EDUCATION AND HEALTH STANDING COMMITTEE

ADEQUACY AND AVAILABILITY OF DENTAL SERVICES IN REGIONAL, RURAL AND REMOTE WESTERN AUSTRALIA

TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
MONDAY, 12 NOVEMBER 2001

FIRST SESSION

Members

Mrs Martin (Chairman)
Mr Board (Deputy Chairman)
Mr Ainsworth
Mr Andrews
Mr Hill

Committee met at 9.10 am

McDONALD, MR DAVID FRANCIS,
Private Dentist,
P.O. Box 1380,
Busselton, examined:

The CHAIRMAN: Have you completed the Details of Witness form and read the information?

Mr McDonald: I have.

The CHAIRMAN: Do you have any questions about the information?

Mr McDonald: No.

The CHAIRMAN: On behalf of the Standing Committee on Education and Health, I thank you for taking the time to appear before us today. As you are aware, the committee is conducting an inquiry into the adequacy and availability of dental services in regional and rural remote Western Australia. Your submission is of particular interest and we have asked that you attend today to discuss your submission. Do members have any questions?

Mr BOARD: Would you like to give a summary of your submission, which was short but to the point?

Mr McDonald: The dental health situation in Busselton is in a dilemma. In Busselton, we have a public dental clinic. Before that was formed some years ago all the private dental practices in Busselton supported the formation of a public clinic, basically to take pressure off us as a result of the public patients' dental subsidy scheme. We fully support the public clinic, which is not funded to do any emergency or after-hours treatment. The private practices must help out in that regard. I think I am the only private dentist in Busselton who sees patients under the country patients' dental subsidy scheme. However, I see mainly patients referred specifically for oral surgery procedures, such as extractions that the clinic cannot handle. Until now, the clinic sent patients who required general anaesthetics to the Perth Dental Hospital or referred them to me.

As I said in the submission, the Busselton District Hospital is funded to allow only 12 public admissions a year, which number is divided between my practice and the Louise McArthur dental practice. That has limited the number of general anaesthetic procedures we can do. Many of the people referred from the Vasse Dental Clinic cannot afford private dental fees. The Busselton District Hospital will accept private patients, but it charges $300 or $350 for theatre fees. That can be difficult for some of the patients referred from the dental clinic. Alternatively, they can go to St John of God Health Care, a private hospital in Bunbury, which charges about $800 for theatre fees. There is a problem.

I have sent Dr Karen Hall a letter from John Miller of the public dental clinic in Busselton, warning me that next year I can expect many more referrals due to the imminent closure of the Perth Dental Hospital. There will be fewer general anaesthetic facilities available for patients who are referred to Perth. We have the dilemma of how to handle these extra referrals. In addition, the eligibility criteria have been increased at the Vasse Dental Clinic. I think I am right in saying that all health care card holders will be eligible, so we can expect more referrals for oral surgery procedures. Some procedures can be done in the clinic. The patients who need a general anaesthetic must go to hospital. Some of the patients who need a general anaesthetic could be treated in the clinic with intravenous sedation. Dr Tony Lepere specialises in that field, but he charges a fee. The other alternative could be for the country patients' dental subsidy scheme to subsidise his fees. That would take some pressure off the hospitals. Six admissions are already booked in for me for next

year. We have another on the waiting list for 2003. That is the situation before the increase in referrals occurs. What are we to do?

The CHAIRMAN: Would you please formally table those letters?

Mr McDonald: I table the letters.

Mr BOARD: Can you expand on the size of the need in your region? You said that there are only 12 public patient opportunities available. If there were no limit, how many people could be serviced in that way? How many people need to seek alternative treatments either in that area or elsewhere because of this ceiling on the number of patients?

