

## INQUIRY INTO DENTAL SERVICES IN NSW

**Organisation:** Greater Western Area Health Service  
**Name:** Dr Claire Blizard  
**Position:** Chief Executive  
**Telephone:**  
**Date Received:** 27/06/2005

---

**Theme:**

**Summary**

## Greater Western Area Health Service

FAXED  
27/6/05

Social Issues Committee  
Fax: (02) 9230 2981  
Email: socialissues@parliament.nsw.gov.au

Attention: Ms Susan Want

Dear Ms Want

### ***Parliamentary Inquiry – Dental Services in NSW***

Please find attached a submission on behalf of the Greater Western Area Health Service to the Parliamentary Inquiry into Dental Services in New South Wales.

An extension for lodgement of this submission has been obtained from Ms Laura Milkins.

If further information is required in regard to this submission please do not hesitate to contact Trish Strachan, Director of Population Health, Planning and Performance on (02) 6363 8072.

Yours sincerely



Dr Claire Blizard  
**Chief Executive**  
23 June 2005

## **Submission to Parliamentary Inquiry:**

### **Dental Services in NSW**

**This submission is made on behalf of:**

**Greater Western Area Health Service**

**PO Box 4061**

**DUBBO NSW 2830**

**Telephone (02) 6841 2222**

**This submission is authorised by:**

**Dr Claire Blizard**

**Chief Executive**

**Greater Western Area Health Service**

## Table of Contents

<i>Summary</i> .....	2
<i>(a) The quality of care received in dental services</i> .....	3
<i>(b) The demand for dental services including issues relating to waiting times for treatment in public services</i> .....	4
<i>(c) The funding and availability of dental services, including the impact of private health insurance</i> .....	5
<i>(d) Access to public dental services, including issues relevant to people living in rural and regional areas of NSW</i> .....	6
<i>(e) The dental workforce including issues relating to the training of dental clinicians and specialists</i> .....	7
<i>(f) Preventative dental treatments and initiatives, including fluoridation and the optimum method of delivering such service</i> .....	9

## Summary

This submission addresses the terms of reference of the Parliamentary Inquiry into Dental Services in New South Wales. It provides a rural perspective and highlights the major issues that impact on the delivery of services including: demand and broad eligibility for services, funding, infrastructure, professional Awards and the Oral Health Fee For Service Scheme. Issues in relation to training of dental professionals and oral health promotion are also addressed.

## **(a) The quality of care received in dental services**

The quality of clinical care provided for patients in public dental clinics is generally of a high standard and is provided by registered dentists, registered dental therapists and registered dental prosthetists. However services for adults are narrow in scope, with most services provided being for relief of pain (large fillings and extractions). Standards for infection control and instrument reprocessing are high and go beyond the requirements of the NSW Dental Board.

The Priority Oral Health Program (POHP) is used in New South Wales to ensure services are provided equitably on the basis of need.

The quality in terms of infrastructure (clinic buildings and dental equipment) is a current issue. Many clinics were designed over thirty years ago as school dental clinics and have original dental operating units and dental chairs. There is a need for a significant capital investment to replace old equipment and to provide premises which meet functional requirements for service delivery and which meet the needs of patients including disabled access. Mobile dental caravan clinics are being progressively phased out due to the occupational health and safety concerns associated with these clinics.

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

Waiting times for children requiring treatment under general anaesthesia are typically 12 months even though the children are experiencing toothache and chronic infection. This reflects the competing demands for public hospital theatre time.

The demand for adult services exceeds the capacity of the service and appointments are allocated on a priority basis. This means that adult patients not in pain will generally wait at least two years for an appointment. Some patients may never be offered an appointment due to their low priority status under the NSW Priority Oral Health Program, and due to the overall demand for services.

Asymptomatic dental problems worsen whilst patients are waiting for an appointment. Given that dental conditions can be prevented, and treatment outcomes are better when treatment is provided early (a filling compared to an extraction), waiting times are a major issue for patients reliant on public dental services.

Waiting times result from the disparity between the number of people eligible for public dental services and the amount of funding available. In the Greater Western Area Health Service at least 41% of the adults are eligible for services because they hold a Centrelink Concession card<sup>1</sup>. In addition all children (under

---

<sup>1</sup> Adults with Centrelink Concession Card holders estimated using Centrelink data (card holders by primary card only by postcode Dec. 2004) matched against ABS 2001 B03 postcode tables. Excludes dependants.

18 years of age) who have not left full-time education are eligible. Over half the general population of the Area Health Service is therefore eligible for public dental services.

### **(c) The funding and availability of dental services, including the impact of private health insurance**

In the Greater Western Area Health Service the oral health funding received equates to approximately \$37 per eligible person per annum. This is insufficient to provide basic relief of pain services to all eligible adults. For comparison, one Oral Health Fee For Service Scheme<sup>2</sup> voucher has a value of \$170. These vouchers typically cover an examination, radiograph and treatment of one tooth causing pain.

Sufficient funding per capita in New South Wales can be achieved by restricting eligibility, by increasing funding for dental services, or through a combination of both.

