

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: Pacific Smiles Group
Name: Dr Alex Abrahams
Position: Managing Director
Telephone: 49366199
Date Received: 27/05/2005

Theme:

Summary

PACIFIC Smiles Group

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

SOCIAL ISSUES COMMITTEE

27 MAY 2005

RECEIVED

RE : Inquiry into Dental Services in NSW

Dear Sir/Madam,

Pacific Smiles Group is a Newcastle/Hunter Valley based operator of Dental Care Centres for dentists and patients. Our Dental Care Centres are located from Sydney CBD to Forster-Tuncurry, with a number of facilities in the Newcastle/Hunter region.

Pursuant to the recent newspaper advertisement calling for submissions in relation to the Inquiry into Dental Services in NSW, I have prepared a paper which outlines the key issues and challenges with the delivery of public dental services to eligible patients in New South Wales and which also proposes a solution based on Public Private Partnerships.

I may be contacted on (02) 4936 6199 should you wish to discuss this submission further.

Yours sincerely,



Dr. Alex Abrahams
Managing Director
Pacific Smiles Group

**INQUIRY
INTO DENTAL SERVICES
IN NEW SOUTH WALES**

27th MAY 2005

**SUBMISSION by
PACIFIC SMILES GROUP**

Prelude

“As a nation, we're facing a crisis in oral health, with half a million people unable to access a dentist for even basic care. These people can't afford to visit a private dentist as the bulk of Australians do. So they must compete for the very limited public services on offer. By the time an appointment comes around, some have waited up to five years for the privilege. By then, decay is often so entrenched, removal of affected teeth is the only option.

When it comes to our teeth, we live in a two-tiered society – the old and the young. Australian children enjoy one of the best rates of oral health in the industrialised world. Dental visits are recommended from the age of two, and in all states and territories, free or low-cost care is offered for primary and secondary students, through either school clinics or community health centres. But it's a very different story for adults. While Australia is near the top of the list of countries for the quality of oral health in 12-year-olds, it's near the bottom for those in the 35 to 44 age range, according to the Australian Council of Social Service (ACOSS).

When teeth decay or inflamed gums are left untreated, the result is loss of teeth. For those affected, the consequences are serious:

- isolation (and therefore increased risk of mental health problems) because of embarrassment about changes to appearance
- restricted employment opportunities
- malnutrition, as it becomes harder to eat (according to ACOSS one third of people using public dental services report avoiding eating some foods because of bad teeth or gums)
- illness such as mouth infections which can spread to the lungs, the blood and the arteries, and might even increase the risk of heart disease.”

Extract from “DENTAL HEALTH IN DECAY” by Peter Lavelle

www.abc.net.au/health/regions/features/dental/default.htm

CONTENTS

Executive Summary	4
1. Introduction	5
2. Public Dental Services in NSW - Patient Access Barriers	7
3. Public Dental Services in NSW – Resource Factors	12
4. Public Dental Services in NSW – Professional Workforce Challenges	13
5. Public Dental Services in NSW – Community & Professional Expectations	15
6. The Critical Issues Summarised	16
7. The Current Status for Public Dental Patients	17
8. Solutions Overview	18
9. Introducing Pacific Smiles Group	21
10. Pacific Smiles Dental Care Centres	23
11. A PPP Between NSW Government & Pacific Smiles Group	24
12. An Example of a Dental Services PPP in Action	25
13. Key Benefits of a PPP Approach	26
14. Conclusion	27
References	28

EXECUTIVE SUMMARY

This submission to the Standing Committee on Social Services outlines a clear strategy for public dental service delivery improvement via the implementation of carefully structured Public Private Partnerships. It advocates an effectively monitored pilot scheme in a designated region as a means of testing the validity and impact of the suggestions contained within this submission.

This submission commences with an overview of the key issues and challenges facing the New South Wales Government in the delivery of an accessible, efficient and appropriate public dental health service for eligible members of the community. Drawing upon numerous studies and reports, the submission seeks to build a comprehensive list of the key issues that require urgent redress. For simplicity, these are categorised as patient access barriers, resource factors and professional workforce challenges.

The submission then provides a brief review of community and professional expectations of the public dental service and a review of the current service offerings available through the public health system. An integrated set of solutions is provided and the concept of a Public Private Partnership is introduced, as is the proposal for a pilot scheme in a regional area.

