



Review of primary care and after-hours programs and policy



22 April 2024

Dear Allen and Clarke Consulting,

Please find attached our Victorian Tasmanian PHN Alliance (VTPHNA) response to the Review of primary care and after-hours programs and policy you are conducting on behalf of the Australian Department of Health and Aged Care.

The purpose of this VTPHNA response is to highlight issues specific to the Victorian and Tasmanian PHN context of planning, designing, and commissioning after-hours primary care initiatives. This submission is in addition to, and will complement, submissions and survey responses provided by individual PHNs.

Please feel free to contact the VTPHNA team to discuss this submission as needed.

Yours sincerely,



Quinn Pawson
Chair, Victorian Tasmanian PHN Alliance

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1. Introduction

Formed in 2016, the Victorian and Tasmanian PHN Alliance (VTPHNA) comprises six Victorian PHNs and one Tasmania PHN: Eastern Melbourne PHN, Gippsland PHN, Murray PHN, North Western Melbourne PHN, Primary Health Tasmania, South Eastern Melbourne and Western Victorian PHN. We have strong working relationships between us, having collaborated on many initiatives to achieve the best possible outcomes for local communities.

This submission is presented from the perspective of the VTPHNA PHNs to inform the review of primary care and after-hours programs and policy for the Australian Government Department of Health and Aged Care (April 2024). PHNs hold responsibility for planning, designing, and commissioning primary care after hours services within the PHN after hours program. This response presents the key themes identified by PHNs related to the effectiveness and efficiency of the planning, design, and commissioning of after-hours primary care services.

2. Background

Primary Health Networks (PHNs) are independent organisations that are funded by the Australian Government Department of Health and Aged Care (the Department) to coordinate primary health care in their designated region. PHNs assess the needs of their community and commission health services so that people can get coordinated health care where and when they need it.

The PHN AH Program aims to fill the primary care access gaps people experience outside of usual business hours (AH). The AH Program provides resources and a mechanism to commission services that are more responsive to local needs and focus on system-wide coordination and planning. PHNs have been administering the AH program since 2015, when the PHN program commenced, and hold unique experience and expertise with a focus on enhancing the primary care system to meet needs and address gaps, contrary to others who are focused on decreasing emergency department presentations.

Commissioning effective AH services to respond to population health needs and gaps has been associated with a reduction in ED visits,¹ and the PHN AH Program has been shown to result in a moderate reduction in rates of low-urgency AH ED presentations.² Improved access to AH primary care has also been associated with increased primary care utilisation,³ whereby effective primary health care can improve health outcomes at a lower cost than hospital and secondary care and helps to avoid unnecessary hospitalisations.⁴

3. Key themes impacting the effectiveness and efficiency of after-hours primary care

The following key themes related to the effectiveness and efficiency of the after-hours primary care system were identified by Victorian and Tasmanian PHNs. These themes are based on PHN insight as service planners, designers, and commissioners; along with contributions from service providers and

¹ Whittaker W, Anselmi L, Kristensen SR, Lau Y-S, Bailey S, Bower P, et al. Associations between extending access to primary care and emergency department visits: a difference-in-differences analysis. *PLoS medicine*. 2016;13(9):e1002113.

² Department of Health. Health Policy Analysis 2020, Evaluation of PHN After Hours Program, Volume 1 Summary. Canberra: Commonwealth Department of Health; 2020.

³ Hong M, Thind A, Zaric GS, Sarma S. The impact of improved access to after-hours primary care on emergency department and primary care utilization: A systematic review. *Health Policy*. 2020;124(8):812-8.

⁴ Commonwealth of Australia. Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032. Commonwealth of Australia; 2022.

other key stakeholders consulted for PHN needs assessments and other primary care engagement activities.

Across the seven PHNs of VTPHNA, there was overwhelming consistency and consensus in the identified themes impacting the PHN after hours program. These themes are presented in Table 1, along with potential solutions and offer valuable perspectives to inform the review and future redesign of after-hours primary care policies and programs.

