



New South Wales

MINISTER FOR HEALTH

Mr John Evans
Clerk of the Parliaments
NSW Parliament
Macquarie Street
SYDNEY NSW 2000

Dear Mr Evans,

Please find attached the NSW Government response to the Parliamentary Standing Committee on Social Issues: Report on Inquiry into Dental Services in NSW.

Yours faithfully,

A handwritten signature in black ink, appearing to read "John Hatzistergos".

(John Hatzistergos)

29 SEP 2006

Received by me 4.30pm 29 September 2006
and authorised to be published
A handwritten signature in black ink, appearing to read "John Evans".
Clerk of the Parliament

NSW GOVERNMENT RESPONSE

To the
PARLIAMENTARY STANDING COMMITTEE ON
SOCIAL ISSUES

**REPORT ON
INQUIRY INTO DENTAL SERVICES IN NSW**

NSW GOVERNMENT RESPONSE TO THE
LEGISLATIVE COUNCIL SOCIAL ISSUES COMMITTEE
INQUIRY INTO DENTAL SERVICES IN NSW

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INTRODUCTION

The NSW Legislative Council Social Issues Committee announced its inquiry into dental services in NSW including quality of care, waiting times, access to public dental services, training of dental clinicians and specialists, and preventative treatments on 7th April 2005, resolving to adopt the following Terms of Reference:

- (1) That the Standing Committee on Social Issues inquire into and report on dental services in New South Wales, and in particular:
 - (a) the quality of care received in dental services,
 - (b) the demand for dental services including issues relating to waiting times for treatment in public services,
 - (c) the funding and availability of dental services, including the impact of private health insurance,
 - (d) access to public dental services, including issues relevant to people living in rural and regional areas of New South Wales,
 - (e) the dental services workforce including issues relating to the training of dental clinicians and specialists,
 - (f) preventive dental treatments and initiatives, including fluoridation and the optimum method of delivering - such services, and
 - (g) any other relevant matter.
- (2) That the committee report by Friday 31 March 2006.

The Committee made 33 recommendations – with the majority focussed on the provision of public dental services across NSW. While the NSW Department of Health will continue to address issues surrounding dental services provided through the public system, it needs to be stated up-front that the public provision of dental services accounts for just 15 percent of total dental services in NSW. The public dental service workforce in NSW of some 260 dentists and 168 dental therapists accounts for just 14 percent of the total dental workforce in NSW.

The recommendations of the Committee focused on service levels and access to services, staffing and funding as well as the fluoridation of public water supplies.

The recommendations and issues directed towards NSW Health and the provision of public dental services are closely linked with the oral health strategy developed in line with the 2006/07 budget enhancements for oral health services in NSW including workforce and funding commitments. Significant effort and resources have been invested to ensure that the most appropriate solution for the provision of enhanced oral health services is achieved. It is recognised that the benefits of enhanced workforce numbers and improved reporting frameworks may take some time to be fully realised, and in the meantime, there will continue to be on-going commitment to enhancing the existing public oral health services across NSW.

The remainder of this introductory section introduces the Government's response to the report and recommendations with detailed responses to each of the Committee's recommendations commencing on page 5.

KEY ISSUES

Access to Services

Since July 2001, the State Government's recurrent spending on oral health programs in NSW has increased from \$72.5 million in 2000/01 to approximately \$130 million per annum in 2006/07. The 2006/07 Budget allocation represents a \$4 million increase on last year's budget above salary and wage escalations which is part of an additional \$40 million over the 4 years to 2009/10 that NSW will invest on Oral Health services.

This additional funding will support a suite of initiatives targeting prevention and early intervention, expanding population access to fluoridated water, and providing services for high priority groups such as early childhood, rural populations, aged care and special needs groups. Increased services will be delivered by increased numbers of dentists and dental specialists as well as a significant increase in the number of dental auxiliaries (dental therapists, dental hygienists, dental prosthetists and oral health therapists).

