

VICTORIAN STATE PRE-BUDGET SUBMISSION 2017 - 2018

December 2016

To The Hon. Timothy Pallas, Treasurer
The Hon. Jill Hennessy, Minister for Health

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OVERVIEW

This submission has been prepared to assist the Victorian Government in framing a budget that will continue to promote the good oral health of all Victorians, especially those in greatest need.

Good oral health is fundamental to good general health. It allows people to eat, speak and socialise without pain or embarrassment¹. Furthermore, poor oral health is significantly associated with major chronic diseases such as diabetes, cardiovascular diseases and stroke². The most disadvantaged and vulnerable among us are at greatest risk of poor oral health.

In its 2014 election platform, the Victorian Government recognised that “community health services should be at the forefront of primary care, preventative health initiatives and health promotion”³, and therefore committed to ensuring that “community health services are well supported to provide Victorians with access to primary health care close to where they live.”⁴

The Government’s intentions are reflected in the Department of Health and Human Services (DHHS) Strategic Plan⁵, which presents a four pillars policy framework that prioritises person centred services and care, local solutions, earlier and more connected support, and advancing quality, safety and innovation.

Taking the Government’s position and the DHHS Strategic Plan into consideration, our submission focuses on four areas of need in the Victorian community:

- 1. Increase public dental funding to provide timely care to more Victorians in need,**
- 2. Support access to dental care for people in rural and remote communities,**
- 3. Continue to focus on preventive care, and**
- 4. Support a strong and sustainable public dental workforce.**

These are expanded upon in the following pages.

¹ Government of South Australia 2004. Healthy mouths healthy lives: Australia's national oral health plan 2004-2013

² Dental Health Services Victoria (2011). Links between oral health and general health - the case for action. Available at https://www.dhsv.org.au/_data/assets/pdf_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf

³ Victorian Labor party election platform 2014. Available at <https://www.viclabor.com.au/wp-content/uploads/2014/05/Victorian-Labor-Platform-2014.pdf>

⁴ Ibid

⁵ Victorian Government Department of Health and Human Services (August 2016). Strategic plan. Available at <http://dhhs.vic.gov.au/about/strategic-plan/>

1. Increase public dental funding to provide timely care to more Victorians in need

Although the State-wide average waiting time for public dental care is officially 15 months⁶, we have received reports that some public patients wait up to three years to access care. Long waiting times result in an increased need for emergency dental care, and costly restorative procedures.

For too long, Victoria's public dental care system has struggled with funding uncertainty and insufficient funding amounts, and this impacts the ability to deliver timely services on a consistent basis. In its new Strategic Plan, the DHHS has identified reducing waiting times for health and human services as Strategic Priority 5⁷, and public dental care waiting lists must be included in this initiative.

Recommendation 1

We urge the Victorian Government to deliver on its 2014 election promise to “fund community health services properly so that they deliver quality primary health care at the local level, especially to those most in need”. The Government must support public dental clinics to deliver the care that the community needs through the provision of increased and predictable funding.

To simply keep pace with population growth⁸ and inflation⁹, the Victorian Government's funding commitment for public dental care needs to increase by a minimum of 3.4% per annum. To address the unmet need for timely public dental care, and reduce waiting times, a larger commitment is required.

2. Support access to dental care for people in rural and remote communities

Disadvantaged Victorians in rural and remote areas experience significant barriers to accessing dental care. Compared to the Victorian average, these people have substantially higher levels of poor oral health and potentially preventable hospitalisation due to dental conditions. In some of these areas, it is not possible to establish dental services because the populations are too small.

The Flying Doctor Dental Clinic offers a solution to these problems. This mobile dental care program, led by the Royal Flying Doctor Service Victoria, Dental Health Services Victoria, and the ADAVB, commenced in 2015. It has already delivered 2,491 consultations to Victorians in regional and rural areas, and will continue to provide care to eligible Victorians in the coming months.

Recommendation 2

We urge the Victorian Government to continue to support innovative dental programs that provide accessible care to eligible people living more than 50 km from a public dental clinic.