Table 1: Key themes in after-hours primary care

Key themes	Brief description and potential solutions
Long-term and flexible funding	Long-term and comprehensive funding that reflects the actual costs of providing an appropriate, safe, and accessible service. Flexibility is required in the funding to ensure services can be designed and delivered within the constraints of the local system. Additional costs relating to security and staffing are incurred in the AH periods, as well as promotion of service availability to the community, and additional administrative tasks associated with system integration such as communication with usual care providers and pharmacies. Therefore, many primary care services report that opening after-hours is financially unsustainable. Funding flexibility should also extend to the type of service able to be commissioned (e.g. by discipline, telehealth, location), and where the system is working effectively, can be used for system support initiatives (rather than delivery) such as promoting available services or educating the community on service navigation. The current nature of the short-term funding for PHN AH commissioning has negatively impacted the effectiveness of the PHNs to commission AH services. Comprehensive services have been difficult to commission on 12-month funding agreements with short lead times. Adding a service to the system and promoting its availability takes time, and is a risk when funding is no longer available to support the program. This approach can lead to system disruption rather than system integration (see below) and will remain a risk with a continued short term funding approach. Financial uncertainty has resulted in inconsistent service delivery, challenges in retaining skilled staff, and limited opportunities for program development and innovation.
Minimal system disruption	New services with short term funding may disrupt the existing system and lead to confusion for service users about where and how to access AH care. Currently UCCs (and PCCs in Victoria) are effective models of AH service provision and are supported by short-term operational grants. It is unlikely MBS alone will be adequate to maintain the clinics so there is risk in implementing services that significantly change the landscape of after-hours provision with only short-term contracts. Anecdotal evidence suggests that an unintended consequence of the UCCs has been existing services reducing their hours due to the UCCs decreasing their demand and increasing competition for attracting and retaining workforce.
Community awareness and navigation of services	Providing after-hours primary care requires investment in building community awareness of services, including when and how to access them. The factors influencing patients' healthcare choices, include service awareness, cost, and convenience. Consumers need to understand and trust the service, including fee structure, and know how to attend (i.e. via transport or online) before they will decide to use the service. This is difficult to establish when compared to an ED that is widely known as free and always open. Research suggests that patients who arrive at ED with non-urgent medical issues have reported experiencing uncertainty regarding the distinctions among various types of primary care services. Moreover, these patients often act upon a perception that

	seeking care at the ED is more appropriate than seeking care from other available healthcare services⁵. After-hours service planning needs to incorporate empowering consumers to self-manage after-hours care by providing health education, digital promotion, and clear healthcare materials, so people can make informed decisions and manage their health effectively. This leads to efficient resource utilisation and strengthens the healthcare system.
After-hours primary care skillset	Strong triage skills and an understanding of local service system is required to provide effective AH primary care. In addition, skills specific for the needs of priority populations (such as language, cultural safety, and anti-stigma), are beneficial. Over recent years, there are an increasing number of after-hours referrals from RACF and palliative care providers, hence we need to ensure that clinicians with best suited expertise and/or training can provide health advice and/or care.
Workforce availability and scope of practice	Services are designed with an understanding of the current workforce constraints. Limitations include workforce availability and willingness to provide AH care, an aging workforce, policy limitations on GP availability to practice, and supervision requirements. Providers also state that MBS remuneration, and in some cases the PIP, is not enough incentive to work in the AH period, particularly the unsociable hours. There are some GPs that can only work in the AH period due to restrictions and require supervision yet, in many cases it is hard to find GPs willing to supervise in the after-hours period. Access to multidisciplinary team care is limited in the AH period, with many allied health not working after hours, including primary mental health and AOD services. Pharmacy access after-hours is well catered in metropolitan areas however, several of the Victorian state funded 24-hour pharmacy services have recently had their funding reduced and therefore are doing less hours. Sensitivities relating to the disciplines engaged to provide primary care have also been highlighted by stakeholders and may be seen as competition with existing service providers (e.g. FACEMs providing primary care services). GPs may not have capacity to do the work but are concerned about fragmentation of care when PHNs introduce alternative solutions. Small rural health services find it difficult to access the 19(2) exemptions – if accessed, these services could provide after-hours services via a GP or nurse practitioner that are MBS billed which would serve a need in their community.
System integration	Services need to be integrated within the system which includes access to diagnostics, pharmacy, community and support services, ED, and have mechanisms for communicating service contacts and outcomes with usual care givers. There needs to be consideration of the continuity of care with the introduction of additional services. The importance of communicating back to a patient's usual GP needs to be reinforced and mandated to ensure that patients receive seamless care. There is a risk that increased services increases fragmentation. The UCC model included establishing pathways between ED, Nurse On-Call, and Ambulance Victoria as well as involvement of usual care providers. Local knowledge of other social supports and access and referral pathways is also critical due to the nature of care needs prevalent in the AH period (e.g. mental health, AOD, family violence), and is a challenge for services that are not based within a region (i.e. telehealth services).
Medication and diagnostics access	Timely access to prescription medication AH is both a driver of AH service demand, and a characteristic of a successful AH system. Local knowledge of pharmacies, including mechanisms for two-way communication between the GP and pharmacist in the after-

