



Minister for Health

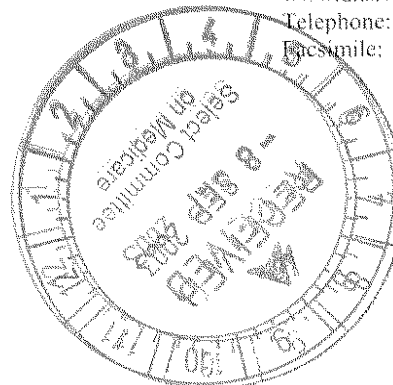
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29 AUG 2003

Mr Elton Humphrey
Secretary
Senate Select Committee on Medicare
Parliament House
CANBERRA ACT 2600



Dear Mr Humphrey

Thank you for providing me with the opportunity to review the *Hansard* transcript of the Victorian Government's presentation to the recent hearings of the Senate Select Committee on Medicare.

I believe the transcript to be an accurate reflection of what was said during the hearing. However, there are two small errors in the transcription:

- with respect to Senator Humphrey's question on waiting lists and people waiting in hospital Emergency Departments (p75), the performance measure referred to should read: 'number of people waiting for longer than **twelve** hours in hospital emergency departments'
- Dr Chris Brook's name is misspelt on p73.

Enclosed please find supplementary information that was agreed would be provided to the Committee. These are:

- Attachment A: Primary Care Type Attendances at Victorian public hospital emergency Departments
- Attachment B: Victorian Parliamentary Inquiry Examining the Impact on the Victorian Community and Public Hospitals on the Diminishing Access to After Hours and Bulk Billing General Practitioners: Terms of Reference
- A copy of the latest Hospital Services Report, together with the Media Release which outlines its significant findings.

I would like to express my appreciation for the opportunity to address the Committee and look forward to reading its final report.

Yours sincerely

Hon Bronwyn Pike MP
Minister for Health

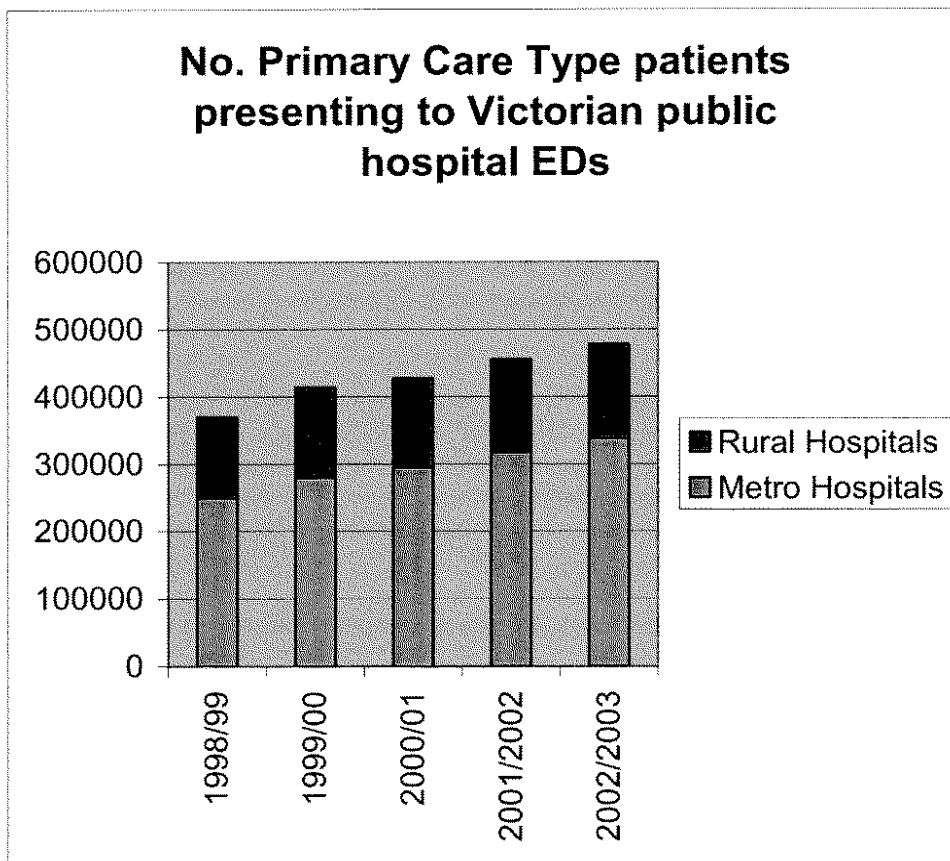


Primary Care Type Attendances in Victoria

Primary Care Type Attendees are defined as people who:

- Do not arrive by ambulance
- Are not referred by a GP
- Are triage Category 4 or 5
- Are not admitted
- Have a total ED length of stay of less than 12 hours

GPDV, Policy Issues paper No 16. April 2002



Victorian Parliamentary Inquiry

Examining the Impact on the Victorian Community and Public Hospitals on the Diminishing Access to After Hours and Bulk Billing General Practitioners

Terms of Reference

Inquire into, consider and report to Parliament on:

1. The decline in the bulk-billing of general practitioner (GP) services in Victoria since 1996;
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);
3. The causes in increased presentations to public hospital emergency departments in Victoria since 1996, including difficulties in patients gaining access to bulk-billed and after-hours GP services;
4. The availability of after-hours GP services in metropolitan, regional and rural Victoria;
5. What effective measures can be taken to reduce the number of presentations to public hospital emergency departments consistent with maintaining the principle of universal access of eligible persons to health care free of charge at the point of access; and
6. 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.

In considering this reference, the Committee should examine:

1. Available bulk-billing, patient out-of-pocket expenses and emergency department data at regional and local levels, highlighting where bulk-billing rates are lowest and where emergency department presentations for urgency categories 4 and 5 are highest;
2. The respective roles and responsibilities of the Commonwealth and the Victorian governments;
3. Relevant Victorian and Commonwealth policies and legislation, including the 1999-2003 and 2003-08 Australian Health Care Agreements; and
4. Innovative and relevant models of care and service delivery in other Australian States and Territories, and overseas.

The Committee is required to report to Parliament by 30 June 2004.

Dated 6 May 2003.

Media release



FROM THE MINISTER FOR HEALTH

DATE: Monday, June 23, 2003

FIGURES SHOW INVESTMENT IN HEALTH CONTINUES TO PAY OFF

The latest data on Victoria's hospital system shows the Bracks Government's record investment in health continuing to pay off, with marked reductions in all key indicators compared to the same time last year.

Health Minister Bronwyn Pike, who today released the *Hospital Services Report* for the March quarter, said that the health system was continuing to improve with figures for waiting lists, ambulance bypasses and 12-hour bed waits all down on the March 2002 results.

"This is concrete proof that the service Victorians are receiving from their health system is getting better all the time," Ms Pike said.

"The Bracks Government is continuing to invest in hospital services to build a healthier Victoria."

Significant results include:

- Cases of **ambulance bypass** 80.8 per cent lower than they were when the Bracks Government came to office, and down 40.2 per cent on the same time last year;
- **12-hour bed waits** are also significantly down, 22.2 per cent lower than for the previous quarter and 14.6 per cent below the March 2002 figure; and
- Overall **waiting lists** 7.5 per cent lower than the same time last year and 6.6 per cent below the rate the Bracks Government inherited when it came to office.

The decrease on the March 2002 waiting list figure comes despite overall hospital demand increasing by 6.1 per cent, or more than 15,000 patients, over the same period.

"Significantly, there are now 6237 fewer people on the lists than there were two and a half years ago, when a peak of 43,879 people were waiting," Ms Pike said.

Ms Pike said she was also pleased that 100 per cent of Category 1 cases on the waiting list were treated within the required 30 days, despite the number of urgent patients rising by 14.7 per cent.

But she warned that seasonal conditions meant it was a possibility that the strong rate of improvement may not continue over the colder months.

"However I am confident that our hospital system is ready to cope with the significant increases in demand that inevitably follow the onset of colder weather."

Ms Pike said real problems were being caused by the Federal Government's failure to properly fund nursing homes.

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She said latest figures confirmed the serious impact of the lack of Federally-funded nursing home beds on hospitals, which are now holding a record 621 patients who are waiting for an aged care placement.

"For example, this is more than enough people to fill the Monash Medical Centre. All up, 25,253 bed days were taken up by people who should be in nursing homes, an increase of 2657 days compared to just three months ago."

Ms Pike said the inability of the Federal Government to stem the drain of GPs available to provide bulk-billing services to patients had also placed extra pressure on hospital emergency departments, which admitted 3042 more people than they did the in the March 2002 quarter.

"They are turning up because they can't find an alternative. These primary care type patients now make up more than a third of all patients in metropolitan hospital emergency departments," Mr Pike said.

"The doctors and nurses would be more effectively employed treating emergency patients, but their hospitals are forced to take on this extra workload because Canberra doesn't care."

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