

After-hours home visiting services in primary healthcare

Position statement



Preamble

The Royal Australian College of General Practitioners (RACGP) is the key representative body for Australian General Practitioners (GPs) and represents over 32,000 members working in or towards a career in general practice. It is the national leader in setting and maintaining the standards for quality clinical practice, education and research in general practice.

Quality general practice contributes to an effective and efficient healthcare system by providing person-centred, continuing, comprehensive and integrated care to individuals and the community.

The RACGP recognises the need for patients to have access to urgent care after hours. However, to ensure the quality of care provided and efficient use of limited healthcare funding, it is crucial that dedicated after-hours home visiting services use an appropriately qualified workforce and only deliver services to patients requiring urgent care that cannot be delayed until the next day.

The purpose of this document is to communicate to GPs and external stakeholders the RACGP's position on the delivery of safe, quality and efficient after-hours home visiting services in primary healthcare.

RACGP position

The RACGP has significant concerns about any model of primary healthcare delivery that either fragments care, compromises quality or fails to use scarce health dollars efficiently.

Accordingly, the RACGP is of the view that:

- only Specialist General Practitioners, general practice registrars with appropriate supervision, medical practitioners on a pathway to Fellowship with the RACGP, or non-VR General Practitioners who graduated and commenced working in general practice prior to 1996 should be eligible to provide services that attract Medicare Benefits Schedule (MBS) patient rebates for after-hours services. The “gold standard” for any GP working in Australia, either within usual practice hours or after hours, is registration as a Specialist GP. The quality and safety of patient care is at risk in the absence of appropriately trained and experienced GPs providing primary care services in the after-hours period
- patients should **only** be able to access after-hours home visiting services through their general practice. After-hours home visiting services should only be used when a patient’s usual GP or general practice is not available, and the patient has an urgent health concern that cannot be delayed until the next day
- general practices should provide their patients with information on how to access healthcare in the after-hours period and identify relevant services that have a formal connection to the practice
- dedicated after-hours home visiting services should establish and maintain a formal connection with the patient’s usual GP or general practice
- to facilitate and optimise clinical handover of care back to the patient’s regular GP, a summary document detailing the clinical management of the patient should be forwarded to the patient’s usual GP by the next morning. The after-hours GP or general practice registrar should seek permission from the patient to do this, and explain the importance of this process
- dedicated after-hours home visiting services should only take appointments during the after-hours period, as defined by Medicare
- after-hours home visiting services must utilise appropriate triage processes to minimise the number of actual home visits required. Many patients accessing care from dedicated after-hours home visiting services will be unknown to the service, therefore all triage services should be performed by a GP, nurse or other properly trained professional
- dedicated after-hours home visiting services and Medical Deputising Services (MDSs) are not conventional general practices and do not meet the [RACGP’s definition of general practice](#). They act in a **deputising** capacity and provide a service that is significantly more expensive to the tax payer and therefore should be subject to specific regulation and accreditation
- after-hours home visiting services should adhere to the [Australian Health Practitioner Regulation Agency’s \(AHPRA\) Guidelines for advertising regulated health services](#) and should avoid advertising directly to the public. Mass media advertising and marketing campaigns (television, newspapers, and billboards) directly encourage excessive and unnecessary use of these services and should be avoided.

Background

After-hours primary healthcare is defined as ‘accessible and effective care for people whose health condition is urgent and cannot wait for treatment until regular services are next available’.¹ For the purposes of the Practice Incentives Program (PIP), the after-hours period is defined as Monday to Friday from 6.00 pm to 8.00 am, Saturdays from midday, all day Sunday and all day on gazetted public holidays.²

In Australia, after-hours services are provided by the following services:

1. Hospital emergency departments
2. General practices with extended opening hours
3. General practices in cooperative arrangements
4. After-hours home visiting services including MDSs
5. Telephone triage services

General practice has a long history working with MDSs. When an MDS is affiliated with an established general practice, the MDS can maintain continuity of care for a GP’s patient, while significantly reducing a practice based GP’s need to provide after-hours care.

Other after-hours home visiting services have emerged more recently, many of which are not MDSs. Some of these services do not appear to be linked to a general practice and instead initiate consultations directly with patients.

The number of after-hours home visiting services has been increasing steadily in recent years.³ This trend coincides with an exponential increase in the use of after-hours MBS item numbers.³ The increase in the use of after-hours related MBS item numbers could be attributed to the emergence of new business models offering dedicated after-hours home visiting services.

RACGP principles for the provision of after-hours home visiting services

Education and training

After-hours home visiting services should only employ or contract Specialist General Practitioners, general practice registrars with appropriate supervision, medical practitioners on a pathway to Fellowship with the RACGP, or non-VR General Practitioners who graduated and commenced working in general practice prior to 1996. Ideally, these doctors should hold Fellowship of the RACGP (FRACGP) or be actively working towards FRACGP.

Doctors working in after-hours home visiting services must have an appropriate level of education and clinical competency, as per the FRACGP qualification. Any other workforce arrangement will negatively impact the provision of quality patient care and can contribute to further emergency department presentations and/or follow up appointments with a GP.

Providing after-hours primary care services, especially in the context of a home visit, is at least as challenging as ordinary clinic based general practice. The standard of education and training should be at least the same as that of doctors providing primary care services in other settings.

It is not appropriate to engage Resident Medical Officers who are not GP registrars, Career Medical Officers, registrars in specialties other than General Practice, or doctors from other specialties.

