



NATIONAL RURAL
HEALTH
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RURAL DOCTORS
ASSOCIATION
OF AUSTRALIA
Caring for the Country

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(embargoed interviews also available Wednesday night)

6 month wait for rural GP consults demonstrates need for urgent action

Joint doorstep, Senate Courtyard, Parliament House, Canberra
11am AEST, Thursday 12 August 2010

More than 52% of rural Australians are waiting 1 or more weeks—with 18% waiting more than 3 weeks and some waiting up to 6 months—for a routine appointment with their GP, while others are being forced to attend Accident and Emergency units at distant hospitals for basic consults, interim results from a national survey of rural health consumers have revealed.

The Rural Doctors Association of Australia (RDAA) and National Rural Health Alliance (NRHA) say their survey, which has to-date attracted over 1000 responses, underlines the need for the major parties to announce much more in the final week of the election campaign to boost access to healthcare in the bush.

The survey has also revealed that:

- 66% of rural Australians had to travel away from their local area in the past year to receive non-emergency medical treatment
- over 63% of rural Australians were not able to receive a variety of health services in the past year because of a shortage or absence of health professionals in their area—public dental care, cancer care, specialist care, mental healthcare, maternity services and palliative care are cited amongst the most limited services
- 62% of rural Australians are experiencing a significant shortage of health professionals in their area
- 33% of rural Australians face a trip of more than 30 minutes to reach the closest hospital that provides emergency treatment 24 hours a day, including 7% who have to travel over an hour to reach such a hospital

When it comes to factors influencing rural Australians' access to non-emergency medical treatment, the following percentage of rural Australians cited as high to very high:

- the waiting time to access the required service (69%)
- the availability of relevant health professionals (67%)
- the availability of preferred healthcare providers such as female doctors and Aboriginal Health Workers (52%)
- financial costs such as travel and accommodation (50%)
- the time required to travel to a hospital or health facility (47%)
- the availability of transport to a health facility and/or health professional (32%)

Amongst a raft of complaints about difficulties in accessing local health services, individual respondents reported that:

- In some rural communities, it now takes up to 24 weeks (6 months) to get a routine appointment with a GP...if you are fortunate enough to be on the books at a practice (as many practices are now being forced to close their books). Waits for appointments with specialists can also be up to 6 months. As one patient said, "I will be sick and call to make an appointment and am told that I have to wait a couple of weeks. I am sick now...not in

a couple of weeks time.” Another said “With young children who often become ill quickly it has in the past taken me over a week to see a doctor by which time my child’s health has rapidly declined.”

- Many rural patients now have to travel 160 kilometres or more to access a GP for a routine appointment. One said “It is 120 kilometres return to access a doctor 1 day per week if you can get an appointment, but currently we don’t have a doctor available so I must travel 220 kilometres even for a check-up—this is why diagnosis of complaints are quite often left until things are too late.”
- To access timely diagnosis and treatment, and in the face of continuing cuts to rural hospital and health services, some rural patients are being forced to travel up to 1000 kilometres return for a CAT scan and 2000 kilometres return for cancer treatment...at the extra cost of time, accommodation and travel in the face of inadequate reimbursements from their state’s Patient Assisted Travel Scheme.

RDAA President, Dr Nola Maxfield, said: “The staggering results of this survey underline the Federal Government’s own figures—that there continues to be a \$1 billion per year underspend on Medicare service delivery in the bush, and that rural Australia is still short of the 17,000 additional health professionals needed to provide even basic access to healthcare in country areas.

“When you add the Government’s own statistics and the results of this survey together, you don’t need to be Einstein to figure out that this is one hell of a crisis that needs urgent action.

“These extremely worrying findings should not be occurring in a first world country like Australia. We should be building a first world health system not only in metropolitan Australia, but in rural Australia too.

“The survey findings are an appalling indictment of the low priority that the federal and state governments have given to rural healthcare over many years...something that has been underlined again and again in this federal election campaign.”

NRHA Chair, Dr Jenny May, said: “With just over a week remaining until the federal election campaign ends, there is still time for the major parties to get their collective heads out of the sand, accept that something big needs to be done to combat the critical shortage of health professionals in the bush, and make some significant announcements on rural health that will actually make a difference.

“Over 7 million Australians live in country Australia—many of them in knife-edge electorates—so real announcements on rural health by the political parties could be just the thing that makes the difference between taking office or spending the next three years in opposition.”

RDAA’s Federal Election Position Statement 2010 can be found at www.rdaa.com.au (go to Submissions).

NRHA’s Election Charter 2010 can be found at <http://nrha.ruralhealth.org.au/election2010>.

Rural Australians can still take part in the National Rural Health Consumers Survey for the next few months. To complete it, go to www.ultrafeedback.com/survey/994 or see the links on the front pages of www.rdaa.com.au or www.ruralhealth.org.au. All information collected will remain confidential and will be for the use of RDAA and the NRHA only. The survey has been supported and developed by UltraFeedback.

Available for interview: RDAA President, Dr Nola Maxfield, on 0418 335 344.
RDAA CEO, Steve Sant, on 0419 770 010.
NRHA Chair, Dr Jenny May, on 0427 885 337.
NRHA Executive Director, Gordon Gregory, on 02 6285 4660.

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