

Australia's health call network

Country: Australia

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Survey no: (7)2006

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Health Policy Issues: Responsiveness

Current Process Stages

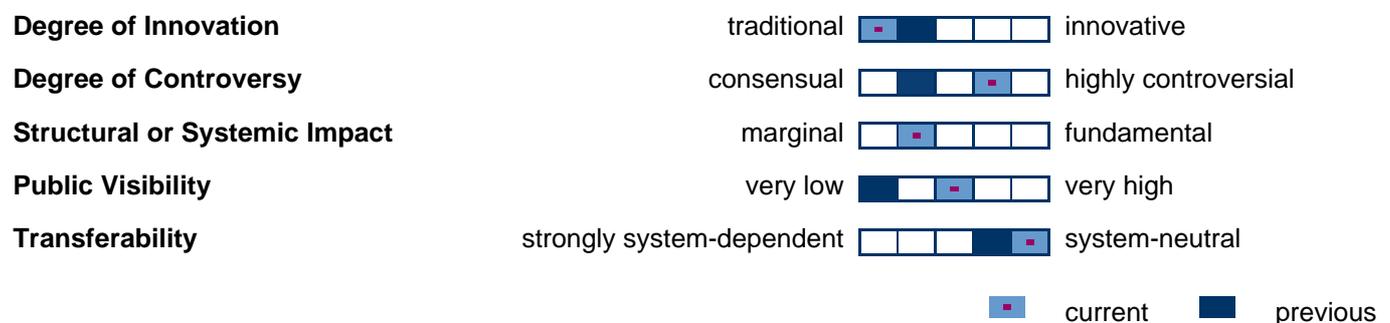


1. Abstract

The national and State governments have agreed to establish a National Health Call Centre Network. It will be accessible 24 hours, 7 days a week for the provision of health advice and information. It will be a co-operative arrangement jointly funded by the national and state governments. Funding/Service Delivery Contract(s) will provide for the amount and timing of funding to be given by either each or all of the governments for the management and operation of the Network.

2. Recent developments

3. Characteristics of this policy



This policy follows both international and local ideas and can be expected to produce the same sorts of outcomes. It is an agreed objective of both national and state governments and its implementation is in line with similar national-State agreements. It received some media attention in the days immediately following its announcement, but has not generated any ongoing comments nationally.

There are now many examples in the developed world of telephone triage systems so this is not a world-first innovation. Nevertheless, because it challenges the traditional way of providing services, it is relatively controversial

Influences in policy making and legislation

A Heads of Agreement (i.e. a memorandum of understanding) has been signed between the governments regarding the foundation, governance and implementation of the National HCC Network. No legislative change is required.