The funding will also be used to:

- Treat more people waiting for public oral health care, particularly in rural areas
- Target early intervention of oral health problems in "high risk" groups such as early childhood and aged care
- Expand fluoridation of water across at least seven more NSW councils.

An additional \$1 million will also be invested in the Oral Health Fee For Service Scheme (OHFFSS) from 2006/07, bringing the fee schedule into line with the Department of Veterans Affairs (DVA) schedule. This is expected to increase participation by private dentists and dental prosthetists. This is a medium-term measure to ensure increased service delivery during a significant public dental recruitment program, and is expected to have its greatest benefit in rural regions where OHFFSS involvement has proven difficult to ensure.

Workforce Issues

There is a worldwide shortage of health workers including doctors, dentists, nurses and allied health practitioners. In Australia the workforce shortages are particularly acute in outer metropolitan, regional and rural areas.

A key factor in the declining future supply of the health workforce is the ageing health workforce. The average age of the national nursing workforce was 44 years in 2003¹. The medical workforce is also ageing, with the average age of the workforce at 46.6 years in 2002, which is an increase on the average age in 1996, which was 44.9 years.²

Compounding the health workforce shortage is a decrease in the average hours worked by health professionals. The average hours worked by medical practitioners decreased by 3.7 hours between 1996 and 2002.³ In nursing, between 1995 and 2001 the average hours worked per week by nurses fell by 1.9 hours.⁴

¹ Australian Bureau of Statistics Labour force profile 2003 p13.

² Australian Medical Workforce Advisory Committee (2004), Annual report 2003-04, AMWAC Report 2004.5, Sydney, p5

³ Australian Medical Workforce Advisory Committee (2004), Annual report 2003-04, AMWAC Report 2004.5, Sydney, p5

⁴ Australian Health Workforce Advisory Committee(2004) Annual report 2003-04 AHWAC Report 2004.3, Sydney p2

RESPONSE TO RECOMMENDATIONS

Recommendation 1

That the funding of public dental services in New South Wales be reviewed and increased to improve public dental services to be comparable to other states.

Response

Recurrent spending on oral health programs in NSW has increased from \$72.5 Million in 2000/01 to approximately \$130 Million in 2006/07. This represents an increase in funding of \$57.5 Million since June 2001.

As part of the 2006/07 Budget process, approval was given to a \$40 Million enhancement of Oral Health Services over 4 years. Funding will increase to \$130M in 2006/07, \$134M in 2007/08, \$138M in 2008/09, and \$142M in 2009/10 and support the key initiatives aimed at enhancing oral health services across NSW.

The funding will be used to:

- Treat more people waiting for public oral health care, particularly in rural areas
- Target early intervention of oral health problems in "high risk" groups such as early childhood and aged care
- Expand fluoridation of water across seven NSW councils
- Increase service delivery with a \$4 million investment in the Oral Health Fee for Service Scheme over 4 years.
- \$2.2 million to employ an extra 20 dental teams in 2006/07 and further teams, including dentists, specialists, therapists and hygienists between 2007/2010.

Recommendation 2

That area health services spend their oral health budgets on providing oral health services, and that a transparent accounting system be developed to monitor oral health spending in area health services to ensure a coordinated approach to oral health spending.

Response

Area Health Services regularly report to the NSW Department of Health on the amount allocated for expenditure on oral health services from their global health budget as well as progress against this budget. These reports include monthly financial reports and quarterly financial and activity reporting where expenditure is compared to workforce available, salaries and wages components, expenditure on the NSW Oral Health Fee for Service Scheme. Area comparisons are undertaken by NSW Health and variances investigated as required and also included in planning processes for future years.

