After-Hours GP Clinics in Emergency Departments

Country: Australia
Partner Institute: Centre for Health, Economics Research and Evaluation (CHERE), University of Technology, Sydney
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Health Policy Issues: Access

Current Process Stages

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<th>Pilot</th>
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<th>Implementation</th>
<th>Evaluation</th>
<th>Change</th>
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1. Abstract

In the context of the NSW State election, the Premier, Morris Iemma has announced funding to help GPs establish after hours clinics co-located with emergency departments (ED) in hospitals. The clinics are designed to speed up the process for patients to see a doctor when they attend the ED. Up to ten such services will be established in 2007. Discussions are underway with Divisions of GPs on the establishment of clinics at various locations.

2. Purpose of health policy or idea

The stated objective of this policy is to deliver faster treatment for people attending emergency departments. The characteristics of such services are:

- they are located in or near hospital emergency services
- they are staffed by local GPs, usually on a rostered basis but may also include locum GPs
- they are free at the point of care for patients ie the GPs "bulk-bill" the Australian Government for each occasion of services provided

The main outcomes expected to result from this policy are:

- freeing up of higher-level emergency doctors' time and ED beds
- greater satisfaction for patients as lower-level (ie GP-type) patients are seen faster
- reduction of over-crowding in EDs
- faster admission of patients to hospital from the ED

The incentives are provided by both State and Australian Governments. The State Government will provide resources through Divisions of GPs and hospitals for the infrastructure and support staff needed by such a service. The Australian government will provide the doctors’ income through the normal fee-for-service arrangements which apply to ambulatory medical services, including GP services. For GPs, the provision of such services may replace existing...
after-hours arrangements or provide an additional source of income. Some patients may attend for GP services at ED rather than at their regular GP if their regular GP does not provide a bulk-billing service.

**Main objectives**
The stated objective of this policy is to deliver faster treatment for people attending emergency departments.

**Type of incentives**
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**Groups affected**
Emergency department patients, Emergency physicians, General Practitioners

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### 3. Characteristics of this policy

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<thead>
<tr>
<th>Degree of Innovation</th>
<th>traditional</th>
<th>innovative</th>
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<tbody>
<tr>
<td>Degree of Controversy</td>
<td>consensual</td>
<td>highly controversial</td>
</tr>
<tr>
<td>Structural or Systemic Impact</td>
<td>marginal</td>
<td>fundamental</td>
</tr>
<tr>
<td>Public Visibility</td>
<td>very low</td>
<td>very high</td>
</tr>
<tr>
<td>Transferability</td>
<td>strongly system-dependent</td>
<td>system-neutral</td>
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</table>

This is not an innovation for NSW. It is not controversial as it does not decrease services. It is not expected to have a major impact on either GP services or the problems facing ED services (which are concerned with a lack of inpatient beds and high occupancy rates, and a lack of ED specialist doctors and nurses). It may have increased in visibility during the recent election campaign and, in some communities, it may have high visibility, but, in terms of the health services overall, it is not highly visible. It is easily transferable to other health systems where hospitals and GPs work as separate but connected parts of the provision of health services.

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### 4. Political and economic background

It is accepted that there is an area of overlap between primary care services delivered by general practitioners in the community and services delivered to less urgent-type patients in the emergency departments of hospitals. There is, however, little agreement on the extent of this overlap. The enduring problem of overcrowding, long waiting times and “access block” ie bed shortages for emergency admissions has led to suggestions that special “clinics” staffed by GPs located in or near EDS to manage less-urgent patients will lessen these problems. However, there is no agreement amongst experts and little evidence that this will be the case.

In NSW a number of successful models of GP-staffed clinics for less urgent ED patients are operating. However, there have also been some failures and serious doubts have been raised about the suitability of such patients for GP care
and the extent to which they represent a high enough proportion of ED attendances that their removal will positively impact on the treatment of very urgent cases, number of overall attendances or costs. Some doctors have also claimed that the provision of such services will increase the demand for after-hours GP care and, because such services will be free at the point of delivery, may induce some patients to attend the GP at the ED rather than in the GP’s consulting room (during the day). There are also potential workforce shortages.

5. Purpose and process analysis

Origins of health policy idea
The idea that primary care patients attend EDs and wait a long time for less urgent care and that the answer was to provide for them by employing GPs to treat them at or near the ED is not new. For example, in 1996, CHERE produced a report outlining possible models of care and a framework for the establishment of pilot projects to evaluate alternative approaches to the delivery of less urgent ambulatory care in a hospital setting (Viney, Jan and Haas, 1996). Since then a number of models have been established in NSW and elsewhere.

Some of these efforts have been targeted at after-hours care. In April 2004, the Western Australian and Australian governments jointly announced the establishment of bulk-billing medical centres near 4 major metropolitan hospitals in Perth to be open predominantly after hours and staffed and managed by the General Practice Divisions of WA.

Initiators of idea/main actors
- Government
- Providers

Approach of idea
The approach of the idea is described as: renewed: The ideas behind this approach have been discussed by academics and practitioners since the mid 1990s.

