

**Counties Manukau
District Health Board**

**After Hours Primary Health Care
Health Services Plan**

February 2008

1.0 Introduction

In 2005, a National Working Party on After Hours Primary Health Care Services identified the desired characteristics for after hours services in New Zealand and developed a planning framework based on three key dimensions.

- Access
- Effectiveness
- Resilience

This framework enabled CMDHB to review its' after hours services and recommend changes that now constitute the Counties Manukau After Hours District Plan.

In addition, the After Hours workstream involves establishing a framework for the future development of After Hours Services across CMDHB

Definitions	
Regular Hours Care	<i>Provision of the full range of first level primary health care provided by the regular provider with whom the patient is enrolled. The majority of these services are provided during standard business hours.</i>
Extended Hours Care	<i>Provision of <u>regular</u> care beyond the usual hours during which regular hours care is provided on weekdays, and/or weekends. Extended hours may be required to meet the needs of a specific population and are usually, but not necessarily, provided by the practice or provider with whom the patient is enrolled.</i>
After Hours Care	<i>After hours services provide a level of care designed to meet the needs of patients which cannot be deferred until regular care is next available. Services provided during this period ensure that an appropriate level of care is available for acute illness, accidents and emergencies. These services are available outside of the hours of regular and extended care.</i>
Overnight Services	<i>A subset of after hours care, being the care provided between 10.00pm and 8.00am daily.</i>
PCHS	Primary and Community Health Services
Accident and Medical Centre	<i>A facility designed and staffed to manage accidents and acute medical presentations for any patient who requires this care. Most A&Ms are open until late evening seven days a week.</i>

2.0 Key Issues

The present configuration of after hours services in Counties Manukau has arisen as a market response to the growing desire from patients to access medical care outside normal weekday business hours.

There has been a gradual shift of the primary care medical workforce away from the concept of the family doctor who was either available or on-call day and night for his patients as general practitioners seek work/life balance and terms and conditions of work that more closely align to other occupations.

As general practitioners (GPs) became less available after hours the public demand for services after hours increased. Independent private businesses in the form of Accident and Medical (A&M) clinics have set up in Counties Manukau to fill this gap. There are currently nine A&M clinics within or close to Counties Manukau with services supplemented by extended and after hours services from a few larger general practices within the district.

The advantage of this market-led development is that Accident and Medical clinics, supported and encouraged by ACC, have provided a facility, equipment and a workforce that is trained to manage a greater range of acute medical emergencies and accidents than might be delivered by a general practice clinic. As most Accident and Medical clinics have ACC accreditation, hospital Emergency Care presentation is avoided for large numbers of accident patients that can now be seen and managed at A&M centres. e.g. diagnosis and plastering of fractures routinely provided in A&M clinics.

The capitation funding model introduced by the national Primary Care Strategy in 2003 directed general practice funding through Primary Health Organisations (PHOs) and their providers on the basis of enrolled patients. Under this model, the provider with whom a patient is enrolled has responsibility to ensure 24/7 care for their patients. It is envisaged that funding will pass through to after hours providers to enable care to be provided at reasonable cost to the patient.

A&M clinics that do not enrol patients do not qualify for capitation funding, and now face issues of ongoing financial sustainability. Funding is therefore a central component of any plan to provide after hours services within Counties Manukau. After hours providers have adapted in various ways, but variability in demand and difficulties in recruiting and retaining an appropriate skilled workforce suggest that some rationalisation of current after hours providers may be desirable to achieve economies of scale and enable recruitment of sufficient staff after hours.

After hours care is more expensive to provide than care during normal business hours owing to variability and unpredictability of presentations and exacerbated by penal rates. As the public seeks extended hours of service from primary care, access issues arise for large sections of the Counties Manukau population who are unable to afford significant co-payments related to after hours services. The national framework has sought to provide a means to manage demand in relation to available funding by defining after hours primary health care as services designed to meet the needs of patients that cannot be safely deferred until regular or local general practice services are next available. However, this determination is unlikely to affect the now well-established public perception that regular medical care will be available and accessible outside normal weekday hours. There is a need to reinforce the distinction between usual care as provided by general practitioners, with its increasing emphasis on preventive health care, and provision of emergency care after hours for acute illness and accidents.

Emergency Care at Middlemore Hospital has provided alternative primary care access for walk-in patients, especially visitors, non-enrolled patients and Pacific Island residents who have by tradition sought a high proportion of their primary medical care from a hospital. On average, Middlemore Hospital Emergency Care sees 140 walk-in patients over 24 hours (64% of the total Emergency Care arrivals for the day). Apart from prolonged waiting times, there is no financial barrier to accessing services at Middlemore Hospital Emergency Care compared with the co-payment charged in Primary Care.

Eastcare in Howick provides the only 24 hour primary care service in Counties Manukau. However, Middlemore Hospital is the provider of choice for patients needing a medical consultation between 10.00pm and 8.00am because it is centrally placed within Counties Manukau, accessible to low decile communities and provides a free service. Overnight volumes at Middlemore Hospital Emergency Care are currently 50-60 per night, of which it is estimated that 50% can be managed in primary care. Based on these volumes, a single provider of overnight services is all that is required within Counties Manukau in the medium term.

