

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2016 - 2017, 1 March 2017

Ref No: SQ17-000507

OUTCOME: 4 - Individual Health Benefits

Topic: GP Consults

Type of Question: Hansard Page 63, 1 March 2017

Senator: Watt, Murray

Question:

Mr Stuart: We did answer a question of that kind on notice from the last hearing, which goes to: what proportion of patients get bulk-billed all the time, some of the time and never? I can tell you that, in line with the trend for increased bulk-billing, all of those indicators are going in the same direction—that is, the proportion bulk-billed all the time is going up, bulk-billed some of the time is going up and bulk-billed never has fallen from about 20 per cent to about 10 per cent in the last decade. That is from memory, but it is on the record from the last hearing.

Senator WATT: It might make sense if I ask for an update of those figures as a question on notice arising from this hearing as well. You would be aware that the college of GPs, among others, are of the view that the way the bulk-billing rate is reported is artificially high. Are you aware of any evidence of GPs limiting the amount of time they are spending with patients, or asking patients to come and see them for another appointment due to time constraints?

Mr Bowles: I cannot speak specifically to that, but we went through a whole series of these at the last estimates hearings about differences of views, and we get back to: services versus people versus a whole range of issues.

Mr Stuart: We do not accept that the rate is artificially high. It is a rate that has been consistently measured in the same way since 1984, and consistently published, and it is based on every service obtained by every Australian who goes to the doctor.

Senator WATT: I understand that, but have any representations been made that you are aware of, whether it be by peak bodies, GPs or elected representatives on behalf of their constituents, that suggest that GPs are limiting the amount of time they are spending with patients?

Mr Stuart: This is a longstanding debate in the health system about the amount of time that GPs spend with patients, and it is multifactorial. The government has a policy on Health Care Homes which is intended to enable longer time to be spent with patients with chronic disease. There is a long history of debate in this area.

Mr Bowles: But equally there are items for longer consults as well. There are short consults: 20 minute—23 you talked about—and then there are longer consults. So GPs can use those different consults, depending on what they are actually treating in a patient, and we see evidence of all of that.

Senator WATT: As to the concessional breakdown that you just provided to me—as in: older people, younger people, that kind of thing—did you say that that has been published for the

most recent quarter?

Mr Stuart: No. I was referring to some analysis that I have in front of me, but it is not regularly published.

Senator WATT: And you have taken that on notice. In fact, if you have got that data there, would you be able to table that to the committee?

Mr Bowles: We will take it on notice. It is in the context of a whole range of other things. So we will take it on notice and provide you with—

Answer:

See Hansard Page 63 - This is data for last financial year, 2015-16, when the overall bulk-billing rate was 85.1 per cent, the bulk billing rate for concessional patients was 93.8 per cent, and 88 per cent for children.

The concessional breakdown for GP bulk billing is currently available for the financial year but not on a quarterly basis. The Department is unable to provide further breakdowns of bulk billing rates by concessional status for GP services by quarter as the considerable work involved would require a significant diversion of resources from other departmental operations.