

PUBLIC DENTAL WAITING LISTS

The demand for public dental care from eligible patients exceeds the capacities of the States and Territories to provide treatment resulting in waiting lists, which are often long and the main reason for patient dissatisfaction as a focal point of media attention.¹

Patients requiring the most urgent dental care are given appointments immediately and are not counted on waiting list data. Patients on general treatment waiting lists are not considered urgent cases.²

The NSW Health Policy Directive 'Priority Oral Health Program and List Management Protocols' outlines recommended waiting times for dental care based on oral health needs.²

National Partner Agreements (NPA), from 2013-17 between the Commonwealth and State Governments for treating more public dental patients has resulted in a significant increase in public dental service provision. This increase in service provision was realised by an increase in employment of the number of dental teams in public dental services, increased clinic hours and chair availability, and an increase in the utilisation of the NSW Oral Health Fee for Service Scheme (OHFSS) vouchers issued to private practitioners.²

Despite the increase in public dental care activity since 2014, increased awareness of public dental services resulted in increased demand and waiting list numbers have since increased even though waiting times for adult treatment remain lower than the pre-NPA period.²

ADA NSW Position on public dental waiting lists

Waiting times to receive appropriate dental care should not result in the significant deterioration of a person's oral health.³ While actual waiting times are mostly influenced by levels of government funding, public reporting of performance activity within public dental services against clinically acceptable benchmark waiting times would improve accountability and encourage more effective service provision³ (where possible).

ADA NSW recognises the benefits that the private sector offers to reduce public dental waiting lists through an effective and sustained public private partnership to reduce the overall oral disease burden in NSW. National Partner Agreements that facilitate this partnership work well to achieve this but are episodic and susceptible to changes in the political climate.

Useful statistics

- Public dental child service activity has decreased since the introduction of the Child Dental Benefits Schedule on 1 January 2014.²
- By 30 June 2017, there were 13,555 children and 98,322 adults on NSW public dental waiting lists. Western Sydney Local Health District (LHD)* had the greatest number of children waiting for treatment (4,459) and Sydney South West LHD had the greatest number of adults waiting for treatment (13,808).²

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- At 30 June 2017, 86% of the total children on public dental waiting lists were within clinically acceptable benchmark times and 76% of the total adults on public dental waiting lists were within clinically acceptable benchmark times.²

* Western Sydney LHD is the major state-wide referral centre in NSW for children requiring complicated care or care under general anaesthesia and is a major referral centre for public adult specialist care.

References:

1. Dudko, Y, Kruger, E, Tennant, M 2016, 'National dental waitlists: what would it take to reset to zero?', Australian Health Review, vol. 40, no. 3, pp. 277-281
2. NSW Health [website] 2017, *NSW Public Dental Services – Waitlists and Activity*, <http://www.health.nsw.gov.au/oralhealth/Pages/public-dental-care-waiting.aspx>
3. Productivity Commission, Australian Government 2017, 'Reforms to underpin more effective provision of public dental services' in *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services – Productivity Commission Draft Report June 2017*, <http://www.pc.gov.au/inquiries/completed/human-services/reforms/draft/human-services-reforms-draft.pdf>