

Submission: The Committee to the House of Representative  
Dear Mr. Mark Coulton MP

14 MAR 2013

I am a Dental Prosthetist and currently working in my own denture clinic Dubbo, and in addition provide a denture service in remote NSW. There are a number of issues that I have recognized and would like to share my impression and provide some constructive feedback on the dental situation in the north-west and eastern outback areas of NSW, predominantly the Bourke and Lightning Ridge area.

The region of Lightning Ridge has an area population of about 80 000 with limited dental professionals to serve that community. Intermittently a dentist from the RFDS provides care to those in need however this is not on a daily basis.

I drive to Lightning Ridge once a week every month and provide a denture service to the area, as there is a demand for dental professionals, such as myself, and a lack of providers. The patients that I have seen have had unfortunate experiences and have a lack of confidence in the dental system. Many have been without dentures for many years, as well as ill-fitting dentures and have not had any ongoing follow up.

There is a extensive need for dental care in the remote areas of NSW that requires a team of dental professionals to work together being the Dentist, Dental Prosthetist, Dental Therapist and Dental Hygienist. The scope of practice for all professionals is different and only together as a team, will the dental needs of the community be met along with other allied professionals. For the wellbeing of the patient to be addressed, preventative care needs to be available and this also includes other rural and remote areas of NSW.

Those patients in Lightning Ridge and surrounding areas travel long distances with the travel time being up to 12 hours requiring 3 to 6 visits until treatment is completed. This costs time and causes financial pressure, which is the initial reason why they need care. The lack of access to areas that provide treatment only gives the individual. The lack of facilities places pressure on the waiting list and the health centre in Lightning Ridge, which is only for emergency cases. Those with a health care card and low income end up on the waiting list for years with no dental treatment. What was once a small problem has developed into a larger one which was preventable in the first place had treatment been sought.

I recognized a problem in the area and felt there was a need to address this issue. I was able see patients from Walgett and Lightning Ridge and completed their denture in 3-5 days. This assisted the patient in obtaining quick service, but also making an impact on the waiting list and their dental and general well being.

Secondly, the dental services are covered by state and federal government. In the Dubbo area, dental health is covered by the Greater Western Health District and the Aboriginal Medical Service (AMS), as well as Private Dental providers. The recently closed dental system provided dental care for a period of time, however when government funds declined, the service stopped. This affected the denture service in both Greater Western Health and AMS. When the CDDS closed a big problem was left with many patients not having treatment completed and many left on the waiting list. This has resulted in patients losing trust and faith in the system and also the professional. A new system that involves all dental professionals will assist in managing and controlling the problem, providing a teamwork approach.

Thirdly, the availability and affordability of dental services with special health needs is not available. The financial benefit and working conditions in the rural and remote NSW is not the same as in large cities. I believe that dentures should be made primarily by Dental Prosthetist, as fees are less, our technical skills are more advanced which allow for excellent dentures and better productivity.

A possible solution could be to introduce a dental preventative tax to cover the cost and reduce pressure on the dental health system. For example 0.1% from \$4000 per week is \$4 times by 4 tax payers = \$16 per month, \$16 x 10,000,000 Tax payer = \$160,000,000 per month times by 12 month = \$1,920,000,000 Billion for Dental Care only! This would equate to over 1 billion dollars a year for preventative dentistry and basic denture appliance. If a system would be in place where patients carry a dental health card, and every visit would be noted and item numbers recorded during the dental visit. Regular visits would be required every 6 months to ensure no new and further problems develop.

Fourthly, dental services for those living in metropolitan, regional and remote areas need to be affordable and available. There is a large percentage of the dental profession in larger cities, such as Sydney and Melbourne. The large dental problem in rural and remote areas has less dental providers, however deserve the same benefits. Creating more jobs and public dental facilities in the rural and remote areas will allow for waiting lists to decrease and a population to enjoy better dental and general health.

I have only put forward a few thoughts but believe that a meeting in person would be more effective and beneficial.

Regards

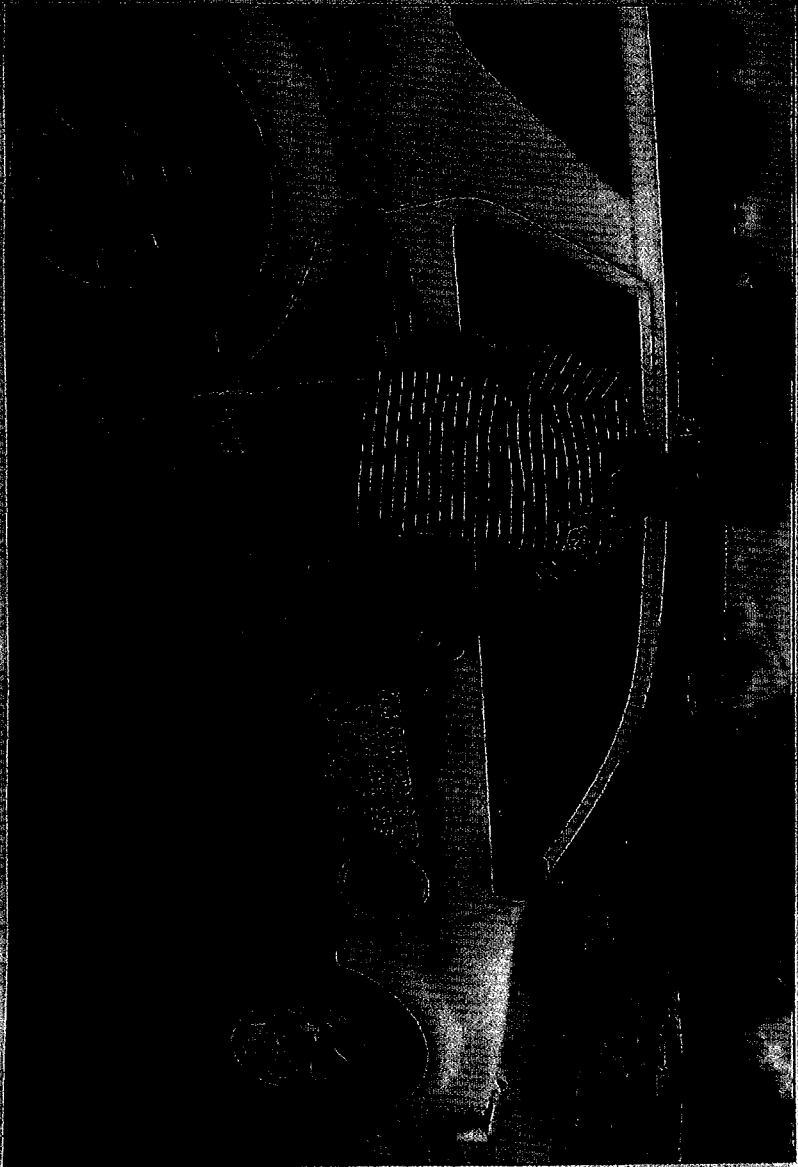
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## The end of a long trek for dental health campaigner

It's an allied dental health professional in the spotlight for his efforts in a campaign to improve dental health care in Australia.

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The end of a long trek for dental health campaigner Peter Muller. The article continues with details of his work and the challenges he has faced in his campaign to improve dental health care in Australia.

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