Mr McDonald: It is a difficult question to answer. No-one really knows. The only public patients I will admit are people who have been referred by the public clinic. That is my criterion to try to hold down the number of public patients. Those patients, by definition, are eligible under the country patients' dental subsidy scheme. If I did not use those criteria, the hospital would be swamped with people wanting admission as public patients. It is difficult to estimate future demand because the eligibility criteria for the scheme have been relaxed. At the same time, Perth Dental Hospital has been closed. However, as I said, I have allocated the patients to my six public spots for 2002 already, under my strict criteria and another patient is waiting. They could all have been treated this year if we could have admitted more than six public patients to the hospital or if they had been able to pay private hospital fees. Even if they had been paying private hospital fees, the waiting list at Busselton District Hospital for private patients is about six months. The hospital will not or cannot expand the dental operating list, whether it be for private or public patients. In short, using my strict criteria I could have already dealt with 13 public patients under general anaesthetic in 2001. We do not know what will happen next year.

John Miller from the Vasse Dental Clinic said in his letter that he thought that even if the existing limit was doubled, it would not be adequate. I am going on his estimation. It is something of an open-ended situation.

Mr BOARD: Do people travel to Perth as a result of that cap in your area? Do they get treatment more quickly if they come to Perth? What is the cost for a public patient treated at the public hospital compared to the cost for a private patient being treated at St John of God Hospital?

Mr McDonald: As I said before, there is a cost variation in the hospital fees. If patients are eligible for the country patients' dental subsidy scheme, irrespective of whether they see me as a private patient, I charge the country patients' dental subsidy scheme first. The dental fees stay the same provided they have been referred to me from the public clinic.

Patients that cannot be treated in Busselton go to Perth but there is a huge waiting list, so they cannot get treated. I cannot tell you how many are involved. Those we have seen most recently have come to us because they cannot get treated in Perth more quickly than we can treat them in Busselton. We do not know what it will be like next year with the closure of the Perth Dental Hospital, other than the fact that there will be fewer general anaesthetic facilities in Perth than there are now.

Mr ANDREWS: Dentistry is not my field. What treatments are done under general anaesthetic?

Mr McDonald: Procedures such as impacted wisdom teeth are probably the most common. General anaesthetics are used in the treatment of elderly patients. I have the notes of a patient who is about 80 years old. He has dementia and is taking a huge amount of medication. He was referred to me from the Vasse Dental Clinic for the removal of a broken-down lower left molar tooth. He should be treated in hospital because of his medical condition. He will probably not have a general anaesthetic but he will be sedated. He is on the waiting list for 2003 at the moment. What will we do with him? It is not reasonable to undertake those procedures in the surgery.

The CHAIRMAN: Are there no options other than to put them on the waiting list for 2002?

Mr McDonald: In one of the letters I tabled from Wendy McDonald, in response to a question about whether there was any chance of getting any more hospital admission time, she said that if we cannot treat people in Busselton I should refer them to a public dental health facility where these services are provided, for inclusion on their waiting lists. I have not asked her where she suggests we do that. There is nothing in Bunbury or Busselton, and there will be less in Perth.

Mr BOARD: I assume those are elective surgery cases. What happens in the case of a car accident, when a combination of both medical and dental surgery is required? Is that dental element covered under a different program? How does that work?

Mr McDonald: I refer members to what is happening to Roger Bishop, who is a maxillofacial surgeon. He had a public list at the Bunbury Regional Hospital until a few years ago. In 1997, the hospital administrators decided to admit no patients for dental treatment because private hospital treatment was available and the hospital did not have the funding. It was tough luck. Roger Bishop lost his public list. He has recently been given the right to treat 36 patients a year at the district hospital if no dental treatment is done. That means attending to the removal of tumours or any soft tissue treatment. Presumably that means repairing a fracture. He is not allowed to do any dental treatment, and that is an anomaly. If those people cannot get in as public patients, they must get private treatment. The treatment I do is not covered by a medical rebate.

Mr BOARD: If someone is involved in a car accident in the region and he or she is brought to hospital and requires surgery, part of which involves dental work, is that classed as one of your six public patient treatments? What is the balance?

