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**HCCA Submission to the
MBS Review Taskforce
Preliminary report for consultation
Urgent after-hours primary care
services funded through the MBS**

Submitted 21 July 2017

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MBS Review Taskforce – Preliminary report for consultation: Urgent after-hours primary care services funding through the MBS Submitted 21 July 2017

Background

The **Health Care Consumers' Association (HCCA)** is a health promotion charity and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations,
- training in health rights and navigating the health system,
- community forums and information sessions about health services, and
- research into consumer experience of human services.

The **Australian Charter of Healthcare Rights** was endorsed by the State and Territory Health Ministers in 2008. It was developed by the Australian Commission for Safety and Quality in Health Care and applies to all people receiving, seeking or delivering health care in all settings in Australia.

The Australian Charter of Healthcare Rights¹ states that all consumers have the right to:

- **Access** – to have timely access to health services that address our needs
- **Safety** – to receive safe and high quality care
- **Respect** - to be shown respect, dignity and consideration
- **Communication** – to be informed about services, treatments, options and costs in a clear and open way
- **Participation** – to be included in decisions and choices about our care as well as health service planning
- **Privacy** – to have our privacy maintained and proper handling of our personal health information assured
- **Comment** – to comment on or complain about our care and have our concerns addressed properly and promptly

¹ Accessed 11/072017 at: <https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/>

HCCA believes that a shared commitment to the Charter will improve the safety and quality of health care for all consumers. It is with reference to these rights, particularly access, that the HCCA has developed its response to the **MBS Review Taskforce preliminary report for consultation: Urgent after-hours primary care services funded through the MBS.**

HCCA is a member based organisation. We sought input on after-hours primary care services from our membership and through our networks. Their comments and ideas have shaped this submission.

General comments

The key recommendations from this preliminary report from the MBS Review Taskforce are:

- Greater guidance on when and why urgent after-hours items should be used
- Restrict the use of urgent after-hours items to GPs working predominantly in normal business hours

HCCA would like to emphasise that consumers do **not** choose and attribute the Medicare item number to a service. However, consumers' needs and preferences should be considered in making any changes to the system. Without sufficiently understanding consumer need for health care after-hours, it is difficult to say whether restricting the use of urgent after-hours items to GPs working predominantly in normal business hours is the best approach.

HCCA has chosen to discuss four issues:

- Definition of 'urgent' for after-hours services
- Impact of after-hours care on having a regular GP
- Provision of GP home visits and after-hours care
- Growth in use of urgent after-hours services

Definition of 'urgent' for after-hours services

We agree that there needs to be improved clarity around the definition of 'urgent' in order to assist practitioners in deciding when to use the urgent after-hours items. However, we reiterate that consumers don't choose whether or not to allocate an 'urgent' item number to a service.

The ability to see a GP in one's own place of residence is highly valued by consumers, as demonstrated by the popularity of the National Home Doctor Service. The *convenience* valued by consumers is not limited to avoiding potentially long waits at other free, after-hours services (e.g. emergency departments, nurse practitioner led walk in centres). Other factors include the need to work, the need to look after children who do not require medical attention, and the availability of services during normal hours. All this is demonstrated in the quote below.

"[E]veryone in my family was sick with a virus, but that night only two of us really needed a check-up with a doctor. Having access to a home visit with NHDS [National Home Doctor Service] meant we could keep warm, easily look after one child who was vomiting, and all continue to rest up at home while we waited for the doctor. An alternative would have been to wait for a

normal business hours appointment at our local practice the following day, if we could get in, but meaning both of us would definitely have to stay home from work, in order to take two children to the doctor but keep one at home getting better. Our other option would have been to go to Emergency, but it really didn't seem that serious, and without it being serious, we might have ended up waiting there all night long, which wouldn't have necessarily helped us to get any better, and might have exposed us to other viruses or bacteria while we were already unwell". (Health Consumer)

This quote also demonstrates other benefits of a GP home visit, which include providing the *best type of care* for the sick individual (e.g. rest and warmth) and *avoiding cross-infection*.

Access to after-hours home visits is clearly valued by consumers. Any changes to the definition of urgent care must not limit the ability of consumers to book a non-urgent after-hours appointment more than two hours before the after-hours period begins.

A better definition of 'urgent' will help ensure a better distinction between urgent and non-urgent after-hours services, and help those health practitioners using the relevant Medicare items to choose the appropriate services for their patients. We strongly note, however, that if the change in definition largely meant an end to the improved access for consumers to after-hours home visits in recent years, this could have a negative impact on health care in Australia.

Impact of after-hours care on having a regular GP

The report details the medical profession's concerns that patients are choosing to use urgent after-hours home visits as a substitute for having a regular GP. The Taskforce also recommends that:

"Patients need to find a doctor they feel comfortable with and see regularly. A regular doctor will develop a clear understanding of their patients' health needs and make the right choices for their patients' treatment"²

While having a regular GP is generally considered to be the ideal situation in primary care, and can facilitate good continuity of care, it is not the reality for many consumers for a variety of reasons. A survey of over 600 Australian Capital Territory (ACT) consumers in 2013 demonstrated that respondents overwhelmingly had a regular GP (89.1%)³. Almost a third of those who did not have a regular GP stated that their regular GP had retired or moved, or that they couldn't get in to see their preferred GP. Other barriers include:

- Lack of transport to get to a regular general practice
- Caring responsibilities
- Working hours that do not allow flexibility to attend business hours appointments
- Inability to pay the co-payment

² Page 2 of After-Hours Fact Sheet, MBS Review Urgent After-hours Primary Care at <http://www.mbsreview.com.au/factsheets/after-hours-factsheet.pdf> [Accessed 17/07/2017]

³Pages 8-11 "Consumer experiences and expectations of general practice in the ACT GP Snapshot Survey 2013" [Accessed 20/7/2017]

- Locations where all local practices have closed their books and are not accepting new patients
- Difficulties for consumers in Residential Aged Care Facilities (RACFs) accessing appropriate and accessible GP care.

