

2024



# AFTER-HOURS HEALTH NEEDS ASSESMENT

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## Executive Summary

The ACT after-hours primary healthcare system is multifaceted, comprising several services including general practices, community walk-in-centres, medical deputising services, and community pharmacies. While this multifaceted approach offers health consumers a variety of options, it also presents challenges for system navigation and the coordination and integration of services. For this report, CHN has focused on general practice, walk-in centres, and Healthdirect, due to the limited availability of data on other after-hours primary healthcare services. There are also significant and localised gaps in service provision throughout the territory, placing pressure on after-hours services in neighbouring regions and the territory's hospital emergency departments.

Key findings from the assessment highlight challenges and barriers that impact the equitable and affordable provision of after-hours primary care. These challenges and barriers include:

- High operating expenses for primary care service providers and high out-of-pocket costs for consumers due to limited bulk-billing general practice services
- Primary healthcare workforce pressures and constraints
- Lack of after-hours primary care referral centres
- Limited coordination and integration of after-hours primary healthcare services

These barriers restrict access to affordable and appropriate after-hours primary healthcare and place undue pressure on hospital emergency departments.

The priorities emerging from this assessment align closely with CHN's broader objectives for care across the continuum in the 2024-2027 Health Needs Assessment and include:

- Support general practices to provide affordable primary care services, including promotion of bulk billing where appropriate.
- Improve collaboration within the primary care sector to enhance integration of care and promote smoother client pathways.
- Enhance care navigation support services to enable health care consumers in the ACT to access appropriate services.

Addressing these systemic challenges is essential to ensure equitable and affordable access to after-hours primary healthcare in the ACT and reduce the number of GP-like presentations to hospital emergency departments. This report underscores the importance of coordinated and integrated after-hours healthcare services and the need for affordable and appropriate primary care during the after-hours period

## Recommendations

### **1. Support primary care providers to deliver affordable care during the after-hours period**

Advocate for and seek funding to:

- Support existing practices to extend operating hours into the after-hours period (weekday evenings and Sundays/public holidays).
- Provide incentives to increase the number of bulk-billing GP services during the after-hours period.

### **2. Enhance integration of after-hours health information**

Advocate for the development and adoption of an after-hours action plan that:

- Provides guidance to health consumers at high risk of requiring after-hours primary care
- Assists consumers in navigating the after-hours primary healthcare system by outlining appropriate services for conditions that may arise after-hours
- Utilises existing digital infrastructure, such as My Health Record and Digital Health Record, to improve integration of health information across all sectors of the after-hours healthcare system
- Provides health providers with a standardised tool to clearly coordinate and communicate consumer management after-hours

### **3. Localise and centralise after-hours helpline services**

Advocate for the establishment of an ACT specific after-hours helpline that:

- Provides health consumers with health information and advice after-hours
- Improves after-hours healthcare system navigation through the use of an extensive and contemporaneous services register specific to the ACT.
- Enhances integration of after-hours primary healthcare services by coordinating and liaising with available after-hours services in real time.
- Provides health consumers and health providers with centralised and localised telehealth resources

### **4. Coordinate access to affordable after-hours primary care**

Advocate and seek funding to:

- Support the expansion of an existing service, such as an existing general practice or CALMS, or establishment of a new service that will act as an after-hours primary care referral centre
- Support and provide incentives for GPs to deliver bulk-billed services to patients referred in from walk-in-centre, after-hours helplines, and hospital emergency departments
- Enhance coordination and integration of after-hours primary healthcare services through the use of existing digital infrastructure that will be utilised by the service.

## Overview

Capital Health Network (CHN), ACT's Primary Health Network, regularly conducts comprehensive Health Needs Assessments to examine the health and service needs of the territory's population. Building on the 2024–2027 Health Needs Assessment, this report focuses specifically on the after-hours primary care system in the ACT. Drawing on recently released data and insights from key informant interview and stakeholder consultations, this report combines quantitative and qualitative analyses to provide a deeper understanding of the ACT's after-hours primary healthcare system.

