

REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO DENTAL SERVICES IN NEW SOUTH WALES

At Broken Hill on Tuesday 30 August 2005

The Committee met at 2.00 p.m.

PRESENT

The Hon. J. C. Burnswoods (Chair)

The Hon. Dr A. Chesterfield-Evans

The Hon. K. F. Griffin

The Hon. I. W. West

VISKO PAUL SULICICH, Manager Infrastructure, Broken Hill City Council, and

RAYMOND JOHN HARVEY, Operational Services Officer, Broken Hill City Council, affirmed and examined:

CHAIR: I declare this hearing open and I acknowledge that we are meeting on the traditional lands of the Pakantji people. Thank you very much coming. We have been told that the general manager is not coming. You have seen the questions we put together as a bit of a guide? There are just three in relation to dental services and a whole lot on the funeral industry. You have not seen them?

Mr HARVEY: No.

CHAIR: We will give you a copy. A lot of them are factual questions. We always like to send them out. We thought we would ask two or three questions in relation to dental services and most of them on the funeral industry. I am not sure whether you want some reading time. They are a guide for us as well. It is not as though we expect anyone to prepare detailed answers or anything. If on one of the questions you need to check information, you can take the question on notice and get back to us later.

If we can quickly do the dental questions and get an opinion on the record. We are not regarding you as experts in dental services. We are talking to dentists and to the Royal Flying Doctor Service later. Are you able to make a comment about the adequacy of the private and public dental services in the local government area?

Mr SULICICH: I think from the council point of view we are not in a position to do that. Basically that is not our area.

CHAIR: We included this because council made a submission in relation to dental services.

Mr SULICICH: We were unaware we were going to be asked questions on the dental side of things.

CHAIR: That is okay. On the second question, once again you may have an opinion about what can be done to improve the provision of dental services in an area like this. Do you want to pass on that as well?

Mr SULICICH: I think we need more dentists in Broken Hill. It has been pretty well known around the city that that is what the town needs. There are not enough dentists in the city. Again, I think council would support that.

CHAIR: Do people travel out of Broken Hill for dental services or do they go without?

Mr SULICICH: Again, I am not totally familiar on how they go about that if they cannot get dental services. I suggest there is a significant waiting list and if it is urgent they have to travel outside Broken Hill.

CHAIR: The third question is within the realm of council decision-making, and that is in relation to fluoridation. We understand the water is fluoridated here, that Country Energy does the water service and it has fluoride in it. Are we right in assuming that the council took a decision at some point to support fluoridation?

Mr SULICICH: Again, having only worked at Broken Hill City Council for 18 months, I am not aware of the history there, so I cannot answer that.

CHAIR: Would you be kind enough to take that on notice and get an answer and get back to us? Even if you ring one of the Committee staff or send us something?

Mr SULICICH: Yes, we can do that.

(The witnesses withdrew)

(Short adjournment)

THOMAS ERIC KENNEDY, Councillor, Broken Hill City Council, sworn and examined:

CHAIR: You are appearing as an individual, not on behalf of the council?

Mr KENNEDY: Yes.

CHAIR: Although you are a councillor?

Mr KENNEDY: Yes.

CHAIR: I have forgotten the point where you volunteered to give evidence. Would you like to tell us?

Mr KENNEDY: If you would just like to ask questions again on the dental services. Council sent those submissions, so councillors are away of what is in them.

CHAIR: We would be delighted if you told us whether you think there are adequate public and private dental services for the local government area and whether some parts of the area are better serviced than others?

Mr KENNEDY: The private dentistry seems to be going quite well. Most people seem happy enough with the private dentistry. It is quite a bit more expensive than the public dental service. What is lacking in Broken Hill is the public service. Until about two years ago it was carried out by the Town Dental Clinic, which is now the Barrier Dental Clinic. It was a really good service. People could go there and they were seen. They went there in emergency times in the morning or in the afternoon, and if they went down there needing emergency treatment they were seen virtually almost immediately. Whether it was a filling or a tooth removed, they were seen almost immediately.

