



Review of primary care after hours programs and policy

Consultation Paper

18 March 2024



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1.0 INTRODUCTION

The after hours primary care system exists to assist consumers with non-emergency health issues outside of normal general practice opening hours, and to avoid consumers attending hospital emergency departments.

The complete after hours period covers:

- outside 8 am to 6 pm on weekdays
- outside 8 am to 12 pm on Saturdays
- all day on Sundays and public holidays

It is further broken down into the sociable after hours period (6 pm to 11 pm on weeknights), and the unsociable after hours period:

- 11 pm to 8 am on weekdays
- outside 8 am to 12 pm on Saturdays
- all day Sunday and public holidays.

Australia's after hours service system is complex and evolving. Services are delivered by a multidisciplinary workforce in multiple physical and virtual health system settings. These settings include private general practice (GP) clinics funded by Medicare Benefits Schedule (MBS) and patient contributions, primary care clinics and hospital services, Medicare Urgent Care Clinics and state urgent care services, Healthdirect, aged care facilities, Aboriginal Community Controlled Health Services (ACCHSs) and Medical Deputising Services (MDS). The result is a patchwork of services, which looks very different across a wide range of locations and geographies, and for different health consumers. Funding for after hours services is also fragmented, and includes Medicare and patient contributions, After Hours Practice Incentive Payments (After Hours PIP) for GP clinics, and Commonwealth and state government funding administered through Primary Health Networks (PHNs).

Responsibility for after hours services and funding is also multifaceted. The Australian Government has primary responsibility for funding primary care through the administration of Medicare, PIP, and oversight of PHNs. State and territory governments are responsible for planning and funding the emergency system (including hospital emergency departments) and provide funding for a variety of hospital-aligned urgent care clinics and other initiatives.

Consumer and community needs for, and expectations of, after hours care are also complex. The accessibility of after hours care varies considerably across the country, and across different population groups, as do needs and expectations of services. Consumer behaviour in accessing after hours care is informed by a wide range of considerations.

In 2022, the Strengthening Medicare Taskforce Report recommended improving access to primary care in the after hours period and reducing pressure on emergency departments by increasing the availability of primary care services. This message echoes those of previous reviews, which highlighted opportunities to improve the efficacy and efficiency of after hours primary health care coverage across the country (Jackson, 2014); (Armstrong *et al.*, 2016).

2.0 AFTER HOURS REVIEW




The Department of Health and Aged Care (the Department) has initiated the Review of Primary Care After Hours Programs and Policy (the Review) in response to the recommendations of the Strengthening Medicare Taskforce Report (2022), as well as other recent initiatives such as the development of Future Focused Primary Health Care: Australia's Primary Health Care 10 Year Plan 2022-2032, and widespread changes to after hours services arising from the COVID-19 pandemic.

The Review will consider the efficiency and effectiveness of the current after hours primary care system. In particular, the Review will consider the roles of:

- MBS Funding
- the After Hours PIP (and any other relevant workforce or practice incentives)
- Healthdirect
- the PHN After Hours Program
- the Approved Medical Deputising Service (AMDS) Program
- the Medicare Urgent Care Clinics Program
- other programs identified in the course of the Review.

