

Submission
No 160

INQUIRY INTO DENTAL SERVICES IN NSW

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Theme:

Summary

Anne Pritchard

10/06/2005

The Standing Committee On Social Issues
Legislative Council, NSW Parliament
Macquarie St, NSW 2000

RE: The Inquiry By The Standing Committee On Social Issues Into Dental Health

Dear Sir/Madam

As a Dental Therapist who has worked in public health in NSW for over 20 years I have long been concerned about the degrading state of dental health, service and education, and welcome the Upper House Inquiry into this neglected area of health care.

I am aware of many people who suffer significant pain and disability from poor dental health, and am dismayed by the lack of adequate services to relieve their pain and restore their lives to normal function. Every day I see adults in pain seeking dental treatment from our dental clinic where treatment we can offer is limited to very basic emergency relief of pain. Very few people over the age of 18 in the Greater Southern Area of NSW receive more than pain relief. The dentists become frustrated by the fact that they are unable to offer "ideal treatment" such as root canal therapy for molar teeth, and often extract teeth that might have been saved with adequate public resources. Appointments cannot be offered to these patients to continue treatment even though the dentist has identified decayed teeth which require treatment. After basic relief of pain treatment these people go back into the world and wait until they suffer tooth ache or infection which is serious enough to regain access into our clinic for relief of pain. There is no formal oral health promotion targetting adults in NSW, and it is impossible to perform preventive treatment because patients with pain will always take priority. The system therefore is selfperpetuating downward spiral of deterioration of oral health for the communities.

It is depressing to realise even though we try to encourage patients to seek private dental treatment for routine care, preventive treatment and maintenance for their teeth there are not enough dentists in private practise in our area to offer appointments to these patients.

In our area health service we currently have adequate resources to offer children comprehensive basic dental care if they are considered "high risk or disadvantaged" patients. Dental Therapists conscientiously attempt to instil good oral hygiene habits and use preventive techniques to attempt to move them from high risk group before they reach the magic age of 18 when they are no longer entitled to free dental care through the child service. From the age of 18 we

know that only urgent dental treatment can be offered to Health Care and concession card holders.

I have worked in Greater Murray Area Health for over 20 years over which time I have seen a decline in oral health services and in the oral health of the population. In fact we now have the equivalent of 1 ½ fulltime dental therapists to service an area that used to be covered by at least 7 DT's. 10 years ago we ran a dedicated oral health program for all children up to year 8 where all children in schools were assessed over a 2 year period, and offered comprehensive treatment and preventive programs including education which aimed to improve the overall oral health of the population.

The current service offered reaches only a small percentage of the 0-18 age group, and often the first contact we have with children is after they have begun to experience pain.

Tooth ache is not only intensely painful, but also prevents consumption of a normal diet essential for good health, as does the lack of proper dentures for those missing teeth. Also, in a society where personal appearance is considered important, badly degraded teeth cause great psychological pain for many. I understand that there are further links between general and dental health, so that poor dental health is making our community sicker in more ways than one.

It is particularly worrying to me that there is an increase in the extent of untreated dental disease. I am also aware that this in part reflects a shortage of trained dental clinicians, with significant shortfalls predicted by 2010. The workforce shortage appears to be due to a lack of sufficient training positions for dentists, as well as dental therapists, hygienists, technicians and prosthetists. It worries me that despite the fact that there are many young people who would love to enter these professions, and the significant community need, the necessary training positions have not been created. I also hear that the educational staff in the training institutions are working in difficult circumstances, and am worried that if this is not reversed the dental workforce will be further degraded.

I will turn 46 this year, and plan to retire in 9 years. I am very disturbed when I look at the workforce and realise that most dental therapists in public health are my age or older. The current workforce is unable to manage the oral health needs of the population let alone improve it. It is clearly an urgent health priority increase the Dentists and Dental Therapists for both public and private sectors.

I recognize that public dental services are patchy, with some areas receiving comparatively good care and most of the eligible population unable to access routine dental care in a reasonable time.

I am concerned that people living in rural areas are often unable to find a dentist, despite being able to pay for service, and am further worried by the prospect of dental shortages in metropolitan areas.

The lack of adequate preventive dental programs and insufficient fluoridation worry me, as prevention of disease seems even more

important in the absence of enough dental clinicians to treat existing dental disease.

Finally, I am concerned that despite there being many internal and external reports of these problems to both State and Federal governments, including a Senate Inquiry in 1998, very little seems to have been done to prevent the current and developing dental crisis. It is of note that despite an increase of about one billion dollars for NSW Health in the recent budget, no new funding for dental health has been allocated.

I hope that the current inquiry results in positive action being taken to address these concerns, and expect the State Government to accept its responsibility for ensuring adequate dental health, services and education for NSW.

Sincerely



Anne Pritchard
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