Even when there is an established relationship with a GP consumers may still have a considerable wait before an appointment is available. Depending on the urgency or reason for an appointment this may not be reasonable. So while the care of a regular GP may be preferable, circumstances can mean that consumers seek out alternative health care arrangements to meet their needs.

Provision of GP home visits and/or after-hours care

It is important to note that general practices do not always provide home visits or after-hours care to their own patients. The Report confirms that “Most urgent after-hours services are being provided by medical deputising services”⁴.

Under the RACGP standards (Criterion 1.1.4)⁵, general practices are required to have afterhours care arrangements in place for their patients, but not necessarily to provide these arrangements themselves. In HCCA’s jurisdiction of the ACT, the arrangement is often to seek an appointment with the Canberra After-hours Locum Medical Service (CALMS)⁶. While CALMS is a great service, the service costs can be prohibitive, especially for individuals or families on a low income. CALMS can also provide home visits, but again the costs associated with these services mean that they are not accessible to everyone.

As such, it is not surprising that the availability of medical deputising services, such as the National Home Doctors Service⁷, are being used by consumers to meet their health care needs after-hours and for home visits.

In addition, not everyone is aware of, able to access, comfortable with, or confident using all of the after-hours care options available to them. In consulting with consumers, we received the following comment:

“I think that the main point about After Hours Care that I would like to make is that choice of this service is really only available to those who have the money in the bank to pay apart from going to the Emergency Department or the community after hours nurse at a Walk In Centre”⁸.

As someone who lives alone and am older with disabilities I am doubtful about calling an After Hours GP Service that doesn't know my history and doesn't have access to treatment if necessary other than to call an ambulance and go to ED... I am doubtful about the placing of people in 24 hour observation units or MAPU as they generally send you home at the change of shifts rather than when you are feeling well enough to go home”. (HCCA member)

⁴ Page 5 of Medicare Benefits Schedule Review Taskforce, Preliminary report for consultation, Urgent after-hours primary care services funded through the MBS (2017) [Accessed 17/07/2017]

⁵ For more information see <http://www.racgp.org.au/your-practice/standards/standards4thedition/practice-services/1-1/care-outside-normal-opening-hours/> [Accessed 18/07/2017]

⁶ For more information see <http://calms.net.au/> [Accessed 17/07/2017]

⁷ For more information, see <https://www.homedoctor.com.au/>

⁸ An ACT Health service available in Canberra, for more information see: <http://www.health.act.gov.au/our-services/walk-centre> [Accessed 17/07/2017]

Growth in use of urgent after-hours services

The report states that urgent after-hours services have grown significantly in recent years, and attributes this growth not to clinical need but to the promotion of new medical business models that emphasise convenience and no out-of-pocket costs.

We recognise there has been significant growth in the use of ‘urgent after-hours’ Medicare item number claims⁹. Nevertheless, growth in the use of these services demonstrates there is consumer demand for this type of after-hours care. Once again we make the point that it is **not** consumers who choose and attribute the item number to a service. Consumers are using the services available to them – not just because they are convenient or don’t entail out-of-pocket costs – but because they meet their health service needs at a particular point in time.

A consumer’s call for a home visit after-hours may not be a serious medical emergency, but may be triggered by a range of environmental and social barriers to accessing alternative services. These barriers can include lack of transport, caring responsibilities, reluctance to expose the ‘patient’ if infectious, or an inability to pay out-of-pocket costs. If these barriers to accessing health care are truly considered, then the use of an after-hours home visit can be what keeps some consumers from:

- not accessing health care at all,
- calling an ambulance because they feel there is no other option, or
- having to attend the hospital emergency department with a non-emergency issue.

The report mentions that the growth in the use of urgent after-hours services through Medicare has not equated to a reduction in emergency department presentations¹⁰. We suggest that there may not have been a reduction in emergency department presentations at the same time as the increase in use of after-hours home visits, because that’s just not how consumers are using these services.

“I just needed to know that my sick child didn’t have an ear, throat or lung infection, something that I couldn’t see, and I couldn’t get to my usual general practice during the day as we are a one car family. It wasn’t serious enough to head to ED, but I needed to know I was doing the right things to help my child get better, and an after-hours home visit was the best option for us”. (HCCA member)

Concluding remarks

Once again HCCA emphasises that consumers do **not** choose and attribute the item number to a service. However, consumers’ needs and preferences should be considered in making any changes to the system. Consumers are choosing to access after-hours home-based services because they meet their very real needs and preferences. Any changes to the system should not reduce the availability of these after-hours, home-based services to consumers.

⁹ Page 10 of Medicare Benefits Schedule Review Taskforce, Preliminary report for consultation, Urgent after-hours primary care services funded through the MBS (2017) [Accessed 17/07/2017]

¹⁰ Page 10 of Medicare Benefits Schedule Review Taskforce, Preliminary report for consultation, Urgent after-hours primary care services funded through the MBS (2017) [Accessed 17/07/2017]

**HCCA SUBMISSION – MBS REIVEW
URGENT AFTER HOURS PRIMARY CARE**

We look forward to seeing how our feedback and comments shape the ongoing work of the MBS Review Taskforce on Urgent After-Hours Primary Care.

Please do not hesitate to contact us if you wish to discuss our submission further. We would be happy to clarify any aspect of our response.