3.0 Trends and Future Directions

Over the next two years CMDHB will align its after hours services with the national framework through a range of initiatives:

- Primary Health Organisations and their providers will be responsible for making formal arrangements for contracting any services outside the hours they themselves are open for business.
- These formal arrangements will include provision for information transfer that will support continuity of care for patients, increasingly making use of secure internet communication between providers and sharing of register and clinical information. Formal arrangements between providers will give greater financial certainty to after hours providers like Accident and Medical clinics as a result of bulk contracts for

service and better data on patient utilisation on which to base workforce needs and financial projections. After hours providers will be able to access better clinical information to assist in managing acute presentations. In turn after hours service providers will be accountable through their contractual arrangements for the quality of the services they offer.

- A disposition pathway will be developed and well promoted throughout the community so that patients are able to access the most appropriate service for their needs.
- Telephone triage and disposition services will play a key role in the disposition process. The community will be encouraged and supported to contact these services for advice as to whether they need a medical consultation or simply advice until their regular provider is next available and, if so, whether this is a primary or secondary consultation. Supporting services like the ambulance service are an integral part of the after hours service and will benefit from the availability of a disposition pathway.
- CMDHB will develop and gradually implement processes to reduce use of Middlemore Hospital Emergency Care by walk-in patients through promotion of the disposition pathway, education and encouraging patients to enrol with a primary care provider. Success of this strategy will be dependent on a number of factors including:
 - The capacity of primary care to accommodate these patients, particularly in relation to managing primary care scheduling systems to ensure acute access.
 - The availability of adequate services during normal business hours so that the overflow does not spill into after hours care.
 - The adjustment of patient co-payments so that after hours care is need (rather than demand) driven but that financial barriers to access are minimised.
 - Promotion and utilisation of the disposition pathway with social marketing of after hours service provision and the role of primary care.
 - In order to 'Keep EC for Emergencies', CMDHB is committed to supporting the establishment of a single overnight service within the community in sufficient proximity to Middlemore Hospital to encourage patients to use this service rather than present directly to EC for emergency care. This will not preclude other providers offering an overnight service if they wish to do so in conjunction with their current operations.

Franklin district would benefit from an integrated service delivery model utilising the range of resources available within the district. Based on current services the favoured option in the medium term is an integrated service plan in which the existing Pukekohe based after hours clinic provides after hours services until 10.00pm. The extent of need for medical consultations overnight has not been quantified, but is thought to be too low to justify the expense of a local on-call doctor overnight. Continued use of a telephone triage and disposition service and direct referral to the single overnight service is advised.

Future Location of After Hours Services

As primary care services are aggregated into primary care health centres (PCHCs) serving their respective communities, after hours primary health care services will increasingly be delivered from these centres.

An Accident and Medical clinic operated from the same facility as a general practice clinic and other preventive health services offers economies of scale and the ability to meet fluctuations in demand by offering both booked consultations and a walk-in service for emergencies and overflow management. A single common information system will enable information sharing and access to clinical information needed to support acute medical consultations. The A&M focus is acute and emergency care, including casuals, on a drop in and triage basis, while the consulting practice is likely to run an appointment system for enrolled patients with some semi-acute but often chronic conditions under management. The Accident and Medical will have its own entrance and layout tailored to the delivery of acute medical and accident consultations and their management. The facility may offer rooms set up for general consulting during the day which can be converted to an observation area or additional consulting rooms for the Accident and Medical after hours.

The concept appeals to patients who would rather access all their medical needs from the one centre with which they are familiar. It offers advantages in terms of clinical governance and the learning experiences gained from the close alignment of different subspecialties and economies of scale in financial and operational management. In addition support services such as laboratory and radiology services are located on the premises.

The number and location of after hours services will therefore reflect the distribution of PCHCs in the next 20 years. This will meet the need for geographic proximity of after hours services to local communities. Planned development of after hours services in conjunction with PCHCs will enable after hours services and facilities to be tailored to workforce availability and after hours demand. Over time existing Accident and Medical facilities will gradually be incorporated into Primary Care Health Centres.

From 10.00pm to 8.00am (overnight) demand drops significantly. On present estimates of population growth one overnight service within Counties Manukau will meet this demand in the foreseeable future as part of an acute service network which directs patients to the appropriate service for their need through telephone triage and a disposition pathway. The overnight service will be sited within range of Middlemore Hospital to support the transition of patients who currently attend EC, Middlemore Hospital into a community-based first level service. With the development of a PCHC on the Manukau site, and if demand and workforce availability continues to justify only one overnight service, consideration may be given to siting the overnight service in this complex. This will depend on population growth and density throughout the region, in particular where the highest deprivation populations are concentrated.

Workforce and Service Development

Different training and competencies are required to deliver chronic care and population-based health services from acute medical and accident care. The core clinical skills are similar, but each requires elements of specialised knowledge for provision of a quality service. After hours services by definition require a workforce that has up-to-date skills and experience at the acute or trauma end of the general practice spectrum. Maintaining these skills is a challenge for staff not working regularly in an Accident and Medical environment.

