

Question on Notice
No. 375
Asked on 20 May 2014

DR FLEGG asked the Minister for Health (MR SPRINGBORG)-

QUESTION:

Will the Minister provide an indication of the likely effects of the Federal Government's co-contribution payment for GP consultations on Queensland's hospital emergency departments?

ANSWER:

I thank the Honourable Member for Moggill for his question.

As with the Queensland Government, the Federal Government has inherited from its predecessor an unenviable task of having to make difficult decisions to repair its finances to ensure future prosperity.

There are however a number of Federal Budget measures that are of a concern to the Queensland Government, including the reduction in funding to the State for public hospitals. This is an issue that the Premier and I, along with other Premiers and Health Ministers from other States and Territories, are resisting vociferously.

The Federal Government announced that it intends to reduce the Medicare Benefits Schedule (MBS) rebates from 1 July 2015 by \$5 for standard general practitioners consultations and out-of-hospital pathology and diagnostic imaging services and allowing the providers of these services to collect a patient contribution of \$7 per service.

For patients with concession cards and children under 16 years of age it is proposed that the MBS rebate will only be reduced for the first 10 services in each year, after which it will return to current benefit levels. A new Low Gap Incentive will replace bulk billing incentives for providers of these services. The Low Gap Incentive will be paid to providers where they provide services to patients with concession cards or children under 16 years of age and only charge the \$7 patient contribution – for the first 10 services in a year, or where they charge no patient contribution – for additional services in that year.

The Federal Budget measure also proposed the removal of the restriction on State and Territory Governments from charging patients presenting to hospital emergency departments for general practitioner like attendances.

In Queensland in 2012–2013 there were a total of 588,008 patients who attended an Emergency Department (ED) and who were allocated a triage category of 4 or 5 (semi-urgent and non-urgent). Of these patients, an estimated 383,829 or 30% of all ED presentations were considered to be “GP type presentations”. That is, patients who:

- were allocated a triage category of 4 or 5 (semi-urgent or non-urgent); and
- did not arrive by ambulance, police or correctional vehicle; and

- at the end of the episode, were not admitted to the hospital, were not referred to another hospital, and did not die (*Australian Hospital Statistics 2012-13: Emergency Department Care*¹).

Further, the most recently available data for Queensland shows that in the first 11 months of 2013-2014 to 31 May 2014 there were a total of 561,467 patients who attended an ED and who were allocated a triage category of 4 or 5 (semi-urgent and non-urgent). Of these patients, 465,645 were considered to be “GP type presentations”, which is 38% of all Emergency Department presentations for this 11 month time period.

In 2012–2013, 6.3% of respondents in Queensland aged 15 years and older reported that in the previous 12 months they delayed or did not visit a GP because of cost. Nationally this was 5.8% (Australian Bureau of Statistics, 2014).

It is logical that the likely impact of this Federal Budget measure is that some people may decide not to visit their GP because of cost. This may drive people to seek treatment in Emergency Departments, particularly if these services continue to be provided free of charge. Some of these people may also require admitted care. This admitted care may be more costly as the patient may present at a more advanced stage in their illness due to delays in seeking treatment.

Whilst there is likely to be an increase in demand for Emergency Department services, it is still too early to gauge what the effect will be given the limited detail provided regarding this measure at this stage. It should be noted that these proposed changes won’t come into effect until 1 July 2015. We also need to be mindful that the Federal Appropriation Bill (No.1) 2014-15 which includes many of the Federal Budget initiatives has not yet been passed by Federal Parliament.

This Government has made substantial progress in improving the performance of the Emergency Departments in Queensland’s public hospitals. Between January and March 2012, only 63% of patients stayed less than four hours in an Emergency Department. Between January and March 2014, 78% of patients stayed less than four hours. This is a significant improvement, however we are not resting on our laurels but strive to continuously improve.

As outlined in the *Blueprint for better healthcare in Queensland*, the Government remains focused on ensuring that our health services are focused on patients and people and that we are providing Queenslanders with value in health services. The Queensland Government remains resolute in working towards ensuring that Queenslanders have access to the best and most efficient healthcare services possible.

¹ <http://www.aihw.gov.au/publication-detail/?id=60129544913>