Mr McDonald: It does not work that way at the Busselton District Hospital. Bunbury dentist Carmel Lloyd was trying to get the right to treat public patients. The trade-off was that she would treat those patients, but the hospital still would not allow general treatment. If a patient comes to the hospital needing treatment, the hospital staff ring me. Obviously, with car accidents, we do what we must do. If the person can be admitted as a medical case, that is okay. However, it is up to me to recover a fee. I send a bill for the dental treatment, and that is often the last I see of the patient.

Mr BOARD: Is that not covered?

Mr McDonald: No. At the moment, it takes about 10 weeks for a patient to go through the paperwork. A patient is referred to us from the Vasse Dental Clinic as a public patient. He or she has already been through the paperwork because we insist on that. There is a 10-week waiting time. Obviously, if it is an emergency case and the patient is eligible, he or she can get around that. That applies only to very limited dental treatment, such as placement of a temporary filling.

Mr HILL: What happens to people in nursing homes? Are they visited by a specialist or someone else?

Mr McDonald: They are left in the wasteland. A few years ago Danny O'Leary, a dentist at Dunsborough, tried to organise the establishment of a small dental surgery at the Villa Maria nursing home with the idea of visiting once a week. That fell in a heap because it was not supported by the relatives. If we are asked to visit a patient at the nursing home, we are usually dealing with private patients and the relatives do not care about them. One patient I had was the mother of one of our local professionals. She had Alzheimer's and needed extractions - her teeth were beyond repair. Her relatives' only concern was the cost; they were not worried about her suffering. Patients must get through the Vasse Dental Clinic rigmarole, and that is up to the clinic. They may visit the nursing homes.

Mr HILL: Otherwise they just sit there.

The CHAIRMAN: Is there any option for general anaesthetic in a same-day treatment facility?

Mr McDonald: Some procedures must be done under general anaesthetic and some can be done under sedation. As I said, we have a visiting dentist who provides that sort of service, but that is a private treatment because there is no subsidy for dental sedation fees. If a patient has private dental insurance, he or she will get back some of the fee, otherwise there is nothing.

The CHAIRMAN: How long does a dental patient stay in hospital after a general anaesthetic?

Mr McDonald: Usually just for the day. I like my patients to stay in overnight. However, over the years, the hospital has stopped that. We will keep patients in overnight for medical reasons. Otherwise they are admitted in the morning and leave about four hours after the procedure.

The CHAIRMAN: If there were a way of establishing a dental clinic to accommodate those day-surgery patients, would that relieve some of the pressure at the hospital?

Mr McDonald: There is no reason that it cannot be done at the hospital. The Busselton District Hospital has two theatres. I operate on Tuesdays. Typically, we start at 8.30 am, and the hospital likes us out by 3.00 pm. The staff can then clean up and close up, and the hospital will not have to pay overtime. There is no reason that the facilities cannot be used later or on Saturdays. The facilities exist but not the funding for staffing. That is the main problem.

The CHAIRMAN: Is it not seen as a priority by the hospital administration?

Mr McDonald: You would have to ask the hospital. The chairman has just resigned, primarily because of lack of funds.

The CHAIRMAN: How is it determined that there should be only 12 patients?

Mr McDonald: Wendy McDonald's letter to me mentions funding for public dental services provided under the oral health program. She states -

> Unfortunately Busselton District Hospital receives limited monies under this scheme to fund services to public dental patients.
>
> Given this situation, Busselton District Hospital is only able to accommodate 12 dental patients per year, 6 from each dental practice, as public patients. The current arrangements stand . . .

I also received a letter from Elizabeth Ford, clinical nurse manager, who states -

> As there has been no funding for growth in the budget for this financial year, the volume of work cannot exceed that of the year 2001.

Obviously, we must get back to the hospital about finances. Despite my continual pleas for more operating time and public admissions, the hospital claims it does not have the funds. I have a very good working relationship with the hospital; I have no complaints about the hospital itself.

Mr BOARD: What is the waiting time for general medical surgery in that area? Are the theatres under constant pressure?

