

**SUBMISSION TO THE VICTORIAN
PARLIAMENTARY INQUIRY EXAMINING THE IMPACT
ON THE VICTORIAN COMMUNITY AND
PUBLIC HOSPITALS OF THE DIMINISHING
ACCESS TO AFTER HOURS AND BULK BILLING
GENERAL PRACTITIONERS**

From: The Victorian Medicare Action Group

The Victorian Medicare Action Group (VMAG) is a coalition of 300 community groups including the Victorian Council of Social Services, Inner East Community Health Service, Health Issues Centre, Women's Health Victoria, City of Darebin, Doctors Reform Society, and a broad variety of health care providers, consumer groups, churches, individuals and unions.

The VMAG was formed in late November 2002, at which time there was very little debate or discussion about diminishing GP services caused through the decline in bulk billing and the decline in the number of GPs. The VMAG has since this time provided extensive information to community groups about what is happening in their communities regarding access to GPs and has also documented stories from individuals who have been unable to access adequate GP services in their local community.

The following submission addresses the terms of reference as required by the State Government.

**(1) THE DECLINE IN THE BULK BILLING OF
GENERAL PRACTITIONER SERVICES IN VICTORIA SINCE 1996.**

It has been well documented that there has been a significant decline in bulk billing rates throughout Victoria since 1996. Bulk billing rates were at their highest level at 80% of all attendances in 1996. The decline in bulk billing rates is clearly related to the level of the rebate provided by the Commonwealth Government which has not kept pace with the cost of running a practice. Recent research conducted by the Australian Institute for Primary Care, indicates that GP practices can spend up to

50% on average of its income on overheads. This is clearly a very inefficient and expensive way to provide GP services. Those areas experiencing the greatest problems in terms of accessing GPs are those in remote rural areas. The Federal seat of Indi has a bulk billing rate of approximately 30%. In electorates such as Ballarat, there has been a decline of some 23% in bulk billing rates over the past 3 years and this is diminishing at a very rapid rate in the last 12 months. The VMAG has documented many case studies which have detailed consumer's inability to access GP services due to issues of affordability. Some of these include consumers being refused access to a GP because they owe the GP money. Consumers asking welfare agencies to provide a referral to a GP practice so that they could be bulk billed. Many consumers delaying or not attending GP services at all due to not being able to afford such a service.

The other significant issue in respect of access to GP services is the declining number of attendances at GPs. Attendances across Australia at GPs were approximately 104,000,000 visits per year some 4-5 years ago. This has now declined to 96,000,000 in the last year.

In our discussions with health economists we believe that there is no reason why bulk billing rates should not fall to 40% across Australia over the next 3-4 years with the current policy settings. This would mean that bulk billing would disappear almost completely in some electorates. Further more we believe that visits to GPs across Australia could fall from their current level of 96,000,000 in this year to 90,000,000 in the next year and potentially to 80,000,000 visits over the next 3-4 years.

If this occurs there will be a huge impact both on the health of those who stop going to GPs and on the hospital sector, which will be forced to deal with increased numbers attending emergency departments of hospitals. This is occurring at a time when we have an ageing population who actually require more services from GPs rather than less.

(2) THE INCREASE IN PATIENT PRESENTATIONS TO PUBLIC HOSPITAL EMERGENCY DEPARTMENTS IN VICTORIA SINCE 1996, AND THE EXTENT TO WHICH THIS INCLUDES PROVIDING TYPES OF MEDICAL SERVICES THAT NORMALLY WOULD BE PROVIDED BY A GP IN A PRIMARY CARE SETTING (GP TYPE SERVICES).

As indicated in our earlier comments those people not being able to access GP practices will in fact find themselves having to use emergency departments of hospitals. This has clearly occurred over the last 3-4 years with an increase in category 4 and 5 patients accessing emergency departments of hospitals.

This has an impact in three ways:

- hospital emergency departments are being inappropriately clogged up with GP patients who must necessarily take attention away from those who require more urgent treatment.
- people often leave the hospital without receiving adequate attention; miss out on the links back into their local communities, where they require on going support and attention in a primary health care environment.
- consumers perceive the hospital as being able to deal with their primary health care needs, and then they will continue to return to the hospital for those services, further clogging up the acute system.

The VMAG has noted that hospitals like the Children's Hospital are inundated, particularly in winter, with parents bringing their children for problems which could be treated in an alternative environment.

Also we note issues in country Victoria, where some emergency departments of hospitals are in fact staffed by the full fee charging GPs who work in private practice in that same town. This obviously provides difficulties as patients may for instance owe that particular GP money but elect to come to the emergency department of the hospital often needing

to see the same GP who they would normally have seen as a fee paying patient.

This creates a range of issues for the patient and the doctor.

We also note that those patients that are least attractive to an average GP and least able to pay for a full fee paying GP service are most likely to use the emergency department of a hospital. For instance, those drug and alcohol, or mental health patients who often need services out of hours, but also have an inability to pay a fee for a service, seem to be increasingly using emergency departments of hospitals.

The VMAG has documented many stories where welfare agencies and drug and alcohol services direct their patients to a hospital emergency department rather than to a full fee paying GP service as they know their clients cannot afford to pay for GP services.