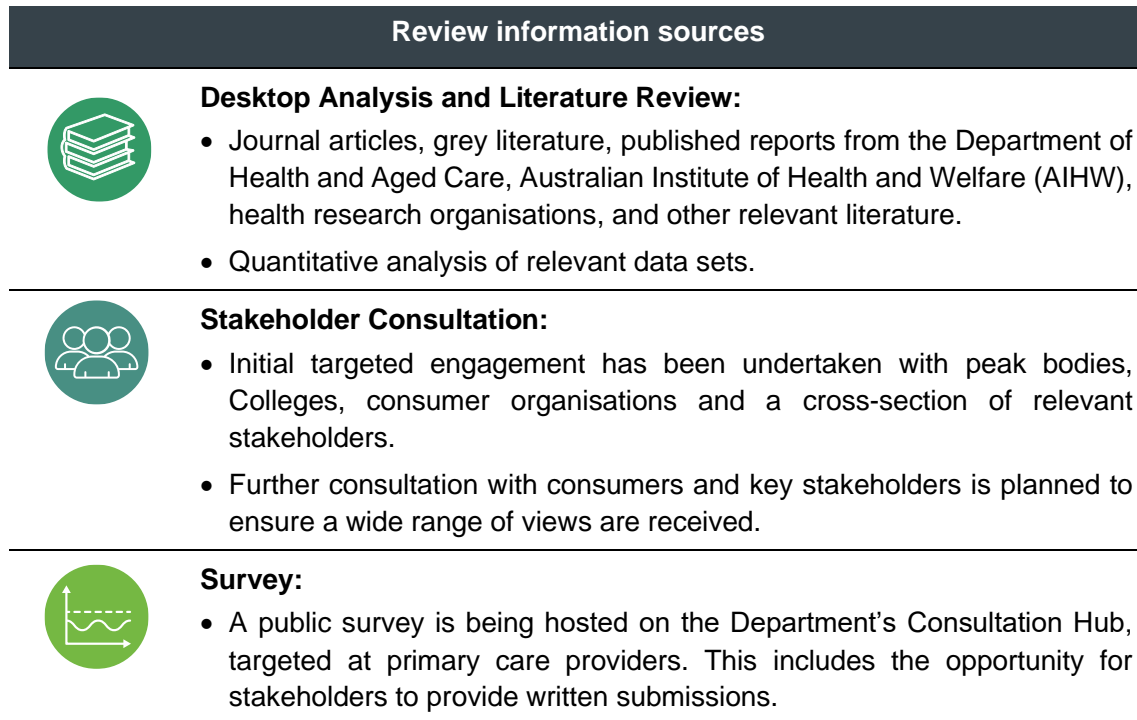
The Review will address the following key questions:

Figure 1: Key Review Questions

	What is the need for primary care after hours services?
	What is the current state of after hours service provision?
	What are successful models of primary care after hours service provision?

To answer the Key Review Questions, the Review is drawing on the following sources of information:

Figure 2: Sources informing the Review



We expect consultation responses will identify opportunities to improve the effectiveness and efficiency of the current after hours primary care system. These insights will inform the future direction of after hours policies and programs, including any reforms to the after hours landscape for primary care service delivery.

3.0 HOW TO PARTICIPATE IN THE REVIEW

Primary care providers and other stakeholders are invited to contribute their views regarding the current after hours primary care landscape by completing a survey, and/or by preparing a written submission addressing one or more of the Key Review Questions. Written submissions can be uploaded at the conclusion of the survey. Alternatively, you may email your submission to afterhours@allenandclarke.com.au.

In addition, the Review Team will undertake targeted consultation with selected key stakeholders.

Participation in the Review is voluntary.

What questions will the consultation explore?

The Department invites responses through both the survey and written submissions aligned with the Key Review Questions. The following dimensions of the Key Review Questions are explored in the survey, and should guide written submissions.



Dimension 1: The extent to which the current after hours primary care service and funding system supports the provision of the right services, at the right time, in the right places, by the right providers

- How effective are the current financial arrangements, including relevant MBS items and the After Hours Practice Incentive Payment, in supporting the provision of after hours primary care services? What changes to the current financial arrangements would better support practitioners to provide after hours services?
- How effective is the current after hours system in supporting the provision of multidisciplinary team based care to consumers in the after hours period? How could the system better support practitioners other than medical practitioners (e.g., nurses and nurse practitioners, allied health practitioners and Aboriginal and Torres Strait Islander health workers) to provide after hours services?
- How does demand for services change across the after hours period, and how can the system support alignment between service availability and need?



Dimension 2: The extent to which the after hour primary care system – and different models of after hours service delivery – meet the needs of consumers and the community

- To what extent, and in what ways, is the need for after hours primary care in the community being met? What gaps exist in service provision?
- What are the main factors driving demand for services in the after hours period?

- What are the specific needs of people living in rural and remote Australia, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, residents of aged care facilities and people receiving palliative care, people with disability and/or chronic illness, older people, children, and people in precarious or less flexible employment? How can these needs best be met?
- What is the proper role within the system of different models of care, including telehealth and home visits? How can consumers be matched to the most appropriate services?
- How can after hours services be made more accessible and easier for consumers to navigate? Would a 'single front door' or access point improve Australia's after hours system?