The 2006/07 Population Health Service Agreement with NSW Area Health Services identifies key performance budget, health outcomes, and health service KPI's. Improved transparency and accountability of Area Health Service oral health expenditure and performance will be achieved by the consolidation of Area financial systems and the merger of the Information System for Oral Health (ISOH) databases statewide. In addition, the introduction of a statewide oral health reporting system in early 2007 based on the merged ISOH databases will allow reporting against weighted occasions of service and other productivity measures that will help ensure there is a coordinated approach to oral health spending across the State.

Recommendation 3

That NSW Health continues to work in coordination with other state and territory governments, the Federal government and a broad range of stakeholders within New South Wales to achieve the actions and objectives of the National Oral Health Plan 2004-2013.

Response

NSW Health through the Centre for Oral Health Strategy NSW (COHS) has incorporated the *National Oral Health Plan 2004-2013* actions and objectives into its oral health strategy linked to the \$40M Budget enhancement. The NSW Chief Health Officer is the Chair of the National Oral Health Plan Implementation Working Party. The Australian Health Ministers' Conference endorsed the National Oral Health Plan at its July 2004 meeting.

NSW Health consulted with a range of stakeholders within NSW to develop an oral health strategy in parallel with the National Oral Health Plan development process. The Centre for Oral Health Strategy NSW will oversee implementation of both the NSW oral health strategy and National Plan and there will be ongoing consultations throughout the implementation process. Examples of ongoing consultation within the implementation process include the establishment of the Early Childhood Oral Health Advisory Committee and the NSW Oral Health Network. In addition, a Rural Dental Advisory Group has been established with a linkage to the Director General's Rural Health Priority Taskforce. Key aspects of the NSW oral health strategy have been integrated within the work and deliberations of the Population Health Priority Taskforce.

Recommendation 4

That the NSW Government urge the Federal Government to increase direct spending on oral health and public dental services.

Response

The NSW Government has, and will continue to urge the Commonwealth Government to increase direct spending on oral health and public dental services through the Australian Health Ministers' Conference.

Recommendation 5

That the oral health strategic plan, the associated framework for action, and the Aboriginal and Torres Strait Islander plan be implemented by NSW Health and the NSW Oral Health Promotion Network in consultation with relevant stakeholders, including the Commonwealth Government, and that sufficient funding to implement the objectives of the plan be made available.

Response

The NSW Government supports this recommendation.

NSW Health will implement the recommendation in full consultation with recipient communities, including Aboriginal Medical Services and Justice Health. Funded Aboriginal Medical Services include Armidale, Awabakal, Redfern, Biripi, Bulgarr Ngaru, Daruk, Durri, Illawarra, Katungal, Riverina, Tharawal, Casino, and Pius X Moree.

A Statewide Aboriginal Oral Health Coordinator was appointed in July 2006 to work with the Centre for Oral Health Strategy NSW and will facilitate implementation of the Aboriginal and Torres Strait Islander component of these plans.

The NSW Government has made funding available for the oral health strategy in its recent budget enhancement of 2006-2010, which will supplement activities in this area.

Recommendation 6

That NSW Health in consultation with relevant stakeholders and users, review developments to the Information System for Oral Health to ensure its improved efficacy and usefulness.

Response

The NSW Government supports this recommendation.

NSW Health is addressing this recommendation via major planned improvements to the Information System for Oral Health (ISOH) over the next three years. Currently a project is underway with Areas and users to integrate ISOH with digital imaging technology to improve efficiency and patient safety. In addition, a project commenced in September 2006 to develop an odontogram and treatment planning component in future versions of the ISOH product to allow all relevant patient information to be collected and viewed at the chairside via ISOH. Consultation also occurred with each Area Health Service in NSW during February and March 2006.

Recommendation 7

That a comprehensive child oral health program, targeted through schools, be implemented and adequately staffed and funded.

There is strong evidence that because of the change in distribution of dental disease that the traditional "school-based" dental programs are no longer an effective and efficient means of targeting dental prevention and services to children and adolescents.

