Submission
No 118

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: Sydney South West Area Health Service

Name: Dr Diana Horvath

Position: Chief Executive

Telephone:

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Theme:

Summary

SYDNEY SOUTH WEST AREA HEALTH SERVICE

26th May 2005

Ms Jan Burnswoods, MLC
Committee Chair
Standing Committee on Social Issues
Parliament House
Macquarie Street
Sydney 2000.

Dear Ms Burnswoods,

Please find attached a submission on behalf of Sydney South West Area Health Service concerning your current Inquiry into Dental Services in New South Wales. This submission has been prepared by the Sydney Dental Hospital, a facility of Sydney South West Area Health Service.

It should be noted that Sydney South West Area Health Service is responsible for public dental services for the residents of the Area, which comprises some twenty per cent of the NSW population; and also provides specialist services for eligible residents throughout New South Wales.

Should you require further information about the submission or any related matters, the appropriate contact person is Dr Sameer Bhole, Area Clinical Director Oral Health Services on 98285952.

Yours sincerely

Dr Diana Horvath AO
Chief Executive

Head Office:
Liverpool Hospital (Eastern Campus)
Elizabeth Street, Liverpool NSW 2170
Mailing Address:
Locked Bag 7017, Liverpool BC 1871
Phone: 61 2 9828 5700 Facsimile: 61 2 9828 5769
General Correspondence:
Email: arearecords@swsahs.nsw.gov.au
www.sswhealth.nsw.gov.au

Royal Prince Alfred Hospital
KGV Building, Level 11
Missenden Road, Camperdown NSW 2050
Phone: 61 2 9515 9600 Facsimile: 61 2 9515 9611

SYDNEY SOUTH WEST
AREA HEALTH SERVICE

A Submission to the NSW Legislative Council Standing Committee on Social Issues Inquiry into Dental Services in New South Wales

1st June 2005

Head Office:
Liverpool Hospital (Eastern Campus)
Elizabeth Street, Liverpool NSW 2170
Mailing Address:
Locked Bag 7017, Liverpool BC 1871
Phone: 61 2 9828 5700 Facsimile: 61 2 9828 5769
General Correspondence:
Email: arearecords@swsahs.nsw.gov.au
www.sswhealth.nsw.gov.au

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Submission by Sydney South West Area Health Service to the NSW Legislative Council Standing Committee on Social Issues Inquiry into Dental Services in New South Wales

EXECUTIVE SUMMARY

Sydney South West Area Health Service (SSWAHS) is funded to provide dental and oral health care to the eligible adult population of the Area Health Service, as well as all children residing within the Area. The Sydney Dental Hospital (SDH) is the major clinical centre, as well as a State-wide specialist referral centre, and is a teaching hospital of the University of Sydney and Technical and Further Education (TAFE).

The information provided in the submission has been obtained from reliable data collected and analysed by the specialist staff of the SDH and the Area Health Service to provide timely, accurate and constructive comment. This document addresses issues relevant to each of the Terms of Reference. The following major points are substantiated by information included in the submission:

- In the public sector, emergency care predominates over routine care and the preservation of teeth, resulting in continuing and increasing poor oral health.
- Demand is already far outstripping supply and is projected to increase, with increasing numbers of people eligible for public dental care because of the ageing of the population.
- Oral Health Services are under funded. In addition, the meagre funding is not quarantined and therefore is often reduced further to meet Area-wide cost cutting measures.
- Access to dental care for rural and regional Australians is poor, and disadvantaged groups with special needs within the community cannot access mainstream services.
- The workforce is unevenly distributed across the State. It is difficult to attract dentists to the Public Sector because of perceived deskilling, industrial conditions and the general workforce shortage.
- The excessive demand for urgent clinical service has meant that limited resources have been devoted to population health initiatives, preventive dental treatments and oral health promotion.

In conclusion, it is apparent that in SSWAHS insufficient resources are available to provide the level of service that the community desires, to develop population health initiatives, and to provide training and education for the future workforce. If some, possibly unpalatable, decisions are not taken about the priorities and objectives of the public oral health sector, then the current system will continue on a crisis and patchwork basis, with the result being a deskilled, poorly trained and thus inappropriate workforce providing poor clinical service with few population health initiatives.

Submission by Sydney South West Area Health Service to the NSW Legislative Council Standing Committee on Social Issues Inquiry into Dental Services in New South Wales

INTRODUCTION

Oral Health
Dental decay is the most prevalent health problem in Australia. While demand for dental care is projected to increase, the workforce available to provide care is projected to decrease.