⁵ Christien Van Der Linden et al., 2014; O'Loughlin et al., 2019

	hours period, was highlighted as critical. Pharmacists reported they often encounter patients seeking medication following an after-hours GP consultation, but may not have the medication in stock, or need time to prepare, or need to check something with the prescribing GP. Another barrier to accessing primary care in the AH period is a lack of access to diagnostic services such as radiology, which means that people attend an emergency department instead.
Effective utilisation of health technologies	Effective use of health technologies, including telehealth, e-scripts, home monitoring devices, and My Health Record offer solutions for after-hours care access, medication access and continuity of care. However, many technologies aren't working to their potential due to poor community awareness, low confidence and literacy using technology for both consumers and clinicians, poorly integrated systems, and low interoperability. Other factors, such as returning to more rigid funding models, have also stifled telehealth options in after-hours care. Current MBS requirements that are a barrier to telehealth-mediated AH care include the active patient requirement (practice has seen the patient within the last 12 months) and needing written consent for a telehealth consult. Limiting access to MBS reimbursement results in out-of-pocket costs that will be absorbed by the patient (or practice), further impacting access and equity. Knowledge of local service system and navigation of available telehealth options, including catering for different languages, are current issues that when addressed would strengthen after hours telehealth services.
Tailored support for priority populations	Enhancing patient literacy and providing peer navigators and educators helping guide patients to access the right care at the right time, particularly for CALD/Refugee backgrounds were seen as effective models. These roles and education provide crucial support and guidance, easing patient anxiety, clarifying options, and improving healthcare outcomes and health literacy. There is a level of "fear" from non-English speakers when accessing care because of difficulties with "expressing things" and understanding the "technical and complex" questions from providers. Lack of continuity of care when accessing after hours services presents additional barriers because patients may need to "explain their condition multiple times" to different providers, which increases cognitive demand if English is not spoken as a first language. Design of after-hours primary care services needs to consider appropriateness, access, linkages with community and social support services, inclusion of peer and bicultural workers, and opportunities for assertive outreach for priority populations. Allocating funding to rural and remote locations allows for more equitable and accessible primary care services. In many areas there is a thin, or no, market for commissioning after hours services, and flexibility and resourcing may be required to ensure service access.
Safety for staff and patients	Services are planned and resourced with patient and clinician safety in mind. Service providers indicated concerns about staffing for extended hours, including safety considerations, such as the need for security personnel due to increased risk when other services are closed, or modification to the physical environment. In many cases, the additional resourcing required to create a safe environment meant that operating in the after-hours period was financially unsustainable.

