Council of Social Service of NSW (NCOSS)

Submission to the Commonwealth government on *Grow Up Smiling*

May 2013

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66 Albion Street, Surry Hills 2010

Ph: 02 9211 2599 Fax: 9281 1968 email: solange@ncoss.org.au

About NCOSS

The Council of Social Service of NSW (NCOSS) is a peak body for the not-for-profit community sector in New South Wales. NCOSS provides independent and informed policy advice, and plays a key coordination and leadership role for the sector. We work on behalf of disadvantaged people and communities towards achieving social justice in NSW.

NCOSS' health priorities

NCOSS' objective in the health portfolio is to reduce inequities for disadvantaged people and improve population health outcomes. We believe that health policy and systems need to be based on principles that recognise health as a human right, the social determinants of health, and the importance of strengthening the role of the community and consumers in the development and delivery of health services.

NCOSS health priorities are primary and community-based health, oral health, mental health, health transport, and aids and equipment for disabled people. Our funding recommendations to the NSW Government on these issues are outlined in our *2013-14 Pre-Budget Submission*. We also advocate on health system reform, consumer and community engagement and health equity issues.

The NSW Oral Health Alliance

The NSW Oral Health Alliance is a forum of organisations with an interest in oral health issues for low income and disadvantaged people in NSW. The Alliance is convened by the Council of Social Service of NSW (NCOSS).

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Introduction

The Council of Social Service of NSW (NCOSS) welcomes the opportunity to provide this submission on *Grow Up Smiling (GUS)* to the Commonwealth government. This submission is informed by the NSW Oral Health Alliance (NSW OHA) and was discussed at a meeting on 9 May 2013.

Oral health continues to be one of the areas of greatest health inequity in our society. Disadvantaged and low-income Australians have higher rates of complete tooth loss, higher rates of extractions, and more self-reported treatment needs.[1]

We commend the Commonwealth government for their investment in GUS and the national dental health reform package. GUS lays the foundation for a preventive model of oral health care by establishing an entitlement for two-thirds of all Australian children.

Longer-term, the Commonwealth government must commit to implement a national, universal access oral health system that provides all Australians with the opportunity to maintain good oral health, as recommended by the National Dental Advisory Council.

1. Schedule of items - scope of services

We broadly support the proposed schedule of services, particularly the inclusion of basic treatment services. The lack of treatment services under the current Medicare Teen Dental Program (MTDP) is a significant issue for low-income and disadvantaged families who cannot afford private dental services.

We believe there needs to be greater clarity around the scope of GUS in relation to the eligibility of children with special needs and the State governments' responsibilities for the provision of timely specialist prevention and treatment services.

Children with special needs must have the same entitlement to access the Scheme as other children. Under the principles of the National Disability Strategy and National Disability Insurance Scheme, care and support must be individualised and needs-based. Not all children with special needs will require treatment under a general anaesthetic in a public clinic, and some may be able to have basic preventive services and treatment in a private practice. These children must not be precluded from the scheme by their diagnosis.

State public dental services must be required to provide timely access to specialist preventive and treatment services for children with special needs who cannot or chose not to access private services. The 2006 NSW Legislative Committee Dental Inquiry noted many special needs patients requiring treatment in the public system experienced lengthy waiting lists during which time their oral health further deteriorated. Demand for public dental treatment continues to be an issue in NSW, with 28,150 children on the waiting list for public oral health services (December 2012). Children with special needs

[1] Australian Institute of Health and Welfare & Dental Statistics and Research Unit (2001), *Research Report: oral health and access to dental care – the gap between the 'deprived' and the 'privileged' in Australia*. Cat. no. DEN 67. Adelaide: AIHW, 2001

who require treatment in a public setting should not be disadvantaged by low prioritisation for preventive care or long wait times.

It is vital that this reform supports existing services, particularly in terms of adding capacity to public dentistry, rather than replacing existing services and disrupting already functional, but under-resourced, relationships

2. Fees and billing arrangements

We do not have a position on appropriate fees for the scheme as we do not have sufficient expertise in this area.

We believe there must be strong incentives or mandatory requirements built in to the Program design so that private providers bulk-bill. Families on low incomes or receiving government allowances do not have the disposable income to cover out of pocket expenses. Even where there is high fee observance, up-front costs can be prohibitive for some families and will be a significant barrier to accessing services. Bulk-billing and no or very minimal gap fees are essential if the Program is to be accessible to the most disadvantaged families.

3. Service restrictions

NCOSS believes there should be a mechanism to provide out of guidelines treatment in exceptional circumstances. These circumstances would include trauma cases, severe orthodontic work, or advanced restorative procedures where the child is unable to access timely treatment due to lengthy waiting lists or lack of locally available services and transport disadvantage. This could be modelled on the Department of Veterans' Affairs (DVA) scheme, which has provision for additional services on a case-by-case basis via a prior approval process.

4. Scope of practice for dental hygienists, dental therapists and oral health therapists

NCOSS supports the provision of multi-disciplinary care utilising the full skills and capacity of oral health practitioners and workers. We agree with the proposal to expand the scope of practice of dental therapists, dental hygienists, oral health therapists, and dental assistants under the scheme. We believe this would increase the cost-effectiveness of the scheme and reduce the potential for out-of-pocket expenses for families.

5. Problems with previous Commonwealth programs

One of the main issues with the Medicare Teen Dental Voucher scheme that must be addressed in GUS is the relatively low take-up by the most disadvantaged families. The second review of the *Dental Benefits Act 2008 (the Medicare Teen Dental Voucher scheme)* found areas of relatively greater advantage had the highest voucher use, with

uptake of 36% in the highest Socio-Economic Indexes for Areas (SEIFA) locations compared to less than 20% uptake in the most disadvantaged SEIFA locations. The GUS program design must give appropriate consideration to the way in which the program is promoted, explained and implemented so it is used by those families who need it most.

6. Compliance and reporting arrangements

We do not have any specific views on provider compliance and reporting arrangements. However, in consideration of the experience of the previous Chronic Disease Dental Scheme, we recommend clear, upfront communication with providers about their responsibilities under GUS.

NCOSS strongly recommends an evaluation is built-in to the Program design to assess the measurable outcomes in oral health for those children and young people who use the program, not just the outputs.

We fully support the principle of informed client consent, both for the type of services to be provided and the cost.

7. How best to communicate and to educate providers and patients about Grow Up Smiling

The Medicare Teen Dental Review panel finding of inequitable uptake highlights the need for a combination of universal and targeted promotion strategies for children, young people and their families.

We believe there should be a broad-based public communication strategy to reach as many families as possible. This should include traditional mainstream mass media and social media. It should also target key settings, such as pre-schools and schools through newsletters or other parent-focused communications, and government service centres, such as Centrelink and Medicare.

In addition to mainstream promotion, NCOSS strongly recommends targeted promotion strategies are developed for at-risk groups in line with the Review Panel report. These strategies should specifically consider Aboriginal and Torres Strait Islander and culturally and linguistically diverse groups, as well as children and young people with a disability or who are homeless.

The not-for-profit community sector is a key conduit to at-risk groups. Community organisations, such as neighbourhood centres, family and children's services, disability services, multicultural/migrant resource centres, and Aboriginal Medical Services provide direct services to hard-to-reach, disadvantaged people. National and state-based peak organisations can disseminate information through their member networks to the local level.

Further Information

For inquiries or further information please contact Ms Solange Frost, Senior Policy Officer (Health) on 02 9211 2599 ext. 130 or solange@ncoss.org.au