After-hours primary care plays a vital role in the Australian Capital Territory (ACT) healthcare system by providing timely access to essential healthcare services outside of regular general practice hours. This not only ensures that Canberrans have access to appropriate care when needed, but it also aids in alleviating pressure placed on the territory's emergency departments by GP-like presentations outside of standard office hours. After-hours services are designed to cater to a wide range of healthcare needs, from minor injuries and illnesses to ongoing management of chronic conditions. In the ACT, after-hours primary care is provided through a variety of healthcare services, including Healthdirect, community Walk-in-Centres (WiCs), and medical deputising services (MDSs) and general practices that offer extended hours. The ACT Ambulance Service also plays an important role in after-hours care by triaging, managing, and redirecting non-emergency cases. Additionally, the after-hours services are supported by local pharmacies, providing access to medications and advice. Together these services aim to ensure that Canberrans have timely, convenient, and effective access to healthcare outside of normal business hours, thereby reducing the community's reliance on emergency departments for non-urgent matters.

Capital Health Network has undertaken a comprehensive review of after-hours primary care services within the ACT to

- examine the need for primary care services during after-hours
- assesses the current state of after-hours service provision
- explore successful models of service delivery.

Publicly available and local datasets were analysed, with the findings informing consultation with key stakeholders. These key stakeholders included primary healthcare providers, general practice owners and managers, community nurses, paramedics, consumer groups, and relevant advisory committees.

## Purpose

This needs assessment is intended to support effective planning and delivery of after-hours primary health care services within the ACT. This assessment aims to identify and address gaps in after-hours service delivery by evaluating the region's demographic, social, and health profiles, as well as analysing relevant local and national data, including information from Local Health Networks (LHNs) or equivalent bodies. It considers market factors such as provider availability, workforce capacity, and service distribution to understand the drivers influencing after-hours

care. Guided by data from publicly available and local datasets, the assessment will incorporate insights from stakeholder and community consultations to ensure it reflects diverse perspectives. By determining priority areas and aligning strategies with identified needs, this process aims to optimise resource allocation and funding to enhance the availability, accessibility, and effectiveness of after-hours primary health care services in the territory.

## Scope

This needs assessment focuses on the factors influencing the delivery of after-hours primary health care services within the ACT. It aims to:

- Identify and map the ACT's primary care after-hours services
- Identify and understand the after-hours utilisation patterns of the community
- Identify gaps in the availability of after-hours primary health care services
- Explore strategies to address after-hours service gaps and improve service integration

## Methodology

A mixed-methods approach was employed for the needs assessment, encompassing:

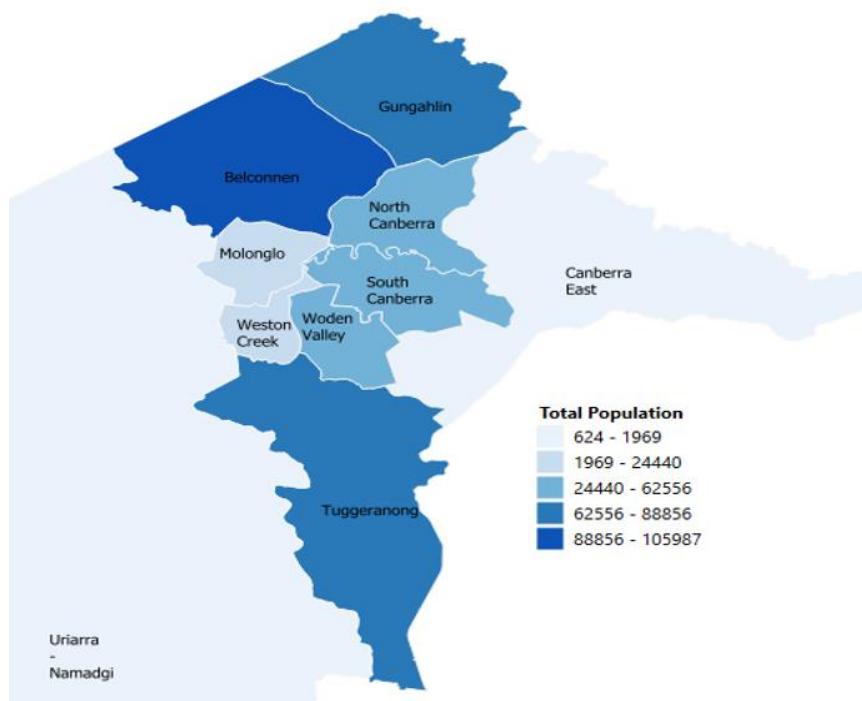
- **Quantitative Analysis:** Data from the Department of Health and Aged Care (DoHAC), Healthdirect, Australian Institute of Health and Welfare (AIHW), and Canberra Health Services, and local primary care datasets were analysed to identify gaps in after-hours services and area of need.
- **Qualitative Insights:** Stakeholder consultations and key informant interviews were conducted to capture the perspectives and experiences of after-hours primary care service providers and health consumers.
- **Literature Review:** An in-depth review of existing literature was undertaken to explore current programs and policy relating to after-hours primary care, understand broad market factors and drivers relevant to after-hours primary care services, and explore different models of primary care service provision.