Poor oral health is concentrated in low socioeconomic and other disadvantaged groups, for whom oral health is growing worse. Public oral health services are under funded for the large eligible population, while private dental practitioners cannot supply sufficient services to match unmet demand in public oral health services

Sydney South West Area Health Service
Sydney South West Area Health Service (SSWAHS) has close to 20% of the NSW population, and is the largest in population of NSW Area Health Services. SSWAHS oral health services provide general oral health care to the resident eligible population, and specialist oral health care to all eligible residents of NSW referred to a specialist oral health service.

The Sydney Dental Hospital (SDH) is the major clinical centre for dental services in SSWAHS. In addition it provides clinical training for Bachelor of Dentistry students in collaboration with the Faculty of Dentistry, University of Sydney and Westmead Centre for Oral Health; for Dental Prosthetist students in collaboration with TAFE NSW; and educational facilities for the training of dental assistants, again through TAFE NSW. Most specialist services of SSWAHS are located at this site.

Oral Health Services in SSWAHS provide the full range of public oral health services, ranging from oral health promotion and education, outreach assessment and referral, and emergency and general treatment, to specialist treatment and complex treatment under general anaesthesia. Over 320,000 occasions of care were reported for the 12 months to the end of April 2005, including close to 20,000 children assessed and screened in schools. However, with 53% of the population of SSWAHS, or 570,000 adults and children, eligible for public oral health care, waiting lists and waiting times for treatment are extremely long.

This submission will address the terms of reference of this enquiry, namely:

(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 methods of delivering such services, and
(g) Any other relevant matter.

BACKGROUND

Dental decay is the most prevalent health problem in Australia.

Dental caries is the most prevalent health problem in Australia, while periodontal diseases are the fifth most prevalent health problem. While Australian children and adolescents have good oral health compared to previous generations, a significant number have a higher rate of dental decay, with children in the lowest socioeconomic quartile experiencing almost twice as much dental decay. Children in the highest socioeconomic quartile (1). Despite a history of success with child oral health, there has been a rise in dental decay in 6-year-old children between 1996 and 1999 (2).

Poor oral health is concentrated in poor and disadvantaged groups, for whom oral health is growing worse.

Among Australian adults there is greater disparity in oral health than among children. Public oral health patients who are holders of government health or pension cards, such as the unemployed, aged or disability pensioners, have more than three times the number of decayed teeth, when compared with the general population, and had more decayed teeth in 2001-02 compared with 1995-96 (3).

Demand for dental care is projected to increase, while the workforce available to provide care is projected to decrease.

Demand for dental care in the Australian community is conservatively projected to increase by up to 39% to 2010, while dentists' capacity to supply dental visits is projected to increase by only 3.9% (4).

Public oral health services are under funded for the eligible population.

In Sydney South West Area Health Service (SSWAHS) 53% of the population, or 570,000 adults and children, are eligible for public dental care. With a budget of just under 30 million dollars this equates to approximately $50 per eligible person, which would not purchase even a check-up in a dental private practice.

Private dental practitioners cannot supply sufficient services to match unmet demand in public oral health services

Where public oral health services cannot recruit enough staff, patients can be issued a voucher for emergency treatment by a private practitioner through the Oral Health Fee for Service Scheme and Pensioner Denture Scheme. However, the number of private dentists willing to participate in this scheme is low. In a telephone survey conducted in the Western Zone of SSWAHS of 600 dentists and prosthetists who had participated in the schemes in the past, the main reasons given for not continuing were:

- Too much paper work
- Resigned, retired or left practice
- Remuneration too low
- Payment too slow or not on time
- Not enough patients to warrant participation in the scheme

TERMS OF REFERENCE

(a) The quality of care received in dental services.

- **Emergency care predominates over comprehensive care, resulting in continuation of poor oral health**

Oral Health Service clinics are overwhelmed with meeting the demand for high-priority care. Adult patients without pain but seeking care for known problems, and those seeking a check-up or preventive services, are placed on waiting lists which continue to grow in length and in waiting time. Those patients who present with pain have their pain relieved and are then placed on a waiting list for general care. Few patients except those with the most devastated mouths, or those with severe medical problems, have been called from general care waiting lists for many years.

In 2001-02, public dental patients aged between 18 - 44 had, on average, more than 4 (untreated) decayed teeth compared with between 1.1 and 1.8 decayed teeth in similarly aged persons in the Australian population in 1987-88 (3).