4. After-hours primary care design principles

The above issues indicate that there are several design principles that need to be considered in future reform of after-hours primary care programs and policies. PHNs are well placed to continue to lead this work given their knowledge of the local primary care systems and learnings from nine years of commissioning after-hours primary care initiatives.

- **Optimal patient experience** acknowledges that safe and appropriate AH services are accessible, have minimal wait times, and continuity of care will be maintained. Partnering with primary care providers and their teams further to expand their capacity and capability for managing patients for semi-urgent needs, effectively during after-hours periods. This could include the provision of comprehensive training in triage, diagnosis, and treatment, as well as increasing access to diagnostic tools to minimise ED Visits and simplify the patient journey.
- **Minimal disruption to the existing service landscape** to ensure short-term funded programs don't destabilise the system and lead to a net decrease service. New services should be designed to work with current providers with a goal of collaboration rather than creating competition. Service models that work alongside existing services and do not require large changes in consumer behaviour and decision-making may be the most effective in improving after hours service uptake.
- A solid **understanding of workforce challenges** should inform service design to avoid situations where workforce limitations impact service delivery.
- **Trusted and appropriate services** was a key factor for engagement with priority populations. This refers to cultural safety, clinicians and support staff that are trained in trauma-informed care, have knowledge of the local system and community context, and are reliably accessible.
- **A connected system** implies that service providers have a strong knowledge of the local service system, can assist patients navigate in and out of services, and patient information flows accordingly to promote comprehensive and continuous care.
- **Community awareness of available services** including when, how, and who can access, to ensure the system is efficient and effective, and patients receive the right care, in the right place, at the right time.
- **Long-term and flexible funding** that allows for establishment, integration, and trust of services to be developed, along with long-term investment to build community awareness and understanding of the local service landscape. Flexibility is required to ensure services are responsive to local needs and system constraints.

5. Successful models of after-hours primary care

The following section includes case studies of successful models of after-hours primary care PHNs have commissioned to address local needs.

Title	Introduction of After-Hours telehealth model to Gippsland Communities
PHN	Gippsland PHN

The 2022- 2025 Gippsland PHN Health Needs Assessment *Opportunities, Priorities and Options* paper identified the following opportunities which could be met through the after-hours program:

- Utilising digital solutions to improve care coordination and access to health
- Promoting and supporting use of telehealth, smart forms, e-referrals, and the digital health guide
- Advocating for evidence-based health services in the right place at the right time, including telehealth and nurse led models
- Reduction of admissions to hospital with good access and quality care by GPs. Gippsland has a higher-than average rate of potentially preventable hospitalisations (3,010 per 100,000 compared to 2,697 for Victoria).

The geographical landscape of Gippsland has communities living in rural and remote areas that are significant distance from after-hours access at health services. After-hours service providers (general practice) have consistently reported issues with GP availability in the after-hours period with some providers needing to access and pay for a locum to fill the gap, and others reporting closure during some after-hours sessions. There is reported burnout of GPs who are withdrawing their commitment to after-hours service and a spike in emergency department presentations across Gippsland where people attend the emergency department due to lack of access or long wait times in the after-hours period.

For a third of the Gippsland area many of the GPs working in Gippsland live in Melbourne and outer suburbs with their family and cultural community. These GPs want to work business hours and then travel to and from their home which reduces their practice commitment to providing after-hours care. The Gippsland region has a high influx of tourists through the peak tourist times. General Practices and health services have reported that during these times their service in the after-hours period is stretched; wait times are longer and people are more likely to attend an emergency department for non-urgent presentations.

