

**CATHERINE KING MP  
SHADOW MINISTER FOR HEALTH AND MEDICARE  
MEMBER FOR BALLARAT**

**SPEECH AT RACGP CONFERENCE**

**PERTH CONVENTION CENTRE**

**FRIDAY, 30 SEPTEMBER 2016**

**\*\*\* CHECK AGAINST DELIVERY \*\*\***

Let me begin by acknowledging the traditional owners of the lands upon which we gather and I pay my respects to their elders past and present.

And let me thank Tim Koh and the College for having me here at GP16.

I particularly want to acknowledge the leadership of Frank Jones. Frank has steered the College through a difficult time in our national health debate, and has always been a fearless advocate for quality general practice.

I also want to congratulate Bastian Seidel on his election to lead the College. I have met with Bastian many times and had previously visited his practice in the beautiful Huon Valley. So I'm looking forward to working with him and congratulations to you and Alexandra on becoming new parents.

***Introduction***

I am no stranger to the College and its structures. I well remember spending several months in the bowels of the College's then premises in Palmerston Crescent in Melbourne searching through files to try and come up with an accurate audit of your committee structure, when I was doing some work for you.

I think I discovered over 40 different committees but could never be confident I had got all of them as I kept finding more. I was tasked with trying to reduce the number and suspect I failed abysmally.

They were difficult times for the College - with significant changes being undertaken to GP training - but what I learnt from that time was the incredible willingness of the GPs I worked with to engage in public policy debates.

To teach, to lead and to question.

The theme of your conference - Clinical, Digital, Leadership is very much in that continued tradition.

### ***The value of General Practice***

Three weeks ago today, I was enjoying a quiet Friday night in my home town of Ballarat when my Twitter feed started getting linked to the hashtag 'Just a GP'. I read every tweet, including John Crimmins who is always very equal in his criticism of both the current serving Health Minister and I.

I don't want to get into who said what to spark the Twitter explosion, but I think the fact that it happened is noteworthy.

I think the reaction speaks to a deep seated distress about how you – as GPs – feel you are being devalued not just by politicians, but more broadly.

So I want to say at the outset a couple of things.

Firstly I am able to be here today working, across the other side of the country from where I live, because of the support a GP has given my family.

This GP, who I have never met in person, visited my mum out-of-hours in residential aged care and spent time talking to my sister so we as a family could make an informed decision about what care should be provided as my mother's health declines.

Our experience is replicated in thousands of families and GP practices across the country every day. The patient is just one part of the story. You help entire families to meet their work and family responsibilities every single day and that is not lost on me.

Secondly, something I have been saying for some time is that for the relatively small investment – and it is an investment – Australians are able to enjoy some of the best health outcomes in the developed world.

The reason for this is our primary care system, a system based on affordable access to general practice.

The evidence is clear. The stronger a country's primary care system, the better its health outcomes. The stronger a country's primary care system, the more efficient our health care system is as a whole.

That is not to say that there is not room for improvement. In particular, growing health inequality, as highlighted by Michael Marmot in Boyer lectures earlier this

month, continues to be a significant challenge for not just for health professionals but for our society in general.

As Marmot noted, health inequalities parallel broader social inequalities, and Australia needs clear and concerted effort to close these health gaps – particularly in the persistent gap in indigenous health.

At the same time, we should be encouraged by the progress we have made as a result of the investment in our health system. The recent AIHW *Australia's Health* report confirmed that Australia's life expectancy is one of the highest in the world and above the OECD average.

### ***The values of political discourse in health***

Health reform is intrinsically linked with political discourse – I think this room knows that better than most.

One of the most challenging aspects of the current Government is the complete lack of any vision for health in Australia, let alone any vision for the future of our health care system.

What they label “health reform”, I see as little more than shuffling the deck chairs around.

We have a seriously large number of reviews, external consultancies, consultations, new advisory groups and committees. I think the MBS review alone has challenged even my recollection of the College's appetite for committees.

There is no coherent view about where any of these may end up or how they relate to and influence each other.

The Minister, who remains relatively inexperienced in this policy area, seems to be engaging in more and more frenetic activity, trying to solve every problem that has ever existed in health policy, while unfortunately creating quite a few more.

Labor has a different approach. For Labor, our starting point has always been our values.

Despite all of the posturing, spin and public spats that exist in modern politics – and they are all there in spades – at the core, politics is about values. Your values are reflected in the choices you make.

At conferences like this, it is easy to be energised and inspired about potential paths for reform. The challenge is putting it into action – not only developing a clear and articulated vision, but having the political will to see it through.

Step one must be prevention. Australia cannot afford to have a Federal Government which continues to be completely disengaged with preventative health.

I am very proud of the preventive health policies Labor took to the election. These included Australia's first national physical activity strategy, tackling social determinants of health and health inequality at the community level, continuing our world leading tobacco reforms, and a new national alcohol strategy – to name a few.

We must put patient needs at the core of our health care system – not funding streams and institutions.

These are just a few of the priorities and values that help Labor shape our policy development, but also how we assess and respond to the decisions of Government.

