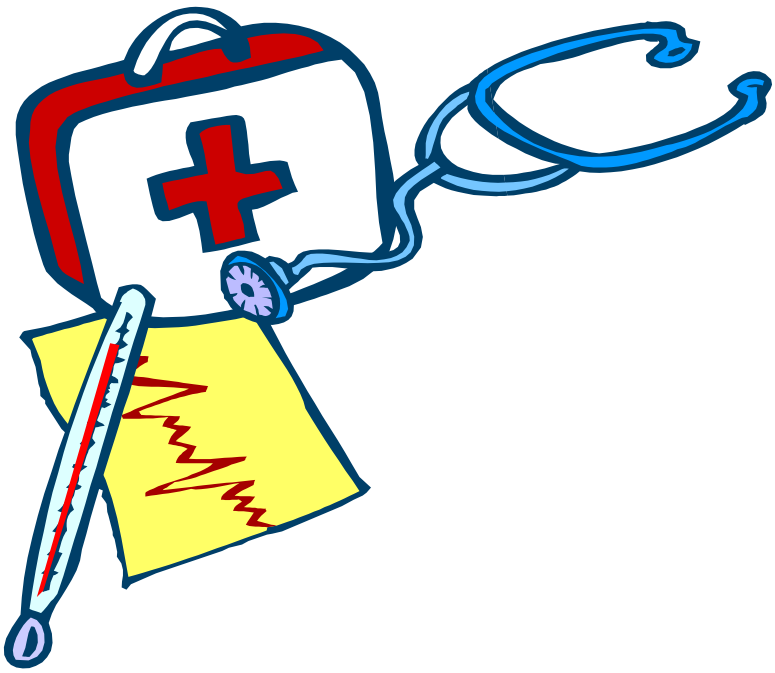
'I wouldn't be here if I could see a GP'

Consumer Use of Emergency Departments

Needs Analysis

After Hours Primary Medical Care in the ACT



A report by the ACT Division of General Practice
May 2002

'I wouldn't be here if I could see a GP'

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Needs Analysis for After Hours Primary Medical Care in the ACT

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With appreciation for the support of: The AHPMC Advisory Committee

This report should be read in conjunction with *'It's Easier to see a Vet!'* ACT health care consumers' experiences and needs for after-hours medical services. A report by the Health Care Consumers' Association of the ACT for the ACT Division of General Practice

Funds provided by the Commonwealth Department of Health and Ageing (DOHA) and the ACT Department of Health and Community Care (ACT DH&CC)

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1. Introduction

This report documents a study undertaken by the ACT Division of General Practice (ACTDGP) with funds provided by the Commonwealth Department of Health and Ageing (DoHA) and the ACT Department of Health and Community Care (ACTDH&CC). The study is part of a larger study which aims to examine options and to develop a preferred model for delivering an enhanced, sustainable and affordable after hours primary medical care service for the ACT community generally and for low income earners in particular.

2. Overview

This was a social research study using both quantitative and qualitative methodologies. The objective of the study was to determine why consumers with a health issue other than an emergency chose to seek care from the Emergency Department. The ACT Human Research Ethics Committee, (ACTHREC) approved the research.

Information was collected by a simple, self-administered consumer questionnaire, over 24 hours for 14 days; from 6am February 20 to 6am March 6 2002. The questionnaires were supported by selected non directive interviews conducted during after hour periods of two hour designated time slots. The study group was consumers who had been classified as either category four or five patients via the national triage system. Data has been disaggregated to focus on the after hours presentations, that is from 6pm to 8am weekdays, 12midday to 12 midnight on Saturday, and 24 hours on Sunday.

The three key research activities included the questionnaire; selected interviews, and outcomes of the visit which involved matching the unit record (UR) number from the completed questionnaire to hospital data. This process has enabled the study to determine how many consumers could (potentially), have been dealt with by a General Practitioner.

The Canberra After Hours Locum Medical Service (CALMS) and the Health First Consumer Access Centre (Health First) agreed to participate with the study by

collecting data about numbers of consumers referred to the Emergency Departments (EDs) or a General Practitioner (GP) for the duration of the study period.

3. Results

There were a total of 1,375 questionnaires completed over the two-week period, 685 from TCH and 690 from Calvary. Six percent of questionnaires were discarded after checking for accuracy, validity and duplication, 1,294 questionnaires were considered valid for the study, 648 from Calvary and 646 from TCH. The overall response rate was 44.30% of all category four and five presentations at the EDs over the study period.

Study Group

There were 717 presentations after hours, 56% of all category four and five presentations. Therefore the study group for the purposes of this research is 717 questionnaire respondents, supported by 186 interviews.

Demography

- Slightly more males (54%) than females (46%) completed the questionnaire
- The majority of respondents, 90%, travelled to the ED by private vehicle.
- Just over one third of all respondents were in the combined age groups of 21 – 40, the next largest group was the 0 – 5 year olds.
- The majority of consumers responded to the questionnaire on behalf of themselves, one third completed the questionnaire as a parent.
- The greatest proportion of consumers was from Belconnen, (31%) and Tuggeranong (21%).
- Forty one percent reported they had private health insurance, 32% claimed to hold a Health Care Card (HCC), this data is unreliable as there was some confusion between a HCC and a Medicare card.
- Slightly more than 85% of respondents have a regular GP.

4. Findings

Results indicate there were three main reasons for consumers choosing to present at the ED: (multiple responses were possible for this question):

- A perception that the health issue required urgent attention (53%)
- The ED was the *only option* for after hours services (46.5%)
- Were referred by another health agency (31.5%)

Other outcomes included:

- Less than 10% of respondents stated their reason was due to ED being a 'free service.'
- The majority (84%) of respondents stated they would prefer to see a GP and were prepared to pay for the service, within limits.
- By matching unit record numbers to outcomes, it was determined that 61% of consumers in this study could *potentially* be seen by a GP.

Knowledge of after hours services other than the ED was limited, 43% had heard of the Health First Call Centre, 48% had some knowledge of the Canberra After hours Locum Service. There was high previous use of the ACT Medical Centres.

Consumer Perspectives of reasons for ED attendance

Urgency: Under the national triage system, this group of consumers were not *medically* urgent. Yet these consumers thought their health issue would require a clinical intervention that was beyond the capacity of general practice, most frequently mentioned was the need for an X-ray. Consumers who did know about other options for after hours services also knew about the limitations of those services, and have their own strategies for self-triage. This group may continue to seek ED services on occasion regardless of other options.

Referral: One third of respondents were referred to the ED by another health service provider. A proportion of these were post triage referrals – for example, by Health First. Others may have been 'advised' to attend the ED for convenience rather than the type of clinical service required. It is unclear whether the referrals were due to lack of knowledge about out of hours options on the part of the referee, especially when the referral, or advice, came from a non medical service such as pharmacist, government health service or a doctor's receptionist or answering machine.

Only option: The considerable proportion (46.5%) of respondents who thought ED was the only option for after hours services suggest that a targeted and multi faceted communication strategy is needed in order to inform consumers of their choices in after hours services. Evidence from 84% of consumers interviewed that they would prefer to see a GP (if only they knew about them) supports the need for better marketing of services. How to develop a strategy that does not create a demand that cannot be met needs consideration.

Consumers input to improved services

Quality of Service: Most frequently mentioned by consumers was the expectation that a GP service would address the issue of waiting times. Consumers felt that if they had to pay for a service, there should be minimal waiting time. An enhanced after hours GP service will need to offer an efficient and prompt appointment system with a strategy to minimise waiting times. Consumers wanted to be assured that a GP service could quickly and adequately assess, prioritise and attend to their needs in a timely manner. The need for professional and adequate triage was also an issue for some, linked to concerns about waiting times. Other issues of quality related to the level of services offered, such as access to X-ray, pharmaceuticals, and diagnostic screening.

Marketing: The issue of lack of knowledge about after hours services is a major outcome of this study. Consumers have suggested a number of marketing strategies, with fridge magnets being the most often cited. Given that this issue has arisen constantly throughout the study, a marketing strategy must be a priority for any service enhancement.

Access: Access incorporates all features of a service. Consumers identified a number of barriers to access, and cover geographic, physical and social factors. In order to promote access to services, consumers need to know where it is, when it operates, who can use it, and how much it costs. Consumers need to also know if there is access for people from disadvantaged groups, such as those with physical and intellectual disabilities, from culturally and linguistically diverse backgrounds, and/or who are economically and socially disadvantaged.

Affordability: The majority of respondents (85%) indicated that within limits, they were prepared to pay for a GP service. However, cost was a contributing factor to the decision about where to seek services, with the expectation that a service that attracts a fee will be superior to the ED. In addition issues were raised about flexibility of payment, and concerns about having to pay up front for a home visit. The ACT is by no means poverty free. An enhanced service which is responsive to *all* the community will develop a strategy for ensuring people who cannot pay are not excluded from a GP service.

5. Summary and conclusion

Evidence provided through this report supports the hypothesis for the study. That is, a considerable proportion of consumers who currently use EDs would choose to see a GP after hours service if the service was *available, accessible, appropriate and affordable*. The need to improve options and choices for the ACT community in relation to after hours primary medical care services is also supported.

There is already the infrastructure in place through existing arrangements to respond to these needs, and the outcomes of this research may be the catalyst for the change required to further develop existing services in order to build a quality, sustainable and universally available after hours GP primary medical care service.

Strategies for accessibility need to look at the current geographical, physical and social barriers that currently deter consumers from using GP services. A service has to be responsive to the needs of the whole community, regardless of circumstance.

While the majority of respondents had an expectation that GP services would attract a fee, there needs to be consideration for those who can't pay, as well as flexible payment options.

The need for a targeted consumer awareness campaign is a key priority for any service development. A marketing campaign will seek to identify out of hours options for consumers while trying to influence health seeking behaviour, 'what to use when'.

Prompt and professional triage and appointments systems will be a feature of an improved model. Efforts should be made to overcome the 'double triage' that has been identified in this study as a frustration for consumers.

The features of a future service must also be responsive to the needs of the GPs who work in them. Therefore any service development needs to consider what will attract GPs to working in an after hours service. Issues such as protection for personal safety, access to professional development, adequate remuneration, administrative support and a quality clinical environment must be part of any service enhancement. Issues of future sustainability and a depleted GP workforce must underpin any new arrangements.

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Section 1: Background

The After Hours Primary Medical Care (AHPMC) project is a Commonwealth Government initiative, funded by the Commonwealth Department of Health and Aging (DoHA). In October 2000, the Prime Minister announced that $43. 4 million dollars was to be made available over 4 years to establish new and improve existing after-hour primary medical care services across Australia. A proportion of these funds was made available to state and territory Divisions of General Practice to employ an AHPMC Policy officer to work with General Practitioners and key stakeholders to develop and implement policies around GP AHPMC. The ACT Division of General Practice took up the initiative in September 2001 with the appointment of a Policy Officer.

In February 2001, the ACT Division of General Practice, in collaboration with the ACT Department of Health and Community Care (ACTDH&CC) and the Canberra After Hours Locum Medical (CALMS), was successful in an application to the DoHA under the AHPMC Development Grants Program for a seeding grant to undertake a needs analysis, and examine options for delivering an enhanced, sustainable and affordable after hours primary medical care service for the ACT community.