Approach

Through the extensive tender process, the current HealthAccess After-Hours telehealth service provided a solution by:

- Provision of a dedicated after-hours number for after-hours care through the telehealth model, including to residents in Residential Aged Care.
- Providing expert generalists qualified with clinical triage experience, Australian trained and fellowed GPs/VMOs, to service the telehealth model.
- Promoting a key message that their telehealth health service is to support and supplement existing after-hours arrangements across Gippsland and not to replace them.
- Increasing access, efficiency, and effectiveness of After-Hours care for patients, particularly those whose rural and remote location limits access to health services.
- To work collaboratively with general practice and other health services in Gippsland.
- Providing quality patient notes back to the patients' GP in a timely way.

- Providing clinicians who are trained and practised in Aboriginal cultural safety and LGBTQI+ awareness.
- Providing alternative care for non-urgent conditions that may otherwise attend emergency departments.
- Developing referral pathways and escalation of care protocols for:
 - Emergency and High Acuity: refer to relevant facility
 - Pathology: Collection of after-hours pathology
 - Imaging: Collection of after-hours imaging
 - Pharmacy: streamlined process to enable patients to access medications immediately where appropriate, and protocols to enable prescriptions to be filled by community pharmacies.
 - Regular GP – record transfer and advice to patient to attend regular GP where appropriate.

Potential Barriers versus Actions and Outcomes

Barriers	Actions & Outcomes
Uptake of telehealth service model was slow	Increased targeted marketing of service through: • Gippsland visits by HealthAccess • Circulation of promotional material to general practices, pharmacies and health services and targeted communities to increase consumer awareness and improvement of health literacy regarding the most appropriate health service to access in the after-hours period. • Increased promotion through social media, local television, and radio The service has steadily increased, and promotion is still increasing to provide consistent awareness.
Limited engagement of local GPs and other health providers	Service provider engagement with local general practices and health services to advise of the service to support the communities of Gippsland and to support and supplement the existing after-hours arrangements in Gippsland.
People not willing to use a telehealth model for after-hours service	Good promotion and targeted communication. Rural and remote people are grateful for the service as they may otherwise not be able to travel to nearest after-hours service due to time and distance. The use of telehealth during the pandemic has opened a more consistent understanding of the telehealth service. Feedback of the service has been positive: • I was very happy with the service and attention I received. • Ability to send photos to GP to aid with diagnosis and treatment. A great service • I had a professional consultation that solved my medical needs. • I was very apprehensive about contacting the service but the whole process was wonderful. Caring and willing to help me. • It was excellent and felt more thorough than local GP • The quality of GP is amazing. I would love to see her as my regular GP From a general practice: • Very supportive in the after-hours care of my patients. Excellent notes are provided and the offer of a discussion of follow up if needed.

Title	Moreton Group Medical Services
PHN	Primary Health Tasmania

For vulnerable Tasmanians, Moreton Group Medical Services (Morton Group), provide a mobile health clinic to improve access to After Hours medical care for people with or at risk of homelessness and for clients of community service providers. It delivers scheduled, bulk-billed After Hours health clinics at the location of partnered community service providers in Hobart.

Moreton Group are contracted to provide a target of 650 consultations/episodes per year. As of April 2024, Moreton Group have provided 562 consultations, demonstrating services demand outweighs service available. Of those 562 consultations, 106 were consumers utilising the service for the first time and 258 consumers indicated they did not have a regular GP. The Moreton Group Doctors and Nurse Practitioners indicated many of these consumers would have attended the Royal Hobart Hospital for urgent treatment otherwise. When financial modelling is undertaken, Moreton Group can also be demonstrated as a cost saving measure by diverting inappropriate presentations away from ED.

The Moreton Group Doctors and Nurse Practitioners noted there has been a demonstrated increase in service enquiries. Reasons for this increase include decreased access and increased cost to GP appointments, increased homelessness and at-risk of homelessness and an ageing vulnerable population. This increase in service enquiries was also demonstrated in 2022, where there were 1,039 occasions of service over the 12-month period, an increase of 64% from the number of services provided in 2021 (633).

6. Key contact

For further information, please contact Kate McIntosh, VTPHNA Primary Care Bilateral Project Lead (kate.mcintosh@VTPHNA.org.au).