Mr McDonald: I cannot answer the question completely. The hospital is under pressure to allow operating theatre time for more visiting specialists. That is always a big bone of contention. We have one general surgeon in Busselton - Tony Beeley. They encroach on his operating time. As is common in the country, some of the general practitioners have surgical skills and they undertake procedures. They are being pushed out. Dentistry has maintained its one day a fortnight theatre time. When I first came to Busselton 16 years ago, the number of practitioners who wanted to use the hospital was half what it is now, we had two operating theatres and I could operate one day a week. The number of practitioners and the population have doubled, and we now can only operate on one day a fortnight. The system is under enormous pressure.

Mr BOARD: If the hospital had a larger budget, would it still be under pressure to allocate those resources to deal with what might be seen as greater needs in areas of surgery other than dental

surgery? How much pressure is the hospital under, given its waiting lists for elective surgery in other areas?

Mr McDonald: The hospital would find it much easier if it did not have to make extra time available for visiting specialists. We get the feeling that many of them use it as an excuse to spend a weekend in Margaret River. They operate at the Busselton District Hospital on Friday and stay on for the weekend. That always causes pressure. I cannot say what the waiting list is like for other specialities. I read in the local newspaper recently that a specialist has been knocked on the head - it might have been in neurology. Dentistry is always the last area considered; it is always the poor cousin when it comes to allocating funds across the board. We have a vast pool of patients who are despairing. I am talking about only basic treatment, nothing fancy. It is urgent work for the relief of pain.

The CHAIRMAN: What is the average waiting time for a public patient who wants to see you?

Mr McDonald: Eligible patients must go through the Vasse Dental Clinic paperwork before we see them. We can treat them straightaway if we can do the procedure in the surgery. Many of them can be treated that way. If they cannot elect to pay privately, there are no public positions next year. If they elect to pay the hospital private fees, the wait is six months. We could reduce that significantly if our operating day were longer or if we could operate more frequently.

The CHAIRMAN: Does Dr McArthur utilise all her operating time?

Mr McDonald: Yes, she has used all six allocations.

The CHAIRMAN: I was going to suggest negotiating.

Mr McDonald: We try.

Mr BOARD: Obviously you would like to see more funding for public patients. We do not have a figure on that. From what you have said, you could easily double the resources but there would still be a demand for more. Your area has an ageing population, so I assume the demand will increase. The closure of the Perth Dental Hospital will have an impact and there will not be enough clinics in the outer metropolitan area to meet the increased demand. Do you anticipate the situation being even more critical over the next couple of years until relief is provided in this area?

Mr McDonald: We are very worried about what will happen this summer in Busselton. The population of the area skyrockets in the summertime; consequently, the number of dental emergency cases increases dramatically. We will not have enough dentists this year to handle the summer demand. That will be a problem. Doubling the available resources will not solve the problem as far as public admissions are concerned. I would like to see a trebling. We would still use strict criteria. I would also like to see more dental operating time at the hospital generally.

The CHAIRMAN: What proportion of your surgical patients require general anaesthetic procedures compared to those that can be performed under sedation?

Mr McDonald: I can answer as far as public patients for this year are concerned. I treated 22 patients who were referred to me from the Vasse Dental Clinic specifically for oral surgery. Of the 22 patients, six had treatment under general anaesthesia. The rest were treated in the surgery, except for seven patients who are still waiting for general anaesthesia. That averages out to about half.

The CHAIRMAN: Does the witness on occasions perform procedures under sedation that would be better performed under general anaesthetic?

Mr McDonald: No. I like to earmark certain procedures for general anaesthesia only. I am happy to do other procedures under sedation if there is no worry about the patient's airway.

The CHAIRMAN: Thank you for taking the time to attend today. This concludes part of today's hearing. The committee clerk will send the witness a transcript of the oral evidence presented today

for correction. Alterations must be confined to the correction of errors. If there are points made by the witness in his evidence that he thinks may need clarification, or the witness has inadvertently omitted evidence, he may, if he wishes, forward the additional information in writing to the committee. It will be incorporated as a supplementary submission. The witness will have 10 working days to return the corrected transcript to the committee office. If the transcript is not returned within that time it will be deemed to be correct.

Proceedings suspended from 9.35 to 10.00 am