Anecdotal evidence suggests that most adults using public dental services do not have private health insurance. In fact eligible adults often experience financial difficulty bringing themselves or their children to appointments due to the travel costs involved. In rural areas this can be significant due to the lack of public transport or because travel is required between towns to access services.

---

<sup>2</sup> NSW Oral Health Fee For Service Scheme operated under NSW Health Circular 2004/38.

**(d) Access to public dental services, including issues relevant to people living in rural and regional areas of NSW**

In rural areas the Oral Health Fee For Service Scheme (OHFFSS)<sup>3</sup> is an important mode of delivering services to patients in their local communities. For dentures in particular, the fee for service remuneration is low and the limited number of providers participating in denture services has declined in recent times. The primary reason cited for withdrawal is the low fee schedule. Denture rates in the OHFFSS are approximately 70% of the Australian Department of Veterans' Affairs fee schedule for local dental officers and prosthetists<sup>4</sup>. By comparison, non denture services in the OHFFSS are based upon 100% of the DVA fee schedule and participation by the private sector is significantly greater.

There is a need for capital investment in dental clinics in rural NSW. Growth in the regional centres has resulted in a requirement for larger clinics and additional dental surgeries. In the Greater Western Area Health Service there is a particular need for investment in Broken Hill which has only a small child dental clinic, and in Dubbo which continues to provide adult, child and specialist services from a modified child dental clinic. In other clinics there is a need to update dental units and chairs as stated at (a) above. Progress is being made at a local level in updating equipment but this is hindered by the availability of funding.

Introduction of a vocational training year prior to registration for graduate dentists, and/or extended rural placement programs for undergraduate dental

---

<sup>3</sup> NSW Oral Health Fee For Service Scheme fee schedules effective July 2004.

<sup>4</sup> Australian Government Department of Veterans' Affairs "Fee Schedule of Dental Services for Local Dental Officers and Dental Specialists effective January 2005" and "Fee Schedule of Dental Services for Dental Prosthetists effective January 2005".



professionals has the potential to increase service delivery in rural areas and to improve recruitment. However the success of such programs is dependent on the size of dental facilities available in regional centres to support a critical mass of students or vocational trainees.

### **(e) The dental workforce including issues relating to the training of dental clinicians and specialists**

Recruitment of dentists to the public sector is difficult for two primary reasons:

- Levels of remuneration are unattractive. In November 1994 the Dental Officer Rural Incentive Scheme was introduced enabling rural Area Health Services to pay a loading of up to \$20,000 per annum. This assisted recruitment in the 1990's. However the incentive amount has not increased in the ten years since its introduction and the same amount of incentive can be paid to a dentist working in the Hunter Valley as can be paid to a dentist working in rural or remote New South Wales. It is therefore no longer effective in attracting staff to rural and remote areas.
- Dentists are reluctant to work in a service that primarily provides emergency dental care as this restricts the range of dental services which can be undertaken and results in a loss of clinical skills.

Award increases for parts of the dental workforce (Dental Assistants and Dental Technicians) awarded in December 2003 have created disparity amongst the workforce. It is now possible for a Dental Assistant to earn more than a registered Dental Therapist or Dental Hygienist.

The current Awards for dental professionals provide little progression for practitioners wishing to remain in the workforce, unless they move to management positions. There is a need for career progression based on development of clinical skills and expertise.

There are currently no targeted entry programs for rural students to enter dental degree programs. In addition, all training in New South Wales is conducted in metropolitan areas. These factors impact negatively on the ability to recruit dental graduates to rural areas.

The cessation of the Diploma of Dental Therapy and commencement of the Bachelor Oral Health will impact on the Dental Therapist workforce which provides the majority of services for children.

- There will be no graduates registrable as Dental Therapists from 2005 to 2007.
- Graduates of the Bachelor Oral Health (Sydney) will be registrable as Dental Therapists and Dental Hygienists and therefore able to work in the private sector. (Dental Therapists can only practice in the public sector; Dental Hygienists can practise in the public or private sectors.) It will be difficult to attract these staff to the public sector unless the Award for Dental Therapy and Dental Hygiene is improved.

The Dental Practice Regulation 2004 prevents Dental Therapists from treating patients 18 years of age or older in New South Wales. Dental Therapists

currently provide a range of services to children. Additional services for adults could be provided by Dental Therapists if the regulation was amended.

**(f) Preventative dental treatments and initiatives, including fluoridation and the optimum method of delivering such service**

There are many non-fluoridated water supplies in rural areas, contributing to the poorer oral health experienced by rural communities. The Greater Western Area Health Service has been pro-active in promoting the introduction of water fluoridation. However, the decision to fluoridate rests with local government and this requires the resources to approach each local council on an individual basis. Intensive communication with each council/community is needed to overcome the vocal minority opposed to fluoridation in each local government area. A state wide approach could alleviate this situation allowing resources to be redirected to other oral health promotion initiatives.

The soon to be released NSW Oral Health Promotion framework provides a reference document for oral health promotion in New South Wales. However to date no specific funds have been identified for oral health promotion and there is an expectation that some resources will need to be diverted from existing clinical services to support oral health promotion initiatives within each Area Health Service.