The Approved Medical Deputising Services Program (AMDSP) was established in 1999 under section 3GA of the *Health Insurance Act 1973*. The AMDSP was established in response to concerns regarding shortages of medical practitioners providing after-hours home visiting services in metropolitan areas. The AMDSP enables a variety of doctors who are not GPs to provide a range of restricted professional services, for which Medicare benefits are payable, where the medical practitioner works for an approved medical deputising service.⁴

The 2013 AMDSP Guidelines provide the regulatory framework (eg policy directions and operational procedures) for the AMDSP.⁷ An inadvertent consequence of the AMDSP is that doctors who are not trained as GPs now comprise a large proportion of the after-hours home visiting workforce.

Continuity of care

GPs provide continuous, coordinated and comprehensive healthcare. GPs know their patients' medical history, can undertake preventive care, manage chronic health conditions and coordinate their patients' multidisciplinary care needs. This enables highly efficient primary care.

Care provided outside of this model causes fragmentation which results in wasted health resources, largely through duplication of services and the provision of unnecessary services. Therefore, it is strongly recommended that patients are encouraged and supported to see their regular GP or practice and only utilise dedicated after-hours home visiting services when this is not possible.

Patients should only have access to after-hours home visiting services that have formal links with general practices and emergency departments.

Formal arrangements between dedicated after-hours home visiting services and general practices supports both continuity of care and the timely handover of clinical patient information to the patient's regular GP.

To ensure that continuity of care is maintained, the RACGP recommends that all after-hours home visiting services support continuity of patient care by working directly with local general practices to develop appropriate continuity arrangements.

At a minimum, any official agreement/arrangement should detail how the after-hours home visiting service will:

- remind all patients that after-hours home visiting services are a supplementary service and that it is important that the patient has their own GP for ongoing and comprehensive care
- send a summary document detailing the clinical management of the patient to the patient's regular GP the next morning (with the patient's consent and preferably via secure message delivery).

It is also recommended that during this process, dedicated after-hours home visiting services and general practices discuss and document other areas where continuity of patient care can be improved.

Access

After-hours primary healthcare services play a vital role by ensuring that patients can access appropriate healthcare when they need it and alleviating demand on hospital emergency departments.

However, the RACGP maintains that after-hours home visiting services should only be utilised when a patient's usual GP or general practice is not available for an urgent health concern that cannot wait until regular services are next available.

Patients should not have direct access to after-hours home visiting services. After-hours home visiting services are a deputised service, for and on behalf of the patient's usual GP, and therefore patients should only have access to these services through their usual general practice. After-hours home visiting services should not have listed telephone numbers or websites providing direct contact information.

These types of services should not be relied upon in the same way that conventional general practice services are utilised. Dedicated after-hours home visiting services should only schedule appointments during the after-hours period as defined by Medicare. Appointments should not be made in advance or at specified times.

Accreditation

An MDS must be accredited by an accreditation agency prior to accessing Medicare rebates. To date, there has been criticism of the accreditation process.

Recognising that after-hours home visiting services and MDSs are not conventional general practices, the RACGP recommends that they be accredited under specific standards related to after-hours services, which will be developed by the RACGP.

Triage

Appropriate triaging of patients is essential to avoid unnecessary use of after-hours services. This needs to be performed by suitably qualified staff such as GPs or nurses using appropriate protocols. The RACGP strongly recommends that after-hours home visiting services employ appropriate staff (as described) or professionals with suitable training to triage patients seeking urgent medical care.

Advertising and marketing of after-hours home visiting services

After-hours home visiting services, like all other regulated health services, should adhere to the Medical Board of Australia's (MBAs) Code of Conduct and AHPRA's *Guidelines for advertising regulated health services*.

The guidelines indicate that under the Health Practitioner Regulation National Law (section 133), 'a person must not advertise a regulated health service, or a business that provides a regulated health service in a way that directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services'.

Advertising of after-hours home visiting services should only be permitted within the general practice setting. The advertising and marketing campaigns undertaken by many after-hours home visiting services divert patients from daytime general practice into the after-hours period.

Coupled with this, the appeal of bulk-billing services makes after-hours home visiting services a more convenient option for patients, at taxpayer expense, irrelevant to the urgency of their medical condition and contrary to the intended purpose of publically funded after-hours services.

The RACGP is of the view that patients can easily find out which after-hours home visiting services are available in their local area via their local general practice or a simple internet search. Given this, there is no valid reason for after-hours home visiting services to employ mass media marketing/advertising (via television, radio, billboards and print media) directly to the public.

The RACGP's view is this type of advertising encourages the excessive and unnecessary use of after-hours health services, which is inappropriate.

Conclusion

Maintaining patient access to quality primary healthcare services is essential, irrespective of whether the services are provided during standard practice hours or after hours. While the RACGP recognises the need for patients to have access to urgent care when their regular general practice is closed, it has significant concerns about any model of service delivery that fragments care, compromises the quality of healthcare service and fails use to use limited healthcare funding efficiently.

References

1. Australian Government. Guidelines for after hours primary care responsibilities until 30 June 2013. 2013.
2. Department of Human Services. After Hours Incentive 2016 [cited 2016 29 March]. Available from: <https://www.humanservices.gov.au/health-professionals/enablers/after-hours-incentive>.
3. Jackson C. Review of after hours primary health care 2014 [cited 2015 10 July]. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/primary-ahphc-review>.
4. The Department of Health. Section 3GA Programs 2013. Available from: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-pubs-mtrp-16-toc-work-pubs-mtrp-16-chapter-6-work-pubs-mtrp-16-chapter-6-section-3ga-programs>.
5. National Association for Medical Deputising Services. Definition of a Medical Deputising Service 2012 [cited 2015 14 July]. Available from: <http://www.namds.com/>.