Components of the needs analysis have included:

- **Mini Literature review –** of relevant international and national literature in order to determine what had already been done in AHPMC. The literature review also identified key areas of local research, which contributed toward the methodology and structure for the ACT needs analysis.

- **Situation analysis -** mapping current after hours public and private medical services including; hospital emergency departments, medical centres, consumer access call centres, GP extended hours practices, and other after hours locum services.

- **Consumer use of Emergency Department research -** a consumer study to be administered over two weeks, for 24 hours a day within the Emergency Departments of both major hospitals.

- **Community Focus Groups -** working in partnership with the ACT Health Care Consumers Association, community focus groups sought *retrospective* information about use of after hours medical services.

- **General Practitioner Input and Consultations -** General Practitioners have been invited to provide input to the needs analysis through consultations, participation in information sessions and through the Board Members of the Canberra After hours Locum Service (CALMS).

- **Stakeholder Consultations -** Consultations and individual interviews have been conducted with key stakeholders, representing government and non government health and community services in the ACT.

1. 1 Consumer use of Emergency Departments.

1. 1. 1 Description of study

This was a social research study using both quantitative and qualitative methodologies. The objective of the study was to determine why consumers with a health issue other than an emergency chose to seek care from the Emergency Department. The ACT Human Research Ethics Committee, (ACTHREC) approved the research.

Information was collected by a simple, self-administered consumer questionnaire, over 24 hours for 14 days; from 6am February 20 to 6am March 6 2002. The questionnaires were supported by selected non directive interviews conducted during after hour periods of two hour designated time slots. The study group was consumers who had been classified as either category four or five patients via the national triage system.

As the focus of this study is on after hours attendances, data has been disaggregated to focus on the hours of 6pm to 8am weekdays, 12midday to 12 midnight on Saturday, and 24 hours on Sunday.

1. 1. 2 Study Hypothesis

The hypothesis was that, a proportion of consumers who attend the Emergency Departments of The Canberra Hospital (TCH) and Calvary Hospital (Calvary) for primary medical care services would choose to see a General Practitioner if the service was available, accessible, appropriate, and affordable.

1. 1. 3 Methodology

Research assistants were employed to work in the Emergency Departments (EDs) of both hospitals for three eight-hour shifts per day for the fourteen days of the study. Potential respondents were identified as a category 4 or 5 patient by the triage nurse who the passed the information to the research assistant. The research assistants were then responsible for approaching the patient, obtaining informed consent, handing out and assisting with questionnaires, and conducting selected interviews.

The study group was made up of consumers who had been classified as triage category four and five and who provided written, informed consent to participate. Exclusions included nursing home patients or transfers from other health institutions; those who appeared agitated or distressed, or people who did not speak English and did not have an interpreter, and were therefore unable to provide informed consent.

The three key research activities included the questionnaire; selected interviews, and outcomes of the visit which involved matching the unit record (UR) number from the completed questionnaire to hospital data. This process has enabled the study to determine how many consumers could (potentially), have been dealt with by a General Practitioner. However, while this retrospective information is useful, the study focussed on consumers' *perceptions* of their health need; that is, what influenced them to select the Emergency Department for the presenting issue, rather than the anticipated outcome.

1. 1. 4 The questionnaire

The questionnaire was a simple 'tick box' double-sided one page format. The aim was for consumers to complete the questionnaire with minimal assistance from the research assistants so as not to influence responses. The questionnaire was trialled in the Emergency Department of Calvary Hospital before the study. The only identifying information on the questionnaire was the respondent's UR number, which was recorded after the questionnaire was completed.

A combined information and consent form was provided with the questionnaire in duplicate, a copy was provided to the respondent.

Limitations of the questionnaire: Part one of the questionnaire sought information in relation to private medical insurance and holders of health care cards (HCC). Research assistants reported that there was confusion among some respondents about health care card versus Medicare card. Although this was clarified with respondents as the study progressed, results of this item will not be statistically reliable. This study is therefore unable to accurately assess the degree of economic disadvantage among respondents.

1. 1. 5. Interviews

Interviews were conducted for a two-hour period between 6pm and 8am on weekdays; from midday to midnight on Saturdays and throughout the whole of Sunday. The interviews sought to expand on information already provided in the questionnaires, through a series of non-directive, open-ended questions. Research Assistants were provided with a set of questions to use as a guide for seeking information. There was considerable flexibility in the questioning approach to allow for anecdotal information to be included. As a final question, respondents were asked for suggestions for improving General Practitioner (GP) after hours primary medical care services.

1. 1. 6 Supporting Data

The Canberra After Hours Locum Medical Service (CALMS) and the Health First Consumer Access Centre (Health First) agreed to participate with the study by collecting data about numbers of consumers referred to the Emergency Departments and/or a GP for the duration of the study period.

1. 1. 7 Mini Literature review

There has been no previous research of this kind in the ACT. In July 2000, the then Minister for Health commissioned a major independent national study to assess the views of the community on after-hours medical care. The consultant, Blue Moon Research and Planning, was appointed to 'collect and analyse informed consumer preferences for After Hours Primary Medical Care.'[1] This was a national community based study, using focus groups and broad community consultation across the country; the ACT was not included in the process. The final report of this study is yet to be released.

A discussion paper distributed by the NSW Department of Health (NSW Policy Division 1999)[2] contends that the use of the Emergency Departments by non urgent patients is due to access problems with alternatives, financial constraints and community perceptions of illness and hospitals, while the Hunter Urban Division study (1996) found that problems with existing after hours services related to access to 24 hour services, availability of home visits and costs.

An unpublished survey conducted in the Calvary Hospital (ACT) Emergency Department in early 20003 asked 424 patients to identify why they attended the Emergency Department.

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[1] www.health.giv.au/mediarel/yr2000/mw: *Wooldridge Seeks Consumer Views on After-Hours Care*, Media Release, November 2000

[2] Cited in Pegram Dr Rob, *After Hours Primary Medical Care Services in Australia;* An analysis of research, current data and activity, November 2000 pages 22,23

[3] Maher Rhonda, *Calvary Emergency Department – Pre Implementation of NDHP 3 Communication Trial* – unpublished survey results, 2001.

There were ‘172 ‘out of hours’ responses, between the hours of 6pm and 8am. Aggregated results indicate that the majority of consumers who attended after hours were first time presentations (79.3%); thought their health problem was in need of urgent or immediate treatment, had a preferred GP (71.7%), who was unavailable or booked out (66.4%) and didn’t know if their GP had an after hours service (56.7%).

Possibly most relevant to this research, is a recent study conducted by the Medical Research Unit of the University of Sheffield[4] which aimed to ‘*estimate the potential of general practice, minor injury units, walk in centres and NHS direct to reduce the non-urgent demands on accident and emergency (A&E) departments taking into account the patient’s reason for attending A&E.’ The* study was conducted over 7 weeks, and involved the administration of a questionnaire and records review of 267 adult presentations. Results indicated that *55% of the population attending A&E are suitable for treatment in a general practice or minor injury unit.* However, the research also found that, 24% of patients who self referred, *the A&E was not their first point of contact*, having consulted a health professional previously for the same health problem. The other significant finding was that the most frequently cited reason for attending the A&E by the study group was *a belief that an X-ray was necessary.* These findings are relevant to the outcomes of this study, as is evident in the following report.

The research concluded that: *The increasing availability of alternative services offering first-contact care for non urgent health problems is likely to have little impact on the demand for A&E services.* [4]

While the outcomes of the Sheffield study have many similarities to this study, the aims are somewhat different. This research has *not* been conducted with the aim of reducing the demand on Emergency Departments. Rather, the aim is to gather a body of knowledge which will inform the development of after hours options and choices for consumers who currently feel that their *only option* for after hours primary medical care is the Emergency Departments of the two ACT public hospitals.

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[4] Coleman P, Irons R, Nicholl J, *Will alternative immediate care services reduce demands for non-urgent treatment at accident and emergency?* Emergency Medical Journal, 2001, 18: pp 482-487.

Section 2: Results

There were a total of 1,375 questionnaires completed over the two-week period, 685 from TCH and 690 from Calvary. Six percent of questionnaires were discarded after checking for accuracy, validity and duplication. The majority of these were either incomplete or did not have a signed consent form attached. The remaining 1,294 questionnaires were considered valid for the study.

ED	Responses	All Cat 4 & 5	%
TCH	648	1463	44%
Calvary	646	1458	44%
Total	**1294**	**2921**	**44%**

Table 1 –Total Responses

2. 1 Response rate

Data from both hospitals shows there were 2921 category four and five presentations on total during the study period. Therefore the overall response rate was 44.30% for both hospitals, with very little difference between the two. This number is adequate representation of consumers from both EDs for the purposes of this study.

The *actual* refusal rate from consumers who were approached to participate in the research was very low; research assistants reported an average of one consumer per eight hour shift. While all consumers classified as category four and five were potentially included in the study group, a significant number were missed. This was mainly as a result of misunderstandings between triage staff and the processes involved for identifying potential respondents, as well as occasions when consumers were taken to treatment areas immediately upon arrival to the ED in less busy times, particularly at night, thus bypassing the research assistants.

2. 2 Study Group

Questionnaire: Data from questionnaire responses has been separated to identify the study group. That is, consumers who presented at the EDs between 6pm and 8am on weekdays, 12 midday and 12 midnight on Saturday and for 24 hours on Sunday. Of 1294 respondents, 717 (56%) presentations were after hours. Therefore the study group for the purposes of this research is 717 questionnaire respondents supported by 186 interviews.

Questionnaire		
ED	**Number**	**Percentage**
TCH	365	51%
Calvary	352	49 %
Total	**717**	
Interviews		
TCH	92	N/A
Calvary	94	N/A
Total	**186**	

Table 2 – Study Group

Interviews: In total, 203 interviews were recorded, several were excluded due to lack of information or because the respondent was a visitor to the ACT, 186 were considered valid for the purposes of the study, 94 from Calvary Hospital Emergency Department (ED), and 92 from The Canberra Hospital (TCH) ED.

2.3 Demography

2. 3. 1 Transport

Respondents were asked to identify the means of transport they used to travel to the ED. As evident in the following table, the majority, 90%, travelled by private vehicle. Other means of transport identified included police, some respondents walked.

Transport	TCH	Calvary	Total	%
Private Vehicle	323	323	646	90%
Taxi	6	10	16	2%
Bus	6	2	8	1%
Ambulance	20	11	31	4.5%
Other	10	6	16	2.5%
Total	**365**	**352**	**717**	

Table 3: Means of Transport

While it appears from these results that the majority of consumers had access to a private vehicle, transport was an issue identified in the community research conducted by the ACT Health Care Consumers Association (HCCA) in support of this study.[5] The results of focus groups conducted with specific groups, including a mental health group and the older women's group indicate that these consumers have very real transport issues. This lack of mobility influences their choice of service provider, and generally involves calling an ambulance as the usual means of transport to the ED regardless of the perceived urgency of the situation.

2. 3. 2 Gender representation

There were slightly more males (54%) than females who (46%) completed the questionnaire.

Questionnaires	TCH	Calvary	Total	%
Male	195	191	**386**	54.0%
Female	170	161	**331**	46.0%
Total	**365**	**352**	**717**	
Interviews				
Female	49	51	100	54.0%
Male	43	43	86	46.0%
Total	**92**	**94**	**186**	

Table 4: Gender representation

2. 3. 3 Responding on behalf of:

Questionnaire: The majority of consumers responded to the questionnaire on behalf of themselves, (56%), one third completed the questionnaire as a parent, the remaining responses were on behalf of a partner, other family member or friend.