In 1999, the Child Oral Health Program, previously known as Save Our Kids Smiles (SOKS) was reviewed. Significant changes were recommended in the four primary areas of oral health education, risk assessment, data management and clinical treatment. Implementation of the recommendations has seen an improvement in the delivery of oral health services to children in NSW, particularly to those most at need.

NSW has a community-based service where schools with children of high social deprivation backgrounds are offered free dental assessments by visiting dental therapists or dentists. This School Assessment Program then refers children in need of treatment into the local Area Health Service Priority Oral Health Program (POHP). Those children not assessed at school can still access services via the POHP at their local Area Health Service.

In a phased, manner NSW will introduce a preventive oral health program for children from 12 months of age. This Early Childhood Oral Health Program will link strategically with Early Childhood Centres, the Families First initiative and community networks. The objective of the program will be "Smiling fit-for-school", i.e. no dental decay in children starting school in NSW.

The 2006/07 Budget enhancements are being directed toward the introduction of early childhood oral health programs, re-focusing the models of child and adolescent dental care toward prevention and the greater use of dental hygienists, dental therapists and oral health therapists in delivery of dental care.

Recommendation 8

That NSW Health review the fee schedule under the Oral Health Fee for Service Scheme, in consultation with the Australian Dental Association and other relevant stakeholders, with consideration to the dental fee schedule of the Department of Veterans' Affairs, and continue to review the schedule regularly

Response

NSW Health completed a review of the NSW Oral Health Fee for Service Scheme (OHFFSS) during 2005 and an increase to the OHFFSS payment to "DVA equivalent" has been approved. This is expected to improve equity of access by attracting a wider range of providers, particularly in rural areas.

Recommendation 9

That NSW Health conduct further research to determine the feasibility of co-payments for public dental services, taking into account funding requirements, budgetary implications, systems used in other States and impacts on low-income public dental service users.

Response

NSW Health has reviewed the experience of other jurisdictions, and does not consider that benefits of introducing such a scheme would outweigh the disadvantages at this time. Advice received to date suggests that the administration costs are high and that the additional funds raised through the co-payment scheme may not be sufficient to counteract these costs. Additionally, any adverse effects of the system are more likely to impact more significantly on low-income public dental service users in NSW. Further research will be undertaken by NSW Health on this matter.

Recommendation 10

That the NSW Government urge the Federal Government to review the 30% rebate and redirect funding towards more affordable private and public dental services.

Response

NSW will raise the concept of an appropriate Australian Government contribution to the funding of oral health services through the AHMC/AHMAC process. This decision is ultimately one for the Australian Government.

Recommendation 11

That the NSW Government urge the Federal Government to extend Medicare to cover dental services to special needs groups and children up to the age of 16 years

Response

At a meeting of the Australian Health Ministers' Conference on 27 July 2006, the Minister for Health raised the need for an appropriate Australian Government contribution to the funding of oral health services. NSW continues to liaise with other States and Territories about this issue. This decision is ultimately one for the Australian Government.

Recommendation 12

That:

- ***The award remuneration levels be reviewed for dental officers (dentists) and increased to a level to attract dentists to the public dental sector;***
- ***the State award for dental therapists and dental hygienists be reviewed and remuneration levels increased to include recognition of the Bachelor of Oral Health degree from both the University of Newcastle and University of Sydney;***
- ***A State award for dental prosthetists be created;***
- ***The State award for dental specialists be reviewed and remuneration levels increased.***

Response

The Department of Health has convened an internal Working Group to consider these issues raised by the Legislative Council.

Recommendation 13

That NSW Health consult with the Australian Dental Council to address issues relating to overseas registered dentists and promote the limited registration scheme.

Response

NSW Health will discuss with the Dental Board of NSW and the Australian Dental Council additional options for the employment of Overseas Trained Dentists under s14 of the Dental Practice Act.

Phase 2 of the NSW dentist recruitment drive will provide opportunities for overseas trained dentists to gain clinical experience while undertaking the Australian Dental Council Final Examination. Incentives to encourage these dentists to take up public sector positions on achieving full registration are under consideration. Consultation with the relevant regulatory bodies has already commenced.

