Improving access to after hours primary care

People often find it difficult to access GP care during the night and on the weekends. The Australian Government recognises this and has committed to improving access to after hours primary care services by:

- establishing a new after hours telephone-based GP medical advice and diagnostic service that will be available through healthdirect Australia. To access the service, patients will be able to call 1800 022 222; and
- funding Medicare locals to be responsible for the planning and funding of local face-to-face after hours primary care services.

The after hours GP helpline will be available from 1 July 2011 in most states and territories, with Queensland connecting from early 2012, building on its existing 13Health nurse advice line. The Australian Government has offered to connect the after hours GP helpline to Victoria’s nurse advice line, Nurse on Call, and is awaiting Victoria’s response.

For people living in Tasmania, access to after hours GP telephone advice will continue to be available through GP Assist.

Following are some answers to frequently asked questions in relation to these initiatives.

How will the after hours telephone-based GP advice service benefit patients?

Patients who require after hours medical advice, who cannot access their usual GP and are not sure what they should do, will be able to speak to a GP over the telephone, when necessary. This new service is expected to benefit patients living in areas with limited or no access to after hours care. In some cases, the telephone-based GP will be able to help the patient manage their condition over the telephone, reducing their need to see a GP face-to-face or attend an emergency department.

How will patients access GP advice over the telephone? Will every patient be able to speak to a GP?

GP advice will be accessible during the after hours period by calling healthdirect Australia from 6pm to 8am Monday to Friday, 6pm Friday to 8am Saturday, from 12 noon Saturday to 8am Monday, and on public holidays.

Patients who call healthdirect Australia during these times will initially be triaged by a registered nurse as they are now. If the nurse determines the patient will benefit from a GP telephone consultation, the caller will be transferred to a telephone-based GP. All other patients will be provided with health advice by the nurse and/or directed to appropriate care, including seeing their usual GP the next day if necessary.

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1 The National Health Call Centre Network (The Network), trading as healthdirect Australia provides a health triage, advice and information service to Australians, 24 hours a day, seven days a week. The Network is a joint initiative of the Commonwealth, Australian Capital Territory, New South Wales, Northern Territory, Tasmanian, South Australian and Western Australian Governments.
Patients calling the service outside of these times will not be able to access a telephone-based GP, but they will still have access to the existing nurse triage, information and advice service which is available at all times though healthdirect Australia.

Who should call healthdirect Australia in the after hours period?

The after hours GP helpline is intended for patients who require urgent but not acute medical assistance and are unsure of the health treatment they require. Depending on their condition, the caller may be provided with self-care advice by the telephone-based nurse or GP, or may be directed to the most appropriate health service in their local area.

The after hours GP helpline is not intended for patients with life-threatening conditions that need to be treated immediately. Patients with such conditions should dial ‘000’ and/or attend an emergency department without delay. If the caller requires immediate emergency attention, the call will be transferred to ‘000’ with the telephone-based nurse or GP staying on the line. The service is not intended for patients with non-urgent conditions that can effectively be treated by the patient’s usual GP during normal working hours.

Will every patient needing after hours care be required to call the healthdirect Australia after hours service?

No. The after hours GP helpline is intended to be an additional service to local arrangements that currently operate. If they choose to, patients will still be able to access care in the same way they do now.

Will the telephone-based GP or nurse book a local appointment for patients?

No. If their usual GP is unavailable after hours, patients will be provided with information including opening times, contact details and the location of alternative after hours health services in their local area. These patients will be advised to call the face-to-face service to make a booking. Neither the telephone-based GP nor the nurse will do this.

Will the telephone-based service be free?

Patients will not be charged for the telephone-based consultation and will not be required to present a Medicare card or any other health care card when calling the service.

Calls to the service will be free from a landline, although charges may apply from mobiles.

Patients requiring face-to-face after hours care may be directed to local services that have private billing arrangements in place.

