

Submission  
No 52

## INQUIRY INTO DENTAL SERVICES IN NSW

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**Theme:**

**Summary**

**Committee Social Issues - CPSA submission - Dental Health Inquiry**

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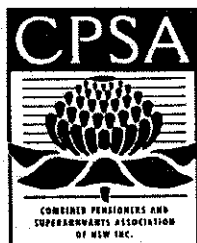
Dear Director

On behalf of CPSA, here is the submission to the Inquiry into Dental Health.

Yours faithfully

Morrie Mifsud  
State President  
Combined Pensioners & Superannuants Association of NSW Inc (CPSA)  
*Founded 1931. Serving pensioners of all ages, superannuants & low-income retirees.  
(Consumer protection awards 2002, 2003, 2004)*

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**COMBINED PENSIONERS AND SUPERANNUANTS  
ASSOCIATION OF NEW SOUTH WALES INC.**

Founded 1931.

Serving pensioners of all ages, superannuants and low-income retirees.

*Consumer Protection Awards – 2002, 2003, 2004*

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**SUBMISSION TO THE NSW LEGISLATIVE  
COUNCIL SOCIAL ISSUES COMMITTEE**

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**Inquiry into Dental Services in NSW**

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## Introduction

Combined Pensioners and Superannuants Association of NSW Inc (CPSA) is a non-profit, non-party political membership based organisation serving the interests of pensioners of all ages, superannuants and low-income retirees. It has approximately 140 branches and affiliated organisations with a combined membership of over 15,500 throughout NSW. CPSA also serves the interests of its membership and broader constituency at the local, state and federal levels.

CPSA's members and the wider constituency the association serves include older people, sole parents, people with disabilities and their carers. They have a great interest in the viability and improvement of NSW dental services.

Public dental health services in NSW are underfunded, have long waiting lists and are unable to improve the quality of life for those they purport to serve. And it needs to be made clear – dental health is essential in terms of quality of life. Private dental health services are extremely expensive and out of reach for low income earners. This means they suffer poor dental and overall health problems which usually result. This is simply not good enough.

The Federal Government is not adequately addressing its responsibilities in this area: the NSW Government in conjunction with other States and Territories needs to adopt effective and consistent advocacy to rectify this situation.

However, there are matters wholly or partially within the responsibilities of the NSW Government which must receive attention. Some of the strategies required may need extra funding; others could be addressed within existing departmental resources. The issue is the will of the NSW Government to truly ameliorate the major problems in the area.

With the current arrangements, at the individual level, people suffer pain and sometimes disfigurement, and limitations in employment options and community engagement. At the societal level, it sends a message about the perceived lesser worth of some members of society, and directly impacts on the economy through lessening availability and effectiveness of workforce participation and poor dental health increasing the overall outlay for health service delivery.

Oral disease causes an estimated loss of one million days of work per year nationwide and costs the economy around \$2 billion in direct costs and lost productivity. Tooth decay and its subsequent consequences for health account for up to 70 per cent of this amount.

We address the specific terms of reference below.

### **Quality of care received in dental services**

Many aspects of the deterioration of dental health in the elderly and the disabled are preventable.

Loss of teeth, ill fitting dentures and painful gums are factors that can have serious consequences for older people, impacting on their diet and their overall health. Many medicines cause "dry mouth syndrome" which can lead to gum disease. Aged care residents of nursing homes have particular problems getting dental care due to their frailty and limited mobility.

People with physical and mental disabilities are often unable to care for their teeth and they suffer high rates of dental problems. Many need specialised dental care services that are too often in short supply.

**Case Study 1:** A woman rang CPSA requesting that we lobby the Minister for Health in regard to NSW dental health problems. She was eligible for NSW public dental health services. However, she was frustrated that her tooth problem, which needed root canal therapy, was going to be inappropriately treated. She was told that it could be taken out but, given the waiting lists, it would not be possible to have root canal therapy – which would have solved the problem without her having to lose a tooth. Her case highlights the continuing problem of public dental health patients receiving second rate treatment.

