HSUA Submission
Senate Select Committee on Medicare

Introduction

The Health Services Union of Australia is a specialist health union with members working in many areas of direct healthcare including public and private hospitals, community health centres, ambulance services and residential aged care facilities. The membership of the union includes doctors, nurses, allied health professionals, ambulance officers, clerical and administrative staff and support staff.

Medicare in Crisis

One of the most pressing problems in the health system today is the decline in rates of bulk-billing and the increasing cost of GP services. Evidence of the magnitude of the fall in bulk billing rates is readily available. Health Insurance Commission figures show a drop in the GP bulk billing rate of eight per cent between December 2000 and December 2002. The largest decrease was in the ACT where the rate fell from 59.4 per cent to 38.1 per cent. At the same time the average contribution being paid by patients to GPs rose by 16.6 per cent from $10.96 to $12.78.
This decrease in bulk billing and increase in billing costs has occurred at the same time that critical shortages of GPs and reductions in surgery hours have been reported across the country. HSUA members working in regional and country areas regularly report reductions in the number of GPs and specialists working in their towns, resulting in a loss of both expertise and service. After hours service either via home visits or extended hours has become a thing of the past. It is not uncommon in small communities to have GPs who have closed off their books or cannot see patients with non-urgent conditions for up to four weeks.

In medical terms, the greatest impact of the fall in bulk billing rates and in the availability of GP services is being felt in Australia's public hospitals. All states and territories have reported significant increases over the past two years in the number of patients turning up at emergency departments with conditions that could be treated by a GP.
According to an analysis completed by state and territory governments, the cost of providing GP-type services in emergency departments is estimated to have been around $1 billion since 1999-2000.
The NSW Department of Health has found that in NSW towns where GPs don't bulk bill, people use public hospital emergency departments at a rate of around 60% more than those towns where GPs do bulk bill. In 2001/02 15,700 people visited NSW emergency departments for a medical certificates or repeat prescriptions and 9,000 for coughs, colds, sore throats or tonsillitis.
Hospitals in Melbourne's western suburbs, where bulk-billing rates have dropped rapidly over the last two years and there is a severe shortage of doctors, have reported increases in their emergency department

presentations of between 7.6 per cent and 17.3 per cent between December 2001 and December 2002.

Almost one-third of all emergency department patients in those hospitals are estimated by Western Health to have medical problems that could be treated by a GP.

Evidence provided by HSUA members around the country supports these figures. (**see case studies**)

Not only are patients complaining about a lack of access and the cost of GP services but they are putting off medical treatment and routine visits to a doctor for check-ups, increasing the risk of serious problems developing in the long term.

One of the impacts of the increase in emergency department presentations is an increase in waiting times for non-urgent patients. Department of Health and Ageing figures show that in NSW during the 2001-2002 financial year 58 per cent of patients needing treatment within 30 minutes (category 3) received it within that time. That compares with 68 per cent in 1996-97. In Victoria the figure fell from 76 per cent to 69 per cent over the same period.

For HSUA members the consequences are not only increasing workloads and greater pressure but higher levels of stress and less job satisfaction. People forced to wait hours for treatment often become extremely irritable and that only adds to the stress that staff are placed under.

It is not only in emergency departments that the impact of the lack of affordable GP services is felt. Community health facilities and outpatients sections of hospitals are also under greater pressure and seeing more people who are unable to afford to visit their local doctor. It is the poorest and the sickest members of the community that suffer the most from the difficulty of obtaining affordable healthcare.

In residential aged care facilities HSUA members report that fewer GPs are visiting residents and in many facilities there is a severe shortage of GPs services (particularly after hours). This is confirmed in research undertaken by the Australian Medical Association, which recently reported that anecdotal and statistical evidence showed an overall reduction in the number of medical practitioners willing to providing visiting medical services to the residents of aged care facilities.

The inevitable effect of this is that the regular preventative health check-ups that could assist in maintaining the health of many older Australians are absent. When they do require assistance from a doctor there is little alternative but to put them in an ambulance and sent them to a public hospital emergency department.

A number of factors are to blame for the declining rates of bulk billing and increasing patient charges. The primary one, however, in the view of the HSUA is the Federal Government's failure to adequately increase the Medicare rebate paid to general practitioners who choose to bulk bill. The government has also failed to build in sufficient incentives into the system to encourage GPs to bulk bill.

Medicare not Creditcare

The HSUA is totally opposed to the legislative changes to Medicare proposed in the government's laughable A Fairer Medicare Package and included in the Health Legislation Amendment (Medicare and Private Health Insurance) Bill 2003.

The effect of the changes are obvious to all but the Health Minister Kay Patterson. GPs are offered financial incentives to bulk bill pensioners and other concession card holders and at the same time allowed for the first time to charge co-payments while still claiming the Medicare rebate. This would entrench a two-tier system as has been acknowledged by all the peak medical and GP organisations. Bulk billing rates would progressively erode to the point where only concession card holders would be able to access free care. Those that do not have a concession card, including families on very low incomes, would invariably face a co-payment which could increase at any rate a GP chose.

