



Document No. eA2796656
File No. 2009-02436/2

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Dr Graham Morris
President
Rural Doctors' Association of South Australia Inc.
PO Box 846
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Dear Dr Morris

RE: RURAL GPS REVISED TERMS OF ENGAGEMENT OFFER

Further to the meeting of our two organisations held yesterday to consider the Country Health SA offer, I hereby present some additional information to a series of questions raised, and provide some context as to the proposed introduction a categorisation model for classifying on-call services.

The comments below are provided for purpose of clarifying our discussions.

CHSA's offer

1. *What will be the scenario where a GP contractor has an existing contract and a new package becomes available?*

CHSA will honour all existing contractual obligations for those services elements covered by a contract until expiry or termination of such an agreement. CHSA will engage with such contractors to deal with matters not covered in existing arrangements that are included in the new proposed arrangements.

2. *What will be the scenario where a GP contractor has an informal set of terms and conditions that are potentially outside of the proposed terms and conditions package?*

CHSA will offer the GP contractor the new proposed arrangements.

3. *Is there any offer of support in the proposed package for additional procedural locum support?*

CHSA will continue discussions with the Rural Doctors Workforce Agency for the provision of this type of locum cover.

4. *Is there any increased funding for emergency call outs and prolonged attendance rates?*

The offer does not provide for any increase in these rates above the normal SAMSOF increases, but does recognise the loss of income in the time spent

travelling to and from the hospital. A pro-rata payment of \$144/hour for travel time would apply in addition to the relevant SAMSOF item number when attending to triage category one or two situation during normal consulting hours.

5. *What is CHSA's response to the request that (i) the admitting doctor needs to give their agreement before a patient is admitted as a private patient, and (ii) where there is no such prior agreement the patient can only be admitted as a public patient?*

CHSA acknowledge that a GP needs to agree to treat a patient when admitted.

The situation highlighted yesterday involving the non payment for a patient thought to be privately compensable is acknowledged as being a significant issue and CHSA will need to have further discussion with the relevant compensable paying parties before we can give a response.

6. *What is CHSA's position in relation to CHSA staff advising patients who attend outpatients, casualty or emergency departments, that an out pocket expense may be payable directly to the treating doctor and that patients be required to complete an "informed financial consent" form prior to the doctor being contacted by hospital staff?*

CHSA confirms that it is prepared, by way of clear notices displayed in each of our relevant outpatient, casualty and emergency departments, to inform patients needing medical care that this is a private service and the patient will be billed by the treating doctor that may include an out of pocket expense that is the responsibility of the patient. Should GPs wish to make available to patients an "informed financial consent" form and they provide a suitable holder these can be made available in CHSA hospitals.

7. *Will payments for the treatment of patients outside of hospital be extended to doctors who are not registered for the Rural Responder Network?*

Given the nature of this program and the specific protection it provides for the individual, it is not intended to extend the program benefits to doctors who are not registered as participants under the Rural Responder Network.

8. *Are there any increases in the rates payable for level A, B, C, and D consults?*

The offer does not provide for any additional support to that already provided.

9. *What is the nature of the level IM and IT support provided as part of the package on offer?*

The offer as presented is designed to give GP contractors access similar to employees for gaining immediate and consistent access to relevant information. Other activities, such as the implementation of standardised drug formulary, expansion of point of care testing, implementation of digital technology will continue as an overall improvement of services and support of clinicians.

The ability to guarantee access between the SA Health network and GP contractor networks is not possible given the individual specifications and requirements of private systems is out of CHSA's control.

10. *What support will be provided for practices without hospitals?*

This request will be managed separately given that doctors in this situation will not be party to the proposed universal agreement and terms and conditions detailed in relevant supporting documentation.

CHSA is prepared to negotiate a separate agreement within a three months time frame.

11. *When will rates be reviewed and what is the mechanism for that?*

On call and hourly rates will be indexed to the latest Consumer Price Index figure on the 1st of July each year. SAMSOF fees will reviewed twice annually with effective dates of the 1st December and 1st July each year.

Categories for differential of on call rates

The categories proposed by CHSA are based on the following four premises.

1. The current triage system continues to apply unchanged.
2. The model for the provision of emergency services in all country hospitals remains unchanged (including where there are separately negotiated contracts).
3. There has been recognition in the on call allowances of the impact on a GPs private practice and lifestyle.
4. GPs advised CHSA that where there is a material increase in emergency activity in a hospital, there is a subsequent material impact on their practices. The proposal recognises this impact and provides an increased on call allowance for this.

The categorisation adopted is primarily based on level of activity of use in CHSA Emergency Departments.

The CHSA proposal recognises the impact of being on call can have and in practical terms is trying to find ways of lessening the burden. This is reflected in a minimum 20% increase in the on-call rates.

Please find attached an updated paper on the provision of Emergency Department on call services.

In summary, I hope the information provided is of assistance and CHSA looks forward to continued discussion between our two organisations.

Yours sincerely



George Beltchev
Chief Executive Officer

18/12/2009