When it was taken over by the Barrier Dental Clinic, then Far West Area Health Service removed the dentists and the dental staff from that building and since then they have not had a dentist so they have been contracting it out to private dentists. Those private dentists focus on the private patients and public dentistry and public patients have suffered. I have had many people come to me—in the tens rather than singular—saying they were waiting up to three weeks, at least three weeks, to have emergency treatment and they could have excruciating tooth pain and still would not be seen any earlier. The private dentist had to take care of his private patients so he had a set period of at least three weeks, which is two weeks more than the State requirement to be seen in seven days.

These people were told to go to hospital and get antibiotics to relieve their pain to some degree. In most cases the antibiotics had little effect, so they were in severe pain and suffering for that entire three weeks. They were not given the opportunity to save their tooth. When they went to the private dentist it was extractions only. So, if you had a toothache the only way they could be seen publicly was to have their tooth removed. Services have improved around the past six or eight months when another private dentist has taken over. He sees them within a couple of days, which is a great improvement, but he is only going to do this in the short term.

CHAIR: When you say a private dentist, he is contracted?

Mr KENNEDY: He is contracted. He still has his private business but he has agreed to do public patients. It is not so much he has signed a contract to do it, he has just agreed. He might have signed for how much he is to be paid and all that but he has not signed a contract to practise public dentistry.

CHAIR: Do people come to him for a voucher?

Mr KENNEDY: Well, there is a 1 300 number that I believe you have to ring. They approve the voucher, the voucher gets sent to him and he does the work. It is much improved on what it was,

but it is still only a short-term fix because the dentist himself has said that he cannot do it long term because of his own health ethical—

The Hon. IAN WEST: So he only does extractions?

Mr KENNEDY: No, he will do fillings if he can save it. He will not do root canal because it would cost more than the vouchers cover. That is the problem because a lot of people do not want to lose their tooth if they can save it, but they are not willing to pay the \$400 or whatever it is for root canal work when the voucher only pays up to whatever the amount is. It is not enough to cover a root canal, but it is enough to cover and extraction and minor dental fixtures.

The Hon. IAN WEST: It is around \$40 a visit to and there are four or five visits.

Mr KENNEDY: Yes, that is right, so it is \$2,000 all up, and the voucher covers the first visit or maybe a little bit more than that, but that is as far as it goes. The other big problem, and this is a problem that has been ongoing for a long time, is the denture program. We have people in Broken Hill who have been on a waiting list for 10 years. A lot of these people actually died before the list had come to their name, yet they still rang up the people to say, "Your time has finally come to be on the list", and have been told that the person is no longer living. That was a great concern. I have had a handful of people come to me with those exact stories.

CHAIR: Is that more of a problem here because there are a greater number of older people than in many other communities?

Mr KENNEDY: I think it is to do with the age of our population, but not only that—also the amount of welfare in Broken Hill. A lot of people who are of an age are on welfare. There are usually very rarely self-funded retirees who have money. They are usually people without money and they rely totally on the public sector for dentistry. A lot of these people did not go out and, if they were on the list, get private dentures. A lot of people were gluing their teeth back together with superglue—anything they could do to get by. A lot of people had ill-fitting dentures that would wear away the gum. I believe in a lot of instances that resulted in even more health problems. It did not just go for their teeth: their bad teeth resulted in other health problems down the track.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: When you talk about vouchers, you are talking about State Government vouchers from the Department of Health?

Mr KENNEDY: Yes, State Government vouchers funded by the Federal Government, going through the State health program.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So the Barrier Dental Clinic is not run by the unions or anything. That is just its name. What is the history of that?

Mr KENNEDY: The history of that is that it was the Town Dental Clinic and the Mines and Dental Clinic that amalgamated and became the Barrier Dental Clinic. The Town Dental Clinic was private. Town people could pay into it, pay for membership, and then be seen, through membership, at a reduced dental cost. It was still private, but what happened was they got into financial problems, so the hospital sort of bailed them out by paying them what they were getting in public dentistry. They were putting that into the program, and any emergency treatment or public patients that required to be seen went to the Town Clinic and they were seen virtually immediately.