Furthermore, we have many examples of where nursing homes in outer suburban parts of Melbourne, direct their residents to a hospital by calling an ambulance as they cannot get GPs to visit them.

In one particular case, a daughter of a resident in a nursing home in Werribee phoned 80 GPs to get one to visit her father in the nursing home. In the end she had to pay \$140 for that GP to do a one off visit to her father. This is one example of many where nursing homes cannot get GPs to provide services into nursing homes.

(3)THE AVAILABILITY OF AFTER-HOURS GP SERVICES IN METROPOLITAN, REGIONAL AND RURAL VICTORIA

It is widely known that there has been a decline in after hours GP services in all parts of Victoria. It is becoming increasingly difficult and extremely expensive to find a GP who will provide a home visit and virtually impossible to find an out of hour's bulk billing GP practice. This is both an economic and workforce issue. GPs cannot afford to open their doors after hours for the current bulk billing rebate. Increasing charges in order to cover their costs just means that those people who most need the service will not be able to get it.

It is the view of the VMAG that this issue could be addressed through making better use of existing primary health care services throughout Victoria. Victoria has a very good distribution provision of community health services throughout Victoria, many of which provide GP services. A survey of doctors at the Inner East Community Health Service indicated that they would be prepared to provide after hour's services if they were remunerated at a level that would compensate them for working evenings and week-ends. In the overall context of the State or Commonwealth Health Budget this would not be a very expensive exercise. Even in the context of the recent funding of the Hospital Admission Risk Program this would not be extremely expensive.

It would be our contention that community health services are well placed to provide both the infrastructure and the work force to address the issue of after hour's access to services.

It is not unreasonable to expect that every local government area should have access to one after hour's bulk billing GP service. This could be provided at the local community health service, either through a roster of local GPs who volunteer to be part of such a roster, or by contracting GPs who would work for appropriate remuneration. Clearly this would not be cost neutral as the Medicare rebate would not meet the funding requirements of the doctor, however for a relatively small subsidy from

the State or Commonwealth Government these services could be provided.

Such a service could also provide nurse practitioner backup and social work backup in a secure primary health care environment. Currently most community health services close their doors at 5.30pm in the afternoon for direct care treatment and are closed on week-ends. This is not good use of the State Government's primary health care infrastructure.

(4) THE EXTENT TO WHICH COMMONWEALTH AND VICTORIAN LEGISLATION MAY AFFECT VICTORIA'S ABILITY TO DEVELOP AND IMPLEMENT EFFECTIVE AND PATIENT-CENTRED SOLUTIONS TO RELIEVE THE PRESSURE ON PUBLIC HOSPITAL EMERGENCY DEPARTMENTS TO PROVIDE GP-TYPE SERVICES.

Clearly there is a need for a patient centred solution to the many gaps that are now appearing in the health care system. The VMAG has developed with its Members a Consumer Medicare Charter, attached for your consideration. This Medicare Charter calls on the Commonwealth Government in conjunction with State Governments to seriously look at health care reform. The demarcation issues that exist between State and Commonwealth Government are a huge frustration for health care providers funded either by the State or Commonwealth. In Victoria this is further exacerbated with the role of Local Government which is a key provider of primary health care services. There is a need clearly for National Health Reform and we were pleased recently that the Labor party's Julia Gillard has picked up on some of the key points in the VMAG Consumer Medicare Charter which call for establishment of a National Health Reform Commission and establishment of a National Primary Health Care Policy. Within Victoria we do not have a State Primary Health Care Policy or Strategy which seeks to overcome the many demarcation disputes within the funding silos within the State Government let alone those that exist between State and Commonwealth Governments.

There is a clear need for leadership in this area. Within any community there are a plethora of agencies providing primary health care services that tend to work together on an ad hoc basis rather than through any requirement to work systemically together. Given that the vast majority of health care is provided in the community rather than hospitals it is essential that a comprehensive and integrated primary health care service exist. To this end the VMAG has recommended that the primary care partnerships program should be comprehensively reviewed and changed with a view to establishing primary care trusts which would become fund holders in local communities controlled by a combination of consumers and agencies who would be required to address service integration at a local level. At the moment far too many patients fall through the gaps in service provision and miss out.

Many State government organisations do not see the relevance of the local GP network and the failure of the GP services to provide adequate health care and affordable health care for their local residents.

This demarcation between State funded services ie: GPs and Nursing Homes and State Funded services, ie: hospitals, community health services, mental health, drug and alcohol services has to be addressed if we are to provide an adequate patient centred solution to the problems which are very obvious.

Clearly the solution is not to provide more primary health care services from hospitals; the more patients perceive the hospitals as being able to address all their needs the more they will go to the hospital. Victoria has an excellent infrastructure of primary health care services which have a strong consumer base and these should be more extensively used in order not just to address the issues of access of those using hospitals inappropriately but to emphasise the importance of maintaining the health of communities. GPs are critical to this process and providing affordable and accessible and integrated services should be the goal of a patient centred solution. This will not be achieved without strong leadership from both State and Commonwealth level.

The VMAG is a strong advocate for reform and change of the existing system; however, it will require strong political leadership to overcome the vested interests of agencies, bureaucrats and politicians intent on maintenance of the status quo.

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