

RACGP Submission to the Review of After Hours Primary Care Policies and Programs

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1. Overview

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the Department of Health and Aged Care's (DoHAC) *Review of After Hours Primary Care Policies and Programs* and supports the ongoing implementation work of the [Strengthening Medicare Taskforce Report](#) which included a recommendation to "improve access to primary care in the after hours period and reduce pressure on emergency departments by increasing the availability of primary care services for urgent care needs".¹

The RACGP's previous [submission](#) to the MBS Review Taskforce emphasised the role of general practice in the provision of after hours services. Some key points in that submission included:

- **After hours arrangements must support continuity of care** – Providers delivering Medicare Benefits Schedule (MBS)-subsidised services in the after hours period should be required to enter into formal agreements with local general practices in the areas where they intend to provide services, remind patients that after hours services are supplementary and that it is important that the patient attends their regular general practice for ongoing and comprehensive care.
- **After hours services need to appropriately triage patients** – The RACGP strongly recommends that after hours services are required to use suitably qualified staff such as general practitioners (GPs), nurse practitioners or nurses to triage patients.
- **After hours services need to be regulated** – After hours services and medical deputising services should be subject to specific regulation and accreditation.
- **After hours services should avoid advertising directly to the public** – The RACGP suggests that after hours services should be required to adhere to the [Medical Board of Australia's Code of Conduct](#) and the [Australian Health Practitioner Regulation Agency's Guidelines](#) for advertising regulated health services.
- **After hours services should only be provided by doctors with an appropriate level of education and clinical competency** – Doctors providing after-hours services must have an appropriate level of education and clinical competency.

The principles of care articulated in the RACGP position statement [After hours services in primary healthcare](#) underline our submission:

- Patients should be able to access safe, high-quality after hours services that prioritise continuity of care.
- Patients should preferably access after hours services through their general practice and usual GP, and general practices must provide their patients with information on how to access healthcare after hours.
- Dedicated after hours services should only be used when a patient's usual GP or general practice is not available in the after hours period, and the patient has an urgent health concern that cannot be delayed.
- Alternative models of after hours care that compromise quality, fragment care or contribute to health system inefficiencies are not supported.
- Clinical handover and continuity of information between after hours services and a patient's regular GP are critical to the delivery of high-quality, continuous care.
- After hours services that attract a MBS rebate should only be provided by appropriately trained specialists, including specialist GPs, general practice registrars with appropriate supervision, medical practitioners actively working toward Fellowship in general practice and medical practitioners with more than ten years' experience in Australian general practice.²

2. Summary of RACGP recommendations

- The six features of high-performing general practice (patient-centred, continuous, comprehensive, coordinated, high-quality and accessible) should be considered in the design, implementation and evaluation of all after hours care.
- Comprehensive care must be prioritised through timely clinical handover and efficient communication between healthcare providers.
- New after hours services, including Urgent Care Centres (UCCs), should be integrated with existing facilities, including general practice. There is a risk of fragmented care and service duplication if access is prioritised at the expense of coordination and continuity.
- GPs and general practices must be incorporated into any service offering care after hours. Best practice multidisciplinary care teams include GPs working alongside other healthcare professionals to optimise patient outcomes.
- The time band deemed after hours should be reconsidered to enable general practices to remain open longer and GPs to claim after hours rebates from 6pm on weeknights and 12pm on Saturdays for services delivered in the practice.
- After hours services must be available to all Australians, with special consideration given to vulnerable populations.
- Programs should be tailored to fit the needs of local communities.
- Recommendations from the Evaluation of Primary Health Network (PHN) After Hours Program and the recent audit of the performance management of the PHN program should be reviewed and implemented where necessary to strengthen program functionality and accountability.
- Increased support for GPs and general practice is needed to better support patients and practices. GPs are the foundation of primary care and require ongoing investment.
- The provision of after hours care should not add to the administration burden currently experienced by GPs and practices. Digital interoperability must be a priority, including the streamlining of all administrative aspects of service delivery.
- Increased funding via the General Practice After Hours Incentive Program would enable more practices to provide support for patients in the after hours period.

3. About the RACGP

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians. With the return to college lead training in 2023, the RACGP now trains more than 90% of Australia's GPs including those training in rural and remote areas.