Recommendation 14

That NSW Health considers additional incentives to encourage more oral health professionals to practice in rural areas.

Response

The NSW Government supports this recommendation.

NSW Health has employed a number of strategies to address both the workforce shortage and maldistribution of staff. These include overseas recruitment of health professionals, the Area of Need Program to recruit overseas trained doctors to work in declared areas of need, the Nurse Re-Connect Program, development of the basic physician, basic surgical and psychiatry training networks, funding of the GP procedural training program for GPs, and establishing additional childcare places for health workers.

With respect to the dental workforce, a coordinated, two-phase recruitment campaign is underway across NSW. Phase 1 aims to recruit dentists to fill newly funded positions and dentists to fill existing vacancies at Dental Officer Grade 2 and above. Applications are being considered. Phase 2 aims to provide clinical opportunities (under limited registration) for overseas trained dentists resident in Australia while they undertake the Australian Dental Council Final Examinations required for full registration.

The Centre for Oral Health Strategy has also developed terms of reference for a Rural Dental Advisory Group (established in August 2006) that has members drawn from rural community and professional groups. The group will also provide advice to the Director General of Health via the Rural Health Priority Taskforce. The Taskforce has already identified oral health as a major health issue in rural NSW.

In addition, the Department of Health will convene a small working group to review existing rural service incentives and recommend new ones over the next 12-18 months for consideration around these issues raised by the Legislative Council.

Recommendation 15

That the NSW Government work with the University of Sydney and Commonwealth Government to increase the number of HECS places for the Bachelor of Dentistry course.

Response

NSW Health has initiated discussions with the University of Sydney. The number of HECS places for the Bachelor of Dentistry course is a matter for consideration by the Australian Government. Recent advice to NSW Health is that 40 additional HECS places have been allocated to the University of Sydney by the Australian Government. NSW Health will discuss with the University of Sydney the future distribution of placements between the two degree courses offered at the University and in relationship with arrangements at rural universities.

Recommendation 16

That the NSW Government with the universities and the Commonwealth Government carry out a review of numbers and impact on the workforce of graduates of the Bachelor of Oral Health courses in NSW.

Response

The NSW Government supports this recommendation. A key platform of the oral health strategy linked to the \$40M Budget enhancements is to increase the employment of dental therapists, dental hygienists and oral health therapists in new roles that will embrace disease prevention and the maintenance of good oral health. Dental auxiliaries provide a significant opportunity for early intervention thereby reducing the need for acute care and reducing reliance on tertiary sector services

NSW Health will undertake a review of the Bachelor of Oral Health as part of the work program of the NSW Health working group to be established to implement initiatives to address the shortage of the oral health workforce. Of particular importance to the working group will be developing professional development opportunities for the oral health workforce, such as the sponsorship of attendance at major dental congresses and sponsorship of the Biennial NSW DTA Conference.

The NSW Government continues its strong commitment to the role of Dental Therapists in NSW public oral health services via a number of initiatives including: the establishment of a Pilot Upgrade Program for Dental Therapists to upgrade their qualification from a Certificate to a Diploma. NSW Health is also actively pursuing the removal of legislative restrictions upon dental therapists so they may work in both the public and private sector in line with these new graduates.

Recommendation 17

That NSW Health investigate the benefits of internships and specialist registrarships for graduating dentists, including the feasibility of achieving interstate mutual recognition.

Response

NSW Health will investigate this further noting that a national approach on this matter would be required should this be feasible in the future. The Centre for Oral Health Strategy NSW will prepare a discussion paper on this matter in consultation with the NSW Dental Board, the University of Sydney and the Australian Dental Council.

Recommendation 18

That the NSW Government work in collaboration with the Commonwealth Government to address the issue of low remuneration for dental academics, and the corresponding need to increase funding.

