MR T.K. WALDRON (Wagin) [9.26 am]: My grievance is directed to the Minister for Health and relates to dental services in rural and remote Western Australia. I will focus in particular on the fact that the country patients dental subsidy scheme does not provide the same benefit to country people as does access to a dental clinic. If I have enough time, I will refer to the availability of services in rural Western Australia.

By way of background, if a person lives in regional Western Australia, he can access dental services via a private dentist, provided a private practice is available in his community, or via public dental services, which would normally be available for schoolchildren and eligible adults; that includes most pensioners, recipients of benefits from Centrelink or the Department of Veterans Affairs, and dependent children of health care card holders. The services are usually delivered through school dental clinics, mobile dental vans and community clinics. There are 14 rural services listed on the Department of Health website. In areas that have no public dental clinic, the country patients dental subsidy scheme provides financial assistance to eligible people in country locations when there are participating private dental practices but no dental clinic. In areas where there are no private dental practices and the dental health service is the sole provider, all patients are eligible to attend the public clinic. However, those patients not eligible for subsidised care are required to pay the full fee.

I want to highlight today that the country patients dental subsidy scheme does not provide the same benefit to country people as they would have received had they been able to access a public dental clinic. I acknowledge that the scheme may never have been set up to fully compensate people for the absence of a public dental clinic. I argue that the inequities are too great and quite unfair. The country patients dental subsidy scheme was set up to help eligible persons living in country towns where dental care cannot be obtained from a government clinic and to help patients make an application for a subsidy towards the cost of dental care from a participating private practitioner. Obviously, there are eligibility criteria, but I will not refer to them today.

There are two levels of subsidy. Patients who hold a health care card or a pensioner concession card are eligible for only a 50 per cent subsidy and patients who are in receipt of a full or near full pension or an allowance from Centrelink or the Department of Veterans Affairs receive a 75 per cent subsidy subject to the presentation of their Centrelink income and assets statement. There is an annual limit of $640 for each patient. That annual limit is, in itself, an issue. The country patients dental subsidy scheme, which is funded by the state government, is certainly greatly appreciated. However, it highlights a number of inequities. Not all dental services are listed on the schedule of fees for the country patients dental subsidy scheme. Therefore, they must either have alternative treatment, or pay extra for their preferred treatment. To provide an example, an elderly patient with full dentures, who needed a soft lining because of tender gums, would ideally be provided with dentures with a chrome framework. However, because this is not on the country patients dental subsidy scheme schedule, she must either have an acrylic frame on her dentures, or pay the extra money for the chrome framework. As I understand it, there is a schedule fee for chrome-based dentures at metropolitan-based public dental clinics. This option would be available to a patient at the subsidised cost, so there is an inequity there. The $650 annual cap on subsidies under the CPDSS is insufficient, particularly for elderly patients who require extensive dental work. Some patients still have to pay high dental fees for work that exceeds the $650 cap. However, if this work were carried out in a public dental clinic in Perth, where the cap does not apply, the majority of the cost would be covered.

I ask the minister to consider reviewing the schedule of treatments that eligible country patients can obtain under a CPDSS subsidy, to ensure that the list better aligns with services available through public clinics. I ask the minister to re-examine what is available under the scheme. It may be that we need to add to the scheme a few services that are available in public clinics. We also need to review the cap of $650 on annual claims for eligible persons. In light of costs, particularly for elderly patients, the cap needs to be higher. I also ask the minister to consider broadening the scope of the scheme to allow eligible patients to access available private dental services in their communities if the waiting times at public clinics exceed a reasonable period. However, I am most keen to see the first two initiatives taken up.

I really feel that I reflect the views of many people in regional Western Australia when I say that the CPDSS is very highly valued. We are not knocking the scheme; we think it is a good scheme, but the scheme in its current form is not quite a viable alternative to having access to a public health clinic. We would like the scheme to be upgraded, the cap extended, and more dental clinics available in rural Western Australia. The last request may be a bigger ask.

I will briefly talk about access to dental services in country Western Australia. The figures I have were provided by the minister in November. In country Western Australia, on 30 September 2005, there were 655 people waiting for treatment under the CPDSS alone. The minister may not be able to provide the figures today, but I
Mr J.A. McGINTY (Fremantle - Minister for Health) [9.33 am]: I thank the member for Wagin for raising this very important issue today in Parliament.