As the national general practitioner peak body, representing over 40,000 members working in or towards a career in general practice, our core commitment is to support GPs from across general practice address the primary healthcare needs of the Australian population. We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country. Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

4. Response to the Review of After Hours Primary Care Policies and Programs

4.1 Dimension 1: The extent to which the current after hours primary care service and funding system supports the provision of the right services, at the right time, in the right places, by the right providers

Emergency Department (ED) presentations have increased from 8.35 million in 2018–19 to 8.80 million in 2022–23, with presentation rates increasing from 330 per 1,000 people to 334 presentations per 1,000 people over the same time period.³ Data from the Australian Institute of Health and Welfare (AIHW) show that ED activity has grown faster than population growth. This is true of both the number of presentations and the time each person spends in ED.⁴

It should be noted that this growth in demand for ED care cannot be explained solely by Australia's ageing population, as the increases have been concentrated among the working age population.⁴ As a result of this growth, the performance of EDs, as measured by wait times, has declined over the last five years.⁴ There is ongoing concern regarding increased ED usage and the growing pressure on public hospitals.⁵ A significant proportion of ED attendances are categorised as semi-urgent or non-urgent and could potentially be managed within general practice.^{5–9} There is also evidence that ED attendances for lower urgency presentations are highest among those from socioeconomically disadvantaged backgrounds, suggesting inequities in access to care.¹⁰

Patients attend after hours services due to perceived need and convenience, commonly because of a medical issue which arises outside of usual business hours or because they are too concerned to wait until regular hours.^{11, 12} The specific after hours service is chosen by patients based on need and personal preferences.¹¹ General practice should reflect modern society and increasingly, patients need to visit their GP outside of traditional business hours. The RACGP recommends a reconsideration of the time band deemed after hours to enable general practices to remain open longer and GPs to claim after hours rebates from 6pm on weeknights and 12pm on Saturdays for services delivered in the practice. Research shows that after hours services reduce demand for emergency care, improve healthcare accessibility and reduce GP workload.¹³

It is important to consider the features of high-performing general practice and how these can be applied to after hours primary care. The RACGP [Vision for general practice and a sustainable healthcare system](#) highlights the benefits of care which is patient-centred, continuous, comprehensive, coordinated, high-quality and accessible.¹⁴ When prioritised, these features support the provision of the right services, at the right time, in the right place and by the right providers. They work in harmony to optimise patient outcomes, meaning that focusing on one element to the detriment of others risks patient safety and overall service provision.

High-performing general practice should be patient-centred, continuous, comprehensive, coordinated, high-quality and accessible. Consideration should be given to all six features when designing, implementing and evaluating after hours healthcare.

The establishment of Medicare Urgent Care Clinics (UCCs) and state-funded urgent care services increases access to healthcare after hours, however, there are concerns that these services may fragment care if not well-connected to existing general practices and a patient's usual GP.^a The RACGP cautiously welcomed announcements regarding Federal and State Government funding for additional centres, noting the importance of utilising existing infrastructure and general practices where possible. There is a risk of duplication and therefore, decreased cost effectiveness, if services are not well integrated with existing healthcare facilities.

Now that all 58 Medicare UCCs are operational, the RACGP recommends a renewed focus on comprehensive care through the prioritisation of timely clinical handovers and efficient communication channels. We acknowledge the value of the care delivered by many GPs working in UCCs, our concern remains on the continuity of care and would like to see ongoing efforts to link this care back to a patient's usual GP. Continuity of information is critical to the delivery of high-quality, continuous care. Fragmentation increases costs for the health system and results in poorer health outcomes.¹⁴

GPs are uniquely placed to provide comprehensive, continuous and coordinated care to patients, bridging the gaps between primary, secondary and tertiary care, and other health and social services. General practice acts as a central point of coordination for patients who are accessing care from multiple sources, reducing duplication across the health

^a While it is acknowledged that Urgent Care Centres and state-funded urgent care services are not all specifically targeted towards after hours care, they are included in this submission given their role in expanding access in the after hours period.

system and associated inefficiencies. The RACGP has [expressed concern](#) regarding after hours models which are led by other health professionals, such as nurse-led clinics in the Australian Capital Territory.

GPs undertake the same first eight years of medical training as other specialists. This training includes six years of medical school and two years as an intern, before then entering the community to undertake a further three to four years of specialist general practice training. “Generalism” is at the core of all general practice. GPs are experts in undifferentiated illnesses, chronic disease management, complex multimorbidity and judicious and coordinated use of finite medical resources.

Many clinical presentations are deceptively complex and what may appear to be a straightforward diagnosis is not always correct. GPs are experts in managing this complexity and treating each patient as a whole person, rather than simply diagnosing one symptom in isolation, which can easily occur in an after hours setting by a medical professional that does not know the patient. Healthcare professionals who do not have the same medical education and clinical experience as GPs may miss more serious underlying health issues in this environment.

