

Submission
No 231

INQUIRY INTO DENTAL SERVICES IN NSW

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Theme:

Summary

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Association of Independent Retirees (A.I.R.) Limited

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New South Wales Division

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5 July 2005

Ms Jan Burnswood MLC
Committee Chair
Standing Committee on Social Issues
Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Ms Burnswood

INQUIRY INTO DENTAL SERVICES IN NSW

Your invitation to the Association of Independent Retirees (A.I.R.) Limited, NSW Division, to make a submission relevant to the subject inquiry is much appreciated, as is the courtesy extended by Susan Want of your office for the extension of the deadline to 8 July 2005.

The Association of Independent Retirees (A.I.R.) Limited is the peak body representing the views of fully and partly self-funded retirees Australia wide. The Association's policies endeavor to achieve dignity, independence and freedom of choice for retirees, whilst recognising a diverse range of individual circumstances.

Self-funded retirees expect State Government policies to be fair, not limiting choice, non-discriminatory, providing incentives for independence, whilst reducing the need for Government financial support of the ever increasing numbers of retirees in New South Wales.

The attached submission is intended to assist the State Government in the development of a fair and equitable social environment involving dental services in this State, which recognises and compensates for the special needs of self-funded retirees.

I look forward to receiving the results of your inquiry in due course.

Yours faithfully,

R. E. Lynch
Vice President
NSW Division

ASSOCIATION OF INDEPENDENT
RETIREES (A.I.R.) LIMITED
NSW DIVISION

SUBMISSION TO THE
STANDING COMMITTEE ON SOCIAL ISSUES
LEGISLATIVE COUNCIL OF NSW

INQUIRY INTO DENTAL SERVICE IN NSW

1. About the Association of Independent Retirees (A.I.R.) Limited
2. Response to the Inquiry
3. Executive Summary and Recommendations

About the Association of Independent Retirees

The Association of Independent Retirees (A.I.R) Limited is the peak body representing the views of fully and partly self-funded retirees. The Association's policies endeavour to achieve dignity, independence and freedom of choice for retirees, recognising a diverse range of individual circumstances. However, there is one matter the Association is united on and that is our present and future health. Dentistry is an important part of our health.

This paper has been prepared for AIR by two members who are retired dentists. All our information has been obtained by researching available data and by some interviews with practising dentists.

To say the least, we were both shocked and dismayed by the present and future state of dentistry, particularly State Administered dental clinics.

This situation in 2005 has become critical due to many factors, the main reason being successive governments hoping that if you ignore it – it will go away.

This Upper House Inquiry has raised the lid on a Pandora's Box.

All Australians believe that nobody should be left in pain and should have adequate access to oral health care within a reasonable time.

Second, Government State and Federal are both at fault by blaming each other re funding. We believe the money can be found, and should be a State Government priority.

Third, the Australian Dental Association represents over 80% of all dentists both private and State employed. It is logical that this State Government confer with this organisation if any progress is to be made, as the ADA can contribute relevant and up to date information on the dental work-force and their patients' needs – they have no political agenda.

Dr Ron Burke AIR Rural and City Practices

Dr Ian McEwan AIR Outer Urban Practices

The Association of Independent Retirees: response to the Inquiry into Dental Services in NSW

AIR has a particular interest in oral health as an integral part of general medical health. Oral disease is one of the contributing causes of heart disease which affects 37% of Australians and therefore over 50% of our age group (Ref 1).

The rate of edentulism is decreasing

25 years ago, 80% of Australians over 70 had no teeth. In 10 years time only 25% of all people over 70 will have no teeth. This means in 1989 Australians 65 years and over had 14 million teeth requiring care. In 2019 this same group will have 60 million teeth requiring care (Ref 2).

Oral health and the medically compromised patient

Poor oral hygiene complicates control of a number of medical conditions such as diabetes and cardio-vascular disease. Medications used to treat illnesses such as Parkinson's disease and arthritis can also complicate oral health.

Challenges to dental services in NSW include

- Improved oral health – more natural teeth needing attention
- The aging of the population – i.e living longer
- Funding and lack of it
- Waiting times, for lower priority care through NSW public dental services, can be many years (Ref 3).

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) Preventative Dental Treatments and Initiatives, Including Fluoridation and the Optimum Method of Delivering such Services;
 - g) Any Other Relevant Matter.

Quality of care received in dental services

There are several problems for patients now and in the future. Firstly, the cost of private treatment which many retirees and others find extremely high, being controlled only by market forces.