These results are supported by the consumer interviews, 61.5% of consumers responded on their own behalf, and one third as a parent.

[5] Health Care Consumers of the ACT: *It's Easier to see a Vet!* Report into Consumers experiences and needs for after hours services, concurrent to this study. April 2002, p29,32.

Questionnaire Responding for:	TCH	Calvary	Total	%
Self	190	210	400	56.0%
Partner	10	16	26	3.5%
Child	144	92	236	33.0%
Family	13	23	36	5.0%
Friend	4	8	12	1.5%
No Response	4	3	7	1.0%
Total	**365**	**352**	**717**	
Interviews Responding for:				
Self	57	57	114	61.5%
Child	31	31	62	33.5%
Friend	0	1	1	0.5%
Other	1	0	1	0.5%
Partner	3	1	4	2.0%
Parent	0	4	4	2.0%
Total	**92**	**94**	**186**	

Table 5:Responding for

2. 3. 4 Age Of respondents

Table 6 below indicates that just over one third of all respondents to the questionnaire were in the combined age groups of 21 – 40, followed by the under fives. The high proportion of 21 – 40 year olds is commensurate with the latest profile of the population of the ACT as released by the Australian Bureau of Statistics (ABS).[6] The median age for the ACT as at June 2000 was 32.8 years, due to the higher proportion of young adults who make up 33% of the overall ACT population.

Age	TCH	Calvary	Total	%
0-5	70	42	**112**	15.5%
6-10	28	20	**48**	7.0%
11-15	41	32	**73**	10.0%
16-20	38	38	**76**	10.5%
21-30	66	86	**152**	21.0%
31-40	46	45	**91**	13.0%
41-50	27	34	**61**	8.5%
51-60	24	27	**51**	7.0%
60+	25	28	**53**	7.5%
Total	**365**	**352**	**717**	

Table 6 – Age of respondents

Results indicate that a greater number of children, just over one third (38%), aged from 0-15 years presented at TCH than Calvary where children made up just over one quarter (27%) of presentations. This difference in presentation patterns may be due to the different levels of paediatric services offered by the hospitals, as Calvary does not have a paediatric inpatient service, and some misunderstanding by consumers about whether Calvary has *any* paediatric services, as is evident further in this report.

Overall, results indicate that consumers who present at TCH are a little younger than at Calvary, as illustrated in table 7 below.

[6] www.abs.gov.au/ausstats/abs: 3235.8 *ACT Population is younger then Australian Population*. Media Release, ABS 29.06.2001

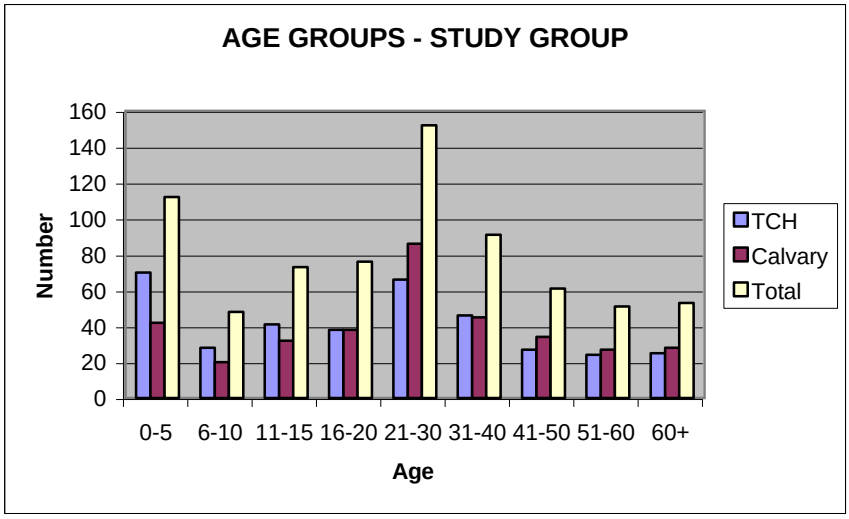

Chart 1: Age of study group

2. 3. 5 Respondents by Area

Postcodes from questionnaire responses were allocated to neighbourhood areas of the ACT. Chart (2) shows that the greatest proportion of consumers were from the Belconnen area, (31%) and Tuggeranong (21%). According to population forecasts for the ACT to the year 2010,[7] North Canberra, South Tuggeranong, Gungahlin-Hall and West Belconnen are areas of growth, while Gungahlin-Hall is expected to have the greatest increase in population over the next decade. There is a shortage of General Practitioners across the ACT, and in particular, in the newer suburbs of Tuggeranong and Gungahlin-Hall. The anticipated population growth will have continuing and serious implications for the provision of GP primary medical care services and for increasing demand on Emergency Departments.

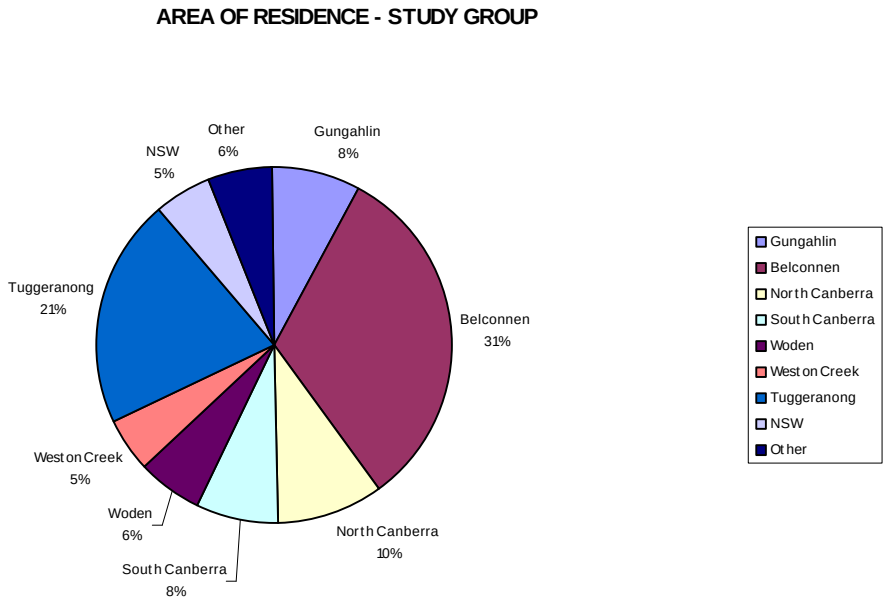

Chart 2: Geographic Distribution

Results show that the majority of ACT residents present at the EDs closest to home. The exceptions are those who have a perception about the service provided by a hospital such as

[7] www.act.gov.au/government/demography: *Population Forecasts for Canberra Suburbs and Districts*, 1986 – 2010 accessed 3/05/2002.

paediatric services, or those who feel they have a particular clinical or personal relationship with the ED.

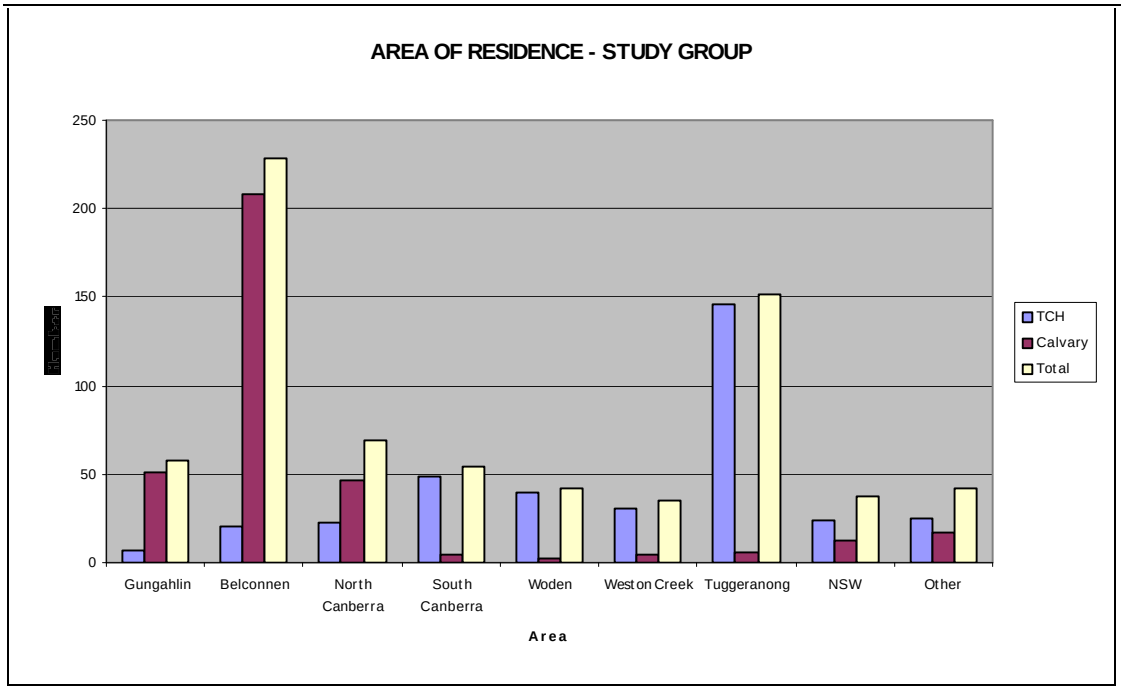

Chart 3: ED presentation by geographical location

The majority of presentations from NSW were from Queanbeyan, Bungendore, Murrumbateman and Yass, one from Sydney and another referred from a GP in Batemans Bay. The 'others' were visitors from other states.

2. 3. 6 Medical Insurance status

Results indicate that 41% of the study group had private health insurance, 32% claimed to hold a Health Care Card (HCC). The validity of this data is in doubt, due to some consumers misunderstanding about the difference between a HCC and a Medicare card.

Insurance	TCH	Calvary	Total	Percentage
Private Insurance	147	149	**296**	41.0%
Uninsured	218	203	**421**	59.0%
Total	**365**	**352**	**717**	
Health Care Card				
Health Care Card	119	113	**232**	32.5%
No Health Care Card	246	239	**485**	67.5%
Total	**365**	**352**	**717**	

Table 7: Insurance status

According to 1995 ABS Statistics,[8] 43.5% of the ACT population had some level of private health insurance. However, the number of Health Care Holders appears considerably lower than indicated through this study. The ABS figures for persons in the ACT in receipt of pensions as of June 2000[9] showed that 14.3% were in receipt of a pension, which would make them eligible for a health care card. Therefore, as predicted, the results for this study are unreliable. The implications for this study are that it is not possible to estimate the proportion

[8] Quoted from ABS, 1995 Catalogue no. 4334.0, *National Health Survey Data*, accessed 6 may 2001.
[9] ABS, September 2001, *Australian Capital Territory in Focus*, section 6.7.

of the study group who may be economically disadvantaged other than through anecdotal information provided in the interviews.

2. 4. Consumer Perceptions.

2. 4. 1 Reasons for choosing the Emergency Department

The questionnaire asked consumers to tick a box for a choice of reasons for their decision to seek a service from the Emergency Department. The questionnaire allowed for more than one response to each reason. Results have been sorted by order of priority as identified by the study group.