Best practice multidisciplinary care teams facilitate coordinated care, with health professionals working in a collaborative manner with the patient at the centre. The RACGP recommends GPs and general practices are included in the design, operation and evaluation of all after hours services.

4.2 Dimension 2: The extent to which the after hour primary care system – and different models of after hours service delivery – meet the needs of consumers and the community

Australia’s Health Panel survey, conducted by Consumers Health Forum of Australia (CHF), found most respondents expected after hours care to be available at all times (during the after hours period), reflecting the propensity for unexpected medical situations to arise at all hours.¹⁵ The research identified a number of key issues related to the provision of after hours care and the needs of the community:

- **Availability of services** – Respondents identified a lack of local services available, particularly in rural and remote areas leading some consumers with no alternative but to attend the ED.
- **Transport and distance** – Transport to access services was difficult for some respondents in rural and remote areas. This was also observed in metropolitan areas where respondents were dependent on public transport which was limited during the after hours period.
- **Cost** – Respondents highlighted challenges regarding accessing bulk billing services, with some respondents indicating this was a reason to attend an ED rather than available primary care services.
- **Wait times** – Long wait times were identified as a barrier to access with consumers favouring services with shorter wait times.
- **Phone and online services** – Mixed feedback was received from respondents regarding telephone and online support services. For some rural and remote communities, a lack of reliable mobile and internet connections was a barrier to access.
- **Continuity of care** – Consumers were aware of the value of continuity of care and for the most part, turned to after hours services as a stopgap measure only. Concern was raised regarding communication channels, with respondents indicating clinical notes were not always shared with a patient’s usual care provider.
- **Awareness of existing services** – Some responses indicated greater publicity of after hours services was required, this was more common in metropolitan areas where multiple services exist.¹⁵ The 2014 [Review of After Hours Primary Health Care](#) and 2020 [Evaluation of PHN After Hours Program](#) found awareness of existing services was lacking among consumers and recommended increased efforts related to patient education.^{16, 17}

It has been demonstrated that consumers highly value the convenience provided by after hours services, reflecting the importance of suitable opening hours and an accessible location.¹² Respondents to a survey conducted by Health Care Consumers’ Association highlighted proximity to home and ease of parking as additional factors, alongside wait times.¹² While practical considerations were influential, respondents also placed high significance on the clinical expertise of staff and the range of services available.¹² While newer after hours services, such as telephone and online services have been shown to reduce costs and immediate work load, they are also associated with lower patient satisfaction levels than in-person services.¹⁸

After hours services in regional, rural and remote communities are often limited and gaps in service provision are more likely than metropolitan areas, however, the provision of suitable care is important for all geographical locations.

Evaluation of existing services in regional areas highlights the role they play in communities which are not well serviced in the after hours period.^{16, 19} Despite the challenges regarding financial viability and workforce attraction and retention, maintenance of services in these areas is critical to avoid leaving patients with no choice but to attend the local ED.^{16, 19}

Consumers need after hours care to be accessible and affordable. Regional, rural and remote communities should be able to access after hours care when and where it is needed.

Appropriate service provision is often lacking for diverse populations, such as Aboriginal and Torres Strait Islanders and Culturally and Linguistically Diverse (CALD) communities. It is important that services are tailored to fit the needs of local patients, noting a one size fits all model is unlikely to be effective or sustainable.^{17, 20} The PHN After Hours Program was designed as a mechanism to commission after hours services that are responsive to local needs and can be used in a flexible manner to target the specific and unique needs of local communities.¹⁷

Recommendations from the Evaluation of PHN After Hours Program and the recent audit of the performance management of the PHN program should be reviewed and implemented where necessary to strengthen the program functionality and increase accountability to further the needs of the communities most in need of greater support.¹⁷ In particular, the Evaluation of PHN After Hours Program recommended services be actively directed towards locations with limited to no after hours care and vulnerable groups with known physical, geographic or other barriers to accessing after hours care.¹⁷

Telehealth services are an important part of after hours care, particularly for patients experiencing difficulties accessing care in person. However, the provision of these services is limited by the existing MBS framework. Introducing the equivalent MBS telehealth items for after hours services (as exist for in hours) would assist the delivery of care when and where it is most needed. Providers have been advised the general telehealth item numbers can be used to provide after hours care, however the rebates are lower and do not recognise the added impost of providing care on weekends or during the evening. Recognising that opportunistic stand-alone and entrepreneurial telehealth providers may look to capitalise on the availability of after hours telehealth items, we recommend that strict parameters be monitored and enforced to support the patient's relationship with their usual GP. Any new after hours items should only be available to GPs providing both in hours and after hours care.

