

**SENATE SELECT COMMITTEE ON MEDICARE
Public Hearing – Perth 29 July, 2003**

Outline of Submission – Sharryn Jackson, Member for Hasluck

Background:

I make this submission as the local member for electoral division of Hasluck. It is not intended to address all of the Terms of Reference of the Inquiry but to highlight the particular concerns of my electorate. The information contained in this submission has been provided to me by General Practitioners (GPs) who practice in Hasluck, the local Divisions of General Practice and constituents.

The electorate of Hasluck is an outer metropolitan electorate on the eastern outskirts of the Perth metropolitan area.

The availability of and access to health care services continues to be a very significant issue in the electorate. Many calls are received at my electorate office concerning access to GP services and to bulk billing practices. We have received 684 constituent contacts this year concerning these and related issues.

I am particularly concerned about the increasingly restricted access to GPs and the decline in the availability of bulk billing for my constituents.

The issues that I want to highlight are: -

1. The shortage of General Practitioners in the electorate;
2. The decline in bulk billing throughout the electorate;

3. The inadequacy of the current programs designed to address GP workforce shortages in outer metropolitan areas.

The shortage of General Practitioners

It is self evident that one factor impacting on the ability of Hasluck constituents to access appropriate GP services is the number of doctors practising in the local area. The number of GPs in WA is not increasing. There are fewer GPs who bill Medicare now than there were in 1997/98. The WA Minister for Health has said that an additional 300 GPs are needed for Western Australians to have the same level of access to GP services as other Australians (i.e. an increase of 13%).

It has been widely acknowledged that Australians living in rural and remote areas have great difficulty accessing GP services. Both the State and Federal Governments have implemented programs to try and improve their access.

Less recognition has been given to the situation in outer metropolitan areas.

Constituents report that they cannot get an appointment to see a local GP when they need to. They are told that there will be a waiting time for appointments which can be anywhere between three days and two weeks. Alternatively, they are told by the GP practice that "their books are full" and that they are not taking on new patients.

I am also concerned that this in turn puts additional pressure on our state public hospital emergency departments. If a constituent is unable to access a GP they are likely to seek assistance from public hospitals.

I have also been contacted by local doctors regarding their concerns at the impact the shortage is having on them and their practices. An example of this is the correspondence I received from Dr Howard Watts dated 30 January 2003.

Since the closures of medical clinics/practices he refers to in the local area, the Stirk Medical Group have now closed their surgery in High Wycombe and a neighbouring practice in Kalamunda (Kalamunda Glades Surgery) has also closed as a result of the shortage of GPs. These closures followed the reduction in the operating hours at the Swan Medical Group practice in Midland and the Newburn Road Surgery in High Wycombe.

The pressure on remaining practices and the doctors concerned is unsustainable.

Four Divisions of General Practice (including Hasluck related divisions of Perth & Hills and Canning) formed an Outer Urban Workforce Working Group last year to consider solutions to the shortage of GPs in these areas. The recommendations and strategies proposed by them ought be given consideration, as the "More Doctors for Outer Metropolitan Areas" strategy has not improved the situation.

The decline in bulk billing throughout the electorate

The other issue regularly raised by constituents is their inability to access a GP who bulk bills. Many advise that their local GP has stopped bulk billing after providing the service for many years.

Over the past three years there has been a decline in bulk billing of 12.4% in the electorate. In March 2000 the percentage of medical services that were bulk billed was

81.8%. In March 2001 that figure was 81% and by March 2002 it had fallen to 77.4%. Of even greater concern is that the further decline in the next twelve months to March 2003 bulk billing services dropped to just 69.4%. It is reasonable to assume from this trend that the decline in bulk billed services is accelerating.

In an electorate with some areas of great social disadvantage, the decline in bulk billing is already causing constituents to delay seeing a doctor. The impact of putting off going to the doctor has implications both for their health status i.e. they get sicker before seeking assistance and/or present at public hospital for care.

As a result of concerns raised by constituents I have been circulating a petition in the electorate concerning bulk billing for the last three – four weeks. Over 4,700 constituents have signed so far. Some of the comments from constituents on the petitions are of great concern.

"I put off going to the doctor now. Because I can't afford to pay up front ..."

"... our public hospital emergency departments are full of Australians who cannot afford to fork out \$40 plus prescriptions for one family member."

"That is the main reason we do not visit doctors, they charge too much."

"Please do something about this, ... we have had 2 local doctors surgeries stop bulk billing and financially we will struggle if my family of 4 needs to go to the doctor."

I conducted a telephone survey of all GP Practices listed in the Perth Yellow Pages located in the suburbs encompassed by the electorate of Hasluck to ascertain their billing practises. I had intended to produce an information card for Hasluck constituents on the local GP services and whether they bulk billed all or some of their patients.

Of the GPs contacted 65% offered bulk billing to their patients. Many practices currently offer bulk billing to concession card or healthcare cardholders only (either automatically or on request). It would appear that in the absence of incentives for GPs to bulk bill non-concession cardholders the current federal government proposals will not impact on the decline of bulk billing in my electorate.

I wrote to each GP surveyed to confirm the information gathered and to indicate my intention to produce an information card for constituents. The responses from GPs were very telling.

The views of many GPs were reflected in the correspondence from Dr Jack McQuade, who said,

"Bulk billing rates will only increase if there is a substantial increase in either the rebate received by the doctor or there is a substantial increase in the availability of general practitioner services".