Secondly, manpower. If allowing for the normal retirement age and present graduation figures, in 2015 there may be only 20 more practising dentists in NSW. NSW has been fortunate to be served by high quality graduates in all fields of dentistry for many years, so standards here are the envy of many countries throughout the world.

The research indicates that at the moment urban areas are reasonably supplied by general practice. With each passing year however, there are more people and more teeth per person to treat. A problem in the near future is increase in demand for more complex treatment.

The quality of Public dental service leaves much to be desired. There are too few dentists, too many patients and too little money. Emergency treatment is supplied to patients with facial swelling of abscessed teeth and the waiting time can be up to 1 day. This is not good treatment.

If governments researched general hospital waiting lists, they would see the high number of people admitted to public hospital beds for dental problems including the removal of rotted teeth. This represents a misuse of health- money and beds.

Demand for Dental Services including issues relating to waiting time for treatment in public services

There are only approximately 250 dentists to treat 2.5 to 3 million public patients in NSW with a ratio of 1 dentist to 10 or 12 thousand patients - it is no wonder the waiting times are so long. e.g.

(ii)	Oral examination and check up	1-4 years wait
(iii)	Fillings	1-3 years wait
(iv)	Prophylaxis Scaled and Clean	1-3 years wait
(v)	Dentures	2-5 years wait
(vi)	Children in pain	1-2 days wait

The Funding and Availability of Dental Services, Including Impact of Private Health Insurance

It is little wonder that there are 40-50 dentist vacancies in NSW dental clinics, if low wages were not a problem, the morale of the highly trained graduate could be the most important issue. After spending 6 years at university, dental officers are only allowed to do a quick-fix on their patients and, on top of that, we have been informed by them that approximately 2 days in 5 is spent doing paperwork! This waste of man-power could be immediately used to reduce waiting lists and thereby improve the quality of service, by employing office workers.

Impact of Private Health Insurance

In 1994 the Keating Labour government introduced the Commonwealth Dental Health Programme, accepted by the dental profession as a positive step forward. This was scrapped in 1996 by the present Howard Government because of a “blow-out in the Budget”. However, in 1998 this same government announced it had found an extra \$2 billion to fund the 30% health insurance rebate. The end result was a rebate of approximately \$14 per capita (lowest income group) to \$60 per capita (highest income group) to those with health insurance. For the majority of the poor without insurance - we found nothing. The evidence shows that this poorer group has much greater dental care needs than middle and upper income Australians!

In February 2005 the outgoing State Chief Dental Officer declared that his budget of \$105 million was 4 or 5 times less than he needed. We can see no joy for dental treatment in the latest State Budget. In fact for self-funded retirees it is simply another leap backward.

Access to Public Dental Services Including Issues Relevant to People Living in Rural and Regional Areas of NSW

We have already reported on the long waiting lists for services in the public dental clinics and one way to reduce these lists - employ a book-keeper. These lists seem to be longest in outer urban Sydney and in the rural areas. In rural NSW there are a number of empty clinics.

There is difficulty in recruiting dentists in both Private and Public Practices in rural towns, for a number of reasons which cannot be separated:

- a). Isolation and lack of adequate education for children
- b). Lack of holidays – no locums available
- c). Difficulty in doing post graduate study – same reason – no locums
- d). Difficulty in finding good staff
- e). Nobody wants to buy their practice

From the patients point of view, they often have to travel long distances for a relatively small amount of dentistry for:

- a). Themselves
- b). Their family at the same appointment
- c). The cost of being away for 2 days
- d). Not being able to have follow-up appointments in a few days or weeks – distance again - which does compromise some treatments.

The Dental Services Workforce Including Issues Relating to the Training of Dental Clinicians and Specialists

The Dental Schools are short of money and this has led to shortage of all types of oral health practitioners, general and specialist dentists, dental and oral health hygienists, prosthetists down to dental chair side assistants (Ref 6).

Overseas students (full-paying) are preferred, but most of these will return to their home country and, if they stay, a rural practice is not their choice.

As the number of specialists increase or decrease relative to the number of practising dentists, so in future there will be longer waiting lists for both private and public patients for oral surgeons, endodontists, periodontists, orthodontists and pedodontists.

Overseas trained dentists may help decrease the shortage of local dentists in the short term, however at the moment there is a world-wide shortage of dental practitioners so their recruitment cannot be seen as a long-term solution.

Many new graduates view a career in public dentistry as a backward step in their chosen vocation, because of the restrictions of clinical opportunities and career pathways. The proposal to introduce an intern-year, on completion of degree training, particularly in rural or regional areas, may be a good idea but adding another year onto seven years of university training may reduce the number of potential starters. Until the money and supporting infrastructure are supplied, these ideas would fail.

