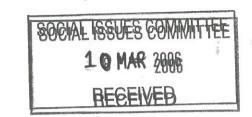


P06/233

Ms Rachel Simpson
Director,
Standing Committee on Social Issues
Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000



Dear Ms Simpson

## Inquiry into Dental Services in NSW

I refer to your letter dated 20 February 2006 concerning the Thursday 16 February Hearing of the Inquiry into Dental Services in NSW.

Please find attached responses to questions you have indicated in your letter as having been taken on notice on that occasion.

Please note that with respect to question 3 (pages 44 & 45) your interpretation of the Hansard Transcript indicates that it has been assumed the list to be provided would be a list of dentist's names. This was not the intention of the Chief Dental Officer at that time. The response provided to question 3 constitutes a list of numbers and localities, as was intended.

The Chief Dental Officer has also provided additional material that was undertaken to be provided at the time of the Hearing. That information is as follows:-

- Answer to a fifth question concerning the number of Student dentists on placement and where (page 47). The response to this question is attached as Q5.
- Copy of the Terms of Reference for the Oral Health Workforce Group. This information follows on after the response to question 5.
- Copy of the NSW Oral Health Promotion Framework for Action 2010. Copy attached.

With respect to the accuracy of the Hansard Transcript I seek the following amendments. On page 36, the statement made by Mr Clout should read "there is always *a tension*" and <u>not</u> "there is always *attention*". Also, on page 36 the last paragraph should be attributed to Dr Clive Wright rather than Mr Clout. Similarly, the second paragraph on page 37 should also be attributed to Dr Clive Wright rather than Mr Clout.

The person to contact at the NSW Department of Health for further information or assistance is Mr Malcolm Swain, Parliament and Cabinet Unit on 9391 9343.

Yours sincerely

Dr Denise Robinson Chief Health Officer &

Deputy Director-General, Population Health

# Inquiry into Dental Services in NSW

# **Response to Questions on Notice**

Questions Taken on Notice at Hearing of 16 February 2006.

- Q1. The Committee heard evidence that the Sydney Dental Hospital has been unable to pay bills for dental supplies due to a lack of funding. Have these bills been paid and the supplies provided? Are services not being delivered because those bills are not being paid?
- A1. I am advised that the Sydney Dental Hospital has appropriate dental materials available to provide general dental care to all of its patients and that general patient services continue to be provided without disruption.

Sydney Dental Hospital has acknowledged there have been some recent delays in paying supply bills due to several factors:

- o the introduction of a new system of ordering; and
- o the merging of financial management systems within the new Area Health Service.

I am informed as at 2 March 2006 there were four suppliers withholding supplies to the Sydney Dental Hospital. The goods supplied by these companies include general dental supplies and equipment, spare parts for dental chairs and spare parts for dental handpieces.

The Hospital is in dispute with two companies relating to discrepancies in the company invoices and is waiting for further information from the companies before authorising payment. I am advised that the invoices from a third company have been approved and payment authorised and that urgent action has been taken to process the invoices of the fourth company for payment in the near future.

I am further advised that the Sydney Dental Hospital has appropriate dental materials available to provide general dental care to all of its patients and that this matter has not affected patient care, with general patient services continuing to be provided without disruption.

# Q2. What percentage of the NSW Health Budget is spent on public dental services?

A2. Approximately \$120 million has been allocated for expenditure on public dental health services in 2005/2006 represents 1.10% of the NSW Health's 2005/2006 Expense Budget of \$10.875 billion.

- Q3. Could you supply a list of dentists who are part of the Dental Officer Rural Incentive Scheme (DORIS) and the number of full-time equivalent positions that are filled under the Scheme?
- A3 Please note: that with respect to question 3 (pages 44 & 45) your interpretation of the Hansard Transcript indicates that it has been assumed the list to be provided would be a list of dentist's names. This was not the intention of the Chief Dental Officer at that time. The response provided to question 3 constitutes a list of numbers and localities, as was intended.

**DORIS - DENTIST NUMBERS AND LOCATIONS** 

Area Health Services	FTE
Sydney South West	5.0
South Eastern Sydney/Illawarra	10.63
Sydney West	4.0
Northern Sydney/Central Coast	6.6
Hunter/New England	23.3
North Coast	. 11.8
Greater Southern	7.03
Greater Western	9.6
Justice Health *	1.0
TOTAL	78.96

- Justice Health has 6.2 FTE dental officers. A dental officer receives DORIS when on rotation to rural Areas. At any one occasion, one dentist will be in this situation – hence 1.0 FTE reported.
- Q4. Could you provide information concerning the dental vans in NSW, including any changes to the number of vans, the number of sites delivering services in NSW and where the vans are in use?
- A4. There are currently 11 mobile dental vans in use across NSW. These vans are based at Menai, Warren, Wentworth, Trundle, Blayney, Kandos, Moulemein, Junee, Wagga Wagga, Kempsey and Lismore.

