



Standing Committee on Education and Community Inclusion

Inquiry into Annual and Financial Reports 2020-2021

ANSWER TO QUESTION ON NOTICE

Asked by **LEANNE CASTLEY MLA:**

Ref: Canberra Health Services, Annual Report, GPs, p.22

In relation to:

The Annual Report lists an 'achievement' as integrating a care pilot with GP's to support localised care of patients with Type 2 diabetes. However, the 2021-22 Total Medicare statistics reveal the ACT has the lowest bulk-billing rate in the country. For Non-Referred attendances, the ACT is 16 per cent below the national average.

Questions:

1. Why is the ACT the worst in the country when it comes to seeing a GP for free, when, in your report, you acknowledge that localised care of patients relieves pressure on our hospitals?
2. Why do almost one third of patients in the ACT who visit GP's not get their visit bulk billed?
3. How does this affect our health system?
4. What is the impact on our Walk-In Centres?
5. What is your government doing specifically to increase bulk billing rates in the ACT?
6. What modelling or work has your directorate done about GP's? Provide details on data or modelling for below.
 - a. Have bulk billing rates been declining for a few years? If so, how many?
 - b. What impact does the directorate think this has on the public health system?

RACHEL STEPHEN-SMITH MLA: The answers to the Member's questions are as follows:–

1. The Commonwealth Government has funding and policy responsibility for primary care in Australia, including setting the rebate amount offered to patients for seeing a GP. Over recent years, the Commonwealth Government has fundamentally failed in ensuring Medicare provides access to primary care for Canberrans.

While the ACT is nominally considered a major city or inner metropolitan area, the primary care sector in the ACT experiences many issues that impact rural and regional areas, including difficulty in accessing GPs and low rates of full-time GPs per capita, GPs working more hours at an older age, difficulty attracting new GPs to the area, and difficulty accessing specialists.

Despite this, the Commonwealth Government removed access to bulk billing incentives for GPs in the ACT and Queanbeyan on 1 January 2020. I have written to the Minister for Health and Aged Care, the Hon Greg Hunt MP several times to encourage the Commonwealth to reinstate this incentive in the ACT.

More broadly, the Medicare rebate for patient consultations in general practice – which operate as private businesses in Australia's health care system – has not been maintained in line with the consumer price index, despite rising practice costs in the ACT (including rent, staffing, administration, IT and indemnity).

The ACT Government continues to advocate with the Commonwealth to appropriately fund Medicare and ensure access to affordable GP services. This includes ensuring that the Medicare adequately compensates GPs to provide comprehensive care, care coordination and the longer consultations that are typically required to address complex care needs.

The Commonwealth Government also has responsibility for the GP training program. With support of the RACGP NSW/ACT Branch, I continue to advocate for improvements to the program to ensure our local training programs can better attract and retain GPs.

2. GP practices are private businesses and make their own billing decisions. The majority of general practices in the ACT are mixed billing practices, meaning that they bulk bill some or all of their services, such as services for people with a concession card, and older and younger patients. For example, 77 per cent of non-referred attendances by patients aged 0-15 years were bulk billed in the ACT in 2020-21, and 75.6 per cent for patients aged 65+.¹

GP practices charge a gap fee to make up their funding shortfall due to underfunding of Medicare by successive Liberal/National federal governments. These factors mean that affordability of GP services is an ongoing challenge for the proportion of our population who cannot afford to pay any gap fee to see a GP. As noted in response to question 1, the Commonwealth cut bulk billing incentives in the ACT from 1 January 2020, putting further pressure on primary care access.

¹ All statistics unless otherwise stated from: Productivity Commission, Report on Government Services (ROGS) 2022. Part E: Health, Table 10A. Available at: <https://www.pc.gov.au/research/ongoing/report-on-government-services>

3. The Productivity Commission's 2022 Report on Government Services (RoGS) reports that 4.7 per cent of people living in the ACT avoid or delay seeing a GP due to cost, compared to the national average of 2.4 per cent.

In forums with GPs, they raise particular concerns about the financial viability of supporting patients with high and complex needs, who often have low incomes. While the Medicare Benefits Schedule includes items to support GP care coordination, feedback from GPs indicates that these items do not adequately compensate for the time required to develop comprehensive plans and coordinate multidisciplinary care.

