

# Media release

2 February 2022

## Public dental waiting lists balloon as the impacts of COVID-19 bite

Waiting times for public dental care in Victoria have ballooned over the past six months as the impact of restrictions on access to basic dental care and a chronic lack of funding continue, according to new data released by the Australian Dental Association Victorian Branch (ADAVB).

“There are more than 1.5 million Victorian adults who are eligible to access public dental care in Victoria, but only 100,000 were able to receive care in the past 6 months, around 26 per cent fewer than normal,” ADAVB CEO A/Prof Matt Hopcraft said.

“Public dental waiting times have now increased to 24.8 months across Victoria, up from 22.7 months in June 2021. These are the worst delays in care this decade, and the average hides a dire story with 34,000 patients forced to wait more than three years.”

### Average wait times at selected clinics

Clinic	Average waiting time	Increase since June 2021	Number of patients waiting
Monash Health	56.2 months	+24.1 months	15,080
Maryborough District Health Service	51.5 months	+2.8 months	1,111
IPC Health	45.3 months	+16.3 months	11,453
cohealth	43.0 months	+27.8 months	5,999
East Grampians Health Services	39.7 months	+21.1 months	686
Western Health	35.2 months	+4.1 months	4,167
Bellarine Community Health	33.5 months	+2.9 months	1,567
Link Health & Community	33.3 months	+19.0 months	5,188
Banyule Community Health	33.1 months	+9.9 months	2,196
Northeast Health Wangaratta	32.9 months	+2.4 months	1,255

Only seven of the 51 community health agencies had a waiting time for general dental care of less than 12 months, which is generally the maximum recommended interval for regular dental check-ups. Twenty-three clinics had a waiting time greater than two years, six had a waiting time greater than three years and two clinics had a waiting time greater than four years. In the past six months, the number of people on the waiting list has decreased slightly to 151,500 (from 154,140 in June 2021).

A/Prof Hopcraft said that while people wait years for dental care, their existing problems worsen and often lead to the need for emergency treatment. Half of all courses of care in the public system were for emergencies rather than routine and preventive treatment.

“The COVID-19 pandemic has placed significant strain across the health system, but access to dental care has not been prioritised, with Victorians unable to receive necessary dental care for significant periods of time over the past two years as a result of restrictions imposed by the Victorian Government. The announcement in December of an additional \$27 million to deliver ‘catch-up’ care to June 2022 is welcome, and we have committed to working with Dental Health Services and the Department of Health to help deliver some of this care through the private sector. But this is a band-aid measure that doesn’t go close to addressing the longer-term issues. The ADAVB is calling on the State and Federal Governments to prioritise the importance of dental health by boosting funding in their upcoming budgets to tackle waiting lists in the short term and provide a sustainable increase in funding in the long term to double the number of patients receiving care over the next five years.”

The impact of the COVID-19 pandemic extends beyond the public sector, with lockdowns impacting on the ability for all Victorians to access dental care.

“Dental practices have been prevented from providing routine dental care through each of the lockdown periods since the pandemic began. In more than six of the last 24 months dental practices have been restricted to only providing urgent or emergency dental care,” said ADAVB President Dr Jeremy Sternson.

“Patients have had to defer routine dental care, regular dental check-ups and preventive treatment, leading to a deterioration in their oral health. After each period of lockdown ends, dentists see many patients with problems, that could have been managed in a conservative manner, progressing to more serious disease – for example tooth decay that could have been treated with a simple filling now needing root canal treatment or even extraction because their care has been delayed,” Dr Sternson said.

The ADAVB has also been monitoring the impact of COVID-19 on the provision of dental care through the Medicare Child Dental Benefits Schedule, with 215,000 fewer dental services provided from July to November 2021 than the

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average provided over that period from 2017 to 2019 (a 33 per cent decrease).

Oral health is fundamental to overall health, wellbeing, and quality of life, and a healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment. Dental diseases lead to pain, discomfort and tooth loss, and can lead to difficulties with chewing, swallowing and speech. Poor oral health can lead to problems with nutrition and general health, disruptions to sleep and productivity and can be a barrier to full participation in society including the ability to gain employment. There are links between poor oral health and diseases including Type 2 diabetes and cardiovascular disease.

The ADAVB acknowledges the hard work and dedication of our dentists and staff in the public sector who are committed to improving the oral health of their communities. They continue to work tirelessly through the pandemic, delivering much needed dental care as well as assisting with the pandemic response in COVID-19 testing and vaccination centres when required.

## Further information

<https://adavb.org/advocacy/campaigns/public-dental-waiting-times>

**Data source:** This data was obtained under Freedom of Information from Dental Health Services Victoria in January 2022 by the Australian Dental Association Victorian Branch Inc.

## Media enquiries

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