Will the telephone-based GP collect personal information from the patient?

Yes. Upon calling the service, patients will be asked to provide a range of personal information that will be used by the nurse and/or GP to provide health advice and information. All personal
information will be collated into a health record which will be stored securely and sent electronically, with the patient’s consent, to the patient’s regular GP upon request.

**How could health information collected from the patient over the phone be available through their personally controlled electronic health record (PCEHR)?**

The personally controlled electronic health record (PCEHR) system is expected to enable the secure sharing of health information between an individual’s healthcare providers, whilst enabling the individual to control who can access their PCEHR. From 1 July 2012, all individuals seeking care in the Australian healthcare system will be able to register for a PCEHR.

It is expected that *healthdirect Australia* will participate in the PCEHR system. This will mean that with the individual’s consent, important information collected by the nurse or GP during an individual’s call to *healthdirect Australia* may be sent to the individual’s PCEHR.

Access to information contained within an individual’s PCEHR is controlled by the individual. Provided that the individual has given consent, the information contained in their PCEHR may be accessible by authorised healthcare providers involved in their healthcare. This may include, but not be limited to, *healthdirect Australia* nurses and GPs, face-to-face after hours primary care providers and the individual’s regular GP. Having this important health information available when and where it is needed will facilitate continuity of care for the individual.

**How will the telephone-based service benefit GPs?**

The new service will provide GPs with another option for delivering quality care to their patients after hours. This is expected to reduce pressure on GPs during the after hours period, improving their work-life balance. The new service will also allow continuity of care for patients. With the patient’s permission, their usual GP will be able to obtain a record of their consultation with the telephone GP.

GPs will have the opportunity to direct patients requiring medical advice during the after hours period to call *healthdirect Australia* in the first instance. By calling the service and receiving nurse triage and/or GP advice, many patients will be able to manage their condition at home or at least until they can see their usual GP during normal business hours. Where self-management is not possible and a patient’s condition cannot wait until the next day, they will be directed to the most appropriate after hours health services in their community.

**Will the telephone-based GP service replace face-to-face care?**

No. Although the *after hours GP helpline* will provide additional assistance to patients which will allow some to manage their condition at home, it will not replace face-to-face after hours care for those who need it. People who require face-to-face care will be directed to appropriate local services by *healthdirect Australia* nurses and/or GPs.

**How can GPs advise their patients about the service?**

Prior to the launch of the service on 1 July, GPs will be provided with information materials to give their patients. Information will also be provided online, including voicemail scripts and website.
badges for GPs to use within their practice. More information will be available on www.yourHealth.gov.au.

What will Medicare Locals do to improve access to after hours services?

As each Medicare Local is established, they will be provided with funding to identify the health needs of their local community and develop a plan to ensure the health needs of their region are met, including access to after hours care.

Each Medicare Local will be funded in their first year of operation to identify and fill gaps in access to after hours care. MedicareLocals will address gaps by coordinating and supporting local face-to-face arrangements, such as on-call GP rosters. Other options could include funding medical deputising services and/or local GPs to expand their reach or extend their hours of operation. These arrangements will ensure that gaps in after hours care are filled as soon as possible and patients referred from the telephone-based GP service will be able to see someone when needed. From 1 July 2013, Medicare Locals will administer additional after hours funding to further improve access to and delivery of after hours care, ensuring that communities across their region have suitable after hours services in place. Medicare Locals will direct this funding to after hours services that best meet local needs.

In performing this role, Medicare Locals will build on existing arrangements that meet community needs and make best possible use of the available local health infrastructure, including existing after hours service providers.

What will happen in rural areas where face-to-face GP services are not always available?

Each Medicare Local will be expected to support a combination of service delivery models so that the after hours primary care needs of its population are balanced with the capacity of GPs and other local health professionals to provide these services. In rural and remote areas where face-to-face GP services are not always available, the GP telephone advice service will be particularly important for delivering after hours primary care. This may include the telephone-based GP providing local nurses with remote support and advice as they attend to patients.

