

**Submission
No 246**

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: The Dental Centre

Name: Dr Greg Cocks

Telephone:

Date Received: 26/08/2005

Theme:

Summary

28th August, 2005

To; Rebecca Main
Senior council Officer

From; Dr Greg Cocks
The Dental Centre
Broken Hill, NSW

Dear Rebecca,

Further to my email of 24th August, 2005, herewith some points of interest that members of the committee may wish to consider in relation to the activities of a 49 yo private practitioner with 20 years experience in Broken Hill.

a) QUALITY

I employ a team of 6 including the only dental hygienist in the western division of NSW. Our team endeavours to provide premium dental care to each and every patient and we charge for our services on a time basis i.e.

\$120 / hr for hygienist and orthodontic services

\$420/hr for routine dental services

These fees are all inclusive of radiographs and ancillary services.

Whilst we endeavour to provide value for money, these fees put our services out of the reach of some sectors (perhaps even those who might benefit the most!)

b) DEMAND

We have a protocol which enables us to see emergency patients within 4 hours of their initial contact and, in most cases; we are able to provide definitive relief of pain on that visit.

We offer a 24 hour emergency services number which diverts to the on-call provider after hours.

We quote on a time basis for emergency enquiries at the same hourly rate.

We offer the option of Saturday morning appointments.

There is an equal demand for restorative and preventive services which make up 65% of our practice, followed by orthodontics 15%, complex restorative (implants, crowns and bridges) 10%, and veterans affairs 10%.

We see an average of 45 new patients each month (2.5 / day) and 8% of these are itinerant i.e.; tourists, travellers, etc.

Our reception staff handle an average of 6 calls/day from patients requesting treatment as holders of health care or pension cards. The majority of these callers decline to make an appointment, even though they may be in pain, and cite cost as the prohibitive factor.

c) FUNDING

59% of our patients have private cover with some form of dental cover.

10% of our patients are eligible for treatment under the Dept of Veterans Affairs.

d) ACCESS

The majority of our patients live in the 2880 postcode area 87%.

e) WORKFORCE

Recruitment and retention of professional staff is THE single biggest issue facing my practice. I have a number of unique initiatives which we use to attract staff and if time permits will answer questions on this matter.

f) PREVENTIVE TREATMENTS

As mentioned previously, we have a full time hygienist as an integral part of our team. She is responsible for preventive and recare visits and supervises the oral hygiene outreach visits

conducted by team members at local, regional and international level (under the SENYUM banner). Team members conduct visits to preschools, nursing homes, and community service organisations. They travel to remote locations and conduct preventive lessons and basic screening to preschool and early primary children.

We are strong advocatēs of water fluoridation and promote regular preventive fluoride treatments where appropriate.

Most team members are accredited dental hygiene and associated dietary factors instructors.

g) OTHER MATTERS

We make an average of 12 units of dentures /week.

91% have a government concession card of some sort but choose to seek private treatment as they are unable to access 'public dentistry' in this region.

We treat anyone who is prepared to pay for our services and do not see any 'public patients'.

The general state of recall patients' oral health is very good.

The general state of new patients' oral health is variable but generally satisfactory.

The children we screen in remote communities have oral health which is very poor on average, particularly in the indigenous population, with associated very poor diets.

I see 50 patients /week.

My hygienist sees 32 patients /week.

We both average 4 weeks recreational leave and 10 days study leave annually.

We train our paradental staff internally and always have 1 trainee dental assistant in the system at any given time.

We have a trainee dental hygienist from our team who will graduate in December and join us as a full time employee.

We have recruited a full time dentist from the UK who will join us in September for a 3 month trial.