Dimension 3: The experiences of primary care providers, and barriers and enablers to afterhours service provision

- What are the factors which enable or obstruct practices and practitioners from providing after hours services – or from expanding the services they provide?
 - Do those factors vary across service models (e.g., home visits, visits to registered aged care facilities, telehealth) and time of day?
 - How do barriers and enablers vary across different practitioner types and different parts of Australia?
- What changes to after hours primary care policies and programs would be most effective in increasing after hours service provision?

How will consultation data be stored and managed?

Department of Health and Aged Care

Survey responses and submissions for this review, where consent has been received, may be published on the Department's website www.health.gov.au after the consultation closes. The views expressed in those responses are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by the Department.

The Department publishes survey responses and submissions on the website to encourage discussion and inform the community and stakeholders. However, the Department retains the right not to publish survey responses or submissions, and will not place on the website, or make available to the public, those that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Department will remove any personally identifying information from survey responses and submissions, such as personal email addresses, telephone numbers and home addresses. Whole or parts of survey responses or submissions which contain information which is requested to be treated as confidential will not be released, unless consent is subsequently received.



Any request for access to a confidential survey response will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please note the Department will be unable to accept:

- comments which, in the opinion of the Department, are inappropriate, including those not in scope of the Review's Terms of Reference; and
- comments received after the consultation deadline.

Allen + Clarke

[Allen + Clarke Consulting](#) (*Allen + Clarke*) has been engaged by the Department of Health and Aged Care to support the Review. Survey responses and written submissions will be received by *Allen + Clarke* and may be shared with the Department to inform the Review's final report.

Allen + Clarke's Information Handling policy adheres to the *Privacy Act 1988* (Cth) and the associated Privacy Principles and sets out how information should be collected, managed, stored and disposed. This includes handling of information off-site (including when working from home). *Allen + Clarke* maintains appropriate computer security, including virus software and firewalls, and all devices have two-factor authentication. Review material and data will be stored on *Allen + Clarke's* secure server.

Further information or questions

Questions about the Review can be directed to: afterhoursreview@allenandclarke.com.au

4.0 CONTEXT

The following section provides background information in relation to the Key Review Questions. This information is drawn from a review of relevant literature and datasets.



What is the need for primary care after hours services?

There is considerable evidence of Australians' need for after hours primary care. During 2021-22, 16.5% of Australians received an after hours service from a GP (Australian Institute of Health and Welfare, 2022a). 2020's Australia's Health Panel Survey (Consumer Health Forum of Australia, 2020) (respondents n=5100) showed that 67% of respondents had accessed after hours primary health care at least once in the previous five years (58% seeing a general practitioner, 25% accessing nursing and 35% accessing pharmacy services).

The majority of presentations across all after hours care services occur during weekday sociable hours (6pm – 11pm), followed by week-day unsociable hours (11pm – 8am), with a slightly smaller amount on weekends across all hours. The Australia's Health Panel from 2020 Survey also showed that care was accessed across the after hours period (35% between 6pm-8pm, 43% between 8pm-11pm, 20% between 11pm-7am and 12% between 7am-8am) (Consumer Health Forum of Australia, 2020).

Whilst a key priority of the after hours care system is to divert non-urgent presentations away from emergency departments, these presentations remain high (Barnes et al., 2022a) and are projected to continue to rise (Siddiqui et al., 2020). Factors driving continued non-urgent emergency department attendance include, amongst other things, high patient-perceived urgency (differing from clinical assessments of low-urgency), inability to attend during usual hours due to work/life commitments, and perception of the comparatively high skill of emergency department staff (Barnes et al., 2022b; Siddiqui et al. 2020; Wilson et al., 2022). These reflect broader factors driving consumer behaviour in accessing after hours care services overall including accessibility, location, time of day, health literacy, attitudinal lifestyle, and socioeconomic factors (Barnes et al., 2022b; Consumers Health Forum of Australia, 2020; Health Policy Analysis, 2020).

Several key demographic variables further impact these drivers. Note that in some instances available data on the after hours care needs and behavioural drivers of these groups is limited.

