

BULK-BILLING BY GENERAL PRACTITIONERS

Grievance

MS J.A. RADISICH (Swan Hills) [9.22 am]: My grievance is to the Minister for Health. I hope that the minister shares my alarm at the reduction in the affordability of and access to general practitioner services not only within my electorate, but also across the entire State of Western Australia. I am particularly concerned about the future of bulk-billing in the Swan Hills electorate after Prime Minister John Howard's remarks in federal Parliament on 3 March that apparently bulk-billing was never intended to be available for everyone, whose comments were repeated the following day by the federal Treasurer, Peter Costello.

As the minister can imagine, a number of constituents have contacted me about their concerns at these statements. They feel it would have dire consequences for their families, and I think they are dead right. Mr Howard's comments that he believed Medicare was only ever intended or designed as a safety net for the disadvantaged and that that was the level at which his Government would commit to maintain Medicare are absolutely chilling. The key component to Medicare, bulk-billing, was introduced in 1984 by a Labor Government committed to ensuring that all citizens had access to affordable health care. This access is now being eroded by the federal Government, and the comments of Mr Howard and Mr Costello are evidence of this.

GP bulk-billing rates nationwide are below 70 per cent, which is the lowest in more than a decade. In my electorate there are only seven medical practices: one closed in the middle of last year, citing administrative reasons; one closed in December last year, because it was not economically viable for a GP to work there any more; three bulk-bill for health care card holders only, one of which bulk-bills within certain hours of the day; two do not bulk-bill for new patients at all; and one does bulk-bill. What does this mean for my constituents? It means that the majority of families in the local community will be caught in the middle. This will impact on the ability of families to afford health care every time they need it. Rising costs mean that families will have to consider whether to spend their disposable income on going to the doctor or on other things that they need, whether that be schoolbooks, putting food on the table or whatever those families determine is their spending priority. Some people are waiting until they are so ill that they end up in hospital. Others are going to public hospitals for minor ailments and injuries for which they could otherwise see their GP, except that they cannot afford it any more.

The one thing I have learnt from my own recent experience is that early prognosis of various health conditions is essential, and it takes a GP who is familiar with a certain patient or family to recognise any warning signs before they can be remedied by other health experts. More than 30 per cent of visits to the doctor are not fully covered by Medicare, and patients have to make a gap payment. The decline in bulk-billing means that the cost per visit to the doctor is increasing. In 1995-96 the average patient contribution was around \$2.95 per service, but by December 2002 this had increased to \$5.65. This hurdle is in addition to the potential barrier to the use of GP services, through increasingly common requirements for the up-front payment of medical fees caused by a decline in the number of medical practitioners who bulk-bill.

In my electorate the up-front fees for visiting a GP are between \$35 and \$55 a visit, which represents a significant portion of the average weekly wage. As the minister will be aware, \$5.65 is the average cost of patient contributions per service; it does not account for those extraordinary times such as when after-hours services are needed. What happens to a young child who cuts his foot late on a Saturday afternoon while playing with his friends? There is no incentive from the federal Government for GPs to work out of hours. In that situation in which a young child has injured himself, no GP is available at that time, let alone a GP who bulk-bills on a weekend. The nearest GP clinic open after hours in the distant vicinity of my electorate is in Mt Lawley, where bulk-billing is not available, so one can imagine that it is not convenient for residents from suburbs such as Ellenbrook, Bullsbrook, Chidlow and Glen Forrest to travel to Mt Lawley for treatment by a GP after hours. The only practical option for a family in that situation is to visit a public hospital accident and emergency department. One cannot blame a family for making that sort of economical or geographical decision. The problem is that cases such as these have a low triage priority because the child really should be seen by a GP and must therefore wait while urgent cases are seen to first. I recently spoke to a family who had this very experience. They were full of praise for the public hospital emergency department at Swan Districts Hospital, where they received very friendly, courteous and efficient assistance, but they felt terrible that they had added pressure to the State's public hospital system because they simply could not find a GP in their local area to look after their child's needs.

The decline in bulk-billing, combined with the closure of after-hours clinics and increased out-of-pocket expenses for patients visiting GPs, is placing added pressure on public hospital accident and emergency departments. I draw the minister's attention to recent findings from a New South Wales Department of Health study, which indicates that in rural towns in which bulk-billing was low or non-existent, there was a significant increase in presentations at local hospital emergency departments compared with towns in which GPs bulk-

billed. Another report, funded by the Australian Capital Territory Division of General Practice, also indicates that a lack of availability of after-hours care from GPs results in increased presentations at emergency departments. These studies certainly confirm the anecdotal evidence I have uncovered that the result of increased presentations at accident and emergency departments will be a cost shift to the States and Territories, as they are responsible for public hospitals rather than the federal Government. Does this mean that the federal Government is trying to off-load the financial responsibility for the health system; and, if so, at what cost? From my point of view there are two critical issues at hand: first, and most obviously, the out-of-pocket expenses incurred by patients in my electorate; and, secondly, the future direction of health policy in this country.

As the minister is responsible for health care in this State, and in his capacity as chair of the Australian Health Ministers' Conference, I ask him what steps is the State Government taking to address this imbalance in GP services and the availability of bulk-billing GPs in Western Australia.