Legislative outcome

Actors and influence

Description of actors and their influence

Government

governments of Australia

very strong  none

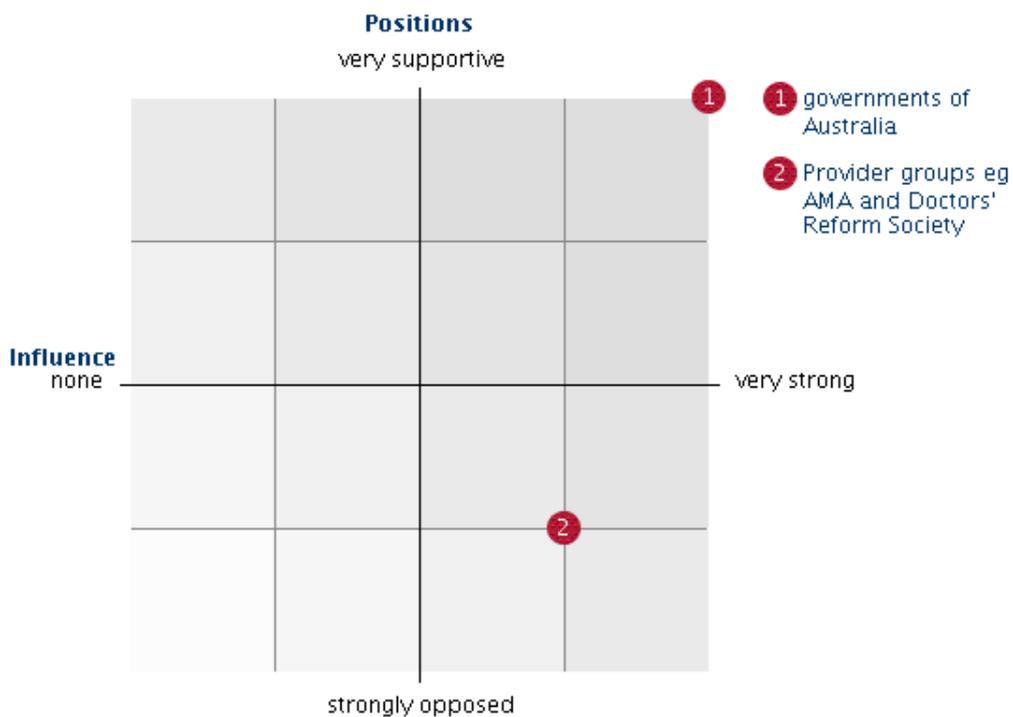
Providers

Provider groups eg AMA and Doctors' Reform Society

very strong  none

 current  previous

Positions and Influences at a glance



Adoption and implementation

Establishment of the National Health Call Centre Network

At the most recent meeting of the heads of the national and State governments of Australia in 2006, it was agreed to establish a National Health Call Centre Network. The Network would operate in the same way as other "telephone triage systems" such as NHS direct. Currently Western Australia, the Northern Territory and the Australian Capital Territory are operating health call centres and other States may commence operations of health call centres prior to the establishment of the National HCC Network. It is intended that these centres will become part of the National

HCC Network. Discussions have taken place among the governments and their officials in regard to the National HCC Network and how best to establish and operate that Network. The initial agreement between the governments (the Heads of Agreement) has been signed and it is proposed that the operational arrangements will commence in March 2006 so that the Network will be operational in 2007. There is no opposition to the idea amongst the governments although some provider groups have expressed scepticism about the governments' motives and the effectiveness of telephone triage.

There is some **concern in the States** already operating telephone triage systems that their local knowledge and expertise will be ignored and that their residents will not receive as high a quality of service as they currently do, but the proposers of the idea have moved to allay these fears, stating that local services will be used within the new system.

Management of the network

The national and State governments will establish a *public company* to manage the National HCC Network which will be governed by the terms of its Constitution. Before the Network is incorporated the governments will enter into a Shareholders' Agreement to set out in detail their respective rights and obligations relating to the Network. The Network will be responsible for procuring the operator/s contracted to provide the Core Services, Add-on Services and Emergency Services, for negotiating the resultant contract/s, and then for managing the service contract arrangements.

The services provided by the Contracted Service Provider/s must be performed in Australia. Funding/Service Delivery Contract(s) will be required between either each or all of the governments and the operators of the Network. The Contracted Service Provider/s and the operators of the Network must operate within an appropriate agreed accountability regime. There will need to be some negotiations about how to incorporate the current telephone triage systems into the National Network. Obstacles may be created by the State and territories that perceive that their political objectives are being harmed by the national Network 'taking over' a local system or if the cooperation of providers such as nurses and GPs cannot be obtained.

The assurance that local expertise and knowledge would still be available is intended to facilitate the negotiations around such issues.

The **financial arrangements** are designed such that all governments contribute to the cost of implementing and running the Network and that all communities benefit. Details of the arrangements are not available.

Monitoring and evaluation

At this time, no details about any plans for evaluation are available. However, all the local initiatives have been evaluated and have been regarded as a success. In a paper reviewing the implementation of four telephone triage systems (statewide call centre, regional call centre, deputising service and local triage and advice service), Dunt et al (2005) conclude that the impacts of telephone triage were generally smaller in Australia than reported elsewhere. The impact on utilisation was affected by whether a service was standalone or embedded as well as the goals of the agency providing the service and the local context.

5. Expected outcome

Based on the evaluations of local initiatives, the outcomes of the proposed network would be expected to be:

- increased attendances at GPs and, in some areas, emergency departments
- increased reassurance for patients

- increased use of other local services such as mental health crisis teams, counselling services etc

The results of published evaluations indicate that a stand-alone service (such as that proposed for the HCC network) is likely to increase the use of services, particularly after hours GP and ED services where these are available. Thus it may increase equity of access in some areas and result in pressure to provide additional after-hours services in others, both of which will add to the cost of services. It is not clear if this will have any effect on quality of care.

Quality of Health Care Services



Level of Equity



Cost Efficiency



■ current ■ previous

null

6. References

Sources of Information

null

Reform formerly reported in

[Health Call Centres](#)

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Suggested citation for this online article

Marion Haas. "Australia's health call network". *Health Policy Monitor*, April 2006. Available at <http://www.hpm.org/survey/au/a7/3>