### **Demand for dental services including issues relating to waiting times for treatment in public services**

When the Australian Government abolished the Commonwealth Dental Health Program in 1996, there were 380,000 Australians waiting an average of six months for public dental care. By 2004, there were over 500,000 people waiting up to five years to get their teeth fixed. Many people on the waiting lists for dental care are elderly.

A horrendous example of the waiting time required and the effect on the individual's quality of life and eventual health outcomes can be seen below:

**Case Study 2:** Jonathan Pearlman reported in *The Sydney Morning Herald* 15 February this year that Ms Elaine Bennett, a concessional patient, waited eight years for public dental treatment to replace her worn dentures. Her dental problems reached the point where she had to eat baby food. Eventually at considerable cost, she was forced to go to a private clinic to get the treatment she needed.

Concession card holders, such as pensioners, health care card holders and their dependents require free check ups when they need them, and access to free dental treatments, restorations and dentures. Public dental services in NSW are failing them.

### **Funding and availability of dental services, including the impact of private health insurance**

The Australian Government abolished the Commonwealth Dental Health Program (CDHP) in 1996 and continues to ignore its responsibility to provide dental care for low-income Australians. In May 1998, the Senate Community Affairs Reference Committee Report on Public Dental Services found that when the CDHP was abolished, there were approximately 380 000 Australians waiting an average of 6 months for public dental care. By May 2000, that figure had blown out to half a million people waiting for between 8 months and 5 years for public dental care. The collection of national figures has since stopped.

The overwhelming majority of Australians who miss out on regular visits to the dentist don't go to the dentist because they cannot afford it. A national survey in 2003 found that one-third of Australians in the \$30,000 - \$50,000 household income bracket had not been to a dentist for over two years, due to their inability to pay. Poor dental health means pain, inconvenience and poor health, embarrassment and discrimination.

Despite NSW and other State Governments' increasing expenditure on dental programs, there is now a huge unmet demand for publicly funded dental programs.

All State and Territory Governments need to adopt a concerted approach around two matters:

- The Commonwealth Program worked: The Minister for Health and Ageing, the Hon Tony Abbott, MP has conceded publicly that the program successfully reduced waiting times for treatment. Minister Abbott has tried to argue that the CDHP was only ever supposed to be a temporary, one off program. However, the CDHP was always conceived of as an ongoing program, and in 1996, funding increasing from a base of \$100 million a year was built into the forward estimates up to 1999-2000.
- Major responsibility for dental health: The Constitution, since a referendum in 1946, clearly gives the Commonwealth responsibility to make laws for the provision of "hospital benefits, medical and dental services." (S51 xxiiiA). States are actually forbidden from spending Commonwealth hospital funding under the Australian Health Care Agreements on dental services – they risk heavy financial penalties if they do. Over the years, NSW and other States and Territories have increased funding to dental programs above CPI.

The NSW Labor Government, in 2000, announced \$33 million over three years to fill the gap left by the abolition of the CDHP. Additionally, in June 2002, the NSW Health Minister announced a further \$5 million in ongoing funding for such programs. Projected oral health expenditure by Area Health Services for 2004-05 is \$105.7 million.

CPSA is aware that the additional funding has led to some increase in the number of people receiving oral health services. We note that in recent years, over 50,000 denture services are provided annually on average and over 40,000 vouchers are issued for treatment in the private sector under the Oral Health Fee for Service Scheme. However, this addresses less than half the demand. Our members advise that services are often delivered in a way that increases their embarrassment as "charity patients" rather than a right to a good service limits their options for teeth retention and increases the cost to the government.

The overwhelming majority of Australian Government funding for dental services is consumed with private health insurance rebates, heavily biased to supporting the well-off rather than the most disadvantaged. Private health insurance rebates for oral health by the Australian Government must be challenged to redirect the funds to public services.

There are also industrial issues within the responsibility of the NSW Government such as the level of remuneration of public sector dentists

which must be addressed to improve recruitment and retention of trained dentists in the public sector.