By way of background, I will add a little to the information that has been provided by the member, although the information he has provided was quite comprehensive. The country patients dental subsidy scheme has operated since the early 1970s, and it enables eligible persons to access a limited range of subsidised dental care through participating private dentists. This is a unique scheme in Australia, one that has been tailored to meet the needs of rural Western Australia. It provides access across the whole of country Western Australia better access to dental care than is available in many other parts of the country. The CPDSS complements the care provided through the country patients dental clinics referred to by the member for Wagin. Under this scheme, participating dentists agree to utilise the Department of Veterans’ Affairs fee schedule, and patients are required to contribute a co-payment amounting to either 25 per cent or 50 per cent of the total fee, under the circumstances that have been described by the member for Wagin.

Unfortunately, participation in the CPDSS has declined over the past couple of years as a result of a number of country dentists retiring from the work force and not being replaced. Concern has been expressed by a number of country dentists who are utilising the DVA fee schedule, and there has been an increase in the number of country patients who have attended as private patients. Accordingly, dentists’ capacity to pick up public work has also been limited. The scheme is under pressure, and it might well be that some of the ideas floated by the member for Wagin this morning are ways in which we can help revive that scheme.

The budget for the CPDSS has increased over the past six years. There is currently little or no waiting time for general treatment under the CPDSS. Emergency or urgent treatment is provided when it is required. The budget has increased from $1.55 million for 2000-01 to $2.5 million for 2005-06, so it has gone up very significantly over those years. To enable access to subsidised dental care for the greatest number of patients, limits are placed on the total treatment value that can be provided in a full year. Dentures, incidentally, are additional to these limits. In addition to the range of dental treatment items, complex dental treatments such as crowns and bridgework are not subsidised under this scheme. The treatment is available, if necessary, at a public dental clinic. It is, therefore, necessary to visit a major country town or city to access those treatments through the public dental clinic.

Mr T.K. Waldron: Why is that? Is there a reason? That is what I am getting at.

Mr J.A. McGINTY: I do not know. To my mind, it would make sense, given the waiting lists at public dental clinics, to have that work provided locally. By using the DVA fee schedule, it would be economically feasible to have that work done locally. That is an issue I will take up from this morning’s debate.

As the member for Wagin has rightly observed, the total treatment value limit is $640 per patient, per year. I am not sure how long it has been $640; I suspect for quite a reasonable time. It is time that the limit be reviewed as well. The range of subsidised general treatment items includes fillings, extractions, X-rays, root canal treatment and scale and cleaning. These are the treatments that a majority of patients are seeking. Only a small minority of people seek the additional range of treatments. The average total treatment value provided through the CPDSS is approximately half the total treatment value limit, which again suggests that the limit might well be appropriate, but we need to cater for all cases and not just the average. The average total treatment value provided for a patient is $300. Some participating dental practitioners have expressed concern about the limits in place, but that needs to be looked at in light of available funding and the total budget increase for this scheme which, as I have said, has risen by $1 million - from $1.5 million to $2.5 million - since 2000-01.

Mr T.K. Waldron: If the costs are being transferred from the public dental clinics, it is still an overall figure.

Mr J.A. McGINTY: That is exactly right. It balances out in the end. It is very similar to the grievance that was raised last week by the member for Bunbury. I cannot pronounce the name of the machine, but -

Dr K.D. Hames: Ureterorenoscope.

Mr J.A. McGINTY: I thank Dr Hames for that. It is the machine that treats kidney stones. I have told the Country Health Service that the philosophy of the health service should be about getting a sufficient number of patients treated locally. Provided it is economic and there is sufficient volume, that is the sort of equipment we should be giving priority to, so that people with kidney stones do not need to come to Perth for treatment at a
tertiary hospital. They can be dealt with at Bunbury Regional Hospital, because it makes more sense to treat people locally. I am not concerned which pot the money for the treatment comes out of. If those people can be treated locally, thereby reducing the pressure on the public dental clinics, we should do that as a general approach. In many instances, there is also a case for using the country patients dental subsidy scheme to assist in maintaining the economic viability of small country practices, if we provide public money to assist in that occurring.

I see merit in the various issues that have been raised. Therefore, I give the member for Wagin this undertaking: I will take what has been said by him today in this debate, particularly about greater utilisation of the country patients dental subsidy scheme, lifting the cap and removing the inequities - I think they are principally the three issues that were raised - to the Department of Health and seek further advice from the department on those matters with a view to trying to improve dental services in the country.