Submission
No 61

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: Health Services Union

Name: Mr Michael Williamson

Position: General Secretary

Telephone:

Date Received: 27/05/2005

Theme:

Summary

Health Services Union
Level 2, 109 Pitt Street
Sydney NSW 2000
Phone: (02) 9229 4999
Fax: (02) 9223 3100

Fax -

To:	The Committee Secretariat	**From:**	Kim Sewell
Fax:	(02) 9230 2981	**Pages:**	10 inclusive
Phone:		**Date:**	27 May 2005
Re:	HSU Submission	**CC:**	

☐ **Urgent** x **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

- **Comments:**

Please find the Health Services Union submission for the Inquiry into Dental Services in NSW.

Regards, Kim

Kim Sewell

Health Services Union
ABN 85 037 751 682

Level 2, 109 Pitt Street
Sydney NSW 2000
Telephone: **(02) 9229 4944**
Facsimile: (02) 9223 3100
e-mail: info@hsu.asn.au
Web Site: www.hsu.asn.au

HUNTER REGION
Suite 3, Level 1, 68 Nelson Street
Wallsend NSW 2287
Telephone: **(02) 4955 0055**
Facsimile: (02) 4955 0044

SOUTH COAST REGION
1 Rawson Street
Wollongong NSW 2500
Telephone: **(02) 4226 5533**
Facsimile: (02) 4227 5005

SOUTH EASTERN REGION
Unit 3, 289 Canberra Avenue
Fyshwick ACT 2609
Telephone: **(02) 6280 9390**
Facsimile: (02) 6280 9373

GREATER MURRAY REGION
257 Edward Street
Wagga Wagga NSW 2650
Telephone: **(02) 6925 4088**
Facsimile: (02) 6925 4788

MID NORTH COAST REGION
Suite 6, 35 Belgrave Street
Kempsey NSW 2440
Telephone: **(02) 6562 1973**
Facsimile: (02) 6562 1906

FAR NORTH COAST REGION
Telephone: **(02) 6687 5381**
Facsimile: (02) 6687 5302

WESTERN SYDNEY REGION
Unit 5, 2 - 6 Hunter Street
Parramatta NSW 2150
Telephone: **(02) 9687 4492**
Facsimile: (02) 9687 4493

NEW ENGLAND REGION
Level 3, Ray Walsh House
437 Peel Street
Tamworth NSW 2340
Telephone: **(02) 6766 9499**
Facsimile: (02) 6766 9422

WESTERN NSW REGION
Level 1, 32 Sale Street
Orange NSW 2800
Telephone: **(02) 6360 0010**
Facsimile: (02) 6360 0008

27th May 2005 MW:KLS:A035106

The Director
Standing Committee on Social Issues
Legislative Council
Parliament House
Macquarie St
Sydney NSW 2000

Dear Sir/Madam

Re: Inquiry into Dental Services in NSW

Please find attached an initial submission from the Health Services Union.

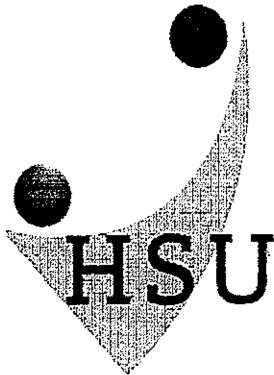
In accordance with the discussion between Ms Kim Sewell and the Committee Secretariat's Assistant a further submission will be forwarded by 24 June 2005, dealing predominantly with Dental workforce issues.

If you require any further information regarding this, please do not hesitate to contact Ms Kim Sewell at Head office on (02) 9229 4907.

Yours sincerely,

MICHAEL WILLIAMSON
GENERAL SECRETARY

YOUR
HEALTH
UNION



Health Services Union

Submission to the NSW Legislative Council

Standing Committee on Social Issues

Inquiry into Dental Services in NSW

Authorised by Michael Williamson, General Secretary
Health Services Union
Level 2, 109 Pitt Street, Sydney NSW 2000

Telephone: 02 9229 4999 Facsimile: 02 9223 3100

The Health Services Union (HSU) is an industrial trade union representing approximately 38 000 workers in the health and aged care sectors in NSW.

The HSU represents members working in Dentistry in public health settings, including Dentists, Dental Assistants, Dental Therapists, Dental Technicians, Dental Hygienists, Dental Radiographers and Dental Prosthetists.

This submission is based on suggestions and submissions made by individual members and groups of members and was prepared with the assistance of the HSU's Dental Professional Vocational Committee.

The Health Services Union wishes to submit the following in regard to the Inquiry's terms of Reference.

INTRODUCTION

Dentistry is currently in crisis in NSW, the profession is experiencing extreme labour shortages across all disciplines in both the public and private sector, in both rural and urban areas.

