

Submission
No 58

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

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Theme:

Summary

From: "Thomas Hasson" <Thomas.Hasson@mwahs.nsw.gov.au>
To: <socialissues@parliament.nsw.gov.au>
Date: Fri, May 27, 2005 4:35 pm
Subject: Standing Committee on Social Issues Inquiry into Dental Services

The Committee Secretariat,

Could the following points please be forwarded for the Committee's consideration;

- Most (approx 80%) clinical dental services in NSW are provided by the Private Sector ie, Patient funded clinical services.

- Almost ALL Oral Health Promotion Strategies (eg reticulated water fluoridation, population health priority group programmes, oral hygiene promotion programmes, etc) are undertaken by: and funded by the Public Sector.

- There needs to be a fundamental change in the Communities' understanding of what is INCORRECTLY referred to as "Public Dentistry". The perception that a Public Dental System which mirrors the Public Medical System, must be corrected to enable meaningful and honest attempts to address the currently insurmountable problems of Supply and Demand in the "Public" sector.

"Public" Dental Clinical Services are ONLY provided to specific/exclusive groups. Currently these include

- Children 0-5 years

- Children 5-18 years who are enrolled in educational institutions

- People over 18 years, and their dependents, who hold current Pension

Concession Cards; Health Concession Cards and Commonwealth Seniors Concession Cards.

"Public" Dental Services are totally funded by Local Area Health Services, there is NO "Medicare" type universal contribution/levy. Patients who do not meet the criteria above must self-fund their Oral Health treatment.

- Currently approx 50% of the NSW population is eligible for Public Dental Treatment: unfortunately only approx 4% of the NSW Total Dental Workforce is employed in the Public Sector.

If Public Dental Services are to attempt to provide comprehensive clinical treatment to their eligible patients there must be a FUNDAMENTAL change in community attitudes to a "Public Dental System".

Either the patient base needs to be drastically reduced in number; or the dental workforce needs to be increased. The only other possibility is a reduction in the type and amount of clinical services provided eg only providing "emergency" or palliative treatments. This however, has negative workforce effects, especially in providing a satisfying, rewarding workplace for clinicians.

- Public sector clinical workforce could be increased by upgrading the skill levels of existing staff. The new Bachelor of Oral Health Degree graduates may be a source of clinical services to both child and adult patients, this would require a change to the current Dental Act. Currently registered Dental Therapists should be encouraged to upgrade their qualifications to the Bachelor of Oral Health Degree, and thus widening their clinical possibilities. Dental Assistants, now Certificate 3 and 4 level qualified, should become actively involved in Oral Health Promotional activities.

Non dental specialist staff should be involved in Oral Health Promotion (ie within mainstream Health Promotion)

- The responsibility for fluoridation of the public's reticulated water supplies MUST be removed from the Local Government Authorities, and transferred to the State Government. (Preferably to the Department of Health)

I thank you for the opportunity to mention these few issues, if I can be of any assistance I am willing to help in any way I can. I am a Dental Officer employed by the Greater Western Area Health Service.

Officer

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