



Northern Territory Council of Social Service

30 June 2003

To The Senate Review of Medicare



Dear, *Secretary,*

The NT Council of Social Service (NTCOSS) would like to make an appearance and to organise representations by others to the Senate enquiry on Medicare.

Consultations that NTCOSS has held in the NT both around the development of its Pre Budget Submissions and around specific research undertaken on the health needs of people in Palmerston show that access to affordable health care is a major issue in the NT. Huge gaps exist in health care, with many communities having no access to a doctor. Almost no GP in the NT bulk bills. This is the case in urban areas such as Darwin and Alice Springs as well as in rural and regional areas. Where doctors bulk bill it is often only for pensioners while other health care cardholders are not automatically bulk billed. The cost of a GP visit is higher in the NT than in other States. Population data also shows that the NT has a high number of low income working families. The cost of living is particularly high in the NT, including housing costs. As such a number of people in the NT do not seek medical assistance when they need to and the use of emergency services in hospital for GP visits is high.

In addition the NT has only one private hospital. As such Territorians are very reliant on the public health system to meet their health care. This system is particularly costly and has many deficits including the inability to recruit and retain doctors.

NTCOSS has not the time or resources to undertake a full submission by 10 July. As such NTCOSS would like to request an extension of time for making a submission to Mon 18 July.

Attached is a short piece by NTCOSS, which was written for a recent forum on Medicare and bulk billing.

Yours Sincerely,

Jane Alley
Executive Director NTCOSS

Medicare and Bulk Billing

The Question of Accessible and Affordable Health Care Services in the NT

Currently in the NT we have a very low rate of take up of bulk billing by doctors. This is in urban areas as well as rural areas. In remote areas bulk billing is non-existent. At present through PHCAP AMSANT and the NT Govt are attempting to gain access to those Medicare and pharmaceutical benefits funds which Indigenous people are entitled to, but at present do not access, and to use these funds in a flexible way to achieve real health outcomes for Indigenous people. Such an approach will bring in 4 times as much funding for health in these communities, as has been the case in the past.

In community consultations that NTCOSS has held access to affordable medical services and doctors that bulk bill has been raised as a major concern. The concerns have been raised by people on health care cards as well as other low income people. Even people on health care cards are reporting difficulties in finding a doctor that will automatically bulk bill.

The issues of bulk billing and Medicare needs to be seen within the broader context of accessible and affordable health services. There are major issues in terms of access to health care services in the NT.

Concerns include – medical and health services that are accessible in terms of distance as well as cost. There are few community managed and community based public health and medical services in the NT. The NT has a high doctor shortage, meaning a number of communities do not have access to doctors, or have to travel some distances to access a doctor and access to doctors out of hours is limited.

A survey undertaken last year in Palmerston around people's experience of public health services identified the lack of bulk billing and low cost 24 hour medical services and pharmaceutical services as the major issue of concern.

The lack of doctors that bulk bill as well as general community based public health services results in Indigenous health services having increased demands for services from non Indigenous people, and increased demands on already over stretched hospital emergency services for health needs, that if there was more accessible and affordable health services, could be treated in the community.

The cost of living is high in the NT. There are a number of working families in the NT on low incomes who are currently struggling to survive to meet housing costs and other living costs. An increasing number of these families are likely not to be able to afford health care and as such to only attend health services when in crisis.

NTCOSS believes that we need to maintain a universal and affordable public health service. A universal health service is in the public 's interest in ensuring good public health and community well being. Medicare has in the past provided such a universal health service. There is a danger in the new system that there will be a widening gap between those that can afford health care and **those** that cannot. Good health is

important in terms of ensuring people are able to work and take part in daily life activities. The lack of good health can be an avenue to poverty.

GP Visit Costs in the NT

- A visit to the doctor in the NT costs between \$45 to \$50. Medicare rebate _\$25.05. Gap fee is between \$18.61 to \$24.9.5

The Federal Government Proposal

- The package will cut back on those who are eligible for bulk billing. Those just outside of eligibility for a health care card will no longer be able to access bulk billing. This includes any single person with an income just over \$17000 a year and any family with an income just over \$32000 a year
- The incentives for doctors are not sufficient to entice doctors to bulk bill. As such there is no guarantee that even people on a health care cards will gain access to bulk billing
- There will still be insufficient primary health care services and doctors in the NT
- In addition co payments for pharmaceutical and specialist services costs have increased substantially over the past 8 years from \$15.82 in 1995-96 to \$26.77 in 2002

What we Need

- Retention of Medicare as we have known it with improved incentives for GPs to bulk bill
- Investment in public primary health care services in the NT, including looking at innovative and diverse ways of providing primary health care eg greater recruitment, training and use of Indigenous health workers
- Ways of attracting and retaining doctors and health workers in the NT – a perennial problem
- Funding initiatives in public health through a reduction in the funds being provided by the Federal Government to prop up the private health insurance system. In the NT there are almost no private hospitals. Currently the Government is spending Approx \$2.5 Bill on propping up the private insurance system. This is 10 times the amount the Government has provided in the Budget for propping up the primary health care and Medicare system.