Pacific Smiles Group is introduced as an organisation with the size, capabilities and other unique characteristics underpinning its suitability as a private sector partner to the New South Wales Government in the implementation of both the pilot scheme and the Public Private Partnership.

The paper concludes with a proposed PPP in action and a summary of the benefits to patients, dentists and the New South Wales Government of the approach advocated by this submission.

1. Introduction

The most common health condition in Australia is not heart disease or cancer. It is tooth decay, followed by edentulism at number three and advanced periodontal disease at number five. According to Dr. Mark Schifter, National President of the Oral Medicine Society of Australia and New Zealand in an article published in the Sydney Morning Herald on 29th January 2004, "The indigent and socially disadvantaged in Australia today are not determined by their state of dress or even where they live, but by their poor oral health, often exemplified by lack of teeth [and money must not be] simply flung at repairing and replacing teeth, but address the major cause of oral health dysfunction – tooth loss [through currently unfunded] preventive practices such as office-based fluoridation, diet assessment and education, [scaling and] cleaning."

Around 33% of the Australian population is eligible for public health services, but only 7% use them. This is partly due to the long waiting times, partly due to high co-payments and partly due to poor education about oral health, particularly in populations from non-English speaking backgrounds.

The New South Wales Government, like other States and Territories & the Federal Government of Australia, faces considerable challenges in the delivery of public dental services to the community and the achievement of a community-wide regimen of regular dental attendances. In the Australian context the term 'regular dental attendance' is synonymous with a preventive approach to dental care which is generally considered to be an individual dental treatment plan with regular assessment of the oral health status of the individual.

The New South Wales Government justifiably seeks a model of service delivery which maximises the opportunity for the majority of its qualifying citizens to access public dental services and achieve or approach a pattern of regular dental attendance. The flow-on effects to the broader community of improved standards of oral health would be considerable, as would the long term cost-savings to the health system.

The current challenges include the need to address key priorities such as;

- The real and perceived barriers to treatment access experienced by various members of the community
- The lack of knowledge about preventive dental care and the importance of good oral health in a community that is diverse in cultures and beliefs
- The continual de-skilling, dissatisfaction and turnover of the workforce in public dental facilities

This submission will set the scene via a brief review of patient access barriers, professional workforce challenges and community and professional expectations that exist with the current public dental system.

The submission will attempt to crystallize the issues into a short set of statements before introducing Pacific Smiles Group and a few concepts for the development of innovative service solutions to assist in overcoming the barriers and challenges outlined.

2. Public Dental Services in NSW – Patient Access Barriers

According to the NSW Adult Health Survey 2002, some 227,200 patients used public dental services during that year, representing 4.5% of the population of New South Wales. While this number appears significant, it represents only a small proportion of the number of persons eligible to utilise public dental services in New South Wales. As far back as 1998, there were 1.5 million adults in NSW who held a Commonwealth Seniors Card, a Health Care Card, a Health Benefits Card or a Pensioner Benefits Card and these people had almost 450,000 eligible dependents. So, in total, there were close to 2 million residents of NSW who would be eligible to access public dental services, but in 2002, only 227,200 did so. The others either chose to access the services outside of the public system or elected not to access the services at all or were effectively still awaiting access to the services.

While dental disease rates may vary across the NSW community due to such factors as fluoridation (water supply and fluoride toothpaste usage), low income earners and other disadvantaged groups have similar patterns of dental disease to the general community. The Australian Senate Committee document "Report on Public Dental Services – May 1998" indicates that the main difference between the two groups is not the experience of dental disease but relates to access to and experience of treatment. In other words, the lack of addressing treatment needs in a timely fashion and the lack of a preventive regime combine to lead to a lower standard of dental health for public dental patients.

The current challenges may be summarised into the following categories;

2.1 Geographic Access

There are significant shortfalls in the dental care available to people living in rural and regional Australia.

2.2 Physical Access

There are significant shortfalls in the dental care available to functionally dependent older community members including the housebound, institutionalised patients and medically compromised patients.

2.3 Waiting Times

Even where public dental care is locally available, long waiting times are evident. The emphasis in the public dental system appears to be increasingly placed upon meeting the demand for emergency care rather than restorative and preventive care.

The impact of long waiting times means that concepts such as prevention and wellness through optimum dental health are virtually non-existent. With frustration that naturally sets in for many public patients, they are often forced to go to private practice dentists for treatment that is episodic in nature and the outcome compromised due to competing personal financial considerations.