The dental services public workforce is at breaking point. The present minimal treatments offered by many public clinics are demoralising for both patient and dentist:

- i The patient feels they are reduced from a person to a number only

- ii The highly trained practitioner only being able to offer "Slash and Burn" primitive dentistry

As one State-employed dentist said to us "I am only doing the work of a highly trained monkey, so will be leaving shortly to some real dentistry"

What does the State Government intend to do?

Preventative Dental Treatments and Initiatives, Including Fluoridation and the Optimum Method of Delivering such Services

We must all thank the dental profession in NSW for the introduction of fluoride into the water supply. This single act has been the salvation of millions of teeth from dental caries in NSW alone. The governments around the world now recognise this as the most cost-effective preventative treatment.

Prevention rather than cure "should be always the focus of government policy, no amount of money can solve the dental problems in this State without this philosophy. We believe the expansion of dental hygienists in public clinics would be cost-effective and could target the school-aged children plus the elderly, particularly in teaching preventative dentistry.

Any Other Relevant Matters

1) Nursing Homes

Oral neglect by nursing homes or other residential facilities often see teeth deteriorate significantly within 12 months of entry - factors leading to increased oral disease for residents include:

- i Medication increase
- ii Dry mouth associated with i)
- iii Diet
- iv Most importantly, lack of knowledge by carers of oral hygiene needs of their patient and lack of oral care training.

2) Special Groups

We have not been able to research the needs of:

- i Indigenous Australians
- ii The disabled
- iii Immigrants (language difficulty and culture)

EXECUTIVE SUMMARY

This submission addresses the Select Committee's invitation to provide comment upon the issue of whether the extension of Federal funding to allied and dental health services could provide a more cost effective health system – paragraph (d) (i) of the Terms of Reference.

The Australian Dental Association Inc represents approximately 8500 registered dental practitioners within Australia. This constitutes well over 90% of all dental practitioners in this country.

The Association of Independent Retirees (A.I.R.) Limited welcomes the opportunity to respond to the Select Committee's invitation to address dental health services within Australia.

The Association recommends the following:

- Federal funding to dental health services not be provided through the Medicare system as the addition of a comprehensive universal dental scheme would be fiscally irresponsible, and would necessitate a significant increase in the Medicare levy. Insufficient analysis of the nation's dental health and dental health needs has been undertaken. A national survey of this is required before effective and efficient utilisation of government funding can occur. Only then can proper prioritisation of objectives and needs be undertaken.
- Maintenance of the 30% rebate. The utilisation of the 30% rebate enables increasing numbers of the public to have private insurance and thus obtain financial assistance for dental treatment. Removal of the rebate would result in fewer people being covered and therefore more than 55% of services now covered by private insurance would be met by the individual. The 'Working poor' would not be covered by private insurance nor would they be eligible for public assistance. Such cost may well result in avoidance of treatment and further deterioration in the oral health of the community. Alternatively, it may increase demand on an already over extended public dental system.

Evaluation of the outcome of the national survey suggested:

- Re-introduction of a scheme based on the previous “Commonwealth Dental Health Program” should be considered to provide affordable dental care to a wide sector of the community in such a way as to effectively utilise both private and public dental sectors.
- Allocation of funding to the Dental Schools to address the chronic shortage of dentists that exists and is increasing.
- The development of a significant properly coordinated program to prevent dental disease through fluoridation and oral hygiene, dietary and behavioural modification.
- The introduction through the dental schools of a national dental intern or vocational training year for first year dental graduates and graduates of the Australian Dental Council exams. Such system would release approximately 300 dental graduates who could be supervised in appropriate public and private dental facilities.

Effective use of Dental Auxiliaries. Dental auxiliaries have a role in any preventative program and school dental service. Aged care facilities, in particular, have an extremely high need for dental hygienists and effective use of such preventative based auxiliaries is essential within the school dental services if children are to be given the best chance to start life with good oral health

REFERENCES

(1)	OPERA	DR N	MACA	MARCH 2004
(2)	EVANS	PROF W	MACA	MARCH 2004
(3)	BUCHANAN	DR S	MACA	MARCH 2004
(4)	SPENCER	DR A S	PAPER	NOV 2004
(5)	CHARMERS	ET AL	PAPER	2004
(6)	SCHWARZ	PROF E	PAPER	2005
(7)	SADS			2003
(8)	O'REILLY	DR W	PAPER	2005
(9)	ADA		PAPER	2004