The findings from all the above with combined and analysed to inform key findings and guide recommendations outlined in the needs assessment.

# Background Context

## General Population of the Australian Capital Territory

The Australian Capital Territory is made up of 10 Statistical Area 3 (SA3) regions – Belconnen, Canberra East, Gungahlin, North Canberra, South Canberra, Tuggeranong, Weston Creek, Woden Valley, Molonglo and Uriarra Namadgi. The Uriarra Namadgi region is largely made up of national parks and has a small population (624 people)<sup>1</sup>. By population, the largest regions of the ACT are Belconnen (105,987 people), Tuggeranong (88,856) and Gungahlin (88,413). A total of 62.3% of the ACT population live in these three regions<sup>1</sup>.



Map 1 – ACT population by SA3 (PHIDU)

<sup>1</sup> PHIDU (2024), Social Health Atlas of Australia: Australian Capital Territory [Data Workbooks - Phidu](https://phidu.torrens.edu.au) (<https://phidu.torrens.edu.au>)



## Primary Care

Primary care refers to the first point of contact within the healthcare system where individuals receive comprehensive, accessible, and continuous care<sup>2</sup>. It encompasses a range of services aimed at addressing a variety of health needs and includes:

- preventive care
- diagnosis and treatment of acute and chronic illnesses
- health education, and
- coordination of care with other healthcare providers.

Primary care services are predominantly provided by general practitioners (GPs), community registered nurses (RNs), community nurse practitioners (NPs), and allied health professionals<sup>2</sup>. Services are most often provided in local or community settings, such as general practices, community healthcare centres, allied health clinics, and urgent care centres<sup>2</sup>. Primary care can also be delivered at home, particularly via the utilisation of telehealth services, which has expanded access to primary healthcare particularly in regional and remote areas where traditional services may be limited. These services work collaboratively with the aim to provide continuous and coordinated care, addressing an individual's health needs throughout their entire life. These health needs, such as illness and injury, can arise at any time of the day and highlights the importance of access to primary healthcare services outside of regular office hours.

## After-Hours Primary Care

For most industries, the after-hours period is anytime outside of traditional business hours 8am – 5pm Monday to Friday. To incentivise general practices to provide patients with appropriate access to after-hours care, the Department of Health and Aged Care (DoHAC) established and funded the After-Hours Practice Incentives Program (PIP)<sup>3</sup>. For the PIP, the complete after-hours period is<sup>4</sup>:

- Outside 8am to 6pm weekdays
- Outside 8am to 12pm on Saturdays, and
- All day Sundays and public holidays

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<sup>2</sup> Department of Health and Aged Care (2024) [Primary care | Australian Government Department of Health and Aged Care](https://www.health.gov.au/topics/primary-care/about) (https://www.health.gov.au/topics/primary-care/about)

<sup>3</sup> Department of Health and Aged Care (2024) [After-hours care | Australian Government Department of Health and Aged Care](https://www.health.gov.au/topics/primary-care/what-we-do/after-hours-care) (https://www.health.gov.au/topics/primary-care/what-we-do/after-hours-care)

<sup>4</sup> Capital Health Network (2024) [Capital Health Network | After hours care in the ACT - After Hours Incentive Information](https://www.chnact.org.au/for-health-professionals/primary-care-support/after-hours-care-in-the-act/after-hours-incentive) (https://www.chnact.org.au/for-health-professionals/primary-care-support/after-hours-care-in-the-act/after-hours-incentive)

These hours are further categorised into **sociable** and **unsociable hours**, as these distinct periods impact the level of PIP payments a practice is eligible for<sup>5</sup>, and they are also utilised in a number of after-hours Medicare Benefit Scheme (MBS) items<sup>6</sup>.