2.4 Affordability

The school-based SOKS program has been effective at delivering dental services to children in NSW by significantly reducing the affordability barrier. However, there remain some cost barriers to accessing the SOKS program such as the cost for working parents to attend treatment appointments with their children and associated transport costs, particularly in rural and regional Australia.

In the wider community, and particularly amongst the adult population, affordability is a significant barrier to access to dental services. There is no government financial assistance or incentive for dental attendance and while the private health insurance industry does provide limited coverage for dental care, the 'gap' or 'out-of-pocket' payments have been noted as a significant barrier to

receiving care. The financial burden for dental care essentially rests with the individual.

Older members of the community are particularly hard-hit as income generally decreases with age and over 70% of the Australian over 65 age group rely upon pension benefits. As the population ages and tooth retention increases, the need for affordable and appropriate dental care services (often for an increasingly complex number of dental problems) will escalate. Affordable access to quality dental care for older people will become a critical need in society.

2.5 Previous Dental Treatment Experiences

It is suggested that people who present with a pre-existing problem are less likely to receive preventive services and more likely to lose their teeth. Anxieties may be evident in individuals who have experienced difficulties with previous dental visits. This is particularly evident when the "traumatic" experience was obtained as a child. The Australian Institute of Health and Welfare (AIHW) regularly publishes the "Child Dental Health Survey" and it indicates that Aboriginal, recent migrant and rural children have higher dental disease rates when compared to same aged children across the community.

These children often have an initial dental visit in response to a dental problem and experience a more traumatic introduction to dental treatment than children without caries. The influence of this introduction to dental care often translates into anxiety about dental attendances and hence decreases their commitment to regular dental attendances. Family and cultural commitment to dental care is similarly affected and negatively influenced with many adverse attitudes to dental treatment evident. There is a definite need for early exposure to dental treatment in a person's life to gain preventive and educational benefits.

2.6 Oral Health Awareness

Not all groups in society are aware of the importance of good oral health and regular preventive treatments. This is particularly evident in some ethnic groups where communication has improved via the use of interpreters, but some cultures see the oral health care message as prescriptive and a perceived "victim blaming" exercise. Recommendations to change diets have also been seen as insulting to cultural practice in some groups.

2.7 Type of Dental Care

High quality dental care and services are available in Australia with dental training, research and specialist services evidence of a robust dental sector. However, evidence indicates that low income earners encounter a significant level of inequality when compared with the rest of the community. In general, low income earners have the highest rates of;

- denture wearing,
- edentulous status,
- missing teeth (average of 5 more),
- extractions as a result of the last dental visit,
- time since the previous dental visit,

when compared with high income groups.

It is also suggested that people who present with a pre-existing problem are less likely to receive preventive services and more likely to lose their teeth. There appears to be a strong relationship between income status and dental health status. Although a similar relationship may also be found with other health problems, such as some cancers and heart disease, the dental health sector is different from other health services since the relationship between income and poor health reflects lack of access to appropriate treatment. The lack of access for the low income group is not only a problem now but also resultant from a lack of access in the past. The compromised treatment options available will only perpetuate the disadvantage for the future oral health

prospects of those who have a barrier of affordable dental care in the NSW community.

All the above factors influence dental attendance patterns for the adult NSW population in general. However individual attendance is also subject to attitudinal and value judgements reflecting perceived need and benefit from dental visits. Anxieties may be evident in individuals who have experienced difficulties with previous dental visits.

2.8 Parental/Guardian Consent

Cultural influences and language difficulties also impact access to service due to the requirement to obtain parental consent for inclusion in the public dental health system. In Australia, consent for dental care must be obtained from parents/guardians prior to an assessment being undertaken. Such permission cannot be obtained unless a parent has been given information and details about the assessment process, the risks involved and likely outcomes. Difficulties with obtaining and recording permission from parent/guardian groups in the Australian medico-legal context may impede access to dental care for some children.

