healthcare consumers

Comments on the ACT Health *Walk-in Centres* Discussion Paper

Overview

The Discussion Paper presents the Walk-in Centres as a concept involving the development of a community based primary care level that is supplementary to both GP practices and to emergency departments in hospitals. HCCA strongly supports the concept. The Paper provides a realistic rationale for an additional level of community based care, however, it lacks adequate exploration and discussion of the range of services and service options and development processes that could be considered in the introduction of walk-in centres in the ACT.

Background

ACT Health has released a Discussion Paper "Walk-in Centre in the Australian Capital Territory" seeking comments and submissions on the walk-in centre concept. The paper discusses in broad terms the nature of walk-in centres and the rationale for their introduction, the UK NHS experience and possible models for ACT walk-in centres.

The NHS does provide a specific operating environment. As with many overseas imports understanding the context within which they operate is critical in achieving a successful transplant.

Walk-in Centres

Walk-in centres, as defined in the discussion paper, are: primary health care services that manage "problems by providing simple treatment for minor conditions or referring people to the most appropriate health care providers". As the name also implies you can walk-in without the need for an appointment. In practice, the UK examples indicate the "organic" nature of walk-in centres – while they share a set of common characteristics many other characteristics vary according to their location, their setting, the nature of the community they serve and their relationships with other health care services.

While there are walk-in centres in place in the UK, Canada and USA, there appear to be significant differences in the nature of the centres in additional to the obvious differences resulting from the health care systems within which they operate. In the UK, the centres operate under the NHS, and exhibit a considerable variety of structure and range of services provided. The surveys

and evaluations to date support the additional care provided by the centres. The UK variations indicate a degree of flexibility in the nature of the centre depending on local conditions and needs, including both GP-led and nurse-led centres.

Canadian research compared patient satisfaction and quality of care in walk-in clinics, family practices and emergency departments in Ontario. The Ontario model usually includes a physician and is fee-for-service. The conclusion drawn from the study was that "Satisfaction with waiting time was highest among family practice patients. Both family practices and walk-in clinics were perceived more positively than emergency departments on all three dimensions of satisfaction. Overall quality-of-care scores were higher in walk-in clinics and emergency departments than in family practices."[1]

HCCA considers that there is potential to take elements from both models to meet the specific needs of the local communities which will be served by the walk-in-centres.

Issues

The HCCA comments provide some suggestions/proposals /options that would, in our view, strengthen the concept and its implementation.

HCCA supports the concept, however, moving from concept to implementation requires considerable definition of the walk-in centre in relation to the specific needs being addressed and the specific groups being targeted. This process needs further planning based on a good information base and consultation with consumers and the community.

There are a number of assumptions that need to be made explicit by ACT Health to provide guidance in developing the walk-in centre concept. These include: the provision of the service being free of charge to consumers; the centres not have on-going treatment role, the range services to be provided and relationships with other services such as GPs, ED and community based services.

There are also a number of important issues that need to be further considered, these include; the location of centres (i.e. community based or co-located with an ED); whether the centres are GP or nurse led; the level and range of primary care provided; ability to refer to ED/community health services; ability to prescribe medications; linkages with community based health services.

HCCA does not have decided positions on these issues. HCCA looks to the walk-in centres an additional community health care service that will improve health outcomes for the ACT community. The centres proposed should be tailored to meet the community health needs of the catchment area that the centre will service and enable provision of primary health care or linkage with such services. At this stage of development there should be sufficient flexibility to allow difference in the nature of the centres that reflect the health and community nature of the locations.

In developing the walk-in centres in the ACT the experiences of the overseas centres need to be considered but in the ACT context. For example, UK walk-in centres in city locations have recorded high levels of use during lunch and late afternoon/early evening by commuters – this may not be an appropriate consideration in the ACT.

The groups that will directly benefit depend very much on the model(s) and location(s) of the walk-in centre adopted. It is clear that a walk-in centre that includes a GP will offer a different range of services to a centre that is nurse or nurse practitioner led. In The direct benefits will accrue to specific groups in the community, there are a number of groups which will not benefit.