What happened was that the Town Clinic then amalgamated with the Mines Dental Clinic which was a separate program. They were both housed in the same building. I believe you are meeting with them tomorrow, according to the notice that is attached to the door. They amalgamated roughly just over two years ago and they had the contract for public patients for a while. But as soon as it amalgamated, they were no longer seeing the public patients as quickly as they had been, and they believed they were not getting enough funding to continue to carry out that program for public dentistry.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So it had more or less been a private dental health fund in the sense that it was a mining town and there were a lot of people paying into it.

Similar to the health insurance scheme, was it? Wollongong Hospital used to have its own health fund. That was a similar sort of system where, in a union town, there was a fund which almost gave private insurance. It antedated Medicare when the choice was to either be a pensioner or be in a private fund.

Mr KENNEDY: With the Town Clinic it is membership, so it is still public owned. It was the membership that owned it. I think that the membership now is about \$120 per half-year. If you paid in advance, you could get reduced costs for treatment. Instead of it costing, say, \$80 for a filling, it was \$40, so it was cheap, efficient and effective dentistry, and it was really to cover the people who could not afford out-and-out private cover. It was a cheap and effective operation and a lot of the public patients used to be members of the dental clinic. Instead of going through the public sector, they were part of that membership, and that took a real load off public dentistry because people could go there as members. If they were not a member and they had a toothache, the clinic would still see them as an emergency patient. Broken Hill had a really good dentistry system up until around two years ago.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And what? It got into financial trouble then, did it?

Mr KENNEDY: No; the opposite, in fact. There was just a financial decision, I guess, for the Mines Clinic to amalgamate with the Town Clinic because the Mines Clinic, with fewer miners being on the mine, had less of a need for the two separate organisations, so they decided to amalgamate.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So why has it got into trouble now if it was financially okay? Is it because you cannot get dentists, no matter what you pay? Is there a shortage of an ability to pay them, or is there a shortage of staff to work?

Mr KENNEDY: No, I think they are two separate issues. I think they only have trouble getting dentists out here at different times as long-term dentists. They get a lot of locums and staff to come out here and do the work. What happens is that they no longer see public patients. They are still taking care of the membership that the then Town Dental Clinic serviced, but the public patients can now no longer afford membership because the membership of that organisation has gone up as a result of the loss of public patients and the funding from the Far West Area Health Service.

The Far West Area Health Service used to supply dental nurses and other staff to that building. It no longer does that because it no longer takes care of public dentistry. There are now more wages to be paid there. Just about all clinical staff down there had been from the Far West Area Health Service and it was seeing Town patients as well as public patients. They had two dentists, other administration staff and up to four or five dental nurses who were all paid for by the Far West Area Health Service to deal with the public patients.

When that stopped when it amalgamated, all the staff were taken out of that area, so they then had to start paying their own dental nurses and other staff. That meant that they had to charge more money for membership fees to be part of that organisation. The cost of providing the dental services after people had been a member went up. A lot of the public patients stopped using that service and started only seeing dentists when it was an emergency case rather than having the ongoing dental hygiene—like six monthly check-ups and that sort of thing.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So you are drawing a distinction here between private patients who make their own arrangements and pay cash, memberships of people who subscribe to this historical fund, if you want to describe it that way, and public patients who presumably are on welfare benefits or are not either private or in the fund?

Mr KENNEDY: That is correct.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Since the amalgamation, the Government has stopped putting in a subsidy of personnel, shall we say, which it did in the membership situation, when the membership ran it. That has meant that instead of the membership and the public being in together, having a happy symbiosis, if you want to call it that, there was a lack

of support from the health system which presumably was getting some benefit from that co-operation. It is now not getting that benefit and it is unable to offer a service as a stand alone.

Mr KENNEDY: That is correct.

CHAIR: That was a question, was it?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I am just clarifying it.

