

Mt Drutt Medical Practitioners Association

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24 November 2003

The Hon. Tony Abbott
Minister of Health and Aging
Room MG 43
Parliament House
Canberra
ACT 2600

Dear Mr Abbott,

As doctors practising in one of the most disadvantaged regions of Sydney, we support your desire to create an equitable and accessible system of primary health care. Western Sydney is a region which presents a challenge to quality primary health care due to its combination of lower socio-economic status, high unemployment, high proportion of refugee, Aboriginal, Torres Strait Islander and non English speaking population. There are higher levels of obesity, diabetes and coronary heart disease. Studies have demonstrated a higher burden of disease, and higher levels of excess mortality than any other part of metropolitan NSW ⁽¹⁾.

Due to a combination of socio-economic factors, the residents of Western Sydney are unable to afford private allied health services, but find themselves unable to access public allied health services due to long waiting lists and their lack of availability. At other times, issues such as fragmentation of health care, poor systems of communication and duplication of services can lead to unnecessary delays, increased cost and loss of continuity of care. In this situation it often falls back on General Practice to fill the gaps and do the best it can to compensate for failings in the system.

The truism that prevention is better than cure has been repeated so often that it has become almost clichéd, yet it often seems that no more than lip service is paid to this concept. Prevention and continuity of care is the core business of General Practice, the effectiveness of which can be enhanced with adequate resources and support.

One of the characteristics of efficient, cost effective health care systems internationally is a strong system of primary health care ⁽²⁾. There is good evidence that continuity of care has the capacity to provide a better quality of care at a lower total cost to the community ^(3,4). A General Practitioner who is familiar with the patient, their background and their family is best positioned to deliver effective, continuing care, potentially at a lower cost to the community as a whole.

It seems unlikely that Medicare Plus will produce any change in the trend away from Bulk Billing, nor in itself facilitate the provision of comprehensive preventative care. While the incentives to bulk bill children and health care card holders may ensure this group in the population are more likely to be bulk-billed, there is very little support for preventative measures for the rest of the population. The targeted incentives are unlikely to be enough to ensure access to bulk billing for non card holders and adults, and will in fact send an implicit message to those doctors who are currently bulk billing all consultations that they will need to change their billing patterns or be expected to continue subsidising the system. This is likely to be compounded by the fact that the

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package would appear to be a "one off" event without provision for review or sustainability into the future.

Any reduction in access to comprehensive continuing medical care in lower socioeconomic areas for financial reasons leads to the risk that healthcare will be seen as a discretionary expense, with the consequent possibility that health outcomes will deteriorate further. A safety net is very much like the ambulance at the bottom of the cliff rather than the fence at the top.

We believe the community deserves continued access to affordable, quality comprehensive continuing health care within the context of their social milieu. This is the definition of General Practice. The GP's in Mt Druitt have a strong commitment to providing affordable, quality primary health care, and perhaps not coincidentally has the highest rate of bulk billing in the country. The Mt Druitt Medical Practitioners Association has been actively and independently involved in raising awareness of Diabetes and Cardiovascular Disease at a community level as these have been areas of need within our community. It is currently in the process of developing a program to address the growing issue of childhood obesity in the area.

We believe there is little doubt that there need to be changes made to the health system as it currently stands in order to provide high quality, continuing care to the community. Your willingness to look into some of the issues and problems surrounding the provision of healthcare is a positive sign. One of the key strengths of the Australian system of healthcare is accessibility to care. It is important that this is maintained and enhanced. There are strong benefits for the health of the community and the health system as a whole to have an adequately resourced and supported General Practice.

The Association would like to extend an invitation to meet with you to discuss any of these issues pertaining to the provision of quality care in Western Sydney. We look forward to the opportunity to work with you in improving the health of the Australian community.

Yours faithfully

Dr Chatar Sethia
President, Mt Druitt Medical Practitioners Association

1. McCracken, K; NSW Public Health Bulletin" June 2002 13(6): P123-126
2. De Maeseneer, M; "Provider Continuity in Family Medicine: Does It Make a Difference for Total Health Care Costs?", Ann Fam Med 1(3):144-148, 2003
3. Gill JM, Mainous AG 3rd "The role of provider continuity in preventing hospitalizations". Arch Fam Med. 1998 Jul-Aug;7(4):352-7.
4. Raddish M, Horn SD, Sharkey PD. "Continuity of care: is it cost effective?" Am J Manag Care. 1999 Jun;5(6):727-34.