- **Geographic location** – Rural and remote communities face access barriers due to lack of available services, limited transport options, and geographic distance (Armstrong et al., 2016; Consumers Health Forum of Australia, 2020).
- **Age** – Age influences both need for after hours care and what type of services are used. For example, older people are most likely to present at in-person after hours services (AIHW, 2022b; Barnes et al., 2022a; Barnes et al., 2022b) and emergency departments (AIHW, 2020; Long et al., 2020), whilst young people (including the parents of children aged 0-4) are most likely to use telephone triage and advice services (McKenzie et al., 2013).
- **Aboriginal and Torres Strait Islander people** - There is a lack of publicly available data on Aboriginal and Torres Strait Islander peoples' after hours service use and drivers. Available data



indicates lower rates of after hours GP attendance (AIHW 2023a) and higher rates of emergency department attendance during usual hours although there is no significant difference with non-Indigenous people in terms of non-urgent admissions (AIHW, 2022c).

- **Culturally and linguistically diverse people** - Literature and data on individuals from culturally and linguistically diverse backgrounds accessing after hours primary care is limited. Available evidence indicates that people from non-English speaking backgrounds are more likely to use emergency department services for lower-urgency conditions (Mahmoud, Eley and Hou, 2015). Identified barriers to accessing GP and after hours care include language barriers, unfamiliarity with the primary care system, culturally inappropriate services, lack of transport access, type of employment and variable working hours, higher levels of trust in emergency department services (Plowman and de Vries, 2021) and lack of a regular GP or inability to book timely appointments (Mahmoud, Eley and Hou, 2015).
- **People with chronic conditions** - Literature indicates the limited availability of after hours services is a barrier to people with chronic conditions, although alternative models like telehealth are viewed favourably (Song et al., 2019). There is evidence also for the growing need of 24-hour palliative care services (Low et al., 2023) with mixed evidence on the appropriateness of telehealth services as a supplement (Gordon et al., 2021; Steindal et al., 2020).

There is evidence that not all need is being met by the after hours system. The ABS Patient Experiences Survey 2021-2022 (2022) indicated that a small but significant percentage (7.7%) of consumers needed after hours GP services. Of those, 71.3% did access after hours care, but the remainder delayed care. Of respondents who received an after hours GP service, over half (54.6%) attended a regular GP clinic during the after hours period followed by 16.2% who attended a late-night clinic.



What is the current state of after hours service provision?

Australia's after hour service system is complex and evolving, characterised by a patchwork of services; fragmented funding; and a diverse consumer base. Several policy, technological, and cultural changes, partnered with the impact of COVID-19 have further transformed the system including the rise of telehealth and other virtual models of healthcare delivery (Jessup et al., 2010; Zuryniski et al., 2022) and decline in the use of medical deputing services (MDS) (AIHW, 2023b; Medicare Benefits Schedule Review Taskforce, 2017). Recent reviews have highlighted the need to improve access to after hours primary care and reduce pressure on emergency departments by increasing their availability, efficacy, and efficiency (Armstrong et al., 2016; Jackson, 2014).

Figure 3 provides an overview of the main service models for the delivery of after hours primary care, and a summary of their key features, including examples from some of the states and territories.



Figure 3: System map of after hours services in Australia

	Service Model	Service provider	Mode of delivery	Funding sources	Jurisdiction
Extended hours GP services	S Extended hours GP services			MBS, PIP Level 3	
	A Extended hours GP services			MBS, PIP Level 5	
After-hours specific GP services	S GP after hours cooperatives			MBS, PIP Level 2	
	A GP after hours cooperatives			MBS, PIP Level 4	
	A Medical Deputising Services		<i>Optional:</i> 	MBS	
	A Approved Medical Deputising Services		<i>Optional:</i> 	Some MBS items (588, 591, 594, 600)	
	A Healthdirect GP Services			Australian Government funding	
Triage and advice services	A Healthdirect helpline (known as Nurse on Call in Vic)			Australian Government funding	
	A 13 HEALTH			Queensland Government funding	
	A Victorian Virtual Emergency Department			Victorian Government funding	
	S South Australian Virtual Care Service			South Australian Government funding	
Urgent Care	A Hospital emergency departments			State Government funding	
	S Medicare Urgent Care Clinics			MBS, Australian capital and operating Government funding	
	S Priority Care Centres			Victorian Government funding	
	S Walk-In Centres			ACT Government funding	
	A Royal Flying Doctor Service			Australian Government funding	
	S A Private urgent care providers	<i>Service dependent:</i> 		MBS, Gap funding	<i>(Service dependent)</i>
Targeted initiatives	PHN initiatives	Initiatives are targeted to fill service gaps in specific locations			
	Other specialised services	Initiatives are targeted to meet the needs of different population groups (eg, RACF residents, palliative care patients, unhoused people etc)			
Auxiliary Services (including medical imaging, pharmacy and pathology)					