Those that did bulk bill requested that I did not circulate the information as their patient numbers were already high and they did not have the capacity to take on additional patients. One GP explained that,

"My reasons are to do with my existing workload. I am currently far too busy trying to meet the needs of my existing patients who live in the immediate vicinity of my practice. If your information card led to more people travelling large distances to my practice (as some already do), I would be unable to cope with the increased demand for my services. This would mean my existing patients would suffer a further reduction in access to medical care.

A further increase in my workload would also cause me more stress and lead to further erosion in the precious time I spend with my family. Faced with this I would act by either reducing my hours of work or I would be forced to stop bulk billing."

The inadequacy of the current programs designed to address GP workforce shortages in outer metropolitan areas.

The federal government has acknowledged the maldistribution of the Australian medical workforce. Initiatives have been introduced in an attempt to address this medical workforce maldistribution in rural or remote districts of workforce shortage.

In May 2002 the federal government announced the "More Doctors for Outer Metropolitan Areas Measure" which, it was said, was a new measure designed to provide more medical practitioners to the outer metropolitan areas of our state capital cities. The Minister for Health and Aging advised me in correspondence in October last year that some areas of my electorate were eligible for this measure.

She acknowledged in that correspondence that,

"Placing doctors in eligible outer metropolitan practices under this Measure will also alleviate pressures experienced by medical practices and accident and emergency services based in neighbouring areas."

I have obtained the Map of the 13 Districts of Workforce Shortage in Perth Eligible for Outer Metropolitan Workforce Programs for 2003. The electorate of Hasluck has four Statistical Local Areas (SLAs) that are classified as partially in the Outer Metro Zone and

partially defined as a District of Workforce Shortage. It is not immediately apparent why there is only partial classification as outer metro and/or workforce shortage.

Never the less, the classification is required if the local area and/or individual practices are to be eligible for the outer metropolitan measures. An area must be declared an area of unmet need to be able to recruit an overseas trained doctor to meet the GP shortage in the area.

The process for obtaining this classification, particularly at the Local Government level is cumbersome and bureaucratic. I have had the opportunity to discuss the process with Max Williams from the Shire of Mundaring who was responsible for preparing the submission for the Shire. It took many months for the submission to be compiled, considered by the State and then the Commonwealth. The Shire was successful and was advised that the relevant medical practices within the area of unmet need could seek to recruit overseas trained doctors. However, the provider number(s) they would be issued with would only be guaranteed for a twelve-month period. A difficult limitation when seeking to attract an overseas trained doctor to move to Australia to work in a medical practice!

My own direct experience with the inflexibility of this measure concerned a local practice, the Burslem Medical Centre in Maddington. As it is one of the few practices in the area that offers bulk billing, many local families are keen to utilise its services. Unfortunately, the medical centre is unable to keep up with the demand from patients; it currently has only one practicing GP. This is despite having capacity in the practice for three GPs to practice.

For over 12 months, the medical centre advertised to fill a vacancy in the practice. Only one GP applied and was willing to work in this outer metropolitan area. This doctor (who lives in an adjoining suburb) has been willing to take the position for the past year and the practice is keen to have her. Unfortunately, both the doctor concerned—because she is overseas trained—and the Burslem Medical Centre have been unable to secure a provider number from the government to allow this doctor to practice at this surgery. According to the government, the Maddington area does not meet their definition of an area of unmet need.

After 12 months of extensive advertising of the position, the practice has exhausted all options available to them in their attempts to secure additional GPs. Maddington and the surrounding area are clearly in need of additional GP services. However, due to the complex nature of the provider number process and the model used to determine GP work force needs, families in this area will continue to have to cope with the GP shortage.

I wrote to the Minister about this matter in August last year, seeking her urgent assistance in resolving the provider number issue. Her response was detailed but disappointing, to say the least. She did not accept that there is a GP shortage in Maddington.

I have visited the Swan Medical Group in Midland. It is a practice that has operated for 30 years. It currently employs nine full time doctors, one surgeon (who does two sessions of minor surgery per week) and two part time doctors. There are nine practice nurses (up to five on a shift), a radiographer and up to eight reception or front desk staff.

They are a very efficient practice. They already utilise Practice Nurses. Three of their nurses have undertaken specific training to enable them to be involved in promotion and prevention work. The employment of nurses in GP practices is one of the specific measures the government intends to fund in its Fairer Medicare Package because it will assist the GP shortage.

They also have a customised software package and information technology system that enhances their efficiency and streamlines their operation.

The WA Medical Advisor for the Health Insurance Commission has acknowledged that the practice set up *"leads to a very efficient clinical practice such that this practice could not be compared to a solo practice."*

There are 70,000 patients currently on their books. They bulk bill all their patients. The practice is open from 8 AM to 6 PM. It is not "a bulk billing factory" – no one would support such a thing, it is an extremely efficient practice providing quality patient care.

Ironically, the Health Insurance Commission ("HIC") were concerned that a doctor at the practice had "statistics which caused some consternation". There was and is no suggestion of inappropriate practice just unusual statistics i.e. number of services. Doctors at the practice have cut the hours of operation (prior to March 2003 the practice was open until 8.00 PM) and hence reduced their services to the community to avoid conflict with the HIC.

If we are going to encourage GP practices to become more efficient and to use nurses and other allied health professionals to alleviate the pressures on existing GPs then the

system utilised by the HIC needs to be more flexible and respond to changes in GP practice so that achieving efficiencies can be recognised in the statistical profile of individual GPs and not seen as a problem.

I want to stress that I am not supporting building bulk billing factories – this is what happened to this practice and when you ask whom this will affect – it's the patients! I think it is an indictment of the system when the intervention of a government body leads to a further reduction in GP services.

I urge this Senate Select Committee to recommend a proper evaluation of the effectiveness of these measures.