Reason	TCH	Calvary	Total	%
Thought situation urgent	203	177	**380**	53.0%
Thought only option for AH care	168	165	**333**	46.5%
Referral (advised to go to ED)	119	108	**227**	31.5%
Health issue only dealt with here	56	49	**105**	14.5%
Free Service	33	36	**69**	9.5%
Like quality of service	22	31	**53**	7.5%
ER is preferred option	21	31	**52**	7.5%
Follow-up from previous visit	9	34	**43**	6.0%
Get test-scripts done in one place	19	13	**32**	4.5%
GP unavailable	16	14	**30**	4.0%
Tourist/visitor	13	15	**28**	4.0%
Other	14	10	**24**	3.5%
They know me here	10	4	**14**	2.0%
Proximity	3	9	**12**	1.5%
Convenience	2	6	**8**	1.0%

Table 8: Reasons for choosing the ED

Responses to this set of questions clearly indicate that the majority (53%) of respondents presented at the ED because: their perception was that the health issue required urgent attention; the ED was the *only option* for after hours services (46.5%), or were referred (31.5%). It is worth noting that less than 10% of respondents stated their reason was due to ED being a 'free service'. Respondents who identified the ED as a preferred option and/or for the quality of the service cited issues such as the 'safety' of the ED environment, and trust in the professional service provided by the ED:

'I trust the quality of the medical care here more readily than that of a GP I don't know. If my own GP had been available I would have contacted her'.

'I have found the care here in the past excellent. Even when Florey Medical Centre provided a similar service, it was not as good as Calvary Emergency'.

The staff here are always very helpful and professional, so that encourages me to come here rather then try and see a doctor I don't know when my doctor is not available.'

'This emergency ward is one of the best I've ever been to – very prompt treatment.'

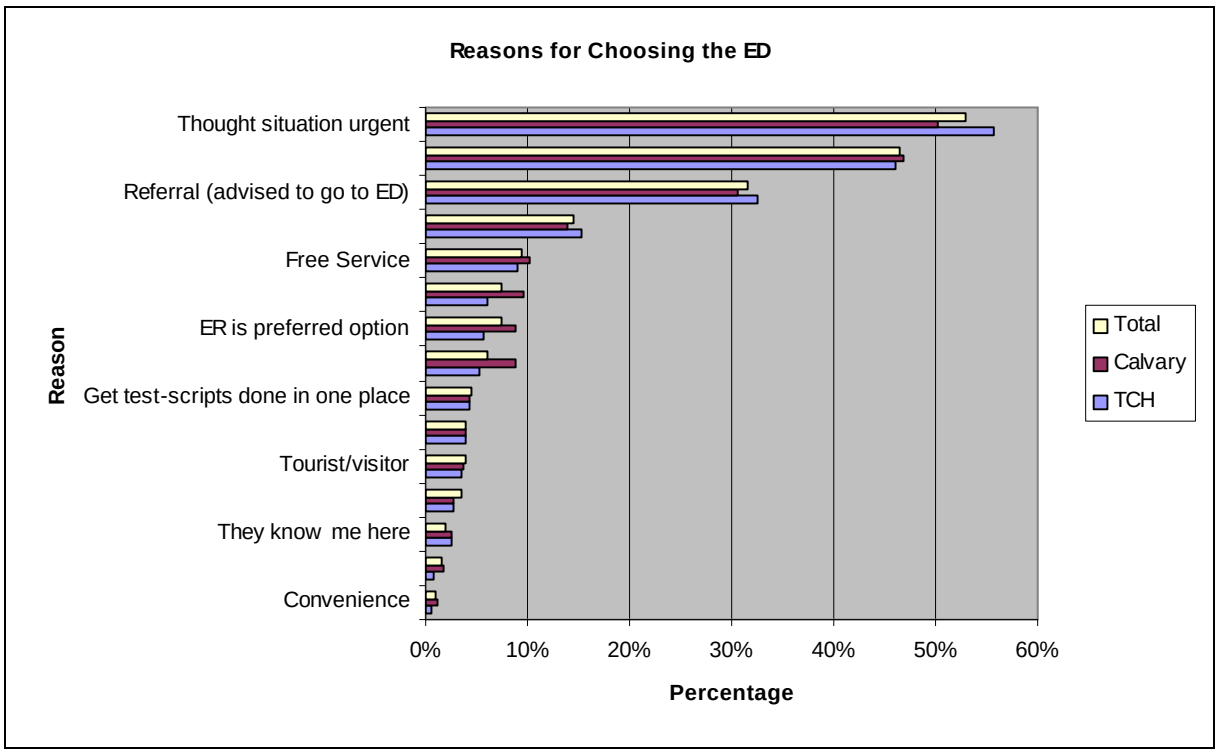

Chart 4: Reasons for Choosing ED

2. 4. 2 Other reasons

Consumers were invited to add comment to the questionnaire about any other reason for their choice. Following is a selection of the comments made by consumers.

'Sequence of events – wife rang hospital to talk to someone. Was asked if we wanted medical advice, got onto health advisory line, probably Health First, [I] took no notice of name. Suggested trying doctors number to see what [after hours] arrangements were and otherwise to go to Casualty. Rang doctor's after hours number and was advised that doctor could perform house visit but decided it would be quicker to come to Casualty as it was after midnight'.

'Although I don't think my condition is urgent it is extremely painful and it was going to take a long time to see my GP so I thought this [ED] would be quicker.'

'Where else would I go at 6am on a Sunday morning?'

2. 4. 3 Other options

The questionnaire asked what other options consumers had tried before coming to the ED. GP workforce issues ranked highly in responses, as were perceptions that the EDs are the *only* option for after hours services:

' Nothing else, it was Saturday night – I had no other option'

***'**<u>It is</u> the only option!!!'* [Consumer ticked 'no' to all other services]

'Rang a local clinic that I thought was open 24 hours.'

'I went to two General practices, but one was closed ½ hour before its posted time and the other wouldn't bulk bill or [provide a] bill'.

'Called the Florey Medical Centre but there was no answer!'

'Tried to find an after hour medical centre and could not, not open'.

'Rang my own doctor first, not open on Sundays, several days possible wait.'

The perception that the ED was the only option for after hours services was explored through interview**.** Twenty percent of those interviewed thought the ED was the only option for a service at the time it was needed. This includes consumers who had some knowledge of after hours services but were unsure of the location, times and days they were available, or felt they had to travel further than the hospital to another service.

'Thought it was the only available option at this hour'

'I knew of no other option due to being after hours'

'No after hours services in our area, (Southside) – daytime GP did not advise of after hours service.'

'Did not attempt to contact a GP as the problem arose after hours.'

'Usually come to ED after hours as not aware of other options'.

It appears from some interviews that consumers may perceive 'after hours' and weekends as unrelated and that after hours refers to normal business hours during the week, as opposed to weekends:

'[I was] unsure of whether CALMS was weekend only service, so didn't ring them…'
'[I have] contacted a GP on weekends, but not after hours, was unaware of any after hours services.'

2. 4. 4 Exploring other reasons- interviews

As an introduction to the interviews, respondents were asked how often they attended the Emergency Department.

	TCH	CAL	Total	
Emergency Only	6	0	6	0.3%
Frequent User	18	13	31	16.0%
Infrequent User	42	17	59	38.0%
Rarely Use	13	50	63	34.0%
First time	13	14	27	14.0%

Table 9: Interviews, frequency of use of ED

The majority of respondents were not regular users of the ED, (39%) used the ED rarely, (once a year or less), or infrequently (32%) (two to four times per year). Most respondents did have a regular GP, but were not aware of their after hours arrangements:

'He knows his GP isn't available after hours, so does not try to get in contact with him'

'Did not try to contact GP because she knows GP is not able to be contacted at this hour.'

Approximately 16% could be considered 'frequent users', that is, more than four visits per year. This latter group also stated they did not have a regular GP, and a number said that they are now seeking after hours services from the ED where previously they had attended medical centres or GP practices that offered extended hours which is no longer the case:

'[After hours] service has been good, I have used Florey and Erindale but now they are closed, I come to ED because there are no other options.'

'Used Erindale after hours a few times, was really good, haven't been for a while.'

'Used Valley Medical Centre a few years ago, good experience.'

'Been to Florey Medical Centre – sometimes good service…'

'My GP used to be open 7 days a week.'

Interviews sought to 'tease out' the reasons consumers chose to attend the ED. There are minor differences in responses when compared to questionnaire results. Referrals from another service and the perception that the ED was the only option were the two main reasons for the decision. It is worth noting that the consumer's *perception* of their health need may have altered between the time of filling out the questionnaire, and the time of interview, perhaps influenced by the triage process, where an initial sense of urgency has been allayed through the triage, reinforced by being informed of a lesser priority and considerable waiting time, and by exposure in the waiting room observing others with (possibly) more urgent needs.

Interview Group (n=186)	Total	%
Referred by another health/medical service	45	24.0%
Thought was the only option	38	20.5%
Preferred choice	37	20.0%
Thought would require X-ray	26	14.0%
Last resort	22	11.0%
Due to an injury	18	10.0%
Situation appeared urgent	16	8.5%
Location or proximity to residence/injury site	16	8.5%
Other	13	7.0%
Because of the condition	9	5.0%
Because of the cost	5	3.0%
Like the quality	3	1.5%
For follow up	2	1.0%

Table 10: Reasons by Interview

2. 4. 5 Urgency of the situation

Thirty eight percent of those interviewed claimed that the situation appeared urgent, and/or was due to an injury that may require an X-ray; for a particular medical condition; or required follow up from a previous visit:

'Problem was too urgent/serious for a GP house call.'

'Came here today as thought the situation required immediate attention, [my] daughter was feeling very sick.'

'Came because very sick and need to be seen quickly.'

'My husband suffers from motor neurone disease, situation was urgent.'

'Son's condition is serious and I can't manage it at home.'

'Nicked eye lens with shaver…started blurring, tried eye drops…'

'Needed an X-ray and know it is the only place to get one.'

'Needed hospital care – dehydrated.'

'Came to ED last night, was advised by Doctor to return for a check up.'

Information provided by respondents supports the findings described in the HCCA study[10], which found that many consumers have developed their own hierarchy of health needs, and are quite able to determine what service is required to meet the health/medical needs of the moment. The decision to present at an ED may be regardless of knowledge of what other after hours services may be available:

'I only come when [there is] an emergency, once every several years, for the children, [my child] needed an X-ray and I knew this was the only place to get one.'

'ED was the appropriate place to come as we needed to see someone quickly, I have used CALMS for the baby before…happy to use again.'

'Came today because she felt Health First and/or CALMS would refer her here anyway.'

'Needed crutches so came to A&E, could not obtain crutches from GP or CALMS'

Linked to the ability to self-triage, is the experience some respondents have had with 'double triage' and the wish to avoid this in future events. That is, being referred to an ED after having had at least an initial consultation, and going through the triage and waiting again. One respondent cheerfully recounted her story of contacting Health First, then following their suggestion, contacting the answering service for CALMS, then attending the CALMS practice in the Calvary Hospital grounds, who then suggested she take her baby to the TCH ED as '*they don't see paediatric patients at Calvary.*' This last is a myth that has arisen a number of times in this study, the Calvary ED does provide paediatric services, but does not admit to the hospital.