LEGEND

A All after hours	S Sociable / limited after hours	 Vocationally registered doctors	 Non-vocationally registered doctors	 Advance Practice Nurses, Nurse Practitioners	 Registered nurses	 Virtual service (telephone or video call)	 at home, registered aged care facility or similar place	 in consulting rooms	 in hospital
Availability in After Hours		Service Provider			Mode of delivery				



There are several components which require attention to improve after hours accessibility, efficacy, and effectiveness. These include streamlining service entry points and improving service integration; addressing primary care workforce shortages, as well as adjusting to shifting workforce attitudes and preferences; improving system navigability and understanding and accounting for differing community expectations and behaviours; increasing access to auxiliary services; and improving continuity of care where appropriate (Armstrong et al. 2016; Broadway et al., 2016; Health Policy Analysis, 2020; Consumers Health Forum of Australia, 2020; Hong et al., 2020; Jackson, 2014).

Workforce

Australia, like many countries, faces significant challenges in meeting primary care workforce needs. GP Full Time Equivalent (FTEs) per 100,000 have decreased slightly across all states between 2019-20 and 2021-22, with New South Wales, Victoria and Queensland having the highest GP FTEs per 100,000 people, and the Northern Territory the lowest (AIHW, 2022d). Some challenges, such as declining interest from medical students and junior doctors in entering the specialty of general practice, impact the delivery of primary care across the board. Studies in comparative jurisdictions such as the United Kingdom assert that the shortage of GPs in general and the shortage of GPs engaging in after hours care specifically, has a significant attributable impact on emergency department presentations and places increased burden on the wider health system (Morgan *et al.*, 2022).

The literature suggests that health service provision in rural Australia faces particular challenges with increasing workforce shortages, long distances and limited transport options (Zeitz *et al.*, 2006; Armstrong *et al.*, 2016). This means the provision of after hours primary medical care in rural Australia is heavily reliant on the services of local GPs (including GPs on call, GP cooperatives, GPs in emergency departments, GP extended hours services). However, there is an ever decreasing number of GPs in rural areas and recruitment is becoming increasingly difficult.

Previous reviews have proposed that changes in the profile and attitudes of the general practice workforce present additional challenges for after hours service provision (Armstrong *et al.*, 2016; Health Policy Analysis, 2020). GP work hours have decreased in recent years, a trend the *Review of after hours service models: Learnings for regional, rural and remote communities* (the Deeble Review) (Armstrong et al., 2016) attributes to women working part time. A 2020 evaluation of Primary Health Network After Hours Program (the PHN review) (Health Policy Analysis, 2020) and Deeble Reviews (Armstrong et al., 2016) suggested that there is a growing focus on work-life balance and reluctance to commit to a traditional 24-hour care model, particularly among younger doctors.

There is however some indication that demographics and family circumstances play a smaller role in the choice to provide after hours care than in the choice for regular working hours. Broadway et al (2016) found few predictors are identified for after hours care, with the exception that female GPs' probability of providing after hours care is reduced by childcare responsibilities while there is no such effect on male GPs (Broadway *et al.*, 2016).



What are successful models of primary care after hours service provision?

Across the literature reviewed it was accepted that “an effective, accessible primary care system is instrumental in improving health outcomes, keeping health costs down, and helping people lead healthy, productive lives” (Schoen et al., 2004). A key challenge is ensuring that patients attend services appropriate to their need. Attending inappropriate services is considered to result in poorer health outcomes (Morley et al. 2018). It also results in increased health care costs and lower continuity of care (Hong et al., 2020). To reduce health inequality and improve outcomes it is crucial that a system provide the right care, at the right place, and at the right time (North Western Melbourne Primary Health Network, 2018).

Consumer decision-making

A consumer may seek out care in the after hours period for several reasons. Most consumers access after hours services because their issue occurred or was exacerbated outside of hours, or they were too concerned to wait (Health Policy Analysis, 2020; Barnes, Ceramidas and Douglas, 2022). It is also possible that consumers may seek after hours care during this period even though the need has not arisen in the after hours period. This may be because the person cannot access care during the in-hours period and the condition worsens or the consumer delays seeking care. This could be because accessible services are not available or the person has difficulty (because of work or other reasons) seeking care during the in-hours period (Health Policy Analysis, 2020). A third possibility is that a consumer seeks a service in the after hours period for reasons of personal preference.