Response

This recommendation would need to be progressed by the Australian Government which has responsibility for this sector.

Recommendation 19

That the Priority Oral Health Program be reviewed, with particular reference to waiting times, to ensure that patients in the public system receive adequate treatment within reasonable timeframes.

Response

The NSW Government supports this recommendation and already has initiatives in place to review the Priority Oral Health Program.

As both NSW Health and Queensland Health have implemented the Priority Oral Health Program, the two departments have established a joint working party that monitors changes and makes ongoing recommendations for improvement of the Program.

The 2006/07 Budget enhancement provided funding for a review of business processes for optimising patient flow.

Recommendation 20

*That the standard of equipment at public dental clinics, particularly in rural and remote areas, be reviewed to ensure that it is adequate to deliver a satisfactory level of treatment to patients.
and*

Recommendation 21

That:

- *Rural and remote dental services be increased;*
- *New dental clinics and facilities be located in areas accessible by public transport;*
- *Clinics and facilities in rural and remote areas be fully equipped;*
- *The use of mobile dental units be investigated;*
- *The use of existing medical infrastructure for the transfer of medical information be explored with respect to dental services.*

Response

A statewide stocktake on dental equipment and infrastructure needs is currently being conducted by Area Health Services. Capital works programs have been identified and factored into the structural changes of the oral health budget enhancements over the next four years. The capital works program at the State and Area level includes the advancement of community-based dental services with an emphasis on services in rural Areas.

Additional capital of \$2.2M was allocated to oral health services in May-June 2006 providing an additional 25 dental chairs, 38 sets of digital radiography sensors, 10 autoclaves and minor refurbishments across all Area Health Services.

Recommendation 22

That in addition to recommendation 11 concerning the extension of Medicare to cover dental care for special needs groups, the following issues be considered with respect to elderly patients in the light of the new oral health plan to be implemented in New South Wales:

- *Access to dental services, including transport possibilities and difficulties faced by frail patients in wheelchairs;*
- *Education on oral health, including dissemination through doctors, dentists and pharmacists about medication and its effect on oral health;*
- *The greater provision of oral health services in aged care facilities;*
- *The training of dentists, staff and carers in the oral health needs of elderly and frail patients suffering dementia.*

Response

NSW Health will advance discussions with respect to the funding options of service provision to those groups with the support of the Commonwealth Government and other jurisdictions.

NSW Health is working with other jurisdictions, including South Australia, to test a new dental assessment approach with doctors and nurses involved in geriatric health assessments.

Recommendation 23

That the new oral health plan for New South Wales consider the need to provide culturally appropriate and accessible oral health services for indigenous people, comprising education for children and adults, the provision of a wider range of services beyond emergency treatment, and the means of providing preventive treatment and education.

Response

NSW Health has recently recruited a Statewide Aboriginal Oral Health Coordinator who will assist with the implementation of this recommendation and to have oversight of the \$3M that NSW Health currently allocates annually to Aboriginal Medical Services for the provision of dental services.

\$150,000 will be invested in delivering dental services in at least one additional Aboriginal Medical Service in 2006/07, with \$500,000 targeted at delivering dental services in at least two additional Aboriginal Medical Service's in 2007/08 and beyond. By 2010, this is expected to increase the number of dental services provided by Aboriginal Medical Service's by 15%.

The oral health strategy linked to the \$40M Budget enhancements focuses on early intervention and prevention as well as the education and training of appropriate general and oral health personnel. This is in keeping with the Future Directions for NSW Health.

Recommendation 24

That the new oral health strategic plan for New South Wales consider the issues related to special needs groups, including priority in treatment, appropriate training for dental practitioners and the need for ongoing education programs and dissemination of information.

Response

The NSW Government supports this recommendation and is expected to conduct a review of access to dental services by persons with special needs in 2006/07. The outcomes of this review will be included in the development of the special needs program, which is part of the framework of the oral health strategy linked to the \$40M Budget enhancements.

