CPSA COMBINED PENSIONERS & SUPERANNUANTS ASSOCIATION

Submission to the Select Committee into the Provision of and Access to Dental Services in Australia

June 2023

Combined Pensioners & Superannuants Association of NSW Inc (CPSA)

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CPSA receives funding support from the New South Wales and Australian Governments

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's aim is to improve the standard of living and well-being of its members and constituents. CPSA receives funding support from the NSW Government Departments of Communities & Justice and Health and the Australian Government Department of Health.

CPSA appreciates the opportunity to make a submission to the Select Committee into the Provision of and Access to Dental Services in Australia.

Dental care is increasingly unaffordable to a large portion of Australians leaving many to rely on public dental care. However, the public dental care system has many flaws and is not able to provide the necessary care. Due to both a lack of funding and the growing number of people relying on it, public dental care has excessive wait lists that mean most people are unlikely to receive any care until they are experiencing significant pain.

Drastic improvements to public dental care in Australia are required to ensure that everyone is able to receive effective, timely dental care.

For convenience, this submission is structured around the terms of reference and addresses terms of reference a), b), d), e), g) and h).

CPSA's Recommendations

Recommendation 1: That public dental services be better funded to ensure that affordable dental care is always accessible within an acceptable timeframe.

Recommendation 2: That additional funding be provided to state public dental services to allow for more public clinics in outer-metropolitan, rural, regional and remote areas.

Recommendation 3: That a travel assistance scheme be incorporated into public dental services to ensure location or travel costs are not a barrier to patients accessing dental care.

Recommendation 4: That Medicare be expanded to include dental care.

Recommendation 5: That the public dental care system must shift to focus more on preventative care to improve both health and financial outcomes.

Recommendation 6: That the Federal government facilitate the establishment of a nationally consistent public dental service, with additional funding, to ensure improved dental health outcomes.

Recommendation 7: That all jurisdictions be required to make data on public dental services, such as the length of waiting lists, publicly available.

Recommendation 8: That data on oral health in Australia be collected on a more regular basis.

a) the experience of children and adults in accessing and affording dental and related services;

Dental services are increasingly unaffordable to many people. Only around 55 per cent of the Australian population has private health insurance.[1] For those not covered, they are left to try to afford dental care out of pocket, which is a significant cost to many, or to rely on public dental care.

According to 2022 data from the Australian Dental Association the average cost of a check-up, including an examination, scale and clean and fluoride treatment, was around $219.[2] This number grows significantly for more intensive dental work with a root canal costing approximately $308 and a complete set of maxillary dentures costing $1,522. For those surviving on a pension, with $1,064 a fortnight, or the JobSeeker Payment, just $693.10 a fortnight, this is not a feasible expense. Instead, they are left solely relying on public dental care.

However, public dental services across Australia have excessively long waitlists. In NSW as of January 2023 there were 55,929 adults on the waiting list for treatment and a further 25,473 on the waiting list for assessment.[3] This means that cases have to be addressed based on urgency and those with minor conditions are left waiting long periods until their condition worsens and they are moved up the waiting list.

According to NSW Health's Priority Oral Health Program and Waiting List Management the maximum wait time recommended for an adult patient requesting a check-up is 24 months, even though it is recommended that people get a check-up every 6 months.[4] Even for those needing

[1] Private Healthcare Australia, 2023, Australians sign up to private health insurance in record numbers, accessed at https://www.privatehealthcareaustralia.org.au/australians-sign-up-to-private-health-insurance-in-record-numbers/#:~:text=A%20record%2014.42%20million%20Australians,persons%20taking%20out%20private%20cover.
[2] Choice, 2023, How much does the dentist cost, accessed at https://www.choice.com.au/health-and-body/dentists-and-dental-care/dental-treatment/articles/dental-fees#:~:text=According%20to%20ADA%20data%20from,012%2C%20114%20and%20121).
[3] CPSA, 2023, Public dental clinic locations, treatment and assessment waitlists in NSW
[4] Centre for Oral Health Strategy, 2017, Priority Oral Health Program (POHP) and Waiting List Management, accessed at https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_023.pdf#:~:text=The%20Priority%20Oral%20Health%20Program%20and%20Waiting%20List,public%20oral%20health%20services.%201.2%20%20Introduction%20

extractions, fillings or experiencing bleeding gums, the maximum recommended wait time is 12 months and it is not until they are experiencing significant pain that this becomes shorter.