Another respondent described a similar experience:

'I have previously seen a GP for a suspected fracture, [and was] sent to John James [Medical Centre] for X-rays, then on to TCH for a plaster. Unnecessary run around, a "one stop shop" service [is] needed for Canberra.'

[10] Health Care Consumers of the ACT: *It's Easier to see a Vet!* Report into Consumers experiences and needs for after hours services, concurrent to this study. April 2002, p51.

2. 4. 6 Referred to the ED

According to the questionnaire results, 31.5% of the total study group were referred to the ED. The greatest proportion of these (31%) was referred by a GP, followed by Health First (25%). Consumers who were referred by an 'other' service identified a community health, nursing, maternity service; a pharmacist or a First Aid attendant at a sporting event. Referrals from CALMS to the ED are included in the GP referrals. The majority of referrals were via telephone contact, and it is uncertain whether the 'GP' referral was through the receptionist, a recorded message or the GP in person. Confusion exists between medical referral had being given advice to seek a service elsewhere.

Questionnaire	TCH	Calvary	Total	%
GP	45	26	71	31.0%
Health First	29	28	57	25.0%
Ambulance	9	6	15	6.5%
Other Health Provider	36	46	82	36.0%
Police	0	2	2	0.5%
Total	**119**	**108**	**227**	

Table 11: Source of referral: Questionnaire

2. 4. 7 Referrals - Interviews

Forty-five respondents ((24%) interviewed had made contact with another health service and were then referred to the ED. Where the contact was the Health First call centre, consumers were given a number of choices depending on the result of the telephone discussion, ie: attend the ED, contact a GP, or CALMS.

Interviews	*n=45*
Health First Consumer Access Centre	22
General Practitioners	10
CALMS	5
Emergency Department contact	3
Nursing/maternity	2
ACT Community Care Link Program	1
Local Pharmacy	1
Specialist	1

Table 12: Source of referrals: Interviews

2. 4. 8 Referrals - Health First

Health First and CALMS collected corresponding data in relation to numbers of consumers referred to the Emergency Department and GPs concurrently with this study. The following table indicates that Health First referred a far greater number of callers to a medical service than was identified through the research.

	ED	GP	Total
Health First referrals	131	564	695

Table 13: Referral Data - Health First

Of the 695 consumers referred to a service by Health First, 57 were identified through this study. No conclusions can be drawn from this information. Anecdotal evidence suggests that consumers do not always comply with the advice offered by the Health First Nurse in relation to when medical attention should be sought. Once the advice is given that attention is required, consumers may elect to seek that service immediately, rather than wait. One respondent, mother of an 8 year old child, who was referred to CALMS, elected to attend the

TCH ED after being told she had 'six hour wait' for an appointment with CALMS. Others attempted to contact a GP service but when unsuccessful, opted for an ED.

Questionnaire responses to a question about awareness of Health First indicate that 43% of the study group knows about Health First, and that 30% of those made contact with Health First prior to coming to the ED.

	TCH	Calvary	Total	%
Knows about Health First	164	146	**310**	43.0%
No knowledge of Health First	201	206	**407**	57.0%
Contacted HF prior to ED	53	41	**94**	13.0%
No Contact	312	311	**623**	87.0%
Total	**365**	**352**	**717**	

Table 14: Knowledge of Health First

2. 4. 9 Interviews - Health First Referred

Twenty-two of the consumers interviewed for this study were referred by Health First either directly to the ED (13), to a GP (8) or to CALMS (1). All elected to attend either TCH or Calvary ED.

'I rang Health First and was told to see a doctor within 3 hours, I rang the after hours GP three times, it was engaged, I was told to come to the ED if I could not get into a GP after hours service.'

'Health First advised me to contact a GP ASAP, so came here [ED] as was midnight.'

'Called Health First, nurse call back within an hour, recommended we (parents), bring child to ED.'

'Rang Health First before coming, spoke to RN, discussed options to take before coming, went to Calvary Clinic (CALMS) *– doctor suggested [I] got to TCH ED as they didn't see paediatric patients at Calvary' [ED]*.

'Called Health First – recommended I see a doctor within 8 hours, suggested CALMS, but had to wait 6 hours'.

2. 4. 10 Consumer Feedback – Health First

Results indicate that there is a considerable level of satisfaction by users of Health First, while there are mixed feelings among those who haven't. Overall, comments about the service were positive.

'I always ring Health First and try all methods before coming here [ED]. Health First is good, they know us.'

'I used Health First for the first time today, [I am] very happy with the service, very thorough, 15 – 20 minute consultation.'

'I have [in the past] used, and liked the quality of Health First, it was not appropriate in this case'.

'I have called Health First about 5 times and am happy with the service provided by them.'

From non users:

'I am aware of Health First, but I don't use them, you can't fix things over the phone.'

'There's no point in ringing Health First, they can't diagnose over the phone.'

2. 5 General Practitioner Information

The questionnaire sought information about whether the respondent had a regular GP; had made contact with the GP about the current health issue and had this been on the day of presentation; or in the past week, and approximately how long it had been since they had seen their GP.

GP Status	TCH	Calvary	Total	%
Regular GP	322	298	**620**	86.5%
No regular GP	43	54	**97**	13.5%
GP Contact with this Problem				
Today	48	31	**79**	11.0%
Past week	50	51	**101**	14.0%
No contact	267	270	**537**	75.0%
Total	**365**	**352**	**717**	
Last (other) Contact with GP	**TCH**	**Calvary**	**Total**	**%**
Today	27	25	**52**	7.5%
In past week	46	48	**94**	13.0%
In past month	58	50	**108**	15.0%
More than a month	147	170	**317**	44.0%
No recent contact	87	59	**146**	20.5%
Total	**365**	**352**	**717**	

Table 15: GP Information

Results indicate that slightly more than 85% of respondents have a regular GP, 25% of these had previous contact with their GP about the present problem. Issues such as the perceived urgency of the current problem, and lack of knowledge about the after hours arrangements for GPs may have resulted in consumers not attempting to contact their GP on this occasion.

2. 5. 1 General Practitioner Referral

Consumer feedback via the interviews shows that the majority of GP referrals were by way of telephone contact. It is unclear whether the 'GP' referral was through the receptionist, via an answering machine message, or the GP in person. Given the calls were all after hours it is likely that callers responded to an answering machine rather than a conversation with a GP.

Ten respondents were interviewed who had been able to contact their GP and were referred to ED. Given that this study did not seek to gather information about the consumer's medical condition, there was insufficient information from respondents about the reason for or nature of the referral unless it was volunteered.

'Yes, I was referred by the GP at Valley medical centre.'

'Have come to ED because the GP told me to bring him.' (Daughter, elderly parent).

'I went to the GP and he said to come here.'

'Saw GP today and I was sent here on that GPs advice'.

'Initially called GP and receptionist suggested [I] visit ED for an X-ray.'

2. 5. 2 Interviews – After hours GP experience

Respondents were invited to expand on their experiences in seeking GP services after hours. The majority (50%) reported they had not attempted to make contact with a GP because it was after hours. Five respondents who were interviewed in the early evening had attempted to make an appointment during business hours but were unsuccessful, therefore presenting at the ED after hours.

'Tried to make an appointment with a GP, drove there but there was a long queue, went to see two [other] GPs but they were all booked.'

'Rang GP, he was away, thought he would have been open on a Saturday.'

'Tried to call GP but was closed at 6pm.'

'Tried to contact 4 medical centres but couldn't get in, either closed or double booked.'

'Wouldn't be here if I could see a GP – my GP said he couldn't see me today, [weekday, in hours] can only see me tomorrow. GP's secretary couldn't give me any alternative options.'

2. 5. 3 Knowledge and use of After Hours GP Services

Twenty Five percent of respondents had used GP after hours services in the past, or were ongoing users but had not sought a GP service for the current health problem. The majority of these (75%) were CALMS users; others sought services predominantly from Medical Centres, such as Florey and Erindale.

After hours GP use	TCH	Calvary	Total	%
CALMS	80	66	**146**	20.5%
Other After Hours Service	27	24	**51**	7.0%
Total	**107**	**90**	**197**	**27.50%**

Table 16: Use of after hours GP services

2. 5. 4 Canberra After Hours Locum Medical Service (CALMS)

The table below indicates the number of consumers who received a consultation from CALMS, or were referred from CALMS during the study period. CALMS have three surgery sites: in the grounds of TCH and Calvary hospitals, and in the Erindale rooms of National Capital Pathology.

Surgery	Consultations	Home Visits	Total	Ref. *to* EDs	Ref. *from* Health First
Calvary Clinic	166	North	49	8	70*
TCH Clinic	208	South	19		
Erindale	32				
Totals	**406**		**68**	**8**	**70***

Table 17: Data - CALMS

*The number of referrals to CALMS from Health First was an estimate. The Canberra Answering Service, which is responsible for the CALMS appointment system, reported it was difficult to accurately ascertain the source of referral. The answering service does not routinely ask the consumer who referred them.

2. 5. 5 Referrals - CALMS

Four of the five respondents who had been referred to the ED after contacting the CALMS answering service were referred after telephone triage as it was perceived there was a need for a service such as X-ray; the fifth respondent did not disclose the reason for referral.

'Came because CALMS wouldn't be able to see her [daughter] till 9.30pm (8pm interview), *CALMS attendent actually suggested that we come to ED to be treated properly and quickly'*. (10 year old with a suspected head injury).

'Saw the Doctor at CALMS a few days ago, referred us (parent and child) to ED for X-rays. ED phoned today to advise of fracture, now here for a plaster.'

' I lifted a table which was too heavy for me and broke my thumb, rang CALMS who told me to come to ED'.

'CALMS and Health First were very helpful, advised [me] to go to ED.' (Required X-ray)

2. 5. 6 Knowledge of CALMS

The questionnaire asked respondents if they knew about CALMS, 62% of all respondents did not know about CALMS. Respondents from the TCH had a slightly higher level of knowledge (65%) than those from Calvary (56%).

	TCH	Calvary	Total	%
Knowledge	147	127	**274**	38.0%
No Knowledge	218	225	**443**	62.0%
Total	**365**	**352**	**717**	

Table 18: Knowledge of CALMS

2. 5. 7 Interviews - CALMS

Of the 186 interviews conducted in both EDs, 93 (50%) of respondents were unaware of CALMS, and 84% of those who had no knowledge stated they would prefer to use an after hours GP service than the ED. However, it was clear that in choosing an after hours GP service over an ED, service expectations would need to be met. Waiting times were mentioned in the majority of interviews, together with level of services provided and quality of care, and cost. Many were prepared to pay as long as they were assured of a prompt and reliable service.

'If I had known about GP services, I would have gone there.'

'I would use after hours GP if [I] could be assured of better quality service…cost is not an issue, would prefer to pay rather than wait as long as [I] received good quality care.'

'We would be happy to use an after hours GP service if [we] were aware of them, and knew we didn't have to wait as long as we do in the ED.'

Fifteen respondents interviewed were current CALMS users, 13 from TCH and two from Calvary; eight were past users of CALMS. Current CALMS users stated they were satisfied with the service and would continue to use it. The reason for choosing to attend the ED on this occasion was due to a perception about the urgency of the situation; the type of clinical intervention that may be required (such as X-ray), or misconceptions about CALMS operating hours.

‘ I have used CALMS 3 times since December, CALMS is good for people who can pay for it, the appointment was on time, punctual. This time I needed a plaster, so came to ED.’