### **Access to public dental services, including issues relevant to people living in rural and regional areas of New South Wales**

Current legislation in NSW acts to focus dental service delivery almost exclusively on dentists – in the private sector. Public dental services can be quite difficult to access. For example, a dentist working for South-West Sydney Area Health Service (SWSAHS) contacted CPSA to inform us that one of the effects of the new AHS boundary changes since the NSW Health restructure is that some public patients now have to travel greater distances in order to access already overstretched public dental health services.

The above problems suffered by members in the metropolitan areas are paralleled and often exacerbated in rural and regional parts of NSW. For example, we are reliably informed that there is no real access to public dental services for the entire Central Coast, and there is no measurable access at all for disabled people and for those confined to residential aged care.

Sally Davison reported on *NSW Country Hour* (ABC Radio National) in January this year that:

“Dental health in some parts of western New South Wales has deteriorated to 'medieval' levels. Dental checks in the Walgett Primary School found 94 percent of children had tooth decay that was around three times the State level. The State Government is offering full subsidies to Councils who consider fluoridation works for town water supplies. Dr Phillip Lambi says he's fed up with the lack of progress in dental health, and is calling on authorities to get moving.”

If primary school children suffer tooth decay at such alarming rates in rural NSW, then older people's oral health is no better. Steve Cansdell, Member for Clarence, spoke for many of his constituents in rural NSW (in a parliamentary debate on regional dental services in February last year) when he cited two out of many accounts relating to distressing oral health problems in his area:

“This reminds me of an issue I raised in the Parliament in June concerning an elderly lady from Yamba whose gums were shrinking and who was



taking up to three packets of Panadol a day to relieve the pain. She had to wait over 12 months before she finally received treatment. Also, a middle-aged lady from Wooli was in extreme pain for 12 months before she had any relief."

And Mr Cansdell's constituents he referred to are the lucky ones. They "only" had to wait 12 months for treatment. Those living in more remote communities would be waiting much longer to access overstretched dental services in non-urban NSW.

### **Dental services workforce including issues relating to the training of dental clinicians and specialists**

Australia is chronically short of dentists and dental therapists. We need a National Dental Workforce strategy that ensures Australia has a clear plan to train enough dentists and dental therapists to meet our future needs including the needs of those on the lowest incomes:

**Case Study 3:** Dr Anthony Burges, quoted by Jonathan Pearlman in 15 February 2005 *The Sydney Morning Herald*, said "I think my surgery is better set up than a public surgery... There is a limited degree of care you can provide patients in the public sector, which is pretty uninteresting from a professional point of view." In this regard, optimum dental health will be skewed towards higher income earners who can afford the relatively few dentists practicing in NSW.

Like other States and Territories, NSW should amend legislation and practice so that dental therapists and dental hygienists treat older Australians in their homes or in residential care. They can do routine restorations, injections, cleaning of teeth, scaling, oral hygiene instruction, advice regarding nutrition and so on.

Legislation needs to be amended so that dental therapists can treat adults and work outside of the public sector. Dental hygienists require legislation that allows them to work without the immediate supervision of a dentist or without a ratio of one dentist for every dental hygienist. For example, dental hygienists operate very effectively in nursing homes in South Australia.

It is also time for a wholesale review of the training of dental clinicians and specialists. Either at a national level or a state level, the concept of a year's internship in the public sector for dentists should be introduced

immediately after graduation – basically mirroring the registration requirements for medical practitioners. We need to establish a mandatory requirement for graduate dentists to train for a certain period of time in the public sector. Supervision should not be expected to raise too much of a problem in that the number of graduate dentists per year in NSW is about 30 to 40 whereas about 240 dentists are currently employed in the public sector.

If the Dental Hospitals could not cope with this influx, then arrangements could be made for supervision by suitable private dentists where the intern dentist focuses full-time on public patients but with access to agreed supervision and support from more experienced dentists.