These maximum recommended wait times are already too long and leave people at risk of developing serious oral health issues, but people are often left waiting even longer than this. In 2021-22 the average patient in NSW waited 433 days before being offered public dental care.[5]

CPSA members have been told that they are unlikely to be offered dental care until they are experiencing pain severe enough to keep them awake at night. One 80 year old recipient of the Age Pension has shared with CPSA "I am number 91,000 on the list for even a check up".

Private dental care is simply not affordable to most people without private health insurance, particularly those receiving income support payments, and public dental care fails to keep up with the high demand of dental services.

Recommendation 1: That public dental services be better funded to ensure that affordable dental care is always accessible within an acceptable timeframe.

b) the adequacy and availability of public dental services in Australia, including in outer-metropolitan, rural, regional and remote areas;

Public dental services are especially hard to access for many in rural, regional and remote areas. This is for a variety of reasons, the first of which being that there is a limited number of public dental clinics in these areas. For example, the Far West Local Health District covers almost 200,00 square kilometres yet it has just one permanent clinic at Broken Hill and six other clinics that operate anywhere from weekly to on an as needed basis.[6] This means that patients are left to travel for hours in order to receive the dental care they desperately need.

[5] Productivity Commission, 2023, Primary and community health data tables, accessed at https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/primary-and-community-health/rogs-2023-parte-section10-primary-and-community-health-data-tables.xlsx

[6] CPSA, 2023, Public dental clinic locations, treatment and assessment waitlists in NSW

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) exists to ensure that patients in rural areas are not disadvantaged when it comes to accessing medical care, but this scheme is not applicable to dental care. The only dental work covered by IPTAAS is oral surgery and other highly specialised services that require general anaesthetic. This means that anyone requiring regular dental work is left to find their own way to appointments without any assistance - financial or otherwise.

Considering that public transport in rural areas is limited at best and non-existent at worst, this leaves individuals to pay excessive amounts of money on petrol if they are able to drive or taxis if they are unable to drive. Considering that to be eligible for public dental care you must be receiving an eligible Centrelink payment, additional travel costs are completely unaffordable.

NSW Health also offers Oral Health Fee For Service Scheme vouchers in an attempt to make dental care more accessible. These vouchers can be used at private dental clinics but are not always a suitable way to provide much needed dental care. Private dental clinics can decide whether to accept these vouchers, so while there are a significant number of clinics to choose from in metropolitan areas, it becomes harder to find participating clinics in more rural areas. In the Far West Local Health District there are no private clinics that accept vouchers for adult treatment.[7]

Even in areas that have plenty of private clinics that accept vouchers the process can be difficult for patients to navigate. After receiving an electronic voucher, you are required to then use a QR code to access the database to find an appropriate clinic, call and make an appointment. This database is online which makes it inaccessible for some people and it is also a significant administrative burden. The database lists pages of details that patients have to read through to find an appropriate dentist and continue to call dentists until they find one with availability, which many people simply do not have the time or capacity to do.

Public dental clinics are not readily available in outer-metropolitan, rural, regional and remote areas and the existing support measures are not enough to compensate for this lack.

[7] https://ohffss.health.nsw.gov.au/#/public/list

Recommendation 2: That additional funding be provided to state public dental services to allow for more public clinics in outer-metropolitan, rural, regional and remote areas.

Recommendation 3: That a travel assistance scheme be incorporated into public dental services to ensure location or travel costs are not a barrier to patients accessing dental care.

d) the provision of dental services under Medicare, including the Child Dental Benefits Schedule;

For the most part, dental services are not covered under Medicare. The two exceptions to this are the Child Dental Benefits Schedule and any dental work covered by the Cleft Lip and Cleft Palate Scheme.

This leaves most adults with limited options when it comes to dental care and if they are unable to afford either private health insurance or paying outright for treatment, public dental care is the only option available. However, as covered already, public dental care is not sufficient and leads to people waiting months if not years until receiving treatment.

Untreated dental problems can have a detrimental impact on overall wellbeing, so it makes sense for dental care to be covered by Medicare. This has been CPSA policy for years and is the most effective way to ensure that everyone can access dental care regardless of their income, location or any other factors.