Nearly half (46.2%) of emergency public oral health patients have extractions, which is twice the level of extractions for patients in a public general course of care (23.1%) (5). Because there are insufficient resources to meet even the demand for emergency care there is very little general care provided in public oral health clinics and, therefore, public patients find themselves in a cycle of deteriorating oral health and repeated extractions.

During the 12 months to the end of April 2005, 17,939 extractions were carried out at the SDH, but only 727 teeth had endodontic treatment. In public dental patients, the maintenance of teeth by endodontic treatment is limited firstly by the extensive state of breakdown of teeth due to the lack of availability of routine treatment, and secondly by the extremely limited capacity to properly restore endodontically treated teeth, due to the duration and expense of such treatment.

(b) The demand for dental services including issues relating to waiting times for treatment in public services

- **Demand outstrips supply**

Each month, over 4,000 adults and over 1600 children seek care in SSWAHS. Those whose need is not high priority are placed on a waiting list. Of these, children wait for over two and a half years for an appointment, while only a trickle of adults have been called from the waiting list for general treatment for many years: the waiting time is over 4 and a half years and is increasing.

- **Demand is projected to increase**

Demand for dental services in the Australian community increased by 50% between 1979 and 1995. The projection for demand for dental services from 1995 to 2010 is for an increase of up to 58%, due to population growth, demographic changes and the significant decrease (by one-third) in the number of edentulous persons, who use dental services less frequently. The largest increase in demand, of 158%, is projected for 55-64 year olds (6).

Currently, 61% of the population aged 65+ years in SSWAHS is eligible for public oral health care. As this population increases in number, so will the demand on public oral health services.

- **Waiting list numbers are very large**

At the end of April 2005, there were 20,810 adults and 5,333 children waiting for general treatment in SSWAHS. One hundred and seventy-seven children are waiting over 12 months for treatment under general anaesthetic, while 1500 patients await other specialist consultation and treatment.

- **Waiting times are very long and increasing**

The waiting time for general care is over 2 years and 9 months for children, and over 4 and one half years for adults. Patients referred from throughout NSW for specialist treatment also wait a long time. For example:

- children with extensive treatment need, very young age or disability, currently wait 12 months for treatment under general anaesthetic
- referrals for orthodontic treatment, although restricted to the most severe cases, wait two and a half years to be assessed
- and referrals to other specialists wait for up to two years.

(c) The funding and availability of dental services, including the impact of private health insurance

- **Dental services are the least subsidised of health services**

The Government funds 69.2% of the total expenditure on health, while individuals contribute 19.6%. For dental services, however, the situation is reversed: government total expenditure is 19%, while individuals contribute 62.2%. Further inequity results from the 30% private dental insurance rebate, which is directed disproportionately to high income earners (7).

- **Unlike mental health funding, oral health funding is not quarantined**

Oral health funding is not quarantined from other parts of Area Health Service funding, and is frequently called upon to contribute to cost cutting across Areas to meet budget constraints where other parts of the Area Health Service are experiencing Fiscal problems. Mental Health funding, however, is separated from other Area Health Service funding and cannot be used in this way.

- **Little capacity for public oral health services to raise revenue**

Public oral health services in NSW are unable to charge a co-payment, unlike their counterparts in Victoria, South Australia and Western Australia. Even where families may be in a higher-income bracket, and/ or may hold private dental insurance, co-payment is not able to be sought for expensive or specialist services provided to their children in public oral health clinics.

- **Private health fund dental clinics compete with public oral health clinics for staff**

In recent years private health funds have established dental clinics and employed dentists at higher rates of pay than public service awards. These clinics have attracted dentists away from employment in public oral health clinics.

(d) Access to public dental services, including issues relevant to people living in rural and regional areas of New South Wales

- **Number of specialists for public oral health services**

There are twelve full-time equivalent specialist dentists employed by SSWAHS. Specialist services are also available at Westmead Centre for Oral Health. These specialists provide care for patients referred from public oral health services throughout NSW; provide teaching and supervision for postgraduate students training to be specialists; and provide consultative services for general practitioner staff.

In some specialty areas, specialist resources are extremely limited: for example there is only one endodontist, and only one periodontist, employed as specialists in public health in NSW. Access to these specialist services is consequently heavily restricted, and waiting times are two years or more.

- **Specialist outreach services to rural and regional areas are limited**

Some specialist services have been able to provide outreach clinics to rural centres, eg paediatric specialist outreach to Illawarra, Greater Murray and Southern Area Health Services; however the very small number of public oral health specialists has limited the capacity for development in other areas of specialty.