3. Public Dental Services in NSW – Resource Factors

Dental services are predominantly provided by private dental practitioners in NSW (Australian Institute of Health and Welfare (AIHW) Dental Statistics and Research Unit, *Dental Practitioner Statistics Australia*, - (1998). As noted previously the Public Dental Service has limited coverage due to access, availability, affordability and workforce distribution issues. The Australian Senate Committee document "Report on Public Dental Services – May 1998" indicates that the public dental service has limited coverage and significant funding restraint after the withdrawal of the Commonwealth Dental Health Program funding. Although NSW Oral Health program development (SOKS, Waiting Time Management in conjunction with the Information System for Oral Health) has attempted to limit such impact there remain significant shortfall in providing care to all groups.

There are inefficiencies in the fragmented nature of the public dental services and it is unlikely that there will be enough resource available to meet the entire demand for all groups that seek dental care. However it is opportune to seek strategic alliances and plans to develop innovative methods of dental care delivery to meet the needs of assessed priority oral health category groups.

A pilot Public Private Partnership (PPP) oral health care scheme to implement, assess and monitor planned health care delivery to assessed priority oral health category groups would meet the goals of responsible financial planning and resource utilization.

4. Public Dental Services in NSW - Professional Workforce Challenges

Equally as challenging as the patient access issues already detailed are the serious problems evident in the professional workforce. These include;

4.1 Decreasing Supply of Dentists

“In 2000, there were 47 practicing dentists per 100,000 people in Australia. In the most recent projection of dentists, Australia’s supply of dentists is projected to decrease to 33 per 100,000 by 2021.” Competition for graduate dentists is expected to intensify in the future as both private and public institutions compete for a dwindling pool of resources. Recent National Competition Policy changes that NSW State Government adopted in relation to the Dentists Act of NSW means that there is the possibility of Corporations becoming involved in Dental Services hence another avenue for dentists to seek employment intensifies competition for the shrinking pool of dentists. In the absence of a significant change to government policy in relation to educating more dentists or the registration of overseas dentists, dentists will be able to pick and choose their place of work as never before.

4.2 Difficulty Attracting and Retaining Dentists

The public service is expected to continue to struggle to attract and retain dentists. In fact, the dentist supply situation for public health is likely to get much worse than it is now. In particular, issues that must be addressed include;

- limited opportunities for career pathways
- limited clinical training, education and research opportunities
- unsatisfactory remuneration

4.3 De-Skilling of Clinical Competencies

There is a limited range of dental care provided through public dental services, significantly reducing the range of skills and subsequently, the professional satisfaction of the working practitioners.

4.4 Devaluation of Professional Inputs

There appears to be a perception that professional practitioner inputs are being devalued through the use of health service managers to determine service planning, output levels, goals and oral health resources. This perception appears to extend to a belief that there is a lack of professional input from bodies such as the Australian Dental Association, teaching schools and university training programs into the dental service delivery models and management. This appears to be in contrast with other professional groups within public service areas.

4.5 Lack of Dentist Coverage of Regional and Rural New South Wales

The limited ability for the public service to attract and retain dentists is amplified in regional and rural New South Wales. Few dentists choose to take up public appointments away from the major cities, particularly if other aspects of the employment position (education, professional satisfaction, remuneration, social outlets) are considered substandard.

4.6 Use of Auxiliary Staff

The current dental therapist workforce in NSW is restricted to treating children in public dental outlets. This valuable resource could, with minimal training implications, expand the role and function to support special needs groups/carers in delivering oral health care preventive and education programs to these target groups. Expansion into these roles would allow publicly employed dentists to more efficiently meet the clinical needs of determined target groups such as special needs, institutionalized and housebound patients.

5. Public Dental Services in NSW – Community & Professional Expectations

The community who qualify for public dentistry expects widespread access to public dental services not only in metropolitan areas, but also rural and regional New South Wales with waiting times that are clinically appropriate to the treatment required. Further, they expect the dentists to be not only competent, but up to date in their skills and techniques via relevant education and training programs.

The profession expects there to be a greater emphasis on regular preventive treatments to secure the oral health of the community, including the most disadvantaged within the community.

There clearly needs to be innovative education and training programs to match society expectation and services required to meet the growing oral health demand of the most disadvantaged within the community.

6. The Critical Issues Summarised

The preceding issues and expectations can be crystallized into a series of summary statements as follows;

- Insufficient geographic coverage of public dental facilities, particularly in rural and regional New South Wales.
- Insufficient professional human resources to meet demand leading to long waiting lists in the public system.
- Inefficiency of service delivery due to many small community based clinics leading to fragmentation and no economies of scale.
- Particularly acute lack of access by publicly eligible adults to comprehensive dental care programs.
- Lack of training, education and career development of professional human resources.
- Narrowing of the skill base of the professional workforce.