Some of the key drivers influencing if, how, when and where consumers seek out care include:

1. **Access:** Consumers who find it difficult to access after hours care often report that there was a lack of available services in their local area which resulted in them needing to attend emergency departments. Rural and remote communities are particularly affected. This was often attributed to a loss in services in rural and remote areas over recent years resulting in a gap in available care (Consumers Health Forum of Australia, 2020). Consumers may also struggle to secure an appointment with their regular GP in usual hours.
2. **Perceptions of urgency / seriousness:** The need for immediate attention and/or a perceived urgency appears to be the primary reason why patients choose to attend emergency departments. Associated with this perception of urgency is a belief amongst patients that their conditions required further investigation which could best be undertaken in an emergency department (for example, imaging) or were too complex to be treated elsewhere (Masso et al., 2007; North Western Melbourne Primary Health Network, 2018). However, consumers' perceptions of urgency may not align with clinical assessments (Masso et al., 2007).
3. **Cost:** There is mixed evidence on the role that cost plays in influencing whether patients access emergency departments instead of other after hours primary care services. Some studies suggest that the introduction of a fee would have little impact in diverting consumers to other services (Bingham et al., 2015; North Western Melbourne Primary Health Network, 2018), and that the availability of free treatment at an emergency department is rarely mentioned by patients as a reason for attending (Masso et al., 2007).



- 4. Consumer availability:** Work and life commitments can mean that consumers cannot or do not wish to access primary care services in normal hours. This is reflected in the preference to visit GP services in the evening or on the weekend (Butun and Hemingway, 2018).

System navigability and consumer and self-care capabilities

Previous reviews have found that the after hours system is confusing for many consumers (Jackson, 2014; Armstrong *et al.*, 2016), and that understanding of available and appropriate options for accessing primary care in the after hours period is low (Armstrong *et al.*, 2016). The 2020 PHN Review suggested that there was no evidence that the situation has greatly improved (Health Policy Analysis, 2020).

The 2021 Consumer Sentiment Survey determined that 21.5% of respondents had a low capacity for self-care (scoring Level 1 or 2 on the Patient Activation Measure, which measures a person's ability to self-care, including the knowledge, skills and confidence to participate in their own health care journey). The survey noted that higher activation levels were associated with older age, having a university education, having private health insurance, earning over \$2000 per week, not living with a mental disorder, and not having a chronic condition. It concluded that, 'Our results suggest that communities of people living with chronic conditions, especially those with mental health disorders, and people living with socio-economic disadvantage may need additional support to maintain their health and wellbeing.' (Zurynski *et al.*, 2022). It may be that higher levels of activation and health literacy influence both whether a need for after hours care arises, and how a consumer navigates the after hours service system.

Entry points and integration

Noting the complex array of after hours services and providers in any given location, previous reviews have highlighted the need for more integrated service delivery (Fry, 2008; Jackson, 2014; Health Policy Analysis, 2020). This includes integration between urgent-care triage and service systems, as well as with emergency systems (Health Policy Analysis, 2020).

The 2020 PHN Review identified resolving the multiple and confusing entry points to the after hours system as a key to system effectiveness. At present, the Healthdirect helpline, known as NURSE-ON-CALL in Victoria, is available 24/7 to provide health advice and guidance to individuals in most Australian states and territories, excluding Queensland. A separate service – 13 Health – operates in Queensland. The Healthdirect helpline is staffed by healthcare professionals who assist callers in assessing whether they need medical attention or can manage their health concern with self-care. It operates alongside specialised helplines, namely the Pregnancy, Birth, and Baby (PBB) helpline, the National Coronavirus Helpline (NCH) for general and clinical inquiries related to COVID-19, and the After Hours GP Helpline (which primarily services for individuals outside metropolitan areas).