‘Have used CALMS on two previous occasions. Felt the fee was reasonable as [I am] prepared to pay any amount to ensure child’s well being, I found the service to be professional’.

‘I have used CALMS 4-5 times, very good experience, this time my daughter needed pain relief, I once had a house call from a [CALMS] locum for migraine, they couldn’t give required medication, [I was] told to come to ED.’

‘I didn’t use CALMS today, as I need and X-ray and plaster, I would use CALMS if [I] knew I didn’t need referring to another hospital.’

‘I used CALMS 10 years ago and was happy with the service.’

The time lapse between being able to call and make an appointment with CALMS and being offered an appointment was an issue raised by several respondents during interviews. Consumers appear to have strong views about waiting times, especially if the service being sought carries a fee. Two respondents had contacted CALMS on this occasion but opted for the ED because of the waiting time between contacting the service and being offered an appointment:

‘CALMS gave me very little choice of interview times so I came here.’

‘[I] Only came because CALMS couldn’t see me till 9.30pm.’

Respondents who had used CALMS in the past were either unaware of the current availability of the service, or were dissatisfied; either with the service provided, or the cost:

‘Didn’t use CALMS this time because it wasn’t open.’

‘[I] have had poor care from CALMS – two bad experiences.’

‘[I] don’t like CALMS, no empathy, have used 3 times and never will again.’

‘Found CALMS to be quite expensive.’

‘Happy to use CALMS again if it wasn’t so expensive.’

2. 5. 8 Use of other After Hours GP services

Forty-four respondents were or had been regular users of Medical Centres or GP practices that previously offered extended hours and no longer operated after hours, or where the service was open, had no available appointments. These concerns are supported by the research undertaken by the HCCA,[11] private medical centres and GP practices are no longer offering a regular seven day service to the community, opening hours are retracting, and fewer practices are able to see patients who are not already ‘on the books’. The change in operating hours of the Florey Medical Centre appeared to be felt keenly by respondents interviewed at Calvary ED:

[11] Health Care Consumers of the ACT: *It’s Easier to see a Vet!* Report into Consumers experiences and needs for after hours services, concurrent to this study. April 2002.

'I went to Florey Medical Centre before they closed.'

'If less urgent I would use Florey, not far from residence, used approx. 6 times in past.'

'Happy with standard of service at Florey, if not urgent would there instead of ED.'

'Only once been to a 24 hour medical centre at Erindale, 8 years ago, satisfied with care.'

'Used Erindale before – good experience.'

Three respondents had seen an after hours locum service in the past but were not sure if the GPs were affiliated with CALMS or with their local GP practice. Lack of knowledge about operating times of after hours services was a common theme throughout the interviews. Over a third of consumers interviewed (37.5%) were seeking after hours services in the ACT for the first time.

2.6 Other reasons for presenting at ED

2. 6. 1 ED as a Choice

The proportion of respondents who stated that the ED was their preferred choice for after hours services is relatively high (20%) and indicates that some consumers will continue to seek primary medical care services from the Emergency Departments regardless of the availability of other options. Respondents interviewed identified features of the ED such as quality, cost and access; including being close to home or the site of injury as a reason for their choice. The view that the ED is a 'one stop shop' was keenly expressed, - supporting the evidence that many consumers know what services to seek and from which service provider.

'I always use the ED for medical problems after hours, after hours GP services would be expensive…'

'We never contact a GP after hours, prefer TCH ED, better resources at ED. We will only use ED, even if we knew about [GP services], because all services are available at ED.'

'I prefer to use the ED than a GP, waste of time as GP is going to refer you to the ED anyway, all services are available at ED.'

'I use the ED whenever I have a medical problem because if there is something seriously wrong, then a specialist can deal with it straight away. I would not use an after hours [GP] service because ED is my preferred option'.

'I come to ED as it is close to home, convenient, someone [is] always here, no matter what time it is, you know that if you can stumble through the door, someone will be here to pick you up.'

Previous poor experiences with a service appears to influence subsequent decisions, as described by the parents of a baby who had been refused a service at a Medical Centre:

'*Due to our experience we will never use an after hours GP again, we feel safer in the ED, [we are] always triaged quickly, so if the baby is sick will be seen as soon as possible, if not, we are happy to wait.'*

'Used [after hours GP] once for son's first asthma attack – home visit by a GP from after hours locum service who advised it was croup – went to TCH ED the next day…never used again because very negative experience/don't trust the service.'

2. 6 2 Last resort…

Twelve percent of interview respondents had tried other options, such as calling GPs, Medical Centres, Health First or attempted self-management prior to coming to the ED.

' Tried the after hours service [CALMS] – looked up in yellow pages, but you could only get in if you're a patient of a registered practitioner – had no choice but to come here [ED]…'

'Am not from Canberra, [I] had a problem with my foot, went to 3 medical centres and was refused at all of them because [they were] booked out, luckily went back to first medical centre and was passed onto doctor at centre, the doctor referred me to ED. If [the] Doctor had not referred me, [I] would have given up looking and gone back home to Victoria'.

'I try every other option before coming to ED. ED is a last resort, prefer after hours GP to waiting, only came here if absolutely necessary'.

'I always ring Health First and try all methods at home before coming here'.

2.7 How long are you prepared to wait?

The questionnaire asked respondents to identify, on a scale, how long they were prepared to wait for the service.

Questionnaire	TCH	Calvary	Total	%
Less than 1 Hour	6	5	**11**	1.5%
1-2 Hours	131	166	**297**	41.5%
3-4 Hours	28	15	**43**	6.0%
As Long As It Takes	187	156	**343**	48.0%
No Response	13	10	**23**	3.0%
Total	**365**	**352**	**717**	

Table 19: Prepared to wait…

Results indicate that very few respondents expect to be seen in under one hour, while 41.5% expect to be seen in between one and two hours, while almost 50% are prepared to wait 'as long as it takes.' Respondents were not prepared to wait so long for a GP consultation as has already been identified throughout this report. Responses to questions about what improvements consumers would like to have in after hours GP services almost always mentioned waiting times as a key factor.

'Would be happy to use after hours GP service if we were aware of them, and knew that we didn't have to wait long (or as long) as in an ED.'

'Yes, would use GP if shorter wait, even if we had to pay.'

'Happy to wait half hour in a GP surgery after-hours, or if urgent, least possible wait is best.'

'Yes, would use after hours GP if shorter wait, but depends on how much it would cost. [I would} pay no more than $40, and wouldn't be prepared to wait longer than 1 hour.'

2.8 Preparedness to pay for a GP service

The questionnaire asked respondents if they would use an after hours service if they had to pay, followed by three options for an amount they were prepared to pay in *addition* to the Medicare rebate. There was some discrepancy in these responses, as some respondents (15) who indicated they would not pay for a service, went on to identify an amount they would be prepared to pay.

	TCH	Calvary	Total	%
Yes, would use	318	296	**614**	85.5%
No wouldn't use	47	56	**103**	14.5%
Total	**365**	**352**	**717**	

Table 20: Number who would use after hours GP services if they had to pay

Respondents were provided with 3 payment options for how much they were prepared to pay for a service. Results indicate that the majority of consumers are prepared to pay between $15 and $30 over and above Medicare. A proportion indicated they were prepared to pay more, around $50 if they were confident of a quality service.

Amount	TCH	Calvary	Total	%
$5-10	84	91	**175**	28%
$15-25	125	112	**237**	37.5%
$25-30	117	100	**217**	34.5%
Total	**326**	**303**	**629**	

Table 21: Amount prepared to pay for a service in addition to the Medicare rebate

The issue of fee for service was explored further in interviews. As with the questionnaire results, the majority of consumers stated they were prepared to pay for a service, however there were many qualified responses. In general consumers will pay if offered minimal waiting times, an accessible and quality service, and flexible payment options.

'I would use a GP service if there was a shorter wait, but depends on how much it would cost, no more than $40.'

'I would use a GP service if it was no more than $40, that's the maximum.'

'If GP after hours had more equipment/facilities things would improve.'

2. 9 Outcomes

The process used to estimate the proportion of the study group who could potentially have been seen and treated by GPs was arrived at in retrospect. The unit record (UR) number from each questionnaire was matched to the TCH and Calvary Hospital databases. The final number of potential 'primary care' or GP patients was those who received a simple consultation and then discharged. Those consumers who did not wait for treatment were included.

Outcomes	TCH	Calvary	Total	%
Potential GP Consultation	188	250	**438**	61.0%

Table 22: Outcomes

Results indicate that 61% of the total study group could potentially have been treated by a GP, the greater number from Calvary hospital. This is supported by the data provided by the hospitals for this study where ED presentations at TCH were 'sicker' than those attending Calvary. It must be noted that these outcomes are estimates only, results have been arrived at through a simple 'sorting' process, rather than scrutiny of the diagnostic outcomes.

It is important also to be cautious when assuming there is a potential 61% increase in the number of consumers who would, given more choice, seek to see a GP after hours when they would have previously presented at the ED. Results of this study indicate that there are consumers (20% of interviews) who will always use the ED for all health care needs for a variety of reasons, not least being convenience. Added to this group are those who have developed their own hierarchy of health needs, and will continue to use the ED when they feel that is the appropriate service provider for the given condition.

This study focussed on consumer *perceptions* of their health need at the time of making the decision to attend the ED. It may be that the outcomes of the ED intervention bear little relevance on these perceptions, possibly only in retrospect.

However, the outcomes do provide some basis for planning services with a greater understanding of how consumers view their health needs and how they utilise a range of health services. This information could be used in a broad communication strategy aimed at informing consumers not only what is available, but how to use the services.

2. 10 Consumer Input – How to improve after hours GP services

Respondents were asked to describe what features of GP after hours services would attract them to use the service in future. The majority of respondents, (148) made multiple comments on how services can be improved, 23 respondents were happy with the way services were currently arranged, and 15 had no comment. Suggestions made by respondents support the hypothesis for this study. That is, a proportion of consumers who currently attend the EDs for primary medical care services would choose to see a GP if the service was available, accessible, appropriate, and affordable.

Respondents identified several areas where after hours GP services may be improved; with quality being the top of the list (33%). The need for greater awareness of existing services (32%) was stressed, as was accessibility, covering a range of issues including transport, location, responsiveness to special groups and markers such as signage; affordability, amount and manner of payment (29.5%). Other suggestions were for a range of clinical services such as X-ray and plastering facilities (8.5%).

Services	Responses	%
Quality	61	33.00%
Awareness/Marketing	59	32.00%
Accessibility	55	29.50%
Affordability	44	23.50%
Status Quo	23	12.00%
Additional Services	16	8.50%
No Comment	18	9.5%

Table 23: Suggestions to improve services

2. 10. 1 Quality of services

Waiting time was identified as a key issue in 87 interviews and was frequently linked to how much a consumer would be prepared to pay for a service. Responses indicate that the majority

of consumers involved in this study expect a much shorter wait for a GP consultation than in the ED.

'Would be happy to use after hours GP service if we were aware of them, and knew that we didn't have to wait long (or as long) as in an ED.'

'Yes, would use GP if shorter wait, even if we had to pay.'

'Happy to wait half hour in a GP surgery after-hours, or if urgent, least possible wait is best.'

'Yes, of course I would go to GP after hours, even despite the cost. Would wait however long it takes to be seen'.