In the public sector, waiting lists for dental treatment in NSW are escalating. Treatment is being provided in an ad hoc manner, resulting in a 'band-aid' solution for a long term, entrenched problem.

The private sector fares a little better, however many practices have had to refuse new patients because of the increasing demand for services.

Currently there are three tiers of dental care recipient; those in upper income groups who can afford to purchase dental care, those in low income groups who are eligible for **rationed** public sector services, and those low to middle income groups who largely cannot afford care and attend only for emergency care.

These problems are compounded by extreme labour shortages across all dental practitioner disciplines in both the public and private sector, across most age groups and in rural and

urban areas (NACOH 2003).[1] Dental health is in crisis in most parts of NSW and is in need of serious attention to its workforce, funding and service delivery models.

a) The quality of care received in Dental Services

> *"the quality of the staff working in our clinic is top class. We are a very hard working group of people trying to do our best for our patients. Most of the time this is not appreciated, but we work on, knowing that we are doing a good job for the public health.The quality of care given to patients is also of an excellent standard. We would love to see everyone wanting dental treatment, and do all the work for them - but time, staffing and budget constraints prevent this happening."*
>
> \- HSU Member, Wagga Wagga

HSU members report that in most cases the quality of care provided in the public system is generally good, long waits for care obviously compromise the quality of care for dental clients in NSW.

In broad terms, the quality of care is limited by:

- Funding – the current funding base does not support a quality of care model;
- Time constraints – emphasis is on production rather than skill and outcomes;
- Experience of clinicians
- Workload – clinicians are expected to provide more services in shorter periods of time, with increased tasking that would otherwise be met by other clinical roles to meet increased demand for service particularly as less resources are available;
- Staffing levels – workload type and volume has led to an increased number of staff with work strain injuries, this and other factors increasingly makes dentistry a non-attractive career particularly in the public sector;

---

[1] (NACOH) National Advisory Committee on Oral Health (2004) Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2004-2013, Australian Health Ministers Council & Government of South Australia

- Disparity between public and private treatment options - treatment options for adult services are restricted to acute care, clinicians are unable to practice skills they were trained in.

The HSU takes the view that in a time of spiralling health costs, quality of care will rely on the full use of all members of the dental team to maximise efficiency and cost effectiveness, enable best use of scarce resources and provide for flexible dental care services able to respond to local needs.

Specific groups are particularly disadvantaged by these staffing and funding shortages, for example low socio-economic, children, Indigenous peoples, young adults, CALD and special needs patients.

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

The distribution of the dental workforce in NSW is skewed to private practice with approximately 85% of practitioners working in private practices.

"The dental labour force is also mal-distributed within the private and public sector, this is indicated by 30% of the adult population eligible for public dental visits, in contrast with the 9.8% of dentists working within the public sector."[2]

This means that the majority of private services in NSW are delivered to middle and upper income people leaving the bulk of dental care needs to be dealt with by the public sector.

Specific groups are particularly disadvantaged by these patterns of service, for example children from low socio-economic groups, Indigenous people, young adults, the aged, new migrants and refugees, rural and remote population groups and special needs patients.

There is an urgent need to review the models of service delivery and funding basis for the provision of public sector services.

Our members report that demand for public dental services is extensive and increasing and the eligible population for public dental care is also increasing.

---

[2] (AIHW) Tuesner DN and Spencer AJ, (2000) Dental Labourforce, Australia, AIHW cat no. DEN 116, Canberra AIHW

They also report that waiting times are well above current guidelines with waiting times varying depending on geographical area, severity and the urgency of the problem.

As an example of waiting times, a member from the Illawarra reported:

> *"The general waiting time in the Nowra Child Dental Service for a general check-up ranges from 6-12 months. Emergency and relief of pain appointments dominate our schedule with anywhere from 4-6 attendances a day."*

This member highlighted 'managing waiting lists' as the core objective of their service:

> *"With budget limitations, the bums on seats productivity is the main agenda that management is concerned about and prevention comes a poor second to managing the waiting lists." Member Illawarra*

Demand has reached such levels and staffing shortages are now so acute, that in many parts of the public sector, only emergency work can be provided.

As a Dentist member from the North Coast advises:

> *"today the service has reached a point where only emergency treatment is offered at most clinics and there is little opportunity for much on-going work to be done as demand for emergency work has increased as the ageing population increases."*

This was echoed by a member from the Greater Murray region who said:

> *"we are flat out offering relief of pain appointments- people don't want to hear about why they should have fluoride in their water when all they want is their tooth removed. Time spent on preventive dental treatments, would relieve this situation."*

c) The funding and availability of Dental Services, including the impact of private health insurance.