Almost all recent Commonwealth Government efforts to address GP availability and affordability have had a geographical focus that *excludes* major cities. This description has been applied broadly, for example to Sydney, with greater than 5 million people, as well as Canberra with under 450,000 people, which increases the ACT's challenges.

I have raised the sustainability challenges faced by general practices in the ACT with Minister Hunt on numerous occasions, seeking his cooperation to find sustainable solutions. ACT Government officials continue to work with their Commonwealth counterparts and the Capital Health Network to explore innovative models.

4. The ACT Government's five nurse-led Walk-in Centres (WiCs) provide accessible public health care across Canberra's suburbs for one-off, non-life-threatening injuries and illnesses. Appointments are not required and services are free for patients. The WiCs provide urgent care for minor medical issues not requiring emergency department presentation. However, they are not intended to replace primary care services and do not provide ongoing, comprehensive care in the way a general practice does.

WiCs do not collect data on whether consumers are attending as an alternative to presenting to a GP or, if so, whether this is related to a lack of bulk billing. I am therefore unable to comment on the impact on WiCs of low bulk billing rates in the ACT.

However, since the establishment of the WiC network, the ACT has seen a fall in potentially avoidable GP type presentations to emergency departments from 55,753 in 2014-15 to 51,090 in 2020-21. Across Australia, potentially avoidable presentations increased from 2,781,377 to 3,168,446 over the same timeframe. Victoria was the only other jurisdiction to see a decrease in such presentations during this time.

5. Even though general practice policy and funding are Commonwealth responsibilities, the ACT Government has worked diligently to address the challenge of access to affordable primary care, particularly for our most vulnerable community members.

The ACT Government has implemented several programs to encourage bulk billing, increase the GP-to-population ratio, expand the GP workforce, support the development of primary care infrastructure, and increase access to primary care services that entail no patient out-of-pocket cost for people who need them most.

Since 2009, the ACT Government has provided \$12 million in incentives to support the GP workforce, infrastructure funding through a competitive grants process, an intern placement program, scholarships and services to assist GPs to attend housebound and

aged care patients. For example, the ACT Government provided \$1.05 million over three years in 2017-18 for the Bulk Billing General Practices Grant Fund to encourage the expansion or establishment of general practices with a demonstrated commitment to bulk billing in growing residential areas.

The ACT Government is especially committed to supporting access to primary health care services for people at risk of poorer health outcomes. Recent initiatives include \$2.5 million for Delivering Better Care for Canberrans with Complex Needs through General Practice in the 2019-20 Budget. This has supported delivery of the ACT's purpose-built mobile primary care outreach clinic, operated by Directions Health Services, which provides integrated primary and mental health care to people who face barriers accessing mainstream care; and additional primary care capacity at Companion House and the Junction Youth Health Service. In addition, the initiative has allocated up to \$800,000 in grants funding in 2022 to support proposals for better integrated primary care, particularly for people with chronic and complex needs.

The ACT Government also provides funding support to Winnunga Nimmityjah Aboriginal Health Service and other community organisations that provide health and social supports for marginalised groups.

- 6.a Bulk billing rates are reported annually in RoGS. Rates of non-referred GP bulk billing of services in the ACT have consistently increased over the past decade, from 50 per cent in 2011-12 to 69 per cent in 2020-21. A bulk billing rate of 72.2 per cent has been recorded in Jul-Dec 2021 Medicare year-to-date data.²

The proportion of non-referred patients who were fully bulk billed (that is, had no out of pocket costs for visits to the GP) has increased from 26.8 per cent in 2011-12 to 40.6 per cent in 2020-21, a rate that has grown faster than the national average.

- 6.b See answers to earlier questions. While ACT rates of bulk billing are lower than the national average, GPs in the ACT consistently demonstrate high performance. This includes high levels of patient satisfaction towards GPs, which was higher than the national average in 2020-21 across the three recorded metrics.

Approved for circulation to the Standing Committee on Education and Community Inclusion

Signature:



Date:

22/3/22

By the Minister for Health, Rachel Stephen-Smith MLA