Analysis of Healthdirect data indicates peak demand during the after hours period across all helplines. 70% of all calls received between January 2019 and June 2023 occurred during the after hours period. Analysis of call outcomes during 2022 to Healthdirect's helpline indicates that 47% were referred to a GP. A significant portion of callers, approximately 38%, were advised to go to the emergency department. This indicates that a substantial number of callers had health concerns deemed urgent or severe enough to warrant immediate medical attention at a hospital. The remaining 15% were advised to either self-care or to attend another service.



Several overseas jurisdictions have sought to improve integration and navigability by implementing streamlined entry points. Denmark and the Netherlands use telephone-based GP gatekeeping of access to emergency departments, whereby access to emergency departments requires patients to first ring the GP-led call centre. In other countries a single telephone number has been created to deal with both emergency and urgent needs and link with appropriate services (Health Policy Analysis, 2020), sometimes referred to as a 'single front door' to after hours care. For example, the UK's National Health Service (NHS) 111 service provides triage and signposting to people seeking information and direction for dealing with an urgent but not life-threatening healthcare need. NHS 111 operates 24 hours a day, 7 days a week. It is staffed by clinicians, including nurses, doctors, pharmacists, and paramedics, who can provide advice about which service to contact or attend and, if needed, book patients to be seen at their local accident and emergency ward, urgent treatment centre, or another more appropriate local service, as well as send an ambulance if the patient's condition is serious or life-threatening. The service has two points of entry, a telephone service and an online service, with the two options increasing accessibility (Turner et al., 2021).

Continuity of care

Continuity of care is seen as part of a desirable model of after hours care and is a major factor in GP's perceptions of quality care (Crossland and Veitch, 2005). Continuity of care is generally seen as quality care that extends over time and between illness episodes. From a primary health perspective, the relational aspect established through continuity of care is seen as being particularly important in improving health outcomes. A high level of continuity of care is associated with lower mortality, fewer hospitalisations, lower health-care expenses and higher patient satisfaction (Chan et al., 2021).

There appears to be an erosion of GP continuity of care in Australia. Measuring continuity of care is complex and there are gaps in the literature around agreed measures and data. However, the Royal Australian College of General Practitioners reports that 34% of very high and frequent GP attendees see 3-4 GPs annually, and a further 36% see five or more GPs annually (Wright et al., 2018). A significant cohort of patients appears to be receiving all their primary care through after hours services without receiving mainstream GP services. MBS data show that "of the over 180,000 patients who received three or more urgent after hours services in 12 months between 2014 and 2016, over 10,000 received no standard, in-hours GP care at all. This suggests that some patients are substituting after hours home visits for routine general practice care" (Medicare Benefits Schedule Review Taskforce, 2017).

Concerns have been raised in some of the literature that service models in which patients see a doctor other than their regular GP, such as urgent care clinics, may have negative implications for continuity of care (Health Policy Analysis, 2020). It is suggested that the nature of after hours services highlights the importance of efficient transfer of information between providers and integration across services (After Hours Primary Health Care Working Party, 2005).

The role of virtual services

The COVID-19 pandemic has improved consumer and provider access, capability and confidence in using technology. Almost half of respondents to the 2021 Australian Health Consumer Sentiment Survey (46.7%) reported using digital health technologies (including, telehealth, helplines, apps and websites) in 2021, an increase from just 11.8% in 2018. The number of people reporting they had



accessed telehealth services through phone or video consultations in the previous 12 months increased considerably from a modest 5.5% in 2018, to 37.1% in 2021 (Zurynski et al., 2022).

Despite this, studies show mixed views on the effectiveness of after hours telephone services. Over half of respondents to the 2021 Australian Health Consumer Sentiment Survey who had used telehealth rated the quality of the most recent appointment as about the same as in-person, and 17.1% rated the appointment as better than in-person. However, almost 30% felt that the appointment was not as good as in-person (Zurynski et al., 2022). Technological literacy, internet and mobile connectivity in remote and rural areas was also identified as a barrier to these services being fully effective (Consumers Health Forum of Australia, 2020).

Accessibility of allied health services

Difficulty accessing auxiliary services out of hours has been identified in the literature and previous evaluations as key barriers to meeting consumer needs in the after hours periods (Armstrong *et al.*, 2016). Access to pharmacy, medical imaging and pathology are considered especially crucial. It is possible that the ability to access these services as part of a full suite of services is a driver for non-urgent presentations at EDs (Masso *et al.*, 2007). As with GPs, access to auxiliary services is more difficult in remote and rural areas.



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