The Greens policy to include dental in Medicare has been costed by the Parliamentary Budget Office to cost $77.6 billon over the decade which is a fraction of what is currently spent on health by the government.[8] In 2020-21 governments contributed $156 billion on health spending but

[8] The Greens, Bring dental into Medicare, 7.1 Make dental free (greens.org.au)

just $2.3 billion towards dental spending. [9][10] An additional $7.76 billion a year is a small price to pay to ensure the wellbeing of all Australians.

Expanding Medicare would also ensure that dental care is truly accessible to everyone. Although eligibility varies slightly between states, at the moment public dental care is generally only available to those with a Pensioner Concession Card or Health Care Card. Once earning over $1,337.50 a fortnight a person is no longer eligible for the JobSeeker Payment, and thus the Health Care Card. But under $700 a week is definitely not enough to be able to afford the high cost of private dental care. Moving to a universal dental care system would ensure that those with a low income who don't quite meet eligibility requirements are not left behind.

Recommendation 4: That Medicare be expanded to include dental care.

e) the social and economic impact of improved dental healthcare;

Poor dental health outcomes can have detrimental impacts on the rest of the body. Consistent poor oral health can lead to inadequate dentition (having fewer than 21 teeth) which makes both eating and socialising difficult. It has also been linked to diabetes, stroke, heart and lung disease.[11] This is made significantly worse by the long wait times in the public dental system that allow conditions to worsen and effect the rest of the body. In 2019-20 there were approximately 67,000 hospitalisations due to preventable dental conditions.[12]

Not only does this take a physical toll on the body, but also results in an additional burden to the healthcare system, increasing pressure on hospitals and financial cost. The Australian Dental

[9] AIHW, 2022, Health expenditure Australia 2020-21, Health expenditure Australia 2020-21, Spending trends by sources - Australian Institute of Health and Welfare (aihw.gov.au)
[10] AIHW, 2023, Oral health and dental care in Australia, Oral health and dental care in Australia, Costs - Australian Institute of Health and Welfare (aihw.gov.au)
[11] https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/dental-oral-health/about
[12] AIHW, 2022, Oral health and dental care in Australia, accessed at https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/hospitalisations

Association estimated that in 2019 $818 million was spent treating oral health conditions that could have been prevented with earlier intervention.[13]

Poor dental health also has extensive impacts on the social wellbeing of individuals. Tooth loss and pain in the mouth can make talking difficult. On top of this, there is a lot of stigma associated with poor oral health which leads to feelings of shame for those who cannot afford dental care and can severely impact both mental and social wellbeing.

Improving the accessibility and effectiveness of dental care is the best way to prevent these extreme health impacts, improve the wellbeing of Australians, and reduce financial costs associated with dental care. With early intervention and a focus on preventative care rather than only treating problems once they become unbearable, much of the aforementioned issues can be reduced.

Recommendation 5: That the public dental care system must shift to focus more on preventative care to improve both health and financial outcomes.

g) pathways to improve oral health outcomes in Australia, including a path to universal access to dental services;

As indicated throughout the rest of this submission, current dental health services are unaffordable and the public system is not set up to accommodate for the large demand. In order to ensure the best possible oral health outcomes, universal access to dental care is a must and the best way to achieve this is by incorporating dental care into Medicare.

Including dental care in Medicare has been costed by the Parliamentary Budget Office at $77.6 billon over a decade.[14] While this is a significant cost, it is just a fraction of other health spending with all levels of government contributing $156 billion to health in 2020-21.[15] This will also lead to

[13] ADA, 2019, The Australian Dental Health Plan, https://www.ada.org.au/ADHP
[14] The Greens, Bring dental into Medicare, 7.1 Make dental free (greens.org.au)
[15] AIHW, 2022, Health expenditure Australia 2020-21, Health expenditure Australia 2020-21, Spending trends by sources - Australian Institute of Health and Welfare (aihw.gov.au)

savings in other areas with poor outcomes associated with poor oral health including mental health problems, diabetes, strokes and heart disease being reduced.

Including dental care in Medicare has been CPSA policy for many years and is the best way to ensure equitable dental care. However, in the event that this does not occur and becomes a longer term goal, other actions must be taken to improve access to dental care.

Firstly public dental services should be restructured to ensure consistency between states and territories. At the moment there are significant differences in how the services operate in different jurisdictions from the amount of co-payment to eligibility criteria. For example, in NSW public dental care is free of charge however in South Australia a patient could be charged a co-payment of up to $166 for general treatment or $367 for a full set of dentures, which is a significant cost to anyone on a low fixed income. [16]

These differences lead to inequitable access to care and different outcomes depending on where you live. Whilst incorporating dental care into Medicare at a national level is the best way to ensure everyone has the same access to services, a first step should include ensuring all state schemes are held to the same standards and achieve the same outcomes.