- **Groups with special needs are particularly disadvantaged**

There are a number of groups within the eligible population whose oral health is very poor or at high risk. These include the frail aged, residents of nursing homes and boarding houses, the physically or mentally disabled, and patients with serious medical problems. These patients are generally unable to be treated in private practice or in small public clinics. Sydney Dental Hospital has a dedicated department which provides specialised treatment, runs outreach services to nursing homes, and provides education services for carers.

Many of these patients, with extensive and severe oral health problems, can only be treated under general anaesthetic. For these patients the situation is particularly dire: unable to be treated elsewhere, and requiring general anaesthetic with full general hospital backup services, the waiting time is two and a half years.

(e) The dental services workforce including issues relating to the training of dental clinicians and specialists

- **Workforce Distribution**

Rural and regional areas have great difficulty in attracting dentists to public or private sectors, while even in metropolitan SSWAHS, vacancies for dentists are unable to be filled in the public sector. With the current and projected shortage of dentists, there are plenty of openings in private practice, and clinics run by private health funds offer more attractive remuneration.

Oral Health Workforce: Number of dentists per 100,000 population

Health Service	Number in 2002	NSW Population in 2000	Dentists per 100,000 population
Total Metropolitan Areas	2395	5,015,268	47.75
Total Rural Health	399	1,447,231	27.57
Total NSW	**2794**	**6,462,499**	**43.23**

Source: Dentist Labour Force in NSW – 2002 and CHO Report 2002

The dominance of emergency treatment over routine treatment results in de-skilling of dentists in the public sector, as skills in a wide range of clinical duties are not maintained. Few young dentists are willing to accept such a limitation to their careers.

- **Industrial Conditions**

Much discussion has occurred about changing the workforce and introducing oral health auxiliaries. However, the implementation of these ideas will require review of the occupational industrial awards relating to Oral Health which are over 30 years old. Not only do these award not cater for the new occupations but they are inflexible and do not recognise the changes which have already occurred in the dental workforce. There are only limited opportunities within them to recognise and reward individuals who have pursued professional postgraduate training and obtained additional tertiary qualifications.

- **Changes in the Training of Dental Professionals**

Changes in teaching methods for student dentists, the planned increase in student dentist numbers, and the introduction of a new dental auxiliary course, the Bachelor of Oral Health, have impacted public oral health services: clinical supervision of student dentists is carried out mostly by staff of public oral health services and, together with supervision requirements for the Bachelor of Oral Health, the time that public oral health dentists are available for direct patient care will be reduced.

(f) Preventive dental treatments and initiatives, including fluoridation and the optimum methods of delivering such services

- **Oral health promotion, outreach, and other initiatives are actively pursued by SSWAHS oral health services despite limited resources**

SSWAHS oral health services are actively involved in oral health promotion and education activities. Regular oral health education is carried out to Early Childhood Health Nurses, Mothers groups, Disability Carers, and community groups. The annual Dental Awareness Month activities are promoted and heavily supported by the SDH. However, these activities in SSWAHS and in other Areas tend to be conducted in isolation from mainstream health promotion units which have much greater expertise.

Outreach services carry out screening of school children, nursing home residents, homebound frail and elderly patients, and at-risk youth.

Special programs to target high-risk groups have been successful in the past, although some programs, for example targeting humanitarian program migrants, have not been able to continue due to resource restrictions.

(g) Any other relevant matter.

- Complaints from patients of public oral health services are centred on access: 69% of patient complaints for the six months to the end of April 2005 were about the inability to access care.

- Since 2000, seven major reviews of oral health have been produced: into national oral health, the dental labour force (3 reports), specialist services, education and training, and oral health promotion. Many of the recommendations and conclusions are similar, but little action has been taken.

- In 1998 the Commonwealth Senate Community Affairs References Committee held an Inquiry into Public Dental Services, which led to the establishment of the Australian Health Ministers' Advisory Council, Steering Committee for National Planning for Oral Health. The comprehensive document published as a result of these initiatives is yet to be acted on by NSW.

CONCLUSION

The Steering Committee for National Planning for Oral Health concluded that

> *'concerted effort [is required] to address the dental care needs of those with the poorest oral health' (1)*

SSWAHS oral health services are keen to target high-risk groups, to extend special programs, and to reach out to rural and regional areas. A level of funding which extends beyond meeting the outstanding need for high-priority care and caters for the necessary increase in training would allow all patients eligible for public oral health care to receive restorative and preventive care from a suitably qualified workforce. This will arrest the decline in their oral health and enable all residents of NSW to enjoy the same level of oral health as more advantaged Australians.

With so many reports and comprehensive documents available on the oral health of Australians, it is time for NSW to be stirred to action.

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