

PE1698/S

Petitioner submission of 25 June 2019

There are a couple of points I would like to make-I am sure the committee are already aware of these, however they are important enough to emphasise.

The first is in relation to the comments that the SG had rural proofed the contract and had, despite concern that it would disadvantage rural areas, gone ahead with implementation. This surely is not what 'rural proofing' policy intends. If the SG can just arbitrarily ignore evidence (not hearsay, but evidence) that rural areas will be disadvantaged by particular strategies why promote the ideal?

The second issue is in relation to the lack of engagement at the design stage of the contract and prior to implementation. Given the time and huge costs that is being expended with the short life working group, why was the contract and SAF rushed through.

Of course I am unable to respond to the technicalities of the latest response of the SG, but I would sincerely hope that a balanced view is taken by consulting with others external to the SG. There have already been responses by Prof Wilson and others (and I was struck by the original letter from Helene Irvine outlining the accounting 'raid on rural practice') and think they, RGPAS and others who are expert in this field need to be consulted before the response from the SG is taken at face value.

I would like to extend my apologies for not being in a position to respond sooner to the petitions committee, and would appreciate it if you could pass this email to them. I have been struck by how thorough they have been at exploring the issue and trust that they continue to work at a resolution that does not disadvantage rural patients,