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Peter Lindsay MP Federal Member for Herbert Townsville STANDING COMMITTEE 1 5 NOV 2005

ON HEALTH AND AGEING

29 October, 2005

Re: your circular of 20 September on Inquiry into Health funding

Fortunately, we have had very little need to personally call on health services over the last decade, but from what we hear, we are becoming concerned.

Nevertheless, we provide a few ideas below that might be considered in improving the system.

- a. There are considerable inefficiencies, at the community level, in the existing scheme of claiming rebates for medical expenses especially for those individuals in private health funds. Having to personally go to Medicare and Private health care offices to reclaim expenses should not be tolerated in this day of information technology. We would strongly recommend adoption of a system where a patient only pays to the service provider the actual balance owing after all refunds are considered (Medicare, private insurance fund etc.) with the doctor/surgery/hospital billing those agencies directly for their dues.
- b. There seems to be a gross shortage of trained doctors, especially in rural and regional centers. We are cognizant of the many social and professional explanations for this, but the fact remains that the AMA is a monopolistic union representing the medical profession and it is, to our understanding, strangling the allocation of tertiary training places and artificially maintaining this controlled 'shortage'. We would suggest that the funding and allocation of medical training places at our Universities be taken completely out of the hands of the AMA.
- c. As witnessed by recent events in Bundaberg and Townsville, there appears to be a culture of intimidation in our hospitals. We would recommend the creation of an independent, free-ranging panel of health care professionals (including surgeons, physicians, nurses, nurses aides and paramedics) which could hear complaints, under oath and in confidence, from concerned medical professionals (aka whistleblowers), Such a panel should have authority to conduct audits of hospital and surgery practices, including financial accounting procedures.
- d. It is reassuring to see the Commonwealth's commitment to maintaining the 30% health insurance rebate and we trust this will continue. To encourage more individuals to enter private health insurance, some incentive might be offered to the funds that provide an additional no-claim rebate to reward those that make no claims on the system, say perhaps after 3 years (cf the automotive industry's no-claim bonus schemes).

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e. We would like to see the Commonwealth take more responsibility away from the States In the funding and management of hospitals and setting uniform, standard procedures and practices across the country.

We trust these ideas are of value.

Sincerely

Bry Solon