Mr KENNEDY: That is totally correct. The way you have put it is correct. As I was saying, initially the Town Clinic—going back about 10 years or so ago—got into financial trouble. It got into trouble a fair time ago. That is when the hospital started supplying staff and had that combined activity where they would supply staff and they took care of all dental programs in Broken Hill. So they were happy with that. Then when it emerged that they wanted to be paid on a contract basis, which meant that they wanted to be paid hundreds of thousands—\$500,000—whereas they were getting paid \$200,000, they wanted \$500,000 to continue to provide the service as it was.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The dentists did?

Mr KENNEDY: The actual Barrier Clinic. It was on a contract system, so the Barrier Clinic was prepared to continue it on a contract basis rather than as it was where the Far West Area Health Service provided all the dental equipment and staff, and so on and so on. So it sort of just split away. It no longer had anything to do with the hospital. They had to tender for the contract, like anyone else.

The Hon. IAN WEST: So the problems started at the moment that dental health funding was effectively vastly diminished by the Federal Government?

Mr KENNEDY: Yes. What happened was that in that 1996 period, as I understand it—this was before I got heavily involved in it—when people were given the money and they could go and get their dental treatment because they were given so much money to get dental treatment, a lot of the people used the Town Clinic. When it stopped, the amount of money they were making was reduced. That is when the hospital said that it would start kicking in with staff. That worked, up until two or three years ago when it changed because of circumstances to do with the amalgamation of the Mines Clinic and the Town Dental Clinic. That is when the problems slowly began to grow. After it went from the Barrier Clinic, it was a three-week waiting period to have emergency treatment—toothaches, and that—dealt with.

CHAIR: Who funded the Mines Clinic?

Mr KENNEDY: The Mines Clinic was solely from miners. They paid into it. It was very effective. At one stage Broken Hill had 5,000-odd miners so there was more than enough money going into that.

CHAIR: So it was like a self-organised insurance fund?

Mr KENNEDY: Yes, an insurance fund.

The Hon. IAN WEST: Now there are 500 miners, only 10 per cent of what there was.

Mr KENNEDY: That is right, and it was not enough for that organisation to stand alone any more, so the Town Clinic merged with the Mines Clinic and became the Barrier Dental Clinic.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But there must have been a period between the end of the Federal subsidy, which I think was 1996 or 1997, and two years ago when you say that the wheels fell off.

Mr KENNEDY: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The State had picked up the tab for those five years, had it?

Mr KENNEDY: What happened was that they were getting funded through the Federal Government to the State, through the Government to the hospital, and the hospital was then supplying the staff with the money that it was getting from the Federal Government. The hospital believed it was costing money, I assume, because they were more than happy when it came to this situation because it saved money. But before that, the hospital was supplying staff and equipment. It was virtually paying for the whole operation of the structure and it was more or less subsidising the Town Clinic because it was taking care of public patients.

The Hon. IAN WEST: So the Far West Area Health Service was merely a conduit for distributing the money for the Federal Government?

Mr KENNEDY: That is correct.

CHAIR: And then later, when the Federal money stopped, it was the conduit for delivering State Government money for public dental services in the area.

Mr KENNEDY: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: From our point of view, there must have been a period between when the Federal Government's stopped and when the Far West Area Health Service's stopped, and that period must be about five years. I think it was 1996 or 1997 when the Federal Government's catch-up scheme stopped, was it not?

Mr KENNEDY: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And you are saying that the Far West Area Health Service continued to subsidise? Was there a State Government subsidy, or not?

Mr KENNEDY: No. What happened was that that was when the Town Clinic was doing most. They still continued to operate the Town Clinic. The Town Clinic got into financial trouble because of the Federal Government and then the Far West Area Health Service decided to pull out because it still had to supply the dental services. They concentrated all their effort into that one organisation, and it worked up until three years ago—not because of the money they were getting, but because of the luckiness of having a Town Dental Clinic which already had a system in place, and they worked quite well together.

CHAIR: As you said earlier, we will be talking to the Barrier Dental Clinic's representative tomorrow.

Mr KENNEDY: Yes.

