

PARLIAMENTARY INQUIRY INTO ADULT DENTAL HEALTH SERVICES

The Australian Dental Association Queensland Branch (ADAQ) makes the following submission to the Parliamentary Inquiry into Adult Dental Health Services.

ADAQ is supportive of any government measures to identify dental priorities for people living in Queensland which will improve their oral health.

Dental disease is widespread, costly to treat and impacts negatively on the quality of life and overall health of Queenslanders. The most disadvantaged Queenslanders have the poorest access to care and suffer the most from dental disease.

Previous governments have continually increased expenditure on dental care yet the burden of dental disease has grown. ADAQ contends that the current provision of public sector oral health services through Queensland Health (QH) to adult patients is not sustainable in the long term in their current form and there is a need to implement workforce, funding and service delivery reform.

The demand for dental services far outweighs the resources available to provide services now and into the future. Consequently, the current adult oral health services are being driven by the demand for emergency dental treatment and waiting lists for routine examinations and ongoing general care are continually increasing. With the current eligibility criteria, there would need to be a large increase in funding and resource capacity (facilities and manpower) to attempt come close to meeting this demand if there were no changes to the existing model.

It should also be recognised that many of the oral health facilities throughout the state require significant refurbishment and redevelopment and this would require a large injection of funds to the oral health infrastructure budget to again make the service sustainable.

Therefore, it is suggested the most appropriate course of action is to consider alternative models for delivery of oral health care services to adults.

In that regard, ADAQ suggests that state oral health services should not attempt to provide oral health care to such a wide range of patients. Eligibility criteria should be reviewed and public sector dentistry should focus on delivery of those services where it can excel and be recognised as the premier provider.

Specifically, current areas of high level performance that should be the central focus of dental services supported by state government are:

- orthodontics and surgical management of cleft lip and palate,
- involvement in the oncology team and care of oral oncology patients
- treatment of vulnerable and special needs individuals

There is also some evidence that provision of oral health care in nursing homes and aged care facilities could be a focus for QH, or as a 'private-public-partnership' service agreement.

Consideration should be given to reducing the availability of emergency and routine oral health services to all currently eligible adult patients. A number of models exist for outsourcing or redirecting these patients to other oral health care providers.

Simply focussing on providing more emergency treatment is only a short term but very temporary solution to waiting lists. There must also be an overall reduction in the burden of dental disease since any funding to reduce waiting lists will quickly be expended and within a very short period, waiting lists will again increase. Preventive / educational strategies must also be included.

Currently the majority of dental services are provided by the private sector, and it is anticipated that there will be an increase in the number of dentists graduating and joining the workforce in the future.

The Health and Hospital Service (comprised of Health and Hospital Boards) in Queensland will have authority and control and will determine how money will be spent in each geographical area. Recognising that different demographics and requirements exist in different regions throughout Queensland, it is essential that a range of flexible service delivery options are available.

If the Federal Government is seeking to achieve maximum benefit from any input of funding, it must appreciate that one set model of care is unlikely to suit all areas in Queensland. It may be that QH is the best placed provider to attend to adult needs in some districts, but QH may also provide sub-optimal or inadequate service in others.

Consideration of the scope of practice of clinicians other than dentists and dental specialists is required to ensure appropriately trained clinicians provide appropriate oral health interventions. The use of hygienists, oral health therapists and prosthetists as alternative providers should not be. In relation to 'outsourcing', various models of delivery are available but the overall aim must be to decrease the patient load on the public sector.

As previously noted, models of care and funding should allow multiple possibilities. These include:

- Provision of overtime for existing clinical staff
- Filling existing clinical vacancies
- Creation of temporary clinical positions, and
- Outsourcing by way of public private sector partnerships

The options available are complex and require detailed assessment in order to be tailored to the requirements of the State and needs of community.

ADAQ is prepared to keen to work with the State Government to establish future directions for provision of long term effective oral health services in Queensland and would be pleased to enlarge on the issues raised in this submission.

Dr Bruce Newman
President

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