Public dental services also need increased funding. At the moment under the Public Dental Services for Adults Federation funding agreement the Australian Government contributes $107.75 million to public dental across all states with this money being supplemented by state and territory governments.[17] However of the $11.1 billion spent on dental care in 2020-21 only $2.3 billion was contributed by governments at any level.[18] One third of this was via private health insurance rebates which fails to assist those most in need of help.

If Medicare is not changed to cover dental care, existing public dental services desperately need to be improved to ensure adequate care is provided to those relying on it.

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[16] SA Dental, Cost, accessed at https://www.dental.sa.gov.au/adults/cost
[17] Federal Financial Relations, 2022, Public dental services for adults – 2022-23, accessed at https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2023-03/Public%20Dental%20Services%20for%20Adults%20-%202022-23.pdf
[18] AIHW, 2023, Oral health and dental care in Australia

Recommendation 6: That the Australian Government facilitate the establishment of a nationally consistent public dental service, with additional funding, to ensure improved dental health outcomes.

h) the adequacy of data collection, including access to dental care and oral health outcomes;

As public dental care operates differently in each state, the available information about each service also varies greatly between jurisdictions. Queensland for example publishes monthly data including the number of people on waitlists in each area, how long they have been waiting, and how many people have received treatment in each area.[19] NSW used to have similar, though not quite as extensive, information on the number of people waiting for both treatment and assessment in each Local Health District.

This information was available earlier this year from the NSW Health website when CPSA was collating a document on public dental clinics (see appendix) but has since been removed meaning that there is no publicly available data on waiting lists. Each state and territory should be required to publish basic data on their public dental services including the number of people on the waiting list to ensure patients are well informed.

Information on the overall state of oral health in Australia, including the amount of oral disease and how often people seek treatment, is available on the Australian Institute of Health and Wellbeing website. However, most of this information comes from the National Survey of Adult Oral Health which only takes place every ten years. Due to this the most recent data is from 2017-18. In order to ensure policy decisions are informed by research and best suited to address the situation at hand this information should be collected on a more regular schedule.

Recommendation 7: That all jurisdictions be required to make data on public dental services, such as the length of waiting lists, publicly available.

[19] https://www.data.qld.gov.au/dataset/public-dental-waiting-list

Recommendation 8: That data on oral health in Australia be collected on a more regular basis.

Appendix

Public Dental Clinic Locations, Treatment and Assessment Waitlists in NSW

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Introduction

This research was completed in order to map the demand and availability of public dental services in NSW.

Public dental care is designed to ensure that dental care is available to those who would otherwise be unable to afford it privately. To be eligible for public dental care in NSW you need to have a Health Care Card, Commonwealth Seniors Health Card or Pensioner Concession Card.

This means that as of September 2022 just under two million people in NSW are eligible. Many of these people rely on income support payments as their main source of income and do not have the savings to afford private dental care.

Despite this desperate need, the public dental system cannot cope with the demand. As of January 2023, there were 55,929 adults on the waiting list for treatment and another 25,473 on the waiting list for assessment.

In order to prioritise those in the most need, patients are triaged so that urgent cases are seen first. However, there are more urgent cases than non-urgent cases continuously, so that it is virtually impossible for a person to receive a regular check-up if they don't have any other issues of concern.

This means small problems aren't caught or treated early enough and patients are left waiting until they are in extreme pain and can be moved to the top of the list as an urgent case.

Accessing public dental care is also made harder by the fact that many Local Health Districts have a very limited number of clinics. Public dental clinics in rural areas are few and far between. The Oral Health Fee for Service Scheme offers patients vouchers to use at private dental clinics, but many private clinics choose not to participate in the scheme.

Other than for major procedures such as dental surgery, dental patients are ineligible for the Isolated Patients Travel and Accommodation Assistance Scheme. This means that they receive no assistance in making the long trip to their closest public dental clinic.

For those in rural areas, public transport is limited at best and non-existent at worst. Patients are left with no option but to pay out of pocket for car trips that can be hours each way or to pay exorbitant amounts for taxis if they are unable to drive long distances themselves.

All people deserve the right to timely, preventative and accessible dental care. To all intents and purposes, such care is not available under the current system.