'Yes, would use after hours GP if shorter wait, but depends on how much it would cost. [I would} pay no more than $40, and wouldn't be prepared to wait longer than 1 hour'

Appropriate triage was another feature of an improved after hours GP service mentioned by respondents:

'Triaging is important because it ensures emergencies are seen to promptly…'

'Have used GP after hours services in the past, but now avoid doing so due to long waiting times, no triage facility'

Other issues of quality related to continuity of care, access to appropriate pharmaceuticals, and communication links between the after hours GP and the consumer's regular practitioner:

'Never the same GP, waiting rooms are always full. Need some consideration when funds are not available in the middle of the night.'

'I used an after hours service years ago and was given the wrong dose of prescription medicine for my child, I have lost faith in after hours locums, I would use again if I could be assured of a better quality of service.'

'Locum after hours services can be very rushed, not complete, pre history not taken last time [I] was there, felt quality of care was compromised due to being rushed through.'

'Used CALMS 2-3 times, paperwork did not get through to [own] doctor, better communication [needed] between GP and the locum service'.

'Last couple of years [have] had difficulty getting treatment, suffer from migraines which require pethidine, have written document from [own] doctor – yet have been denied treatment. Told 'this is not the sort of clinic you are looking for' – need to improve communication between after hours GPs and regular GPs.'

' I expect trained personnel, sufficient security and good turn around time – if [I am] spending extra money to go there – I expect to get it all there.'

'I expect trained personnel; sufficient security and a good turn around time- a one stop shop. If [I am] spending extra money to go there, [I] expect to get it all there.'

'There needs to be a consistent and reliable service, with good communication between the GP and hospital staff…'

2. 10. 2 Awareness/Marketing

Lack of knowledge about after hours services in the ACT is evident throughout this study, supported by the HCCA study:

> *The only health service that was universally known to exist and to be available after-hours was the Emergency Department at The Canberra Hospital. Although Calvary Hospital was noted, some consumers were not sure that it was open 24 hours (Calvary ED did originally open for limited hours).*[12]

Almost 50% of respondents had no idea of what services, if any, were available in the community. Where there was a level of awareness, much of this was very vague. There is an obvious dilemma in seeking to make after hours services widely known, as it is possible to create a demand that cannot be met. Currently, after hours GP services are provided for 'immediate' health care needs, and there is no capacity to respond to the demands of a community that may be seeking 'everyday' GP services in after hours times. However, clearly there is a need for a marketing strategy in order to inform the community about after hours services.

'People [when sick] react emotionally and want to seek Doctor's advice immediately, we need increased education so that people know how to react appropriately at these times'.

'When an emergency arises, it's too late to consider unknown options, we need to promote our own GPs to give more information and education about CALMS.'

'I am not aware of Health First of CALMS, therefore make people more aware, get GPs to tell people, and to provide the phone numbers'.

'Improved advertising, letting people know what services are available, if you are not sick very often it is hard to know what services are available.'

'More doctors, have GPs available 24 hours, inform patients that these services are available by local news, flyers, informing other health services….'

'Lists of other GPs after hours and pamphlets should be available in hospitals because there are a lot of people not aware of other after hours services.'

'Marketing [more] – people need to know what is available from 6pm – 8am everyday, fridge magnets are always handy!'

2. 10. 3 Accessibility

Accessibility as a term relates to a number of barriers consumers identified in using after hours GP services. Physical location, building structure, signage, advertising, opening hours, quality of care, and costs all have some impact on how consumers access the service. Evidence suggests there is very limited knowledge about the location of services, who can use them, hours of operation and how to contact the service. This is particularly the case with

[12] Health Care Consumers of the ACT: *It's Easier to see a Vet!* Report into Consumers experiences and needs for after hours services, concurrent to this study. April 2002, Exec Summary pIII.

CALMS, where there was also some confusion about whether CALMS was part of, or separate from, the Calvary and National Capital Hospitals.

'*Improve signage, difficult to locate.*' (CALMS)

' Tried the after hours service [CALMS] – looked up in yellow pages, but you could only get in if you're a patient of a [CALMS] registered practitioner – had no choice but to come here [ED]…'

'Lack of knowledge about CALMS, (thought connected to TCH) led me to go straight to Calvary [ED] as was closer to home.'

'My GP isn't a member of CALMS – so I can't use it – although depends on the receptionist whether you can be seen …'Make [CALMS] available for all patients regardless of who doctor is.'

'Be contactable after hours [own GP], employ more doctors, make more accessible and make more people aware [of the after hours services], better processing, better prices'.

'More after hours facilities, open late, better education of clients to know where the services are, advertise the locations.'

' Rang GP who was closing and referred to CALMS, thought CALMS was linked to TCH and chose not to ring due to distance, preferred to go to Calvary [ED] as closer to home…'

'More locations, greater accessibility, check out demographics of the ACT and plant [service] where needed.'

'Needs to be a commitment between the doctors and the community to always have staff and treatment options available.'

'Often services aren't close enough – travel is a factor'… 'Transport is an issue – public transport to ED is good'.

2. 10. 4 Affordability

Cost of services was generally only considered as a contributing factor to seeking services, but not the sole reason. The majority of respondents interviewed were prepared to pay, but within limits. Only five respondents interviewed (2.5%) identified a 'free service' as their primary reason for attending the ED. Respondents are prepared to pay for a GP service that is superior to an ED service. The greatest concern expressed was a need for flexible payment options, in relation to the amount and payment method, ie: cash up front, 'gap' payment, consideration for those with health care cards, and/or the ability for an account rendered. This was also reflected in the HCCA study which recommended any new service should offer:

> *Bulk billing, at the least for priority groups, is essential. Gap payment only or accounts through a central system should be possible. It must be stressed that up-front cash payments are often not accessible for even the well-off who are sick at the time of the medical visit.*[13]

[13] Health Care Consumers of the ACT: *It's Easier to see a Vet!* Report into Consumers experiences and needs for after hours services, concurrent to this study. April 2002, page 6.

Interview comments reflect a concern around access for the financially disadvantaged:

'Do not want to burden ED by coming for simple causes – but aware that after hours GP services are expensive, especially for pensioners and unemployed'.

'Happy to pay the out-of-pocket costs but stated 'lots [of people] are worse off and can't [pay] and have to come here [ED] instead'.

'Bulk billing is a good idea, and lower costs for medications to enable after hours GP visits, especially for pensioners who can't afford to pay'.

'It would be good if after hours services were free! Or use Medicare and pay the difference. The [current] cost is a barrier for some – like those on sole parent pensions.'

'I would use a GP service if there was a shorter wait, but depends on how much it would cost, no more than $40.'

'I would prefer to see a GP and am prepared to pay - $50. It's hard for other people though, even if they have a health care card, they still have to pay.'

'It doesn't matter if you're on a pension, you still have to pay, if I had the money I would use the service more, the wait is much shorter, service is better, you're not just a number'.

'GP [after hours] services are too expensive – I have 4 children and need money for other things, prefer not paying for kids, adults it's fine.'

'I am willing to pay $120 – the problem is having cash on you, the Doctor doesn't accept any other form of payment on home visits.'

'I am prepared to pay whatever it takes for an after hours [GP] service…the Emergency Departments should be left for serious cases, not just anyone who feels they need a doctor for any little reason'.

2. 10. 5 Additional Services

Linked to issues of quality and accessibility, respondents commented that they would use a GP after hours if they were assured of a range of clinical services, in particular, X-ray facilities; 14% of this study group attended ED because they thought an X-ray may be required:

'Paying for a service would be preferable than waiting, but if X-ray needed then [coming to ED] cuts out the middle man.'

'I would use GP after hours if [there was] access to X-rays, tests etc.'

'Would have preferred to use GP for this problem but could not get X-ray there.'

'I would like an after hours facility where fractures/breaks can be dealt with all in one place'.

'Need full medical centre facilities: GPs, pharmacy, X-rays and links for transfer to hospital'.

'Have liaison between CALMS and Calvary triage so don't have to wait for X-ray.'

2. 10. 6 Other Comments

Respondents identified a number of other services that would contribute to an enhanced after hours GP service. Having access to pharmaceuticals is clearly an issue, currently there is one after hours pharmacy in the ACT, situated on the inner north side, there are several suburban pharmacies that offer extended hours. CALMS GPs carry only what is in their personal medical bags. If medication is required after midnight, consumers generally have to be referred to the ED. Other issues relate to diagnostic testing, and treatment for minor trauma.

'If GP after hours had more equipment/facilities things would improve'.

'After hours services for people like me with scratches, bumps and bruises, things that are not real emergencies but need {immediate] treatment.'

'Ability to suture.'

'It would be good if you could get scripts and antibiotics – a GP/Chemist in the same service'.

'The GP who came for [my] migraine wasn't equipped – no pain relief, I don't mind paying for a house call.'

'Provide services that can fast track patients if need be by doing tests, diagnosis along the way.'

2. 10. 7 Happy with the status quo

A little over 12% of respondents indicated they were happy with the way after hours services were currently organised, either because they preferred to use the ED exclusively for primary medical care needs, or because they had developed their own system of seeking a health service, as has previously been discussed.

'Happy with after hours services in the ACT, regular CALMS user and has always had good service. Came to ED this time as had problem with plaster and knew it would need changing.'

'Standard of health care in the ACT exceptional-used CALMS before and satisfied, not sure how services can be improved as am happy with care both my child and myself have received.'

'We only come to ED in an emergency, of course we go to GPs after hours for other problems, even despite the cost'.

2. 11 Other Issues – GP workforce

A theme underpinning the findings of this study is the issue of GP workforce in the ACT. Any effort to introduce new, or expand existing after hours GP services must take into account the critical shortage of GPs generally, and in the newer suburbs specifically. Consumers report finding it difficult to make a non urgent appointment during normal business hours let alone after hours. The impact of lack of 'everyday' services on the health seeking behaviour of consumers is considerable, and will inevitably result in more consumers seeking primary care services through the public health system.

Comments from respondents about their attempts to make an appointment with a GP during business hours, generally without success, suggest there is some truth in the perception that there *are* no other options for some. One respondent, who had attempted to make an appointment at three medical centres, within normal business hours, was finally successful, then found his condition was judged as serious and was promptly referred to the ED, this was a full day process, his reaction was rather strong:

'From what I've experienced today, any hours medical care can definitely be improved. It's not right that 3 bloody centres could not fit me in.'

'Tried to make appointment with [my] GP, drove there but there was a long queue. Went to see two [other] GPs but they were all booked.'

'GP turnover is quite high and I can't get continuity of care, or develop a relationship with one doctor, have tried to make appointment with a doctor that was recommended, but without success.

'Willing to accept anything as long as it is in female doctor.' (Newcomer to the ACT.)

'Tried to make an appointment to see GP advised of 2-day wait. Felt problem could not wait that long, so attended ED'.

The ACT government is aware of the critical shortage of a GP workforce and is taking action to attract more GPs to the area.

Section 3: Implications for Service Development

This research has identified a need for improved GP after hours primary medical care services that are responsive to the ACT community. Results are supported by evidence from the concurrent community study undertaken by the ACT Health Care Consumers Association. Eighty Five percent of consumers who responded to the questionnaire, and participated in interviews claimed they would prefer to see a GP than present at the ED.

