



**Submission to the**

## **Review of After Hours Primary Care Services**

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## Introduction

The Australian Healthcare & Hospitals Association (AHHA) welcomes the opportunity to provide a submission to the Review of After Hours Primary Care Services.

The AHHA is Australia's national peak body for public hospitals and health care providers. Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Medicare Locals and primary and community healthcare providers, universities, and individual health professionals and academics. We are uniquely placed to be an independent, national voice for universal high quality healthcare to benefit the whole community.

In Australia after hours primary care services are many; and the workforce providing them diverse. Equal consideration should be given to both patient expectation and need, and system/provider capacity in determining the most effective policy setting for after hours primary care services.

Medicare Locals in partnership with GPs and hospitals have made significant inroads to addressing the problem of availability of after hours services. Areas where these solutions have been successfully providing suitable after hours primary care should be considered in this review. Data are available from some of these programs where Medicare Locals have already started the process to review and evaluate them. The AHHA has commenced work with some Medicare Locals to assist in the process of evaluation and would welcome the opportunity to provide more detail on this to the Review.

An organised approach to after hours services is required. Relying on a market dominated by private businesses to deliver health services necessary to the community during after-hours has not been satisfactory in the past, and is unlikely to be so in the future. The result of unplanned and poorly integrated service delivery will be increased pressure on emergency department services, which is both costly and inefficient and not always appropriate for patients or care providers.

Innovative and tailored approaches to the delivery of after hours services should be supported by effective program governance, adequate and sustained funding and relevant outcomes based performance measures. A 'whole of health system' view should drive the review recommendations.

### Key Principles for After Hours Primary Care Services

#### *Services must be flexible, responsive and tailored to regional circumstance*

It is essential that after hours primary care (AHPC) is managed in a way that supports and encourages flexibility, innovation and regional specificity. Management of AHPC can either enhance or hinder service delivery on the ground. Consideration must be given to governance and funding structures, including accountability requirements, that best support service delivery.

Responsiveness of services needs to also include ongoing enhancement and development of models that evolve and change with the nature of need and demand, and service and provider capacity and capability.

Any revised management structures/governance must support innovation in service delivery, partnerships, workforce models and community responsiveness. Services must also be resourced sufficiently and financial governance must also support innovation.

#### *Efficient and effective use of workforce*

GPs are essential to after hours care, and accordingly should be a critical focus for effective AHPC service delivery arrangements. A comprehensive review should also focus on making the most efficient and effective use of the available health workforce in delivering the most appropriate care in the after- hours period. Not all patients will have need to see a GP, and GP models may not always be available in certain areas. All health providers capable of delivering AHPC should be included in the review which includes GPs, nurses, nurse practitioners, emergency room physicians, paramedics and others, as well as an assessment of other health professional groups with potential to deliver AHPC, which may include physician assistants, pharmacists and other allied health providers supported to enhance scope of practice. Some of the programs run by Health Workforce Australia should continue in this regard. Appropriate management of non-GP models must include provision of information back to the patient's regular GP to ensure coordination and continuation of appropriate care.

### *All health services should be considered*

Delivering AHPC is the responsibility of both health professional and health service. In this context all services involved in providing after hours care should be given due consideration to their role in broader AHPC provision; efficiency and availability; appropriateness to regional context; accessibility for patients; and benefits/challenges with integrating the service into the broader health system to ensure continuity/follow through care for patients. This would include hospital emergency departments, general practice, nursing and allied health centres, community services, mobile care services as well as telephone support services, telehealth and any web-based care services. It is essential that AHPC services be integrated into the broader health system to deliver integrated care to patients.

Access to services is an important consideration for the review, as lack of access or access barriers such as transport, cost, awareness etc will lead to patients seeking care on the basis of free service, location and understanding, rather than on need or appropriateness. Patients who access emergency care through ambulance/paramedic care or hospital emergency departments do so for these reasons and others, which leads to increase costs for the healthcare system and blockages forming where they need not. In this same regard some financing arrangements with State departments currently incentivise treatment in the hospital environment rather than referral to an outside AHPC service. This financial incentive tension should be reviewed.

Consideration should also be given to after hours access to services such as pathology and imaging, which would further drive decision making for patients and providers alike.

### *Outcomes based performance measures*

Reporting on the performance and achievements on publically-funded programs is an essential accountability principle. Performance measures for AHPC services should be outcomes focused and developed specifically in relation to the needs that these services are to be meeting. Reporting on these measures needs to be refined and should not be onerous or in any way detract from the effective delivery of appropriate services.

Additionally the data generated through these performance measures should be made available to researchers and policy makers alike to enable proper assessment, evaluation and ongoing refinement of future service delivery options.

### *Use of data to inform policy change*

Any health policy should be based firmly in evidence, with good data and modelling underpinning decisions. Appropriate data to support policy decisions on AHPC should include both quantitative (e.g. number of services, number of patients) and qualitative (patient experience, provider satisfaction etc). Unless we understand who is using these services, why and what care is being accessed, and provider inclusion, an informed and appropriately tailored solution will not be found. The Review should also highlight where data is limiting or restrictive in timely access, and make recommendations as appropriate.

### *Awareness and informing patients and providers*

The success of any program is not only dependent on the delivery arrangements, but on the awareness of all participants, in the case of AHPC; patients and providers. Methods of informing different audiences should be tailored appropriately and delivered through appropriate channels. Methods may also need to be adjusted to suit the particular service being provided.

Information should be comprehensive enough so that patients and providers feel confident in accessing/providing the service and do not need to seek advice on the service before access is made. At the same time, the comprehensiveness of information must be balanced against the very real risk of confusing or overwhelming patients and providers at the same time. Information distribution should be seen as encouraging appropriate take up and minimising deterrents.

### *Cultural change and acceptance of innovative service delivery*

Consideration must be given to the current attitudes and levels of acceptance for different forms of delivering and accessing health care, particularly in the after hours period. This consideration must include patients, providers and service managers alike, and would inform best practice approach to information and awareness needs/channels as above.

The AHHA is happy to expand on any of the above, and to supply after hours data collections to the Review team as necessary.