REVISED SUB 145
Provided at Bundaberg
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To: The Secretary
The Select Committee on Medicare
Suite S1 30
Parliament House
Canberra ACT 2600

Date: 2nd July 2003

From: Bundaberg & District Women's Domestic Violence Service Inc

Introduction
The Bundaberg & District Women's Domestic Violence Service provides crisis accommodation and support services to women and children escaping domestic violence. Commencing in 1978 as a voluntary service by a community based committee it is now funded under the Supported Accommodation Assistance Program (SAAP) and employs 5 full time and 4 part time staff. Crisis accommodation is provided in a communal style refuge. In addition the Service has two half way houses for longer term accommodation.

As well as crisis accommodation the Service provides follow-up support to the women who choose to live independently of their violent partner; facilitates support groups for women who are experiencing, or have experienced, domestic violence; provides information and court support for domestic violence protection orders and family law matters; provides an rural outreach service to small rural communities (including court support) in the hinterland west and north of Bundaberg. In the year 2002-2003, 130 women and 204 children accessed the service for accommodation. Over 400 other client contacts were recorded for a variety of services. Clients come from all strata of the community but most often they are from lower socio-economic groups. They also include immigrant women and women from the Aboriginal and Torres Strait Islander communities.

Women who access this service mostly have little, if any, money and few possessions. Many arrive with their children in their night attire and little else. They are traumatised and often injured. Domestic violence is a very challenging issue which many in the community refuse to acknowledge. It effects families from all walks of life, all cultures and every socio-economic grouping. It is the very opposite of the caring and nurturing social institution of the family that we are all led to expect. The long term effects on children are only now being recognised in the wider community.

Submission
As the lead agency for domestic violence in the Bundaberg community we would like the Select Committee into Medicare to note the following concerns about changes to the universality of Medicare. We note that everyone has the right to affordable, accessible and appropriate health care whatever their socio-economic status, gender or cultural background.

We would like to comment on the following terms of reference:

(b) the impact of general practitioner shortages on patient's ability to access appropriate care in a timely manner

In Bundaberg there is a shortage of bulk billing doctors and no 24 hour bulk billing surgeries. Women and children who have been subjected to domestic violence and/or who have insufficient economic means to access the private hospital therefore they have to go to the Base Hospital and wait their turn in emergency. With the Triage model in emergency facilities they may have to wait for many hours to be seen by a doctor even though they are distressed and often with accompanying children also distressed. Many women leave without accessing the medical service they need or refuse to attend the base hospital because of the long wait. Private hospitals offer an after hours service (with an on call doctor) but unless you have the money or private health coverage it is not accessible. In the last year we have not had a single client with private health insurance.

Accessing a doctor during surgery hours often involves a number of phone calls to find a bulk billing doctor that has an appointment available. With the limited number of doctors who bulk bill they are often booked out for several days in advance. (Of the four bulk billing surgeries two each have one full time female doctor and one has a part time female doctor). Most women who have experienced domestic violence prefer a female doctor.

Most doctors refuse to bulk bill because they believe the Medicare rebate is insufficient. How then do the doctors that do bulk bill manage ?. Surely the money spent on the 30% rebate for private health insurance holders would be better spent on an increase in the Medicare levy which would then benefit every one by encouraging doctors to bulk bill rather than financially supporting those who would have private health insurance whether there is a rebate or not.

(c) The likely impact on access, affordability and quality services for individuals, in the short and longer term, of the following Government announced proposals.

(i) incentives for free care from general practitioners limited to health care card holders or those beneath the income threshold

This will produce a two tier health system one for the wealthy and one for the rest. It will not provide any more bulk billing doctors therefore there will be no increase inaccessibility or affordability for those who will invariably fall through the net. People who have a health care card and those just over the threshold will not be able to have the doctor of their choice but instead will be forced to attend those surgeries which bulk bill. Apart from those surgeries that do bulk bill a few doctors bulk bill those with a pension card (as

opposed to a health care card). Most however do not bulk bill any patients which means that the fee has to be paid at the time of the consultation and then claimed from the Medicare office.

