Submission
No 122

INQUIRY INTO DENTAL SERVICES IN NSW

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Theme:

Summary

ROYAL FLYING DOCTOR SERVICE
OF AUSTRALIA

South Eastern Section
New South Wales Operations
ABN 86 000 032 422

JOINT PATRONS:

Her Excellency
Professor Marie Bashir AC
Governor of New South Wales
and Sir Nicholas Shehadie AC, OBE

Legislative Council
Standing Committee on Social Issues
Parliament House,
Macquarie St
Sydney NSW 2000

6th June 2005

SUBMISSION TO THE INQUIRY INTO DENTAL SERVICES IN NSW

The RFDS SE Section based in Broken Hill provides the only dental service to people living outside of Broken Hill in the remote region of New South Wales from Pooncarie in the south, north to the border and east to Wilcannia and Ivanhoe.

The Section employs a full time dentist who travels on the RFDS aircraft on its clinic runs to 9 locations at local Health Service facilities and RFDS facilities in towns with no local government run health service.

The SE Section is the only section of the RFDS to provide such a service.

Quality of care
The service employs a dental surgeon with many years of experience. Over the years, she has worked to make sure that the service is as well equipped as possible and through her attendance at conferences and completing courses she updates her skills regularly. Her experience in providing a mobile service has meant that the SE Section of the RFDS is now a repository of 'know how' in this area of dental service provision.

Due to restrictions on the number of visits to a location and the time taken up in getting to and from clinics by air, treatment is often prolonged. Initial visits provide emergency treatment for relief of pain and minimal intervention dentistry as a preventative measure.

Complete care is then carried out over a period of time.

Demand and waiting times
The demand for dental services exceeds the RFDS response capacity. The population of the region is mixed. Some towns have high levels of Indigenous people while on remote stations the population is non indigenous. In both cases however the need for dental work is high.

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The RFDS can only send the dentist to a single location on each week day. Some clinics such as that at Wilcannia will have up to five days per month whereas others will be serviced once a month or once every two to three months and some others such as Innamincka as little as once a year. In between clinic days, the RFDS provides a 24 hour a day 7 days a week remote consultation service where patients can call the RFDS doctor for emergency pain relief and antibiotics if necessary.

The demand for dentures is very high. This is to be expected in a population where conservative dentistry has for the large part been unavailable until recently. The number of dentures to which the RFDS dentist has access is very limited and has not changed for the past seven years. Any repairs to dentures are at the patient's expense. This is a significant problem in an area where average incomes are low.

In order to make a set of dentures, four to five visits are necessary. This factor, combined with the infrequency of visits means that the process may take up to five months to complete.

Funding and availability of dental services including the impact of private health insurance.

The statutory rate at which the NGO grant increases does not equal the rate of increase in wages and other expenditures. In particular, in order to provide up to date care, the RFDS capital expenditure for dental equipment has been equal to around four percent of the total budget. The grant does not cover this expenditure which must be met from privately accessed donations.

In order for more services to be provided, a second dentist would have to be employed. This would be impossible without a doubling of the grant.

Private Health Insurance is not a significant factor in this region because of the effects of drought and the low general socio-economic status of the region's residents.

Access to public dental services.

As stated initially, the RFDS dentist is the only practitioner providing services in the Network area out side of the town of Broken Hill. There are five dentists in Broken Hill. The school dental therapist visits Wilcannia, Tibooburra, White Cliffs and Ivanhoe around once a year whilst the therapist from Bourke visits Wanaaring once a year.

A significant problem regarding provision of services by the RFDS is dependence on the Area Health Service to provide functional equipment at the clinics. Equipment failures frequently cause suspension of services for a considerable time due to the lack of back up of skilled technicians to undertake repairs.

An example of this problem is the White Cliffs Clinic normally serviced by the RFDS. The White Cliffs Health Service Clinic has recently been rebuilt and includes a new dental room. Unfortunately however the dental chair, spittoon light and bracket arm were not installed at the time. As a result, there has been no clinic at White Cliffs since October 2004. Within the past two years, similar interruptions to services have occurred at Tibooburra and Ivanhoe.

Distances travelled to RFDS clinics whilst being long are less than travelling to a larger town with a permanent dentist. Patients are often highly appreciative of the

comprehensive dental services and advice provided. They are then happy to travel to the larger towns for more complex treatments such as orthodontics and implants which the RFDS cannot provide.

Training of clinicians and specialists

The dental workforce has diminished in the past years and many dental positions are left unfilled. This is particularly true of the more rural and remote areas, which find it difficult to attract dentists.

The RFDS has set up an elective scheme in association with The University of Sydney Rural and Remote campus in Broken Hill. Part of this scheme is for dental placements for final year students with the RFDS. It is hoped that by exposing students to providing dental services in rural and remote areas and more specifically to the need for dentists in such areas, more students will choose to move to these areas to practice dentistry after they graduate.

With only a small number of dentists in Broken Hill, post-graduate training is non existent. The distance to travel to post graduate courses, and the fact that they are usually of one day or half day duration restricts regular attendance, without considerable disruption to clinical time. In addition, the costs of attendance are high since they include air travel and city accommodation in most cases. These costs are a further impost upon an already tightly stretched budget.

There are no dental specialist in Broken Hill and patients who require the care of Oral Surgeons, Periodontists or other specialists are required to travel to either Sydney, Adelaide or Mildura. An orthodontists visits Broken Hill once a month.

The Broken Hill Base Hospital has limited availability of operating rooms for dental general anaesthetics.

Preventative treatment initiatives

Preventative programs are incorporated into dental visits. Where necessary school visits are arrange to discuss oral hygiene and dietary advice. Thje RFDS has employed a Health Projects Officer to work with local health service personnel in providing dental health information to local communities.

School screening is carried out by the dental therapist and in special 'well persons' checks arranged from time to time by Maari Ma Health Aboriginal Corporation.

Other matters

The degree of dental caries in the Indigenous population in particular is of concern. Conservative dental care has not historically been a part of this population's experience. In addition, many of these people in the Network area do not have a fluoridated water supply. In any case, the amount of water consumed by many in the population is uncertain. It seems as if these populations are following the trend of more urban dwellers to consume only carbonated beverages. To date it seems to have been assumed that poor Indigenous dental health is due to other factors such as diet and dental hygiene. Whilst this is almost certainly in part the case, the relationship between dental caries and lack of exposure to fluoride has not been determined.

In recent times it is increasingly suggested that poor dental health relates to other serious health complaints such as heart disease.

The association between high levels of dental caries, Indigenous status and serious cardiovascular illness is a significant factor in the ongoing poor health outcomes in this region.

Recommendations

- Grants for NGO dental services should recognise the capital costs of equipment associated with the provision of the service.
- Grants should include an amount for providing adjunctive training and professional development of dental staff. This should include an amount for travel and accommodation.
- Consideration should be given to increasing the grant to enable the RFDS to employ a second dentist within the network.
- In remote areas, it should be recognised that the distinction between private and public dentistry is irrelevant. In reality most of the patients serviced are in no position to access private dental services either due to distance or to lack of finances.
- Funding needs to be provided to the Area Health Service to adequately maintain dental equipment. To have equipment lying around uninstalled or inoperative in an area with poor dental health is unacceptable.
- A study needs to be made into the cause of poor dental health in NSW Indigenous communities. Is it diet, dental hygiene, or lack of fluoride? If it is lack of fluoride, is fluoridation of water the answer or would school tooth brushing programs be more useful? Do pregnant mothers in these communities need to take fluoride?

Yours sincerely,

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