of comprehensive data (particularly for adults) in relation to oral health status. It noted that the lack of comparable data on disease prevalence and trends in communities restricts the development of cost-effective strategies to improve oral health and eliminate health disparities.⁸ While some progress has been made since the time of this inquiry – i.e. the population surveys summarised above – the fundamental problem of a lack of reliable, timely, robust data on oral health remains. Oral health should not be treated as secondary to general health; given its fundamental importance to people’s well-being, it should be treated on the same footing. Investment in oral health services, and in the data systems that would facilitate improvements in the effectiveness of these services, will also have flow on results to the broader health system, with dental conditions the third highest reason for acute preventable hospital admissions in Australia.⁹

Conclusion

We thank the committee for this opportunity to provide input into the Inquiry into the Management of Health Care Delivery in NSW. Oral health is a vitally important issue for people experiencing poverty and disadvantage in NSW. The impact of poor oral health can be far reaching across their lives and can further entrench their disadvantage. We need to invest to ensure improved access to timely dental services, particularly for vulnerable people who need it most, and ensure robust and integrated data and information to deliver this.

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⁸ Standing Committee of Social Issues (2005) Inquiry into Dental Services in NSW.
<https://www.parliament.nsw.gov.au/committees/Pages/inquiryprofile/dental-services-in-nsw.aspx#tab-termsofreference>

⁹ Australian Institute of Health and Welfare (2014) *Australian hospital statistics 2012-13*. Health services series no. 54. Cat .no. HSE 145. Canberra: AIHW.