The bulk billing surgeries are largely staffed by foreign doctors who, while they have the medical skills may, because of the cultural differences, have a very different understanding of domestic violence issues in the Australian cultural context. Already there have been some difficulties around language and cultural issues.

Where English is not the doctor's first language difficulties can arise in understanding just what the problem is and what it is the client needs. The women find it hard to understand the doctor and because they often have little confidence and low self esteem they find it difficult to get their needs met.

Case 1: a request for a referral to the Community Youth & Adolescent Mental Health Service by a client was met with insistence that a referral be given for the hospital Mental Health Unit. It took some time for the Support Worker to make the doctor understand that a referral to the Mental Health Unit was not required but one to the community health service was. If the Support Worker hadn't been with the client she would not have received the referral her child needed.

Case 2: A client presented to the doctor very distressed because her partner had 'kidnapped' her young son. The doctor concerned said he didn't understand why she was so upset as the child was with his father and after all she could have more children if she wished.

Everyone should be able to have the doctor of their choice without having to make the decision about affordability. Currently visits to the doctor under the existing Medicare are free only for those on Centrelink benefits or very low incomes. The rest of the population pay the Medicare levy. The principle of Medicare was that it was to be universally accessible and to have the doctor of your choice whether or not you had any money in your pocket.

(ii) *A change to bulk billing arrangements to allow a co-payment at the point of services co-incidental with direct rebate re-imbursement.*

Again this will not encourage doctors to bulk bill and will increase the cost of a visit to the doctor. It will not be long before the co-payment will equal the rebate and more. Doctors will be able to charge what they like and get the rebate as well. Again those on

limited incomes will have access only to those doctors who bulk bill and there will certainly be fewer of those doctors if they can charge a co-payment refundable from private health insurance. Those on low incomes will be further disadvantaged by the reduction in the number of doctors who bulk bill.

The AMA has already stated they will not be part of this plan.

(iii) A new safety net for concession holders only and its interaction with existing safety nets

There is already a safety net for those on Centrelink benefits and some doctors who do not bulk bill general patients still bulk bill those with pension cards (however not those with Health Care Cards). The change however will leave a large number of people who are just over the income threshold unable to afford medical care for themselves or their families. Medical care is a basic human right and no-one should have to make a decision based on affordability rather than need.

(d) alternatives in the Australian context that could improve the Medicare principles of access and affordability, within an economically sustainable system of primary care, in particular

(i) the need for dental health for low income families is imperative. Since the Commonwealth stopped funding for dental clinics the waiting lists have become even more lengthy with patients having to wait up to 2 years for treatment. One of the most significant health issues for clients, particularly children, of this service is oral health. Most cannot afford private dental care and with the long waiting times teeth deteriorate to the point of no return before dental treatment can be accessed.

(ii) There would be implications for reallocating the 30% rebate but this could be over come by a means test for the less well off working families.

(iii) Any surplus from the current 30% rebate could be re-allocated to be used to increase the rebate to the doctors to encourage bulk billing and the Medicare levy could be raised to increase available funds.

I hope the Select Committee will give consideration to this submission when considering aspects of the mooted changes to Medicare. Above all Medicare should continue to provide universal healthcare to ALL Australians. Any surplus in the budget could be used to support universal Medicare instead of giving small tax cuts like the recent $4.00. The 30% rebate costs million of dollars each year think what that could do if it were invested in the public health system instead of propping up private health funds who have an unsellable product which in a market system would either sink or swim.

Verelle Cox
Service Director

BULK BILLING CLINICS

NAME	PHONE NO	FEMALE DR	HOURS
East Medical Centre	4154 2466	No	
Hinkler Place	4153 2927	Yes	Full Time
Jacaranda	4153 0660	No	
Sugarland Medical Practice	4154 4000	Yes	Full Time
West Medical Centre	4152 2266	Yes	Part Time

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