CHAIR: Mr Kennedy, would you mind if I ask where your knowledge and interest come from?

Mr KENNEDY: As a councillor, from most people coming to me and I have also done some research. My wife also worked at the organisation beforehand. So I know a lot of people.

CHAIR: When did she work for the organisation?

Mr KENNEDY: She worked for it 17 or 18 years ago when she was very young and just out of school. Six or seven years ago she moved back here and continued to work.

CHAIR: In what capacity?

Mr KENNEDY: As a dental nurse.

CHAIR: Pardon me for asking you those questions. We acquired you as a witness out of the blue. Normally we know a bit more about our witnesses because we have talked to them before arranging for them to give evidence. I think you probably answered our second question about

improving dental services. The other major question we had relates to the councils view on the fluoridation of drinking water, how long fluoride has been in the water and whether or not there is any local evidence of improvement in the dental health of the community?

Mr KENNEDY: My understanding is that many years ago fluoridation occurred. From my understanding teeth did improve from when I was at school, so about 20 odd years ago when I was in primary school. I remember when they first started taking the dental caravans around. They said at that time that dental hygiene had improved. What has happened in the last two years or so, I would say that around 80 to 90 per cent of people in the town no longer drink tap water; they drink only bottled water. That means there is no fluoride in that water. Within the next couple of years you will find whether fluoride has had any effect, or whether the lack of fluoride has had any effect on dental hygiene. Most people in Broken Hill do not drink tap water.

CHAIR: That seems an enormous percentage. Is that because of the taste of the water?

Mr KENNEDY: Yes. About two years ago the water became so bad and so smelly that people stopped drinking it and started buying bottled water. Most people just cannot bring themselves now to start drinking tap water.

CHAIR: Is that because of drought conditions?

Mr KENNEDY: It was to do with the management of Menindee Lake. Too much water went to South Australia, which left us with water that was high in organic material, high in salts and all that sort of stuff. So dissolved solids were really high. That meant there extra chlorine had to be used to try to combat that. So the water was high in chlorine, it smelled of decaying organic material, it was high in chlorine and it was high in salt. People stopped drinking it.

CHAIR: The problem that has been mentioned to us in many places relating to the growth in bottled water would be much more evident here, hence your estimate of 80 to 90 per cent of the population?

Mr KENNEDY: Council did a fair bit of research in seeing bottled water operators. The increase was dramatic. It calculated that between \$1,000 and \$1,500 per person per year was spent on bottled water per household. So it was very significant. I would say, after talking to people who supply the bottled water, it has not dramatically reduced as the water has become better.

CHAIR: Would you know whether any research has been done or is going to be done that would have an affect, particularly on young children?

Mr KENNEDY: In the past council has written to the World Health Organisation and to the State Government to try to get some sort of study. It does not happen very often. I think it would be a perfect opportunity for a lot of the scientific communities to have. Instead of a small sample group they could have a whole town. We have applied but in most cases they have just given council the run around. To do with improvement of dental services, what would fix the problem is to supply the hospital with a couple of dentists and also a building to take care of that. One of the biggest hurdles is somewhere to do the dentistry. They have shopped around and looked at a lot of money to rent. If there were a place in which they could do the dentistry they would then be able to get the dentists. As I understand it, it is not that hard for Broken Hill to get locum dentists.

CHAIR: When you say locums do you mean that this is a private arrangement? It is not an arrangement, say, with Westmead with an internship as part of training or anything?

Mr KENNEDY: No.

CHAIR: These are fully qualified dentists who are available at a price to act as locums?

Mr KENNEDY: Yes. They are usually people who can work in Australia but they are Irish or English. They want to have a bit of a look around at the country and they are more than happy to come to Broken Hill because it gives them an opportunity to look at the outback. If that were kept free

and easy for people to get here like that, Broken Hill would be able to get short-term dentists. It is very difficult to get long-term dentists.

CHAIR: Thank you for that. We are pleased that you came along and volunteered to give us evidence. You have given us a lot of information.

(The witness withdrew)

The Committee adjourned at 3.05 p.m.

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