It is currently unlawful to charge patients co-payments and still receive the Medicare rebate and it should remain so.

Allowing for private health insurance of gaps is a further green light to GPs to increase their fees and would be unnecessary if the other proposed changes are opposed in the Senate as they should be.

The impact of the changes would only be to increase the flood of people into public hospital emergency departments.

The Victorian Department of Human Services in April estimated that there would be an extra 2,100 patients a day in Victorian public hospital emergency departments or more than 100,000 a year.

Alternatives

The first challenge in providing a sustainable Medicare system is to address the current underfunding of the public hospital system. The HSUA is supportive of the state and territories claims for extra funding under the five year Australian HealthCare Agreements. At a minimum the government should increase its offer by the almost $1 billion it took out of the forward estimates to spend on its Medicare package.

The HSUA is also supportive of the approach taken by the ALP in proposing an immediate increase in the Medicare patient rebate for all bulk billed consultations to 95 per cent of the schedule fee – an average increase of $3.35 per consultation. That would be subsequently increased to 100 per cent. Doctors would also be offered financial incentives of up to $22,500 to meet bulk billing targets.

The introduction of Labor's reforms would address problems with bulk billing. The incentives would also make it easier to introduce a much needed change: co-located GP clinics on the sites of major public hospitals. Properly resourced these facilities would bulk-bill all patients and have their own nursing staff for support.

Both the Commonwealth and the states have repeatedly acknowledged the potential of these facilities for improving services to the public, reducing

waiting times and allowing emergency departments to focus on emergency care. But there has been a disturbing lack of action in introducing these clinics despite the obvious benefits they would bring.
There also needs to be greater financial incentives for GPs to provide services in residential aged care facilities.

Case Studies

Stephen Pollard is a NSW Ambulance Paramedic. He works in the Young area in the south west of NSW.

As an ambulance officer of 27 years experience I see almost every day the effects of the decline in bulk billing and the number and availability of doctors. Every time we go into an accident and emergency department these days it seems to be chocker block with people. Many of them are prepared to sit there for two or three hours or however long it takes to be treated because they can't afford the $15, or whatever the gap is, it will cost them if they go and see a doctor.
If it is say, a situation where their kids are sick, the hospital will probably give them some medication to start them off and that will help reduce the cost of going to the chemist and buying it all themselves.
I am guilty of doing that myself. With six kids if a few of them catch something I would wait until after hours and take them into the hospital. It is not easy to find the money to take them all to the doctor and then the chemist.
The impact of crowded emergency departments for us is that we often have to wait longer for a cubicle to be free which we can put our patients in. In Young there is only three beds in the accident and emergency department.
The other real impact that we see is on weekends. In small towns such as some of those in my area, where there is only one GP often they are unavailable. In that case if someone comes into the hospital and needs treatment they tell them to wait and then call for an ambulance.
The ambulance then has to take them to another town, which could be a considerable distance away so they can get treatment there. This is both inconvenient and a drain on valuable resources. We spend much of our time running people around.

Diana Asmar is a Pathology Collector. She works in Pathology in the Outpatients Department at The Royal Melbourne Hospital.

I have worked as an employee in pathology outpatients at Northern Hospital, PANCH and Royal Melbourne Hospital over the last 8 and half years. Over the last 2 years at RMH in particular I have experienced a drastic increase in

patients attending our clinics due to the fact that they could not attend their GP's because it was too expensive

I have also experienced patients at Royal Melbourne that could not even attend outpatients clinics because they had not seen a hospital doctor in the first place and therefore did not have a Hospital number to enable them to be seen in outpatients.

Since I have been at the Royal Melbourne Hospital there as been increased pressure on patients and the general public who could not even have their blood tested at the local GP because of the cost attached.

Patients have often come in agitated and nervous and in some cases deteriorating physically because of the extra wait that they were forced to make.

Judy Richmond is a nurse unit manager. She works in the emergency department of the Mersey Community Hospital in Latrobe in Tasmania.

In our emergency department we have seen a very significant increase in the number of patients coming in over the last two years who are category 4 and category 5. These are the GP style patients. A lot of them tell us that they can't get into a GP so they have no choice but to come to the hospital. It might be a situation where they are off sick from work and can't into a GP for four days. You can't backdate a doctors' certificate so they come to see us. Some GPs in our area are so busy that they have closed off their books and others have a three week wait for non-urgent cases. We also get a lot more elderly people coming in these days.
The GP style patients cause a lot of problems for the department and really increase the pressure on the staff. Often they are not happy to wait despite the fact they are have non-urgent conditions and are not a priority. They complain and their concerns have to be dealt with by staff as best we can.
Mersey Community Hospital has an arrangement in the emergency department where GP services are provided for patients. Those who come in with cases that can be treated by the GP (who bulk bills and can write prescriptions) are given the choice of treatment. This can speed up the handling of their cases. However the time that the GPs work is limited and outside those hours all patients are treated by hospital staff. Also it would be better if the GP operated in a separate co-located facility at the hospital with their own nursing staff because by having them right there we still have to deal with a lot of their patients.