



GRAMPIANS REGION ORAL HEALTH NETWORK

Submission to the Parliamentary Inquiry into Adult Dental Services in Australia

This submission is made on behalf of the Grampians Region Oral Health Network by its Project Manager, Jenny Wilkins. Her contact details are

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Overview of Grampians Region

- There are 6 community dental services in the Grampians Region. Services range in size from the highest number of chairs (10) in Ballarat to the smallest service with one chair operating 1 day per week in Edenhope.
- It is estimated that approximately 88,000 people are eligible for public dental services in the Grampians Region. Cumulative data from services indicate that only 10% of the eligible population accessed services in 2012.
- In the Grampians Region, 47% of the population have SEIFA scores under the Victorian regional average score of 986 according to 2009 data. Lower than average scores equate to greater disadvantage. Disadvantage is spread across the region and is an indicator of poor oral health.
- Dental conditions are ranked as the second most common cause of hospital admissions across the Grampians Region, accounting for 1,418 admissions considered preventable in 2004/5.
- Several large towns in the Grampians Region remain without fluoride in the water supply. They are Ararat, Stawell and Daylesford.

Summary of main points

- Long waiting lists exist for eligible clients of the public dental health program in the Grampians Region.
- Long waiting lists exacerbate the oral health problems of the eligible population because they receive no advice or interventions during their time on the waiting list.
- There is very little co-ordination between Commonwealth and State public dental services.
- Measures are required to retain the public dental workforce despite recruitment being at a reasonable rate.
- There is a lack of specialist dental services in rural and remote areas.
- Access for special populations depends on the proximity and expertise of community dental service.

1. demand for dental services across Australia and issues associated with waiting lists

Long wait lists

In the Grampians Region, eligible clients wait an average of 13.5 months before getting a general dental appointment. Reports from community dental agencies in the Grampians Region indicate that

there are approximately 6,000 people on the waiting list for general dentistry. The longest time a person will wait for an appointment is over 3 years.

Community dental agencies also report that eligible clients will wait more than 11 months before getting a prosthetist's appointment for dentures and there are approximately 900 people waiting for a prosthetist's appointment in the Grampians Region. For eligible clients on the waiting list, oral health problems can be exacerbated as no effective intervention occurs.

Interventions that could be effective include

- oral hygiene advice
- dental packs
- intervention by a qualified dental professional.

There is an urgent need to respond to the risk to dental health of clients on waiting lists for dental appointments as well as a need for additional resources to address the long waiting time. Resources include infrastructure and workforce initiatives.

In Victoria, there is no state-wide database of eligible clients and the time they have been on the waiting list for dental services. With a state-wide waiting list, services with short waiting lists could offer appointments to eligible clients who are on the longer waiting list of another service.

2. [the mix and coverage of dental services supported by state and territory governments, and the Australian Government](#)

Rural and remote eligible clients have difficulty accessing dental services due to distance and lack of mobile services.

Eligible clients in rural Victoria suffer from lack of access to specialist dental services. Because referral to the capital city for specialist dental services incurs transport and accommodation costs for the person/family, it can act as a deterrent to seeking specialist treatment. For example, Nhill is 367 kilometres from Melbourne and the travel time is approximately 5 hours. Over 50% of Nhill's population of 6,000 has an income of less than \$400.00 per week. Only 3 eligible clients from Nhill were noted as receiving treatment from the Royal Dental Hospital Melbourne in 2009/10.

Nhill is only one of the many regional communities without specialist services in the Grampians Region.

3. [availability and affordability of dental services for people with special dental health needs;](#)

Availability is dependent on the proximity of a community dental service with the resources to treat people with special dental needs. Availability of the service is dependent on the skills and expertise of the local provider. The alternative for this population is referral to a specialist in the capital city. This can incur additional costs for people already lacking financial resources.

4. [availability and affordability of dental services for people living in metropolitan, regional, rural and remote locations;](#)

People with a Health Care Card or pension card will be eligible for community dental services. But people without a HCC or pension card and on a low income are not eligible and may find private

dental services out of their reach due to the cost. Furthermore, many rural and remote areas are without private dentists.

5. the coordination of dental services between the two tiers of government and with privately funded dental services;

There is no interface between Commonwealth funded and State funded dental services.

The co-ordination between community dental program and private sector exists through the voucher system but fluctuates across the Grampians Region. Community dental services that have vouchers may not necessarily have an established relationship with the private sector.

6. workforce issues relevant to the provision of dental services.

Dentists in the public sector are paid considerably less than dentists in the private sector which has an impact on retention. The public sector attracts new graduates but once they reach a level of productivity, they often leave to take up private practice. Measures to retain dentists in the public sector are needed.