A model of GP after hours primary medical care would have:

- A marketing strategy, aimed at informing and educating consumers about what services are available, where they are located and when they operate, who can use the services and at what cost;

- Policies and procedures in place to ensure quality and continuity of care, taking into account consumer concerns about waiting times, appropriate triage, and appropriate levels of service;

- Strategies to ensure access to the diverse community who make up the population of the ACT, and will include clearly visible physical markers, as well as policies to ensure access for consumers from socio-economically disadvantaged groups;

- A strategy for ensuring the service is affordable, with flexible payment options so that consumers are not excluded because of inability to pay.

An enhanced model will incorporate achievable aspects of the consumer research, while at the same time ensuring a supportive and safe working environment for GPs. The service will aim to broaden its reach to the community and capture some of the consumers who are now presenting at the EDs due to a belief that this is their only option for after hours care.

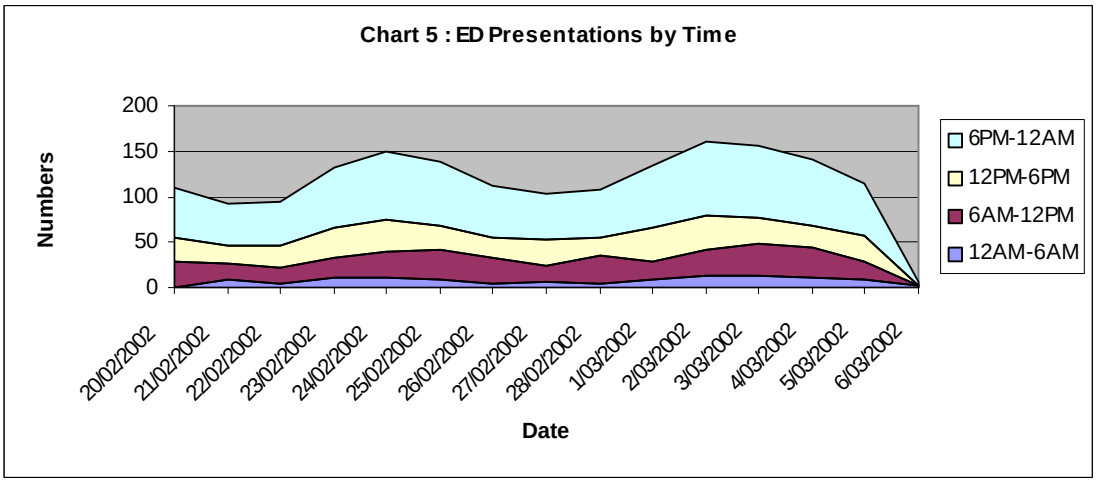

Chart 5: ED Presentations by time

The chart above indicates the volume of consumers by time during the study period. The pressure on the EDs is greatest between 6pm and 12 midnight, with peaks in presentations at weekends. A model of GP after hours care will have a major focus on providing surgery based consultations in times of greatest need as identified in this chart. That is, between the hours of 6pm and 12midnight, seven days a week, and during the day on weekends and public holidays. These times are commensurate with the greatest volume of consumers who present

at the EDs as category four and five patients. Home visits will be provided as part of the model. While this study did not seek detailed information about consumers experience with home visits, unsolicited feedback suggests consumers have experienced some barriers to accessing home visits under current arrangements.

The reasons consumers choose to present at EDs for a non urgent service are complex; strongly influenced by the individual's perception of health and illness, past experience, economic status and knowledge of what alternatives are available. This research indicates that there would need to be a long term strategy around changing health seeking behaviour in the community for there to be a measurable shift away from Emergency Departments.

Consumers identified three major reasons (some in combination) for seeking primary medical care services from Emergency Departments:

- Urgency of the Situation (53%)
- Thought the ED was the only option for after hours care (46.5%)
- Referred by another service (31.5%)

According to ED outcomes, 61% of the after hours, category four and five patients in the EDs, over a two week period, could potentially have been dealt with by a GP. However, consumer perceptions of a health issue do not necessarily match outcomes, and consumers can only decide not to use an ED in retrospect.

3.1 Consumer Perspectives

Following is a summary of the reasons consumers chose to present at the ED together with discussion about the implications for service delivery.

3. 1. 1 Urgency

The question may be whether offering a range of after hours services can influence perception. Clearly, under the national triage system, this group of consumers were not *medically* urgent. Yet these were the consumers who thought that their health issue would require a clinical intervention that was beyond the capacity of general practice, most frequently mentioned was the need for an X-ray. Consumers who did know about other options for after hours services also knew about the limitations of those services, and have their own strategies for self-triage. This group may continue to seek ED services on occasion regardless of other options. These findings are similar to the Sheffield study, where it was suggested:

> *'in the context of managing non-urgent A&E (ED) caseload, the focus needs to be less on clinical needs and 'more on improving our understanding of patient consulting behaviour to facilitate the appropriate matching of service to the patients perception of need'.* [14]

3. 1. 2 Referral

Results indicate that one third of respondents were referred to the ED by another health service provider. A proportion of these were referrals by Health First to a GP, the consumer then elected to go to the ED. Others may have been 'advised' to attend the ED for convenience rather than the type of clinical service required. It is unclear whether the referrals were due to lack of knowledge about out of hours options on the part of the referee, especially

[14] Coleman P, Irons R, Nicholl J, *Will alternative immediate care services reduce demands for non-urgent treatment at accident and emergency?* Emergency Medical Journal, 2001, 18: pp 482-487.

when the referral, or advice, came from a non medical service such as pharmacist, government health service or a doctor's receptionist or answering machine. The implications for this outcome are that any marketing strategy aimed at informing consumers about their choices in seeking after hours services must also be aimed at those ancillary services in the community where consumers seek information, eg: pharmacists.

3.1. 3 Only option

The considerable proportion of respondents who thought ED was the only option for after hours services suggest that a targeted and multi faceted communication strategy is needed in order to inform consumers of their choices in after hours services. Evidence from 84% of consumers interviewed that they would prefer to see a GP (if only they knew about them) supports the need for better marketing of services. How to develop a strategy that does not create a demand that cannot be met needs consideration. A model of GP after hours services should be seen as complementary to existing 'in hours' GP services with the focus on immediate health and illness needs rather than 'everyday' GP services. Therefore it would be important to distinguish between a marketing strategy and full scale advertising in order to avert an unreachable demand.

3. 2 Service features

The features of a future service that aims to meet needs identified by consumers must also be responsive to the needs of the GPs who work in them. Therefore any service development needs to consider what will attract GPs to working in an after hours service. Issues such as protection for personal safety, access to professional development, adequate remuneration, administrative support and a quality clinical environment must be part of any service enhancement. Consumers who participated in this study nominated several features of a service that would influence their decision to choose a GP instead of the ED in future. If addressed, many of these issues would also facilitate an agreeable working environment for the service providers.

3. 2. 1 Quality of Service

Most frequently mentioned by consumers through the questionnaires and interviews was the expectation that a GP service would address the issue of waiting times. There were two 'tiers' to this, the time span between being able to call CALMS for an appointment, 6pm, and the time an appointment was offered, generally from 8pm. Several consumers decided to go to the ED rather than wait for the appointment. The second issue related to length of time in waiting rooms in a GP surgery, and related as much to Medical Centres as other GPs. Consumers felt that if they had to pay for a service, there should be minimal waiting time. An enhanced after hours GP service will need to offer an efficient and prompt appointment system with a strategy to minimise waiting times. Consumers wanted to be assured that a GP service could quickly and adequately assess, prioritise and attend to their needs in a timely manner.

The need for professional and adequate triage was also an issue for some, linked to concerns about waiting times. Other issues of quality related to the level of services offered, such as access to X-ray, pharmaceuticals, and diagnostic screening. Access to ancillary services is a national problem, there are few private X-ray facilities open after hours, and the majority of consumers who had a fracture would need to be referred to the hospital for reduction. It may be beyond the scope of any GP service to respond to these needs, other than to ensure that consumers with a need for clinical intervention are not subject to 'double triage' and therefore extended delays in treatment.

3. 2. 2 Marketing

The issue of lack of knowledge about after hours services has already been discussed. Consumers have suggested a number of marketing strategies, with fridge magnets being the most often cited. Given that this issue has arisen constantly throughout the study, a marketing strategy must be a priority for any service enhancement.

3. 2. 3 Accessibility

Access incorporates all features of a service. Consumers identified a number of barriers to access, and cover geographic, physical and social factors. In order to promote access to services, consumers need to know where it is, when it operates, who can use it, and how much it costs. This information is not currently widely available and should be addressed as a matter of priority. Consumers need to also know if there is access for people from disadvantaged groups, such as those with physical and intellectual disabilities, from culturally and linguistically diverse backgrounds, and/or who are economically and socially disadvantaged. Many of these access issues can be addressed through a marketing strategy. Specifically relevant to CALMS, there is an immediate need for improved signage and lighting, and information about operating times. Several consumers commented on having difficulty locating the buildings and ending up in ED anyway.

3. 2. 4 Affordability

As the research shows, the majority of respondents (85.5%) indicated they were prepared to pay for a GP service. There are no longer any bulk billing only practices in the ACT, so consumers expect to pay for a service after hours. However, for the majority, cost was a contributing factor to the decision about where to seek services, with the expectation that a service that attracts a fee will be superior to the ED. In addition issues of flexibility of payment, and concerns about having to pay up to $150 up front for a home visit were a concern for some.

While the majority of consumers can and will pay for services, the ACT is by no means poverty free. An enhanced service which is responsive to *all* the community will develop a strategy for ensuring people who cannot pay are not excluded from a GP service. Consumers who are recipients of health care cards are among consumers who may not be able to pay, others who require consideration are low income earners particularly those with family.

Section 4: Conclusion

Evidence provided through this report supports the hypothesis for the study. Findings are that a considerable proportion of consumers who currently use EDs would choose to see a GP after hours service if the service was available, accessible, appropriate and affordable. The need to improve options and choices for the ACT community in relation at after hours primary medical care services is also supported.

There is already the infrastructure in place through existing arrangements to respond to these needs, and the outcomes of this research may be the catalyst for the change required to further develop existing services in order to build a quality, sustainable and universally available after hours GP primary medical care service.

Strategies for accessibility need to look at the current geographical, physical and social barriers that currently deter consumers from using GP services. A service has to be responsive to the needs of the whole community, regardless of circumstance.

While the majority of respondents had an expectation that GP services would attract a fee, there needs to be consideration for those who can't pay, as well as flexible payment options for those who can't pay at the time of consultation or who do not have access to a credit card.

The need for a targeted consumer awareness campaign is a key priority for any service development. A marketing campaign will seek to identify out of hours options for consumers while trying to influence health seeking behaviour, 'what to use when'.

Prompt and professional triage and appointments systems will be a feature of an improved model. Efforts should be made to overcome the 'double triage' that has been identified in this study as a frustration for consumers.

To complement enhanced GP services and improve access, communication networks will be developed with other health service providers, so that consumers can be directed promptly to these services, such as for pharmaceuticals, X-ray and other clinical assessments.

An enhanced after hours primary medical care service will be a collaborative effort between the Commonwealth and ACT governments, the ACTDGP, CALMS and key health service providers, and will include strategies to ensure the GPs who operate the service are recognised and valued for their contribution to the health of the ACT community. The service will provide a safe, quality and rewarding working environment for GPs and support staff. The impact of the current shortage of GPs in the ACT must be considered in any new initiative.