7. The Current Status for Public Dental Patients

Currently the patients who qualify for public dentistry have the following choices for treatment;

- Dedicated Dental Hospitals, Westmead and United Dental - These institutions combine public facilities with teaching systems for Dental faculties.
- Community Dental Clinics - These facilities are the predominant access points for eligible patients in regional and rural areas. They are fragmented across a wide area and often have difficulty in attracting and retaining dentists with appropriate clinical and management skills necessary to co-ordinate oral health care services for their community.
- A modified item and fee schedule program for eligible patients to gain access to treatment from participating private practice dentists (Oral Health Fee for Service Scheme – OHFFS). The program has limited coverage and participation due to participant dentist resistance to the scheme. Corporate dental involvement in this process would extend coverage and acceptance of such a scheme. A key liability of this program is a lack of preventive focus and as such fails to deliver any long term wellness benefits.

In the 1990's a Commonwealth Dental Health Program (CDHP) existed which public patients could access. This program enabled a large number of public patients to access basic dental care at private dental practices. It was very well received by patients and by the public clinics because it reduced waiting lists. The dental profession were divided on its merits, many choosing not to be involved as fees that could be charged were below the cost of providing the service. More recently, the NSW Department of Health implemented the Oral Health Fee for Service Scheme (OHFFS) that allowed limited private practitioner participation in delivering dental care to public patients for authorized urgent care requests. As with the previous CDHP, participation has been limited and often non existent in the areas of greatest need. Agreement to participate in an OHFFS scheme with larger corporate dental practices would enhance the coverage into these areas.

8. Solutions Overview

- Determine and clearly define what community care will be provided by the public employed dental practitioners. Current attempts to provide all eligible clients with oral health care is clearly not working.
- Recruit, train and retain an oral health workforce to meet community needs and demands. An example of such coverage would be specialist services for aged care, medically compromised and high dependency care and other special needs groups.
- Access and harness the private sector to provide dental care for other non specialist services for generalist dental provision. The extent and coverage of such private dental care services will be determined by planning aims, resource parameters and oral health care maintenance objectives.
- Determine the extent of clinical partnerships with private sector participants. Finance, capital resource and workforce parameters are required in the development of this model.
- Investigate the feasibility of innovative service delivery models such as capitation programs for designated eligible community cohorts. These service delivery models have been successfully implemented in the United Kingdom, Norway, Denmark and some other EU countries. The extent and distribution of capitation programs whereby private dental practitioners provide dental care for a pre-determined group has had remarkable success in these countries. The capitation oral health model encompasses output markers of dental treatment delivery, preventive practice and oral health care maintenance programs. Capability of the private sector to participate in a capitation program may be limited to larger groups with proven expertise in managing quality based oral health treatment programs to their communities.

- Develop partnerships with private dental practitioner groups to establish, monitor and maintain dental care programs for clients not covered by the public sector employed dental practitioners.
- Establish agreed clinical markers to monitor the efficiency, effectiveness and appropriateness of pilot oral health care partnerships. For example, the use of DMFT (Decayed, Missing, Filled Teeth) as a determinant of outcome measures and as a gatekeeper for inclusion within the private practitioner participation program. High DMFT individuals would require larger range of dental treatment and maintenance and may not be suitable for access to a capitation model – higher DMFT = higher cost. Wider coverage in rural and regional communities through the inclusion of agreed clinical markers may prove attractive to private dental providers.
- Implement education, training and clinical mentor programs for new graduate dental practitioners involved in either public dental services or participating private practice partnerships.
- Implement quality management monitoring protocols for all private practice partnerships
- Investigating the feasibility of an intern type dental training program to assist new graduates gain clinical skills and competencies. This has previously been raised by the Australian Dental Association as an innovative model to enhance public sector workforce issues and complement dental undergraduate clinical training competencies and experience. Employment of interns in either public or participating private dental systems may assist workforce limitations currently evident.

As the preceding points illustrate, the solutions presented in this submission are not an argument for a significant public investment in new or improved physical facilities in the areas of most need, particularly in regional and rural New South Wales.