Recommendation 25

That NSW Health consider the feasibility of alternative means of providing public and subsidized dental services including public-private partnerships.

Response

The NSW Government supports this recommendation and will consider the feasibility of such alternatives.

Different models of care have been considered as part of the Oral Health Fee for Service Scheme (OHFFSS) review and partnerships with local councils to provide local dental clinics in partnership with NSW Health are also being explored. An increase to the OHFFS payment to "DVA equivalent" will increase the participation of private sector providers. Alternative models of involving the private sector will be explored as part of the development and implementation of new models of care in public dentistry.

Recommendation 26

That NSW Health consider establishing a survey unit and its role within the Centre for Oral Health Strategy.

Response

The NSW Government supports this recommendation in part. NSW Health has part funded the NSW Health Chair in Population Oral Health established at the Faculty of Dentistry, University of Sydney. A key component of the roles and responsibilities of the Chair is epidemiological data collection, analysis and reporting. The oral health strategy linked to the \$40M Budget enhancements provides for focused surveys in a scheduled manner for children, special need groups including, the elderly and adults.

Recommendation 27

*That oral health promotion be integrated into mainstream health promotion, such as Early Childhood Health Centres, the Blue Books and primary school education programs.
and*

Recommendation 28

*That a targeted oral health promotion campaign, like "Life Be In It" and "Slip Slop Slap" campaigns, be part of the Oral Health Promotion Framework, and that the NSW Government continue to work with the Federal Government to ensure funding and coordination of a national oral health campaign.
and*

Recommendation 29

*That NSW Health consider the use of oral health promotion teams in area health services across NSW.
and*

Recommendation 30

*That nutrition education be included in NSW Health oral health and general health promotion initiatives.
and*

Recommendation 31

That additional funding be specifically allocated to prevention and oral health promotion strategies.

Response

The NSW Government will consider recommendations 27 to 31 within the context of the NSW Oral Health Promotion Framework for Action and Future Directions for NSW Health.

The NSW Oral Health Promotion Network, which includes representation from professional groups, Area Health Services and the community, will also be directed to action these recommendations. Areas will be encouraged to undertake oral health promotion activity in a coordinated manner via the Network as part of the oral health strategy.

Funding has already been made available for a range of pilot projects in 2006 and other initiatives will be progressed in a phased and coordinated manner from funding announced as part of the 2006/07 NSW Budget.

New models of care with a focus on prevention and early intervention will be developed that are delivered by dental therapists, dental hygienists, and oral health therapists will support and reinforce these recommendations. These new models of care will be funded through the new package of enhancements announced as part of the 2006/07 NSW Budget.

Recommendation 32

That the legislation be amended to make decisions to fluoridate public drinking water the responsibility of NSW Health not local councils, with provisions for consultation with councils and communities.

Response

Not Supported.

Since 2003 NSW Health, with the support of Area Health Services has been proactive in developing strategies to promote and extend water fluoridation in many rural communities in an attempt to reduce inequalities in oral health. Fifteen new rural Councils and Shires have either requested or sought direction to fluoridate their water supplies. Currently, more than 90% of the state population is covered by water fluoridation. A further 6 councils representing approximately 117,200 people, are being actively consulted.

NSW Health has monitored legislation in other jurisdictions with respect to strengthening the role of the Department of Health. At this time however, it does not recommend that the Fluoridation of Public Water Supplies Act 1957 be amended. Should circumstances change then legislation giving decisive power to the Department of Health will be reconsidered.

Recommendation 33

That NSW Health publish the results of the National Adult Survey of Oral Health when available.

Response

The Survey has yet to be completed in other states however, upon completion, the results of the National Adult Survey of Oral Health will be published. The publication of these results is the responsibility of the Australian Institute of Health and Welfare (AIHW) through the Australian Research Centre for Population Oral Health (ARCPOH).