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(Dental Services)
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Combined Pensioners & Superannuants Association OF NEW SOUTH WALES INC

Submission to the Inquiry into Adult Dental Services in Australia

15 March 2013

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Combined Pensioners & Superannuants Association of NSW Inc (CPSA)

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CPSA is a non-profit, non-party-political membership association founded in 1931 which serves pensioners of all ages, superannuants and low-income retirees. CPSA has 130 Branches and affiliated organisations with a combined membership of over 29,000 people living throughout NSW. CPSA's aim is to improve the standard of living and well-being of its Members and constituents. CPSA depends for the majority of its funding for core activities as a peak body on a $440,000 grant from the NSW Government and a $68,000 grant from the Australian Government. CPSA engages in systemic advocacy on behalf of its constituency and also auspices four services which receive Government funding: the Health Promotion Service for Older People, the Older Persons Tenants' Service, the Park and Village Service and a Community Visitors Scheme. CPSA acknowledges the potential for conflict of interest arising for CPSA and the NSW and Australian Governments as a result of this funding arrangement. CPSA is committed to managing any conflict of interest issues in an ethical manner.

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CPSA welcomes the opportunity to make a submission to the *Inquiry into Adult Dental Services in Australia*.

CPSA policy is that dental services should be provided universally under Medicare or a Medicare-style system so that all have access to dental services regardless of capacity to pay.

However, CPSA recognises that such a policy is not feasible in the short term because of the significant government expenditure required to establish such a system. The Australian Government's *National Partnership Agreement* will inject $1.3 billion into the public dental system over a six-year period. The Australian Government expects this additional funding (dependent on the states and territories maintaining current dental funding levels) to deliver an additional 1.4 million cases of treatment for low-income earners in the public system. This, on the face of it, appears to be a laudable reform.

The Australian Government will spend $2.7 billion will fund basic dental treatment for children aged 2 to 17. This funding provides $1,000 in funding over a two-year period for each child.

CPSA believes that children are entitled to good dental care. However, CPSA is concerned that adults are currently missing out on good dental care. The evidence suggests that the bulk of dental disease is among older cohorts, notably the over-65s.

For this reason, the reform package could be seen as a Band-Aid solution to improving access to good dental care for adults in Australia.

Boosting funding to the public dental system will not necessarily deliver desired improvements, namely reducing waiting lists and the prevalence of dental disease in the adult population. The bulk of the dental profession works in the private system and are attracted and retained there because of high wages and the diversity of the work. In contrast, the public system treats emergency dental cases because there are not enough dentists to provide the necessary treatment to all who walk through its doors. Unless there is a reversal of the ratio of public- to private-practicing dentists, or at least a substantial shift of private dentists to work in the public system, the public system will continue to struggle with caseloads. Consequently, it will continue to provide emergency treatment to people whose dental health would have been far better if they had been able to access ongoing dental care earlier.

The National Partnership Agreement may make some inroads into increasing the number of dentists working in the public system, but it is unlikely to see the majority of private dentists move from their well-paid private practice into the public sector. Offering incentives to

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dentists to practice in the public system may entice some to move from the private system but it is unlikely it will entice huge numbers.

There is little incentive for private dentists to work in the public sector because of lower wages and demanding work. There is also little incentive for private dentists to reduce fees because the public system is too poor to place downward pressure on private dental fees. The services on offer in the public system are also very limited because of the cases being treated (emergency dental) and funding and time constraints. The public system is currently providing a poor service to poor people, which is precisely why universal health care is so important – service standards are generally better in universal services because they do not only service the poor.

Low-income adults, particularly older people, accessed the Enhanced Primary Care Chronic Dental Disease Scheme because it provided them with dental services under Medicare and the services were not restricted to basic treatments. The Scheme allowed them to access the dental care they needed quickly and get ongoing care if required. The public system, on the other hand, does not allow that kind of service. Furthermore, even if the public system contracts out services for low-income people to the private sector, this seems to be a very inefficient way of meeting the dental care needs of the low-income population. Not only would it waste resources in the public system, which would presumably act as a triage, in assessing the dental needs of those coming through its door and then forwarding them on to a private dentist, it does not ensure continuity of care for patients.

Low-income people should be able to access private dental services and have their treatment covered by Medicare. This seems to be the only way to ensure that the dental needs of low-income earners are met over the long term.

CPSA appreciates that Medicare is a universal service and implementing a system that effectively means-tests dental services under Medicare contradicts that basic tenet of the system. However, it seems unwise to throw more money at a struggling public dental system to serve low-income earners when that money could be better used to cover their dental care in the superior private system. Not only would this address geographical access problems (private dentists service a far greater region than the public system), workforce shortages and waiting lists, but it would also mean that low-income patients could get a far wider range of treatment.

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