The proposed solution is based on the concept of a **Public Private Partnership (PPP)** under which the New South Wales Government could contract a private company to finance (solely or partially), design, construct, operate and maintain large public/private Dental Care Centres in areas of need or in central areas with good transport links, in return for income via a long term contract.

A PPP with an appropriately experienced and qualified dental group would also deliver a commensurate improvement in the working conditions for the professional workforce so as to compete more effectively for dentists against other potential employers.

Such a dental group could simultaneously address the key issues and challenges by;

- a. Delivering dental services in geographic regions of need, particularly in rural and regional New South Wales.
- b. Focusing on the patient group of most need – ‘adults’ who do not have the privilege of access to a program such as SOKS.
- c. Securing the oral health of a designated population through a combination of treatment, maintenance and ongoing preventive care.
- d. Providing ongoing training to the professional workforce.
- e. Offering the professional workforce a remuneration package that features in-built incentives to maximise efficiency and preferred clinical outcomes.
- f. Participating in a pilot scheme as a precursor to full implementation of a PPP.

9. Introducing Pacific Smiles Group

Pacific Smiles Group is an Australian leader in the provision of services and facilities to dentists and their patients. The Company draws upon a long history of success in the development and operation of large Dental Care Centres, particularly in regional and rural New South Wales.

As a Dental Group created for patients and dentists by dentists, Pacific Smiles Group is ideally and uniquely positioned to fully understand the needs and wants of dentists and patients. The Group's vision is to meet those needs effectively, efficiently and ethically. In doing so, the Pacific Smiles Group will facilitate continuous improvement in dental treatment outcomes.

Pacific Smiles Group is committed to the provision of Dental Care Centres in which dental treatment outcomes are optimised and workplace safety, satisfaction and motivation are maximised. Underpinning this commitment are core values of honesty, trust, integrity, professional respect, courtesy and teamwork. The core values are reflected in the company's focus on employee advocacy, open and transparent communications and patient service excellence.

Pacific Smiles Group provides all of the resources necessary to enable dentists to provide optimal dental services to patients. The resources include;

- Strategically located Dental Care Centres with high exposure, easy patient access and high quality design and fit-out
- Dental Care Centre management teams
- Front-office reception services
- Trained clinical support staff
- Comprehensive Sterilization & Instrument Tracking services
- Fully equipped and maintained surgeries
- Stock of required consumable items

- Marketing and advertising
- Access to Preferred Provider Agreements with Third Party Insurers
- Community and school education programs
- Ongoing dentist education

The Dental Care Centres provided by Pacific Smiles Group enable dentists to;

- Devote their working time to clinical activities
- Retain independence over their clinical decision making
- Establish a practice with no up-front investment in premises, equipment or inventory.
- Deliver their dental services to patients in well-maintained, well-managed Dental Care Centres that comply with all applicable legislation and regulations.
- Earn income commensurate with their skills and efficiency

10. Pacific Smiles Dental Care Centres

Pacific Smiles Group operates seven Dental Care Centres, predominantly in the Hunter / Newcastle Region of New South Wales, with facilities also in Sydney and Forster.

Most of the Dental Care Centres operate under the name, Pacific Smiles Dental, but two of the facilities operate under the name NIB Dental Care Centres. Pacific Smiles Group has been successful in obtaining the rights to manage the NIB Dental Care Centres in Sydney and Newcastle for a period in excess of 10 years. NIB Health Funds Limited has entrusted the care of their members to Pacific Smiles Group. Pacific Smiles Group has engaged 30 dentists to service the members. This arrangement has been enthusiastically welcomed by the members, dentists and NIB management.

The seven Dental Care Centres that are currently operated by Pacific Smiles Group are located at;

- Greenhills – Pacific Smiles Dental Care Centre
- Charlestown – Pacific Smiles Dental Care Centre
- Dora Creek – Pacific Smiles Dental Care Centre
- Salamander Bay – Pacific Smiles Dental Care Centre
- Forster – Pacific Smiles Dental Care Centre
- Newcastle – NIB Dental Care Centre
- Sydney City – NIB Dental Care Centre

11. A Structured PPP - Between the Government of New South Wales and Pacific Smiles Group

Pacific Smiles Group is uniquely positioned among dental service providers to be able to propose a viable PPP with the Government of New South Wales for the provision of public dental services in both metropolitan and rural and regional areas of the State. Few, if any private dental service providers in New South Wales have the geographic coverage and the service capacity offered by Pacific Smiles Group.