In 2002 the Department of Health initiated a Review of mobile dental vans across NSW. I am advised that the main recommendations of this Review included:

- that where possible dental services should be relocated to fixed clinics;
- that dental vans should be phased out if a suitable clinic is within a half-hour drive from the current van location; and
- to phase out the older and smaller vans and those with structural deterioration.

The Review also found potential occupational health and safety and infection control issues with the continued use of the smaller and older vans to deliver dental services.

The Review also recommended that primary sterilisation of instruments and

developing of X-rays should occur at a fixed clinic rather than in the dental van.

As a result of the implementation of the Review recommendations the number of mobile dental vans decreased from 33 to the current number in operation.

I am advised the Area Health Services have been managing van closures since 2002 as part of a planned process of replacement that will continue over the next two years.

The services previously provided by the vans have been replaced with services delivered at fixed clinics.

The vans mostly provide services to school children by Dental Therapists.

Figures provided by the Department of Health to the Inquiry into Dental Services in NSW showed that in 2001/02 a total of 516,468 occasions of service were provided to children, rising to 550,900 in 2003/04.

Of the vans currently operating, four have been included in plans for integration within a dental clinic building within the next few years. Three of the 11 vans have also been co-located with a health facility or school.

Where this integration is not currently possible service provision has been maintained and any necessary Occupational Health and Safety and infection control issues have been addressed.

## Q5 Number of student dentists on placement and where?

A5. The Faculty of Dentistry, University of Sydney has about 50 dental students in the fourth and final year of the Bachelor of Dentistry degree. This will rise to around 80 by 2008. Usually a group of around 12 students participate in four blocks of two-week placements.

Three rural Area Health Services in particular have had these students on placement:

- Hunter New England Area Health Service (at 17 dental clinics)
- Greater Western Area Health Service (at 10 clinics)
- Greater Southern Area Health Service (at 3 clinics)

A two-week rural placement is compulsory. This means that the number of students on a rural placement cannot be used to predict the proportion that might choose to practice in a rural community following graduation.

In addition, there are some 12 University of Adelaide students who have up to sixweek placements with two Area Health Services - Northern Sydney/Central Coast and Sydney South West.

#### TERMS OF REFERENCE - ORAL HEALTH WORKFORCE GROUP

Details of the workforce issues identified for the consideration of the Oral Health Workforce Group and of the two priorities it selected – Awards and Career Pathways – have been provided previously.

The Terms of Reference of the Oral Health Workforce Group are as follows:

- The establishment of the Oral Health Workforce Group is in response to ongoing concerns regarding recruitment and retention issues affecting the public sector oral health workforce and is to provide advice to the Director General of Health and the Minister for Health.
- The group will report through the Chief Dental Officer to the relevant Health Priority Taskforce. The work of the Group will be consistent with directions and recommendations contained in the NSW Health Workforce Action Plan.
- In the short-term, the emphasis of the Group will be on the <u>public sector</u> although this
  will necessitate an understanding of similar issues in the private sector in as much as
  they impact on the public sector. The public sector oral health workforce is comprised
  of dental officers, specialists, dental assistants, dental therapists, dental hygienists,
  dental technicians and dental prosthetists.

### Terms Of Reference:

To provide advice to the Director-General of NSW Health and the Minister for Health in relation to:

- 1. Developing a coherent Oral Health Workforce Plan, consistent with the NSW Health Workforce Action Plan and taking account of [workforce] recommendations in the National Oral Health Plan where appropriate;
- 2. Reviewing and evaluating existing employment practices relating to the recruitment and retention of the New South Wales oral health workforce;
- Developing and evaluating proposals to address recruitment and retention issues.
   These would include industrial Awards affecting the remuneration and working conditions and other employment conditions, incentives and benefits;
- 4. Monitoring the implementation of the Oral Health Workforce Plan as overseen by the Oral Health Branch and the State Oral Health Executive, and providing necessary advice and support;
- 5. Providing ongoing advice on oral health workforce issues to sections of the Department of Health responsible for workforce matters.