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PRELIMINARY REPORT HIGHLIGHTS NEED FOR REFORM OF AFTER-HOURS PRIMARY CARE SERVICES

AMA President, Dr Michael Gannon, said today that the AMA welcomes the opportunity to discuss reform of after-hours primary care services following recommendations from the Medicare Benefits Schedule (MBS) Review Taskforce in its preliminary report, released today.

Dr Gannon said the recommendations, contained in the report, *Urgent after-hours primary care services funded through the MBS*, are subject to further consultation and are not yet Government policy.

“The report comes from the Taskforce’s independent after-hours working group, which is made up of clinicians, and highlights the importance of continuity of care and the need to ensure after-hours services are targeted at patients with genuinely urgent clinical needs,” Dr Gannon said.

Key recommendations of the preliminary report include:

- restricting the use of the high value urgent after-hours items so that medical deputising service doctors and practitioners working predominantly in the after-hours period are excluded from billing these items;
- providing a clearer definition of what is considered to be urgent for the purposes of the MBS urgent after-hours items, including changing the requirement to ‘urgent assessment’ as opposed to ‘urgent treatment’; and
- removing the current right of patients to make an urgent after-hours appointment two hours before the commencement of the after-hours period.

Dr Gannon said the AMA believes that access to after-hours GP services is a critical part of the health system.

“After-hours services should complement the services provided by a patient’s usual GP or general practice, not displace them,” Dr Gannon said.

“If a patient can wait until the next day to see their usual GP or attend their usual general practice, then that is the best option.

“Their usual GP will be able to provide more comprehensive care – with immediate access to a patient’s history and a better understanding of a patient’s health care needs for things like allergies or medications, for example.”

The AMA supports after-hours reform for a number of reasons, including:

- the significant growth in the use of after-hours Medicare items, particularly the use of urgent after-hours items, and the detrimental impact this is having on the link between patients and their usual GP or general practice;
- concern that direct marketing and the promotion of after-hours home visiting services as being free and easy to access is driving much of this growth, as opposed to genuine patient need; and
- poor communication from some after-hours medical services to a patient’s usual GP or general practice – resulting in the fragmentation of care.

The AMA is committed to working with the Government and the MBS Review to focus on:

- ensuring that high quality models of care are adequately funded;
- ensuring that the doctors providing after-hours services are appropriately trained and supervised, particularly in circumstances where they do not hold a formal GP qualification;
- ensuring that patients in rural areas can access after-hours services, which are often delivered by local GPs;
- ensuring affordable access for patients to after-hours GP services when they genuinely need them; and
- ensuring that medical deputising services work closely with a patient's usual GP or general practice.

Dr Gannon said there has been a proliferation of after-hours medical services that have no links to general practice, which is very different to the traditional medical deputising model.

“We will review the Taskforce’s preliminary report, and provide a formal response in coming weeks,” Dr Gannon said.

“Our focus will be on the Taskforce’s final after-hours report - which will be released later this year after the Taskforce has considered stakeholder feedback - and the Government response to the final report.

“If the final report and subsequent Government after-hours policy lead to MBS savings, they must be re-invested back into general practice.”

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