Health professionals working after hours, when peer support and ancillary services are minimal, should arguably be our most skilled and experienced practitioners in order to provide a safe environment for both staff and patients. To achieve this after hours services require access to a sufficient pool of doctors and nurses with the necessary skills and experience for after hours accident and acute medical work. To attract and retain a skilled workforce in the face of an increasing shortage of both doctors and nurses in Counties Manukau requires recognition, status and appropriate compensation for the extended hours of availability of Accident and Medical clinics.

Accident and Medical clinics providing after hours services will have a Director who is registered with the Accident and Medical Practitioner's Association (AMPA) and core staff who will have a subspecialty in accident and acute medicine. While many GPs are likely to opt out of participating in an after hours service, some will still be keen to develop and retain skills in accident and medical care, and to retain income through participation in rostered services.

Formal agreements which specify the quality of after hours services to be provided will ensure that after hours providers have effective clinical governance processes together with the appropriately skilled personnel to deliver a quality service. The after hours agreement will include provision for clinical governance, regular peer review and a credentialing process such as the three yearly AMPA audit of premises. Skill transfer and enhancement will be facilitated by greater collaboration between MMH Emergency Care and primary care providers offering emergency medical services and opportunities for upskilling.

Primary health services in the UK has faced similar issues to those in New Zealand. Difficulty in recruiting GPs, GP's choosing to opt out of after hours care, and subspecialisation within medical care, has created career opportunities for nurses who have obtained postgraduate emergency certification. This has seen the emergence of the Emergency Care Nurse Practitioner who is capable of assessing, treating and discharging patients. In Counties Manukau in 2007, secondary care remains the more attractive option for post-graduate trained nurses because of access to support and ongoing education, higher salaries, opportunities for specialisation and nurse practitioner advancement, and for some nurses dissatisfaction with the private business employee model in primary care. The development of an integrated acute care network and recognition of the specialised role of accident and acute medical care will offer career pathways for nurses interested in this area and in time see nurses play a greater role in after hours acute care.

Ambulance services are an important part of an integrated acute care network. Recent experience in the UK shows ambulance services shifting from a close alignment with secondary care services toward much firmer links with primary care. The role of the paramedic is evolving from first aid and transport, to encompass more complex levels of patient treatment and care. Upskilling of paramedics has the potential to reduce the number of ambulance transports for non life-threatening conditions and provide a service in the patient's own environment, thereby increasing patient satisfaction.

It is envisaged that after hours services of the future will incorporate a mobile paramedic "practitioner" who will be able to assess patients without mobility or transport in their homes and either treat and discharge, or arrange transport to the most appropriate service for their needs. In some cases this may be a social agency rather than a health service.

In rural Franklin there is potential to trial a home visiting service over 24 hours that could utilise the two ambulances stationed in Franklin with a suitably trained and competent ambulance paramedic together with a nurse to access, triage/treat and or transport to the A&M clinic up until 10.00pm then after that to MMH EC.

Acute Care Network

In 2007, Accident and Medical work is a Cinderella service that backs up the day-to-day activity of general practices. As primary health care increasingly focuses on prevention, early intervention and chronic disease management, this trend together with work-life balance considerations for health professionals and the shift of accident management from EC into the community creates increasing difference between the operational requirements of a general practice clinic and an accident and medical clinic. The setup, day-to-day running, hours of operation and numbers, types, skills and even personalities of personnel employed have noticeable differences. Accident and Medical work no longer sits comfortably within most general practices although they sit well alongside and complement one another.

Patients in low decile communities are known to present for care at a later stage in the course of their illness. Accordingly Counties Manukau needs a robust, seamless acute and urgent care service particularly after hours.

Within five years, it is envisaged that A&M services will provide almost all of the after hours care throughout Counties Manukau as part of an integrated network of services for management of acute and urgent medical conditions and accidents with first entry point in the community and subsequent referral of more complex cases requiring secondary level care to Emergency Care, Middlemore Hospital. Closer integration with Emergency Care within the continuum for management of acute illness will support the maintenance of quality and a seamless service for acutely ill patients. Accident and Medical work will be recognised as a subspecialty in its own right for both doctors and nurses and rewarded accordingly.

To support the concept of an acute services network it is proposed that CMDHB create a Acute Services Reference Group consisting of representatives from primary care, accident and medical providers, Emergency Care Middlemore hospital and other services that support the disposition of patients throughout the acute care continuum, including the ambulance

service and telephone triage services. The purpose of this group will be to promote an efficient and seamless provider network through appropriate patient disposition, efficient utilisation of resources available, referral pathways for providers and evaluation of international trends for their applicability to local practice.

Voluntary development 2007 - 2026

It is envisaged that service development for After Hours facilities will evolve with the staged rollout of PCHC across CMDHB communities. The PCHC workstream is proposing to develop PCHC in Counties Manukau communities. It is expected that there will be an extended hours provider in each of these communities, and these are likely to develop within the PCHC itself where co-locations with radiology and pharmacy services can be achieved.

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