Public Dental Clinic Locations, Treatment and Assessment Waitlists

Note that some rural Local Health Districts only provided public information and were unable to share whether clinics were permanent or outreach. Clinics in metropolitan areas are all permanent.

Waitlist for Treatment: 55,929
Waitlist for Assessment: 25,473
Total of Waitlists: 81,402

Metropolitan		
Central Coast	Treatment waitlist – 6,455, Assessment waitlist – 1,010	
	Gosford	
	Woy Woy	
	Wyong	
Illawarra Shoalhaven	Treatment waitlist – 2,970, Assessment waitlist – 1,371	
	Bulli	Currently non-operational
	Wollongong	
	Dapto	
	Warilla	
	Nowra	
	Ulladulla	Currently non-operational
Nepean Blue Mountains	Treatment waitlist – 4,398, Assessment waitlist – 368	
	Blue Mountains Hospital	
	Lithgow Hospital	
	Nepean Centre for Oral Health	
	Windsor	
Northern Sydney	Treatment waitlist – 1,973, Assessment waitlist – 1,032	
	Brookvale	
	Hornsby	
	Mona Vale	
	St Leonards	
	Top Ryde	
South Eastern Sydney	Treatment waitlist – 1,329, Assessment waitlist – 737	
	Sutherland Hospital	
	Kogarah	
	La Perouse Aboriginal Dental Clinic	
	Surry Hills (Special Needs Dental Clinic)	
South Western Sydney	Treatment waitlist – 8,089, Assessment waitlist – 874	
	Yagoona	
	Fairfield	
	Liverpool	
	Ingleburn	

	Campbelltown	
	Tahmoor	
	Narellan	
	Bowral	
Sydney	Treatment waitlist – 4,162, Assessment waitlist – 1,689	
	Sydney Dental Hospital	
	Canterbury	
	Concord	
	Croydon	
	Marrickville	
	RPA Dental Clinic	
Western Sydney	Treatment waitlist – 2,413, Assessment waitlist – 7,699	
	Westmead	
	Mt Druitt	
Rural and Regional		
Far West	Treatment waitlist – 838, Assessment waitlist – 63	
	Broken Hill	
	Wilcannia	Once every week
	Menindee	Once every 2 weeks
	Tibooburra	Monthly
	White Cliffs	Monthly
	Balranald	As needed
	Buronga	As needed
Hunter New England	Treatment waitlist – 10,543, Assessment waitlist – 4,450	
	Armidale	
	Awabakal	
	Cessnock	
	Forster	
	Glen Innes	
	Gunnedah	
	Inverell	
	Maitland	
	Moree	
	Muswellbrook	
	Narrabri	
	Nelson Bay	
	Newcastle	
	Raymond Terrace	
	Scone	
	Tamworth	
	Taree	
	Toronto	

	Wallsend	
	Windale	
Mid North Coast	Treatment waitlist – 3,690, Assessment waitlist – 608	
	Coffs Harbour	
	Kempsey	
	Port Macquarie	
Murrumbidgee	Treatment waitlist – 656, Assessment waitlist – 1,073	
	Albury	
	Berrigan	
	Cootamundra	
	Deniliquin	
	Griffith	
	Hay	
	Hillston	
	Junee	
	Leeton	
	Temora	
	Tumbarumba	
	Tumut	
	Wagga Wagga	
	Young	
Northern NSW	Treatment waitlist – 5,027, Assessment waitlist – 1,109	
	Tweed heads	
	Pottsville	
	Byron	
	Ballina	
	Goonellabah	
	Nimbin	
	Casino	
	Coraki	
	Grafton	
	Yamba	
Southern NSW	Treatment waitlist – 12, Assessment waitlist – 1,473	
	Bega	
	Cooma	
	Goulburn	
	Moruya	
	Pambula	
	Queanbeyan	
	Yass	
Western NSW	Treatment waitlist – 1,845, Assessment waitlist – 760	
	Dubbo	

	Mudgee	
	Orange	
	Bathurst	
	Parkes	
	Gilgandra	Outreach
	Wellington	Outreach
	Forbes	Outreach
	Services delivered by partners (e.g. ACCHOs, Royal Flying Doctor Service) – Goodooga, Lightening Ridge, Collarenebri, Bourke, Brewarrina, Walgett, Coonamble, Condobolin	
	Mobile Oral Health Centre – Baradine, Gulargambone, Nyngan, Warren, Trangie, Narromine	