⁶ State Government of Victoria, Hospital and Health Service Performance Division. Health Services Performance website, available at <http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=18>. Accessed 28-11-16.

⁷ Victorian Government Department of Health and Human Services (August 2016). Strategic plan. Available at <http://dhhs.vic.gov.au/about/strategic-plan/>, p. 37

⁸ The Victorian population is growing by 1.9% p.a. (Australian Bureau of Statistics (ABS), 3101.0 - Australian Demographic Statistics, Mar 2016, available at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>)

⁹ The Consumer Price Index (CPI) rose by 1.3 % through the year to September quarter 2016 (ABS, 6401.0 - Consumer Price Index, Australia, Sep 2016, available at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/6401.0>)

3. Continue to focus on preventive care

The Victorian DHHS strategic plan recognises that prevention is key to reducing the burden of chronic disease and helping people to live healthier, longer lives.

The benefits of prevention and early intervention can be measured in reduced health care costs, and a healthier, more productive community.

Preventive oral health measures that we are asking the Government to fund include:

- **Water fluoridation.** This is an inexpensive, socially equal way to improve the oral health of our community. The majority of Victorians enjoy the benefits of fluoridated water, however some regional and rural communities are still missing out.

Australian studies show that for every dollar spent on fluoridation, between \$7 and \$18 is saved due to avoided dental treatment costs¹⁰. Furthermore, children in non-fluoridated areas experience higher rates of avoidable hospitalisation due to dental conditions.

Water fluoridation is an effective way to reduce tooth decay. A small investment to increase access to water fluoridation in rural areas would therefore be likely to substantially benefit the most disadvantaged Victorians, and reduce health care expenditure.

- **Research into the cost effectiveness of preventive oral health strategies and minimal intervention dentistry for high risk populations in Victoria,** such as the benefits of using professionally applied fluoride varnish for children with high caries risk (which can help to strengthen teeth and prevent tooth decay), and the use of fissure sealants to prevent or arrest early stage tooth decay in high risk populations.

Recommendations 3.1 and 3.2

We are urging the government to:

- 3.1 Deliver on its election promise to expand the water fluoridation program, since access to fluoridated water has been proven to significantly reduce tooth decay.**

An investment of \$15m over 5 years would address this disadvantage in rural Victoria. It would fund water fluoridation to 21 non-fluoridated water supply systems, which would deliver water to 42 rural towns.

- 3.2 Support research into the cost effectiveness of preventive oral health strategies and minimal intervention dentistry for high risk populations, such as the benefits of fluoride varnish and fissure sealants.**

¹⁰ National Health and Medical Research Council (2016). Draft Information Paper: Effects of water fluoridation on dental and other health outcomes. Canberra: National Health and Medical Research Council.

4. Support a strong and sustainable public dental workforce

Victoria's public dentists and dental specialists are highly skilled professionals, who provide care to the most vulnerable and disadvantaged Victorians. This requires dedication, and highly developed clinical knowledge and experience.

Victoria's public dentists are still paid on average 40% less than their interstate colleagues. This makes it difficult for public sector employers to attract and retain experienced dentists, who have the options of either moving to another State to work in the public sector, or obtaining private sector employment. We have also received reports of increasing numbers of Victorian recent graduate dentists moving interstate to work in the public sector.

This situation threatens the sustainability of the Victorian public dental sector. It must be addressed to ensure that our community can continue to receive the care that it needs.

All Victorian public dental practitioner EBAs expire in mid-2017, and so the Government has the opportunity in this Budget to remedy the inequitable remuneration rates, which are encouraging an exodus of our new graduates and some public dentists to other jurisdictions.

Recommendation 4

We urge the government to respect public dentistry by providing sufficient funding to address inequitable pay for public dentists and public dental specialists. This will ensure that our public dental workforce is sustainable, and can continue to provide high quality care to those who need it most.

We further urge the Victorian Government to ensure that these funding increases are tied to dentist remuneration, recruitment, retention and leadership development.