MR R.C. KUCERA (Yokine - Minister for Health) [9.29 am]: I thank the member for Swan Hills for her very succinct analysis of what is currently occurring. As a consequence of that, I table a letter that I received on 25 February from Dr Edward Cheuk of the Swan Medical Group, which is located at 280 Great Eastern Highway in Midland. I will refer to a couple of relevant points in the letter in which he describes the operational capacity of his practice, which has been in operation for some 30 years. It is not a new practice. It is well established and he is well used to the bulk-billing processes. His letter states -

We do not cut corners, we do not practice 5 minute medicine. Instead we work long hours and see all patients who ask to be seen on the same day of their request . . .

It is an excellent general practitioner division. I have had many talks with the practitioners. The letter continues -

In this respect we run almost like a hospital emergency department.

The practice sees anyone who walks in its doors seeking medical attention. The paragraph that really concerns me states -

Recently one of my partners was informed by the Health Insurance Commission that he was performing too many services. The cut off according to the HIC for acceptability is 70 services. It is possible to provide more than one service per patient, and so it would not be unusual after seeing 50 patients to have provided 70 services. For instance if someone were to present to our practice with a laceration and a suspected fracture - we would provide a consultation, suture the wound and xray the suspected fracture - this would be 3 services for that one patient. If there was an actual fracture and we treated this also, then that one patient would have attracted 4 services.

Members can see the dilemma with which the doctor is faced. He is trying to supply a good service but is hamstrung by the rules. The paragraph of the letter about which the member for Swan Hills is most concerned states -

We have decided that in the interests of complying with the Health Insurance Commission requests we will close the practice earlier each day. So instead of closing at 8pm as we have for many years we will now close 2 hours earlier at 6pm. Unfortunately this means any one seeking medical attention after 6pm will have only one local option and that will be the Swan Districts Hospital emergency department. As you know SDH already does a fantastic job, but there are staff limitations there and the already long waits to be seen can only increase if more patients attend the emergency department for help.

I answered Dr Cheuk's letter and I seek to table that because it highlights the problems. In addition, I wrote to Senator Kay Patterson on 7 March outlining the kinds of problems that we are experiencing. I seek to table those letters.

Leave granted. [See papers Nos 1022 and 1023.]

Mr R.C. KUCERA: It is a shame that the opposition spokesperson for health is not in the Chamber. I would like to go hand in hand with him to talk to the federal Government about the disgraceful situation that is occurring. Some five weeks ago I went to Rockingham on a Sunday morning at the request of some local doctors. I spent a number of hours with them at a surgery that is some 40 metres from the Rockingham-Kwinana District Hospital. On that morning there was one person in the surgery. The doctors have to charge an up-front fee because they cannot afford to operate at \$24 per visit on a Sunday morning. When I walked across the road to Rockingham hospital, I saw 16 people in cubicles and 11 people in the waiting rooms, every one of whom was a category 3 or 4 patient - that is the usual category of patient who visits a GP. One young mother told my wife that morning that she could not afford to pay the doctors over the road \$70, regardless of how good they are. Therefore, she had to go to the nearby hospital and wait five hours for treatment - albeit very good treatment. This is happening across our nation.

Last Friday when I was in Sydney with all the health ministers, I expected to meet with the federal Minister for Health and Ageing, Kay Patterson. However, again she did not show. Where was Kay Patterson on that day? She was meeting with the Australian Medical Association and the Prime Minister to discuss issues of bulk-billing without having had any consultation with the States and having given no indication of what they want to do with regard to our doctors and the impact that that will have. They met in total secrecy. They are the kinds of things that are happening. We are offering solutions. We have offered the federal Government a number of solutions over the past 12 months. We have asked it to come to the table to discuss different delivery-of-care models.

Each year a sum of money is allocated to Western Australia for the Health Insurance Commission to pay the doctors. That is allocated through a budgetary process in the same way the Western Australian State Treasurer allocates funds. The funds are estimated on the number of people who will seek doctors' appointments and the number of people who live in Western Australia. That money is set aside in the forward estimates and in the budgetary process, which is the same as any other service. People living in the outer suburbs, including Swan Hills, Ballajura, Rockingham and Applecross, cannot access Medicare bulk-billing doctors on a Sunday. As a consequence, people are going to their local hospitals for those services. The worst impact on the State, which Hon Kevin Prince recognised in the last agreements when he tried to negotiate with the federal Government, is that we lose about \$90 million of federal Medicare money every year. That money goes back to the pot in Canberra. It is not spent on the good people of Swan Hills, Hillarys, Moora or Morawa; it goes back to the pot in Canberra.

I am more than happy to sit with Kay Patterson and talk about changing the rules for the delivery of Medicare. Last year the member for Avon talked about posting a doctor to Merredin. Quite frankly, I cannot afford the stamps! We should aim to provide a linked model between the federal Government and the State Government to deliver one seamless health delivery service. As the State Minister for Health, I am more than happy to shoulder that nightmare and take the responsibility for primary health care and the delivery of aged-care services, together with our acute-care hospitals, and rid ourselves of this silly bickering and arguing that has been occurring.

Ms J.A. Radisich: If fewer people visit GPs and therefore don't use up the Medicare funding through the bulk-billing system, does the federal Government compensate the States in any way?

Mr R.C. KUCERA: No, not in any way whatsoever. I will give the member an example. If a doctor goes to a local aged-care home but keeps all his visits in one block, he is paid the full amount for the first visit only. After the first visit, the amount descends until it is nothing. He often sees people for nothing and no money comes back to the State Government to compensate him for that. That means that people are not going to their doctors. They are going to hospitals a lot sicker than they otherwise would be. We are struggling to treat all those people. I plead to the federal Government to come back to the table and talk to us about a single, seamless health system for this country.