In addition, dental students receive compulsory training in dealing with the special needs of children as patients and strategies to address problem behaviour but rarely receive similar education on the specific needs of the frail aged, people with intellectual disabilities or people with dementia and best practice approaches.

### **Preventive dental treatments and initiatives, including the optimum method of delivering such services**

The major part of dental disease can be prevented by dental hygiene, dietary and behaviour modification. When dental disease does occur, early intervention and appropriate restoration can prevent further additional problems. Effective and sustained public education campaigns can thus contribute to an improvement in the nation's and the state's dental health.

More work on the nation's dental health and dental health needs has to be undertaken. A national oral health survey has not been conducted since 1987 and the Australian Government has only recently announced funding for another.

A series of national surveys and requirements for data collection by the States and Territories will ensure effective and efficient utilisation of government funding, including the proper prioritisation of objectives and needs.

In general, NSW Health is endeavouring to move to a model of care for all services that focuses on the concept of "wellness" rather than "sickness". Proper attention to preventative dental services, especially for the elderly

and disadvantaged, and early intervention for problems, would be a major contributor to maintaining good health in these population cohorts.

### **Particular needs of frail aged in residential care**

While only 6 per cent of the population over 65 resides in residential care, it still amounts to some 50,000 individuals in NSW. The current situation for oral health for those residents is a disgrace. The majority of people in residential care suffer from dementia or confusion, with resultant difficulty for service providers in cleaning their teeth, and for those who are not demented or confused, their toothbrushes often "disappear" on a regular basis until they give up expecting to clean their teeth regularly. Under these circumstances, oral hygiene diminishes rapidly and even those individuals who had good oral health when admitted suffer a significant and sharp decline within a few months.

When an elderly or disabled person is admitted to a residential care facility, they undergo an assessment of their health needs, but this rarely includes an oral health assessment. Such an assessment should be made a requirement of admittance to residential care. This would enable immediate problems to be addressed and the development of a long term dental care plan appropriate to the needs of each individual. Such plans should focus on the need for teeth cleaning, special toothpastes, and attention to dry mouth syndrome.

What is required is that every person on admittance to a residential facility, receives an oral health assessment and a written "action plan" from a qualified dental professional spelling out the appropriate measures for oral health.

In addition, we need the development of a training manual for personal care attendants to provide the basis for appropriate training on how to provide dental care the frail aged and people with disabilities. This would ensure that nursing home operators and Home Care service providers have the issue of oral health care on the agenda and that staff have the knowledge to include these basic techniques in the daily routine.

### **Conclusion**

The NSW Government must increase its commitment to improving dental services in NSW, and particularly access to timely and appropriate treatment and prevention for the elderly and disadvantaged. This is one of

the basic services of a civilised society. As of June 2004, NSW spent less per capita on public dental health than all other states (State Departments of Health, 2004). This is a shocking disservice to low-income earners who rely on the public system for their oral health needs. NSW needs to do a lot better in terms of funding, access and service provision.

In this regard, specific recommendations are listed on the final page of this submission.

## Recommendations to the Inquiry into Dental Services in NSW

1. Adequate funding on the part of the NSW Government in order to prevent the increase of and if possible reduce public dental services waiting lists.
2. Collaboration between the Australian and NSW Governments on a dental health plan with at least the same per capita funding as the former Commonwealth Dental Health Scheme.
3. NSW public dental services should not require anyone to wait more than 24 hours to receive emergency dental care.
4. Users of public dental health services should have their specific dental health problems attended to rather than be given no choice except extraction.
5. Development and adequate funding of public education and awareness programs that help with prevention are needed, as well as better data collection to make sure our programs help those most in need.
6. Greater attention to the dental health needs of residents in aged care facilities.
7. A strategy devised by the NSW Government, in collaboration with the Australian Government, to get more dentists to work in rural areas.
8. The *NSW Public Health Act 1991* should be amended to require residential aged care service providers to assess the dental health of every person admitted to residential care and put in place an action plan to provide ongoing oral health care.