Size and geographic reach are but two of the unique characteristics that differentiate Pacific Smiles Group from the 'normal' model of dental service provision in the private sector, a market that is dominated by small independent operators. Other factors include Pacific Smiles Group being;

- An organisation based in regional New South Wales and so has a great affinity with and understanding of the needs of the community in such regions
- An organisation able to attract dentists to regional and rural New South Wales and retain them through an innovative package of benefits.
- An operator of a Student Dentist Sponsorship Scheme to ensure a continual flow of new dentists to Dental Care Centres operated by Pacific Smiles Group
- An applicant for Visa Sponsorship Status to secure appropriately qualified dentists from the United Kingdom and New Zealand
- A highly efficient and effective specialist operator of large and complex multi-dentist Dental Care Centres.
- Opposed to medical fraud in all its forms with monitoring actions in place to maximise compliance.
- An investor in ongoing education for dentists
- A creator of career paths for dentists and for support personnel
- An organisation that is prepared to invest in new Dental Care Centres in metropolitan and non-metropolitan areas of the State in conjunction with the needs of the Government of New South Wales to deliver dental services to the community.

12. An Example of a Dental Services PPP in Action

- Large multi-dentist Dental Care Centre established in a central area with good transport links
- Designed, built, managed and maintained by Pacific Smiles Group
- Financed either by Pacific Smiles Group solely or in a joint venture with the New South Wales Government
- Pacific Smiles Group responsible to secure the oral health of a designated population of adult patients in that area
- Dentists based at the Dental Care Centre accept public patients during designated time periods during the day
- Dental services tailored for publicly eligible patients. Such services could include treatment programs, preventive (population and individual) and oral health education.
- Outside of the public patient treatment hours, the dentists at the Dental Care Centre managed by Pacific Smiles Group would be permitted to treat patients under private arrangements so as to maintain their broad range of clinical skills and to supplement their income and maintain their motivation.
- Payment from the NSW Government to Pacific Smiles Group to be either on the basis of a fee-for-service regime or an agreed capitation model.
- The initial term to be ten years, with two five year options.

13. Key Benefits of a PPP Approach

13.1 Patient Benefits

- Vastly improved access by eligible ambulatory adult patients to required dental services at 'public/private' Dental Care Centres located near key transport hubs in metropolitan and regional New South Wales
- Greater emphasis on preventive treatments and oral health education for the patients visiting these centres due to shorter waiting lists and availability of regular appointments for reasons other than emergency care
- Existing public dental services enabled to focus on special needs patients whose access would also be enhanced greatly by the reduced waiting lists

13.2 Professional Workforce Benefits

- Highly motivated dental workforce
- Continued access to a supply of dentists (particularly with the implementation of an internship program)
- Upskilling of dentists due to them being able to undertake private dentistry outside of public patient access hours

13.3 Government Benefits

- Ability to pilot the scheme in a regional area before full commitment
- Reduced requirement for initial capital investment
- Reduced requirement for recurrent capital works and maintenance
- Ability to concentrate work-force and outputs into designated priority groups with a concomitant overall saving in wages.

14. Conclusion

This submission has outlined some of the key issues and challenges facing the New South Wales Government in the delivery of public dental services to its eligible patient population. The issues are complex, but not intractable.

They will be solved by an innovative approach to the delivery of the services through a private sector partner such as Pacific Smiles Group. The implementation of a pilot scheme to evaluate the effectiveness of the proposals presented in this paper is highly recommended.

The pilot scheme will prove that an appropriately structured PPP between the Government of New South Wales and Pacific Smiles Group will generate considerable benefits for the community and the Government.

REFERENCES

“Dental Health In Decay”, Peter Lavelle www.abc.net.au Health Matters Features 11th
March 2004

“Our Decaying Dental Health Needs More Than Holes Filled with Money”, Mark
Schifter, Sydney Morning Herald, 29th January 2004

NSW Adult Health Survey 2002

“Report on Public Dental Services – May 1998”, Australian Senate Committee Document

“Child Dental Health Survey”, Australian Institute of Health and Welfare (AIHW)

“Dental Practitioner Statistics Australia 1998”, Australian Institute of Health and Welfare
(AIHW) Dental Statistics and Research Unit

ANZ Industry Brief – Dental Services In Australia 12 November 2004