4.3 Dimension 3: The experiences of primary care providers, and barriers and enablers to after hours service provision

After hours care should only be used when a patient's usual GP or general practice is not available, that is, after hours services are not a replacement for regular visits to a patient's usual GP. There is a risk that the long term underinvestment in Medicare, and subsequent rise in out of pocket expenses for patients, is increasing the use of after hours care as a more affordable choice.^{21, 22} Attendance at a Medicare UCC or state-funded urgent care centre cannot replace the continuous, comprehensive and coordinated care provided by general practice, and is not intended to do so. Instead, UCC's and other after hours services should complement the care a patient receives from their usual GP.

Cost has been identified as a barrier to seeking medical care when required. As Australian EDs do not charge patients, it is likely that the decline in bulk billing rates has contributed to increased ED presentations.^{13, 22} As part of the review of after hours services, it is crucial that broader reforms designed to increase access to primary care are prioritised, as per the RACGP's [Pre-Budget Submission 2024-25](#).

Research shows that barriers to after hours service provision include service delays and prolonged waiting times.¹³ To an extent these can be ameliorated through adequate funding and resourcing, however, patient expectations of acceptable wait times also play a role in determining patient satisfaction with treatment in the after hours period.¹³ Existing literature demonstrates the benefit of well-located after hours services, alongside reduced wait times and after hours services which do not require an appointment.¹³

RACGP member feedback shows local cooperative models may provide a pathway for tailored after hours care. Central to these models is the focus on utilising local services to maximum efficiency and collaboration among providers and

practices, especially in regional, rural and remote communities. Broad principles to consider when designing local cooperative models include:

- **Location** – Proximity to existing services, including EDs where relevant.
- **Phone triage** – Suitably qualified professionals to triage patients (as highlighted above).
- **Telehealth** – Especially important for geographically isolated communities where there are limited other options for efficient first point of contact.
- **Coordination** – It is essential that after hours services are connected to general practice, in providing feedback to this submission, RACGP members highlighted that “See your GP tomorrow” should be the mantra.

A lack of interoperability across all components of the health care system results from segregated medical record systems and is another barrier to efficient care.^{13, 16} Timely clinical handovers cannot occur without shared communication channels which can be utilised across general practice and after hours services. Research suggests that patient management and outcomes, as well as data quality, monitoring and evaluation processes, could all be improved if shared systems were considered and continuity of information was given greater focus when designing and implementing after hours services.¹³ The RACGP recommends that digital interoperability be a priority, including for after hours programs. This includes ensuring all administrative aspects are streamlined, interoperable and seamless to ensure the secure transfer of information across all clinical information systems (CIS).

Increased funding through the General Practice After Hours Incentive Program would enable more practices to provide support for patients in the after hours period. Streamlining the administrative processes for this incentive would also assist practices and providers given the additional burden each separate process can generate. The RACGP recommends using existing platforms for any new or re-designed after hours incentives so that most practices will not need to register for new software and will be able to quickly adapt and adopt incentives, should they choose to do so.

RACGP leadership in supporting after hours primary care

As part of our response to the *Review of After Hours Primary Care Policies and Programs*, the RACGP would like to highlight our ongoing support of after hours (and other) services, and our leadership in this space, as well as future initiatives under consideration.

- Medicare and State Funded UCCs located in primary care.
 - Ongoing involvement in the DoHAC UCC National Operational Oversight Group, a dedicated RACGP Specific Interest Group - *Urgent and Emergency Presentations to Primary Care* - and continuing to explore opportunities to collaborate with universities to teach an Urgent Care micro-credentialing course leading to a post graduate certificate in urgent care (PGCertUC).
- Increased visible support for general practice, house visit corporates and telehealth providers who deliver after hours primary care 7/7/365 from 8am to 10pm
 - Many of the doctors working for these organisations are RACGP Fellows and ongoing support for innovative after hours service models is important to reduce demand on EDs and ensure provision of the right services, at the right time, in the right places, by the right providers.
- Support Nurse Practitioners and Community Paramedics with appropriate training to work in after hours primary care under the on-site supervision of a GP.
 - Multidisciplinary teams, including a GP, are vital in primary care and when designed with a focus on collaboration and coordination, may assist with workforce challenges in the after hours period.

Conclusion

The RACGP supports the provision of accessible and affordable after hours care for all communities. Services should reflect the diverse needs of local communities and operate in conjunction with general practice. A focus on comprehensive, continuous and coordinated care will benefit patients, providers and funders through reduced duplication and fragmentation.

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