Our members believe that private health insurance has little or no impact on the provision of public dental services because very few persons eligible to access public services appear to have PHI.

However, a positive impact may be expected if private health insurance had a specific dental rebate for low income holders. Particularly PHI that have dental clinics.

One member reported that in their community, private sector dentists often refer children of parents with private insurance onto public child dental services as they would rather take on more high paying adult clients.

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

Access to public dental services is even harder in rural and regional areas due to less staff and resources.

Rural clinics have reduced access to services due to:

- Long waiting times for both assessment and treatment
- Large distances to clinics
- Less clinicians
- Less funding and less clinicians combined results in the provision of emergency treatment only
- Lower funding means no prosthetic replacements

In terms of the distances travelled for treatment, one member from the far south coast said:

> *"This is a geographically long and thin coastal region. Some clients travel 100km to receive public dental treatment. There is no public transport. Private bus services charge $30 for one adult and one child to travel from Bega to Pambula and return. This makes some families unable to complete treatment – only attending for the emergency session."*

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

The union believes that dental service workforce issues are central to many of the problems with access to public dental services.

Members report that one of the critical issues is poor pay (especially compared to the private sector) and lack of career paths for all staff in the dental field. The HSU is prevented from making a claim on behalf of its dental members in the short term due to the MOU attached to the last public sector wages agreement, but is preparing a claim for lodgement once the MOU expires. The HSU believes that these acute workforce shortages could be assisted by improvements to pay and conditions and would support this matter being addressed in the most expeditious way.

A lack of adequate training places at all levels of the profession was also identified by members as a critical factor impacting on current and future workforce shortages. Members expressed concerns that many NSW graduates will return to their home state or country.

Also in terms of training, members believe that it is unacceptable that inexperienced clinicians (1st and 2nd year graduates) are carrying the burden of teaching students in many instances due to a lack of more qualified senior staff.

Members believe that issues surrounding the attraction, training, recruitment and retention of dental staff are critical to the capacity of the public system to provide dental services into the future. However, many members expressed concerns that there is insufficient attention being given to these matters by any level of government at the present time.

Members are concerned that with an ageing workforce, and insufficient new graduates coming through – the system will not be able to meet the future demands of an ageing population.

As a member from Wagga Wagga said in her submission to the Union:

> *"We are an aging group of ladies. We have 6 Dental Therapists in our clinic with an average age of 40 years. The earliest graduated in 1975 - the most recent in 1993! We are concerned that there will be no Therapists ready to take our positions when we want to retire."*

The Union believes that if more clinicians are to be available for practice in rural areas then the number of training places for all dental professionals needs to be increased and a concerted effort needs to be made to attract rural students into these courses or to encourage course participants to take up rural practice.

As one country member says:

> *"There are so few positions for interested people at Dental Training Schools. I suggest that the few people who do get accepted into the Training, are people who do not come from a rural background and will not be interested in coming to the Rural areas after training. There needs to be a huge increase in the number of positions available, and some incentive for Rural People to qualify for those positions."*

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

Re-orienting health services to more preventive and primary care models have also been recognised as an important aspect of reducing demand and improving health.[3]

Dental treatment is not always synonymous with oral health. While access to services is an important aspect of achieving oral health, it is not the treatment alone that is important.

As one member said:

> *"The tooth decay situation has begun to change - with statistics showing an increase in tooth decay for the first time in 40 years. Todays junk food and fast lifestyles are to blame. There is no time for Oral Health Promotion to address this situation. At the moment we are only treating the tooth decay disease - not the cause. We are not planning for the future, with an increase in Oral Health problems."*

Access to care and in particular primary care that incorporates health promotion in all its facets is particularly important. Increasing access to preventive services and advice and allowing the health promoting approach to oral health to be incorporated as a full and critical component of oral care is also important.

Shifting the heavy emphasis from the technical and biomedical toward the social is also critical to the improvement of oral health in the community. Dental therapists' and hygienists' education incorporates a significant proportion of this theoretical area and places a big emphasis on public health.

More staff are needed to enable a preventive focus, as one member stated:

> *"The clinic where I work is fully staffed to budgetary requirements with Dental Therapists – but with more staff, then more Oral Health Promotion could be achieved to try to reduce the cause of the tooth decay disease."*

Shifting funding and service access is important but shifting dentistry philosophically toward public dental health is critical to developing better oral health for all sectors of the community.

The HSU supports the continued fluoridation programs throughout NSW and would support a campaign to have fluoride added to bottled water.

---

[3] (NACOH) National Advisory Committee on Oral Health (2004) Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2004-2013, Australian Health Ministers Council & Government of South Australia