



Hunter General Practitioners Association

Excerpts from the Senate Select Committee on Health Public Hearing

Canberra, 5th February 2015



Senator CAMERON (ALP): Going to that point, we had submissions from a group of doctors in Newcastle. As I am sure you are aware, over 130 doctors came together in Newcastle to look at these issues. Again, they made a similar proposition to this committee—that Medicare is being not only dismantled but destroyed. That Medicare will be destroyed is the argument from all of those doctors in Newcastle. That will have huge implications for fairness and equity in health care in this country. If that submission is correct, we should not pass any of this legislation in the Senate, should we?

Prof. Owler (President, AMA): No, absolutely not. But one of the problems that we have is how you are going to stop the freeze on the indexation, because as I understand it that does not require a change to the legislation. In fact, it does not necessarily require anything. That is a real challenge. It is not just about the \$5 cut. I think we need to make sure that the indexation freeze is also taken off the table not just for GPs but right across the board.



Senator CAMERON: Okay. The Newcastle GPs have given very good and detailed practical submissions— not to say that all the submissions have not been practical, but these are the guys and women at the front line. They say in their submissions that the proposals for no indexation and the \$5 co-payment are ill considered and have not been modelled. They say they will make Medicare unsustainable and in the long run will increase government costs, create barriers to care, create workforce shortages, put patients at risk and reduce infrastructure in the primary healthcare system. Have you got any difference on any of that analysis?

Dr Jones (President, RACGP): No, I would agree with all of that.

Senator CAMERON: If you agree with that, what are the implications of Medicare being unsustainable?

Dr Jones: The implications are that you will have worse health outcomes. People will present to their doctors late, potentially more unwell, potentially requiring more investigation, potentially needing more hospital referral and emergency department presentations. The on-costs are huge. It costs \$400-odd to see a patient in casualty for a semi-emergency. It costs \$37 to see a general practitioner who is used to dealing with undifferentiated disease and using fewer and fewer tests.



Senator DI NATALE (Greens): Let me ask you about a submission we received from the Hunter General Practice Association. They focus on unnecessary spending on pharmaceuticals, investigations and so on—what some people will call medical waste. Do you have a view on whether there is scope to achieve savings in those areas—

Dr Jones: I do indeed.

Senator DI NATALE: and what sort of framework would enable us to achieve that?

Dr Jones: I think there is a whole scope of efficiencies there, if we are talking money. For example, if I refer a patient to the emergency department and I have actually worked up a patient already with various blood tests, they are usually repeated.



Senator CAMERON: So do you disagree with the AMA? Does your organisation have a different view from the AMA, the Newcastle doctors groups, the college, consumer groups and the academics that have given us evidence to say Medicare is perfectly sustainable? Do you have a different view on that?

Ms Johnson (CEO, Rural Doctors Association): No, we do not have a different view. I think what we are saying is that we would consider any number of proposals, but they must be considered holistically, particularly in light of the way in which services are delivered in regional, rural and remote areas.

Senator CAMERON: Given the importance of Medicare to your members, do you think that you may now— after hearing the AMA, reading the submissions from the Newcastle doctors and looking at the college's submissions—want to raise the issue of the future of Medicare with the assistant minister?

Ms Johnson: This is certainly an issue that is, as I said, on our agenda and we are engaging in some more detailed policy work to actually put forward some proposals that we see would promote and ensure the provision of continuity and quality of care in an economically sustainable way



Senator O'Neill, CHAIR (ALP): Thank you very much, Dr Van Leeuwen. Can I say for all of us that we are very impressed with the quality of the submissions, and we sincerely thank you for the effort that you went to in preparing them and getting them to us.
