

MEDIA RELEASE



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GP Helpline gets little bang for 1000 bucks

The Rural Doctors Association of Australia (RDAA) is urging the Government to reinstate incentives that have supported rural practices to provide after-hours care following the release of data that shows the GP helpline is less cost-effective than providing face-to-face after hours services at a rural hospital emergency department.

“The Minister for Health has recently announced that the GP Helpline has prevented 20,000 presentations to hospital emergency departments in the last six months,” said RDAA President, Dr Paul Mara. “By these figures, this works out to be 40,000 attendances a year avoided.

“With the GP helpline costing \$40 million per year, tax payers are therefore paying \$1,000 for each person a GP staffing the helpline tells not to attend a hospital emergency department.

“This compares with the fee for an after hours attendance on a patient at a rural hospital emergency department by a rural doctor in a small rural community in NSW, which is \$ 85, rising to \$250 between midnight and 7am.

“How can a cost of \$1,000 for avoiding an emergency department attendance make better sense than paying up to ten times less for an actual face-to-face consultation?”

“What is even more astonishing is that the after hours fee for this midnight to dawn face-to-face attendance on an acutely ill patient is less than what the GP staffing the helpline service are paid per hour for consulting with these patients over the phone.

The data released by Ms Pilbersek also indicates that more than 6,700 patients calling the GP hotline in the past six months were told to go to a hospital emergency department because as after hours GP services were available in their area. This represents around 14% of the 45,000 callers who were assessed by nurses as needing urgent afterhours care and referred to a GP on the helpline.

“A significant number of patients calling the GP helpline who need access to afterhours GP services are being referred to hospital emergency departments because local afterhours GP services simply are not available,” said Dr Mara. “This number could exceed 13, 400 annually.”

“Where after hours GP services are provided in rural and remote areas, they rest on fragile foundations. In view of this, we are astounded that the Government proposes from 1 July 2013 to pull the rug out from under doctors providing this comprehensive service by taking away funding from the after hours incentives component in the Practice Incentives Program and diverting the funds to Medicare Locals, which may or may not continue to fund individual practices to provide these services.

“The central issue for accessing after hours services in rural areas is the number of rural doctors available in the community to provide after hours care, rather than the need to identify who is providing afterhours services and where those services are located

“While the GP helpline can help someone who is concerned about a minor illness, but it won’t help a person in a rural area who has a more serious illness where there is a shortage of GPs to deliver afterhours and emergency services,” commented Dr Mara.

“Rural doctors are finding it increasingly difficult to understand why the Government would jeopardise existing afterhours and emergency services provided by GPs in rural areas by withdrawing the PIP afterhours incentive and the handing over of the responsibility for planning and funding afterhours services to a third party. When the British Government did this in 2004, around 90% of GPs in England became demotivated and walked away from providing afterhours services.

“Rural doctors must be supported appropriately for the services they provide to their communities. Only then will rural communities be able to attract doctors with the training, skills and qualifications to meet their needs.”

Available for interview: RDAA President, Dr Paul Mara, on 0466 665 933.
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