

Submission
No 257

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

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Theme:

Summary

A submission to the NSW Legislative Council Enquiry into Oral Health in NSW

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A Submission to the NSW Legislative Council's Committee on Social Issues Enquiry into Oral Health

“Health is regarded as fundamental in Australian society and health care a basic right, however this does not apply to oral health. Oral health is regarded as an optional extra, a private matter, with public care only provided as a tattered safety net for the most disadvantaged.”

(Kaye Roberts-Thomson in a paper presented to the Conference of the Public Health Association in 2001.)

In 2003, I accepted a position within NSW Health following a career previously dominated by private practice in both metropolitan and rural NSW plus short periods in the Royal Australian Navy and the National Health System in the United Kingdom. I had recently completed a Masters Degree in Business Administration and I felt that I had acquired a combination of experience and qualifications that would allow me to make a real contribution to the health, especially the oral health, of the less privileged populations of NSW.

Regrettably, I have been frustrated in many ways from achieving many of the things I believed would be possible from within the public health system of NSW. I would like to address some of the causes of this frustration for this enquiry.

There is no doubt that there are currently insufficient numbers of dentists practising in NSW. These workforce shortages are being felt much more acutely in the regional and remote regions of NSW and this is the problem that has concerned me for more than a decade.

The dentists who are working in the public system cannot cope with the demand for services and are demoralised by their inability to provide a more comprehensive service due to insufficient human and financial resources. The current annual budget for Oral Health in NSW is approximately \$100M. In real terms this about the value of 10-15 houses in the Eastern Suburbs of Sydney and is patently inadequate.

The structures and organizations that are charged with the responsibility of administering the provision of oral health services to the currently eligible populations have created bureaucracies that actually impede clinical services. The creation of Oral Health Networks in 2001 was hoped to enable clinicians to focus their energies on achieving favourable patient outcomes. Instead another level of management was created that actually does not increase clinical services and absorbs funds that could be more effectively utilised. The merger of Area Health Services has fortunately prompted the dissolution of some Networks but some still survive even though they became anachronistic on January 1st of this year.

The devolution of the Oral Health Branch to become the Centre for Oral Health Strategy will be successful if it can help accelerate the introduction of the Population Health Philosophy for Oral Health in NSW but still support the Area Health Services in the provision of clinical services. I am confident the newly appointed Chief Dental Officer, Dr. Clive Wright, will add stability and direction to the Centre. The appointment is well overdue and having an individual acting in the role for over two years has been a major mistake. Leadership and strategic direction has been sorely missed.

The State Oral Health Executive should be restructured to provide more clinical input and eliminate bureaucratic red tape. The SOHE Meeting Reports are often nearly 100 pages with usually little to show for the effort in terms of either policy or program. Many of the members seem ill equipped to make real contributions to advancing oral health issues.

The NSW Government should be encouraged to further advocate and support the Fluoridation of all water suppliers in NSW that have not yet agreed to adopt this most important oral health measure. Many still wonder why there is no legislative compulsion to Fluoridate.

The Priority Oral Health Program (POHP) was designed to provide an appropriate triage method for assessing an individual's oral health needs and is the basis for the Information System for Oral Health (ISOH). As a tool this system has been effective in rationing treatment however its success has been at the expense of those who simply wish to access diagnostic and preventive services. Those who value oral health least and allow their oral health to deteriorate till it causes pain and infection consume most of the resources. This is particularly true in rural areas.

The Federal Government cannot be allowed to disregard Oral Health any longer. Pressure must be applied at a Federal level to support the training of many more dentists and to allow Medicare to be extended into dental services.

I am a second-generation dentist who is both proud of his profession but also concerned that it is being prevented from doing all that it can. I am convinced that if appropriate actions are not taken Oral Health in NSW will soon move from an imminent crisis to a statewide disaster.

I would be more than happy to contribute to the Social Issues Committee's continued investigations in any way that I can and would be please to make myself personally available if necessary if it will help to improve Oral Health in NSW.

Yours sincerely,

John J. Powers