### ***The current state of political play***

We are in a very unusual political cycle. The reality is we simply don't know how long this Parliament will last.

Labor is already heavily engaged in policy development – somewhat earlier than we might have been in a standard political cycle.

Of course, the first job of any Opposition is to hold the Government to account. And in health, they have a lot to account for.

Under this Government, there are billions of dollars of cuts to health. These cuts are either just now beginning to bite or that still remain on the Government's balance sheets, awaiting passage of the Parliament.

### ***Medicare freeze***

The big one is the freeze on Medicare rebates, now extended until 2020. I know this a critical issue for GPs in the room today.

As the freeze drags on, we know that more and more practices will have to abandon bulk billing. Only yesterday, we heard from the College that bulk billing has dropped 10 per cent since July.

So when I hear the Government quote bulk billing figures and claim that the freeze on Medicare rebates won't impact bulk billing, I know just how wrong they are.

The domino effect of this freeze should not be underestimated. When bulk billing drops, patients have to pay more. One in 20 Australians **already** delays or avoids seeing a GP because of cost – this is only going to get worse.

And the final domino is prevention. The freeze undermines our system of primary health care and does not align with a focus on preventative health.

But just when we thought we had seen the worst of health cuts, the Government slashed more.

In last December's mini budget, the Government cut \$650 million from bulk billing incentives for vital blood tests and scans.

Patients and stakeholders rightly reacted furiously, campaigned hard and made the Government listen.

I wish I could say they listened by dropping the cuts – instead, they did what they could to hush the issue until after the election, doing deals with both industries during the campaign.

Pathology Australia agreed that its members would accept the abolition of their patients' bulk-billing incentives, in exchange for rent regulation. Four months later we have not seen the Government's proposed regulations. The only thing we know for certain is that the Government remains committed to its cuts to Medicare bulk-billing incentives.

The Government's second campaign deal committed to re-indexing diagnostic imaging rebates when it re-indexes GP items.

That may be good policy – a \$150,000 review by Deloitte will tell us more. But either way the Government's commitment has huge ramifications for GPs that have slipped under the radar.

As the College points out, re-indexing GP items alone would cost around \$160 million a year. But the Government's deal means it cannot unfreeze GP rebates without re-indexing diagnostic imaging, which will cost around \$4 billion over the medium term.

That's more than this Government has ever been prepared to spend on health. So there's a risk that both GP and imaging items will remain frozen indefinitely.

On election night Malcolm Turnbull stood up and said he had heard a message and learnt a lesson – but the magnitude of these cuts still on the table stands in complete contrast to that statement.

And while the Government continues to shuffle deck chairs and tinker at the edges with reviews and committees, these cuts are the clearest marker that we have of their direction for our health care system.

### ***Labor policy***

Of course, the second job of an Opposition is to develop its own agenda for Government – something particularly important considering the likely truncated nature of the current Parliament.

I have said before that the Coalition came to power with no vision for health but cuts. That will not be true of Labor.

In the recent election campaign Labor put its money where its mouth was. Most notably, we committed \$12.2 billion to unfreeze the Medicare Benefits Schedule from 1 January 2017.

Our policy applied to all services provided by GPs, other specialists and allied health providers.

I can tell you that \$12 billion commitments don't automatically sail through the Shadow Expenditure Review Committee. Chris Bowen and other colleagues ask hard fiscal and policy questions – as they should.

But budgets are about values, and Labor was always going to value Medicare over tax cuts.

Labor also held the line against other health cuts, listening to GPs and experts about the impact they would have on patients.

We committed to reverse:

- Cuts to the Medicare bulk billing incentives for pathology and diagnostic imaging
- Price hikes to PBS medicines;
- Cuts to the Medicare Safety Nets; and
- Cuts to public hospitals over the next four years.

Again, in this fiscal environment, all of those were big decisions.

But as the College and others have pointed out, reversing cuts doesn't improve our health care system. Reversing cuts just maintains the status quo – which none of us think is good enough.

I'm particularly proud of our efforts in carving out a positive health agenda to implement in Government. We went to the election with policies with a comprehensive suite of proactive policies, including palliative care and patient centred-medical homes.

I'm revisiting these policies with you today not only because I'm proud of the work that we did – I am incredibly proud – but because these policies signal the vision Labor thinks our health system should have – and what we think is missing in the Government's agenda.

### ***Labor and the College***

Of course, Labor will not get to implement those policies in this term of Parliament. But we will keep the pressure on Malcolm Turnbull and Sussan Ley, and we will refine our own agenda for Government. Coming to GP16 is part of that policy development process – I am keen to hear your ideas.

I said I would touch on how I see the College's role, and I want to finish on this note before taking questions.

The College is not a political organisation, and never should be.

But there are times when your patients need the College to be an advocate – as you have been through the ‘You’ve Been Targeted’ campaign. You need to keep the pressure on governments – and oppositions for that matter – to protect GPs and patients.

Labor and the College will not always agree. But I do think that we will always share a vision for universal access to world-class general practice.

I look forward to continuing to work with you in this term of Parliament.

***ENDS***

**MEDIA CONTACT: JOANNE CLEARY 0428 816 751**