There are a number of specific health care issues that also need consideration as part of this process. An example of the need for coordination with existing services is defining the role of walk-in centres to assist those with chronic and complex conditions in providing advice and support in self-management of those conditions needs consideration. Similarly the nexus between the Health Direct referral process and that of the centres needs further exploration.

The lack of a planning and consultation process in the discussion paper is an important omission. It is not clear how the further development of a walk-in centre program will be progressed.

Comments

HCCA proposes that at this stage the walk-in centre program be regarded as a pilot program. The pilot nature of the program together with the collection of appropriate information would enable some innovative approaches to be taken. For example, possible co-location of a walk-in centre with the West Belconnen Community Health Centre, including a GP. A pilot program by its nature would allow the initial establishment of two centres that are different in the nature of their locations, structures and services. For example, a GP-led centre in West Belconnen and a nurse-led centre co-located with the ED of The Canberra Hospital. The critical element is that the two centres be evaluated both in relation to the health outcomes of the communities that they service and importantly on the effect of their differences. The collection of appropriate baseline and health outcome data for the centres is a necessary element to enable such an evaluation.

This would provide an opportunity for different models to be evaluated in the ACT setting. The introduction of the centres should provide an improvement in health outcomes in a cost-effective manner. In assessing the benefits of the centres, given their relatively restricted role, their benefits should be compared with investing the same level of funds into other uses. Part of the evaluation need to be set against the degree to which objectives are achieved.

HCCA notes that the CADP, in discussing the community-based services proposes creating walk-in centres at three community health centres, City, Tuggeranong and Gungahlin.

While the Discussion Paper talks about the introduction of walk-in centres as possibly providing "an opportunity to examine and debate alternative ways of designing health care services in the ACT that can help to relieve the pressure on public hospitals, provide faster access to treatment and to address workforce changes." P.6. These are not clear quantifiable objectives. Objectives of the walk-in centres need to be stated in specific and quantifiable terms, currently the objectives lack a clear focus on specific objectives and desired outcomes, except in very general terms.

The needs of consumers with chronic and complex conditions should be considered in the assessing the scope of services to be provided at the walk-in-centres. The ability of the centres to provide advice to and treatment of these consumers would enhance their value considerably.

As the purpose of the walk-in-centres is, in part, to reduce the load on EDs the walk-in-centres policy should include specific strategies for EDs to address the issue of consumers presenting with lower level clinical issues, specifically triage category 5. This policy should incorporate considerations such as access, location and availability.

It is not clear how walk-in centres will themselves overcome a nurse/nurse practitioner shortage. The centres may provide a better work environment than emergency departments for nurses and therefore attract nurses reluctant to work in a hospital setting but is unlikely to have a major effect on supply. Tighter economic conditions are more likely to have an impact on the supply than the centres.

HCCA argues that there a clear development process should be spelt out. This process to set out the development stages and provides for public consultation and input from health care consumer groups at those stages.

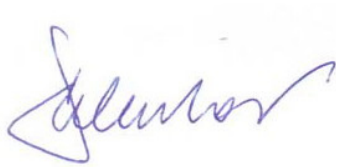
Conclusion

HCCA considers that ACT Health should take the next step in developing the walk-in centres for ACT by setting out some of the more specific functions, possible types of locations and possible structures and relationships with existing health care agencies. The walk-in-centre program should reflect developments proposed in both the National Primary Health Care Strategy and the NHHRC Interim Report. HCCA propose that ACT Health adopt a pilot development program to establish two dissimilar centres each with a strong evaluation component. This would require a focused health information collection and analysis effort, including baseline local health data prior to the establishment of the centres. This evaluation will provide a valuable evidence base for further development of the walk-in centre program.

The development process should be well grounded on health need in the target population using local health data and analysis and should also incorporate consumer and community consultation.

[1] Hutchinson, B et al CMAJ April 15 2003; 168(8)

Regards,



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