Stakeholder positions
There have been a number of positions taken by different types of doctors (eg emergency physicians, GPs) although politicians are generally supportive of the idea. ED physicians are generally opposed to the idea for the following reasons:

- The profile of primary care type patients who present to EDs and GPs is very different.
- ED patients rated as low-urgency patients are not the same as GP patients.
- The GP-type patient workload in ED is small. One study calculated that the provision of GP services in parallel with ED would change low acuity patients by no more than 2% of total presentations over a 24 hour period ie in NSW, this has been calculated to represent an average of 9.4 patients per ED site per day.
- There was a small reduction in low-acuity patients during the winter period and a small increase over the Christmas period.
- The costs of GP-type patients in the ED are low.
Evaluations have indicated that EDs co-located with or in close proximity to GP clinics have the same proportion of low-acuity presentations as those that do not have such clinics.

GPs have generally supported the provision of such services (particularly after-hours services) as it is seen to increase the availability of after-hours care for patients and it is believed to reduce waiting time. Such arrangements may also spread the after-hours workload more equitably across GPs working in a particular region, thus improving satisfaction for GPs.

**Actors and positions**

**Description of actors and their positions**

**Government**
- Premier of NSW: very supportive

**Providers**
- Emergency department physicians: very supportive
- GPs: very supportive

**Influences in policy making and legislation**

No legislation is required in relation to this policy.

**Legislative outcome**

**Actors and influence**

**Description of actors and their influence**

**Government**
- Premier of NSW: very strong

**Providers**
- Emergency department physicians: very strong
- GPs: very strong

**Positions and Influences at a glance**

**Adoption and implementation**

The policy announced by the Premier of NSW during the recent election campaign obviously had taken into account the objections raised by ED physicians to GP-staffed after-hours clinics. Whilst the policy states that GPs will establish the clinics, it is also noted that "the programs have been developed and designed by emergency clinicians themselves through the Emergency Care Taskforce".

It was announced that the NSW Department of Health will work with GPs to establish up to 10 after-hours GP clinics. This is likely to mean that Divisions of GPs will be involved (on behalf of their GP members) in setting up, managing and staffing the clinics.

The major obstacles to the implementation of such clinics are connected with workforce issues. Generally such clinics are staffed by a GP, nurse and administrative assistant/receptionist. In areas where the workforce is available (eg metropolitan), the clinics can be expected to operate successfully but this may not be the case where there is already a shortage of GPs and/or nurses.
Monitoring and evaluation

No mechanism for evaluation was announced. However, it is likely that data will be available from both the clinics and the co-located EDs which will enable questions such as the following to be addressed:

- what type of patients presented to the GP clinics and EDs?
- to what extent are the acuity levels of these patients similar?
- what was the average waiting time to be seen?
- what was the impact on high acuity patients’ waiting times?
- what was the average costs per patient?
- what % of patients seen by the ED were low-acuity patients?
- what % of patients seen by the clinics and ED were repeat users of the services?

Results of evaluation

The results from previous studies undertaken in Australia indicate that:

- low-acuity patients (ie those potentially suitable for diversion to a GP clinic) form a small, relatively constant part of the ED workload. Therefore, the provision of GP clinics is unlikely to reduce the overall workload for EDs.
- The costs associated with the provision of care to low-acuity patients are in the range of 6-10% of total patient costs in the ED.
- Acuity and urgency are correlated but ED urgency categories do not, in themselves, indicate low-acuity.
The majority of presentations by the heaviest users of ED are not suitable for GP treatment due to the severity, acuity and nature of the presentations.

The extent to which patients will be satisfied with the establishment of GP clinics will depend on the current availability of after-hours services. If such a clinic provides all after hours GP services and is not confined to patients diverted from the ED it may represent an improvement on current services.

6. Expected outcome

The successful implementation of the large number of clinics announced by the government will largely depend on:

- the availability of a suitable workforce (GPs and nurses)
- the extent to which the clinic is designed as a substitute for low-acuity ED patients only or whether it is aimed more broadly at all after-hours GP patients;
- This, in turn depends on the current availability of an after-hours GP services, how it is organised and funded and the extent to which the GPs working in the area and the local division of GPs perceive the need for change.

The clinics will not solve the problems of "access block" (ie the time between deciding that a patient requires admission and the availability of an inpatient bed) and waiting times in ED. There is also a danger that, if they do not fulfill a real need then the government will have diverted resources away from other aspects of health care towards such clinics.

<table>
<thead>
<tr>
<th>Quality of Health Care Services</th>
<th>marginal</th>
<th>fundamental</th>
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<tbody>
<tr>
<td>Level of Equity</td>
<td>system less equitable</td>
<td>system more equitable</td>
</tr>
<tr>
<td>Cost Efficiency</td>
<td>very low</td>
<td>very high</td>
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There is little evidence that the provision of such clinics will have a major impact on the quality of health care, although it may increase the satisfaction with care of some patients who receive treatment at the clinics. Such clinics should increase the equity of access for residents of NSW who are able to access them. The efficiency of such clinics depends on the throughput and the extent to which they add to or substitute for existing services.

7. References

Sources of Information


Hanson D, Sadlier H, Muller R (2004). Bulk-billing GP clinics did not significantly reduce emergency department caseload in Mackay, Queensland. Medical Journal of Australai (letter); 180:594


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