

Chair Senate Select Committee on Health

Dear Senator,

Thank you for the opportunity for Dr Steven Wong (Vice Chair) and myself to present the Nepean Division of General Practice views on Health Reform at the recent hearing in Penrith NSW.

The question raised by Sen Clair Moore regarding my statement that GP Networks and Associations were disfranchised by the Medicare Locals and were severally restricted in providing a GP perspective and interface forcing them to become an ineffective shell, was as she stated, the first time the committee had heard of this. This was also backed up by Hon Sen Doug Cameron who clearly stated that the Nepean Blue Mountains Medicare Local was in his opinion one of the high performing Medicare Locals and fostered good relationships.

First allow me to acknowledge and agree with the statement by Sen Cameron. However under the Department of Health Policy the Medicare Local was severely restricted in how they engaged with GP Associations especially ongoing Divisions of General Practice. In short they were unable to pay for services to these Associations. The general result nationally, was what prompted the current Government, on advice from a number of representative bodies, to re-engage with General Practice through the Primary Health Networks. The aim was to re-establish the central role of GPs and their relationship to their patients. Even so, the Abbott Government does not appear to be following through in its stated aim in any way.

The good relationship between the Nepean Blue Mountains Medicare Local and local GP associations was empowered by the mutual respect and personal relationships built over many years. This enabled a partnership to be realised but with many apologies as to the limits of engagement imposed on the Medicare Local.

The Nepean Division of General Practice fully supported the Medicare Local and also its bid to become a Primary Health Network. We are and remain Corporate members along with the GP Associations and Networks in the Blue Mountains, Lithgow and Hawkesbury.

The same level of Cooperation we have is not necessary the same across the nation.

The thrust of my statement was to ensure that there be allowance for PHNs to fully engage with ongoing GP associations as a representative body of local GPs who know their constituents and speak on their behalf as elected members. In this way full engagement will be realised in a cost effective manner.

This form of partnership will be essential in the larger PHNs who will need to rely on local knowledge and support. This must be done before the previous GP associations are completely disintegrated due to the passage of time.

The role of the GP in diagnosing illness and potential long term chronic disease early along with preventive health measures is essential for sustainable good health of the nation. Primary Health care research has clearly demonstrated the benefits of the GP. (See appendix A). Therefore GPs should be encouraged in their practice, not hindered. Of particular concern is the stated freeze on Medicare Rebates and its effect on the vulnerable within the community. General Practice will inevitably be forced to charge a form of co-payment to remain viable.

The recent Beach Study published in the March edition of the MJA has shown that the Medicare Rebate freeze has the effect of cutting the GPs' gross earnings by 7.1% in relative terms. This is in

effect a greater cost than the \$5 Medicare Co-payment to GPs. It is another attack on the viability and benefit of the GP.

A past AGPN position Paper clearly states “An integrated, well functioning health system which relies more on primary health care and general practice than on specialist and hospital care will deliver improved population health outcomes, equity, access and continuity of care while lowering costs in the long term. New funding should be directed into primary health care areas such as health promotion, patient self-management, early intervention and team-based chronic disease management”. Appendix B.

The paper goes on to say that (this) “should also feature continued investment and expanded roles for the unique primary care organisation infrastructure represented by the current divisions of general practice network in recognition of the impact that PCO style organisations can have on population health improvement and health service access”.

On one hand it appears that all parties seem to agree that the GPs are central to the health system, on the other, it appears the GP is the easy target to attack and blame for the rising costs of health care.

GPs should be supported in their role and function and one of the ways to do this is to allow ongoing GP associations to provide services and interfaces to the new PHNs. When Divisions of General Practice were first established by Labour, and until Medicare Locals took over and expanded its role, the one underlining benefit to the local GPs was the strong nexus of bringing together and networking of the GPs.

The worth of the individual GP and their local Associations must be recognised and strengthened to ensure the ongoing health of the community. This should be enabled and encouraged by the new PHNs. Under current guidelines, it would appear that financial support payments to GP networks for partnership activities has been ruled out for PHNs. This will have a detrimental effect on the level of partnership arrangements between the PHN and GPs.

Yours sincerely

Michael Edwards

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