How will the after hours arrangements coordinated by Medicare Locals link with the new after hours GP telephone advice service?

Local after hours arrangements coordinated by Medicare Locals will be integrated with the new telephone-based after hours GP advice service through a National Health Services Directory (NHSD) that will contain contact details and opening hours of local after hours services. Nurses and GPs staffing the telephone advice service will refer to the NHSD to direct callers requiring immediate care to the most appropriate face-to-face after hours services in their region. In some cases, this may be an after hours health service organised by a Medicare Local.

How will patients know which services are available in the after hours period?

Once established, Medicare Locals will assist local after hours health services keep up-to-date information about local services, including opening times, location and contact details in a
national health services directory. This directory will be referred to by *healthdirect Australia* nurses and GPs when directing patients to local after hours services.

From 1 July 2011, patients will be able to access information about existing local after hours services by calling *healthdirect Australia*. As new services are established, details about these services will also be available from *healthdirect Australia*. In the future this information will also be accessible to patients via the *healthdirect Australia* website.

**How will after hours service providers receive after hours funding?**

Medicare Locals will have flexibility in how they can use their funding to support after hours services in a way that best suits the local region and is straightforward for local providers to access. Program Guidelines will be released in June 2011, which will outline in more detail how Medicare Locals can use after hours funding.

**Will GPs still be responsible for the care of their patients in the after hours period?**

Yes. The telephone-based GP advice service and the face-to-face after hours services funded by Medicare Locals are intended to support the patient’s normal GP practice in providing after hours care. They will not remove the responsibility for providing access to after hours medical care from general practices.

**Will Medicare Locals set up their own after hours services?**

It is intended that Medicare Locals will be principally focused on coordinating and supporting after hours services from existing GP practices and service providers. However, where after hours services do not exist and there is no interest by primary care providers in establishing new services, Medicare Locals may choose to implement new arrangements to ensure coverage of after hours services across their region. This may include collaborative or commercial arrangements.

**What will happen to existing Australian Government after hours programs?**

The Practice Incentives Program (PIP) After Hours Incentive will cease from 1 July 2013. From this date, funding previously allocated to this program will be redirected through Medicare Locals to support after hours services.

Grants under the General Practice After Hours (GPAH) Program will no longer be offered after 1 July 2012. Until then, grants under the program will be available only in those regions where Medicare Locals have not yet been established and funded to plan and support after hours service provision in their region. All existing GPAH grants will be honoured. From 1 July 2013 funding previously allocated to the GPAH Program will be redirected through Medicare Locals to support after hours services.

Redirected funding previously allocated to the PIP and GPAH Programs will be augmented with additional funding to Medicare Locals to support after hours services.
The Government will work closely with stakeholders on the roll out of the after hours reforms through Medicare Locals, to ensure that it supports improved local after hours services.

Medical providers will continue to be able to access existing Medicare Benefits Schedule (MBS) items for after hours services, which will remain unchanged.

**Will every service currently receiving a PIP After Hours Incentive and/or GPAH grant continue to be funded by Medicare Locals?**

Medicare Locals will decide at a local level which after hours services they will support and fund based on how well they meet the local community’s needs. Where current services are well matched to community need, the funding provided by Medicare Locals is expected to continue to support and build on these services. For these services, the reforms mean that the funding support that has been available in the past through grants and practice incentive program (PIP) payments will continue to be available, but as a single grant administered through Medicare Locals.

Medicare Locals may choose to reallocate funding for after hours services from existing services where they determine that their community’s needs could be met more effectively through different arrangements.

The Government will work closely with stakeholders on the roll out of the after hours reforms through Medicare Locals, to ensure that it supports improved local after hours services.

After hours MBS items will continue to be available to all after hours services, irrespective of whether they are receiving further funding from Medicare Locals.