Practice Incentive Program After-Hours Periods	
<b>Sociable After-Hours</b>	6pm – 11pm weeknights
<b>Unsociable After-Hours</b>	11pm – 8am weekdays Outside 8am and 12pm Saturdays All day Sundays and public holidays

Table 1 – Practice Incentives Program after-hours periods (Services Australia 2024)

In the analysis of after-hours GP service availability, CHN has characterised the after-hours period using sociable and unsociable hours where possible, as it assists in describing the variable availability of GP service through the complete after-hours period.

## After Hours Primary Care in the ACT

The ACT has a multifaceted after-hours primary care system, offering consumers multiple options when seeking after hours primary care. While these services offer varying levels of care and expertise, they all provide consumers with access to some form of primary care after-hours, with the aim of alleviating pressure on the territories two public hospital emergency departments. The ACT after-hours primary care health system includes:

### General Practice

General practice is the cornerstone of the ACT's after-hours primary care system, providing privately billed and bulk-billed services to the community outside of standard operating hours. A general practice will have one or more general practitioners (GPs) working at any given time, generally assisted by a general practice nurse. At the time of writing this report, there were 55 general practices offering some form of after-hours service either in-person at the practice, via telephone or video conference, or through a formal arrangement with a medical deputising service (MDS)<sup>7</sup>. These services are essential in delivering timely and accessible after-hours primary care, reducing reliance on hospital emergency departments for non-urgent medical

<sup>5</sup> Services Australia (2024) [Types of Practice Incentive Program payments - Health professionals - Services Australia](https://www.servicesaustralia.gov.au/types-practice-incentive-program-payments?context=20#accordion3) (https://www.servicesaustralia.gov.au/types-practice-incentive-program-payments?context=20#accordion3)

<sup>6</sup> Department of Health and Aged Care (2024) [Medicare Benefits Schedule - MBS Online](https://www.mbsonline.gov.au/internet/mbsonline) (https://www.mbsonline.gov.au/internet/mbsonline)

<sup>7</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

issues, and ensuring continuity of care for patients during evenings, weekends, and public holidays.

## HealthDirect

Healthdirect Australia, more commonly known as just ‘HealthDirect’, is the national virtual public health service that aims to provide access to clinical health information, advice, and virtual health services via telephone, online tools, and various forms of multimedia<sup>8</sup>. HealthDirect also hosts the National Health Service Directory, which is a comprehensive national directory of health services and the practitioners that provide them, that also aims to assist consumers in navigating the health system. Since its establishment in 2006, Healthdirect has supported a 24-hour, nurse-led triage and advice helpline. If clinically indicated, a consumer can be forwarded to an after-hours GP helpline which will provide further advice and information on how best to manage a consumers health concern.

## Walk-in-Centres

Canberra Health Services operates FIVE community Walk-in-Centres (WiCs) throughout the ACT, with clinics located in Gungahlin, Inner-North Canberra (Dickson), Belconnen, Weston Creek, and Tuggeranong<sup>9</sup>. The WiCs act as the territory’s urgent care clinics and, as such, they form part of the National Network of Urgent Care Clinics<sup>9</sup>. The WiCs are open between 7:30am and 10pm, seven days a week, and provide free healthcare services to anyone (over the age of 1yr) who requires treatment for non-life-threatening injuries and illnesses<sup>9</sup>. It is important to note that patients are not required to possess a valid Medicare card in order to receive free healthcare at the WiCs, making them an essential service for populations such as temporary visa holders, and asylum seekers<sup>9</sup>.

The WiCs are funded by the ACT and Federal Government and managed by Canberra Health Services. The WiCs are staffed by administration support staff, advanced practice nurses, and a small number of nurse practitioners (NPs). The WiC at Weston Creek has X-Ray facilities and a radiographer on site, allowing them to provide limited radiology services to consumers who present with minor injuries and illnesses, however consumers need to represent to the WiC, ED, or regular GP at a later time to obtain the results.

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<sup>8</sup> Healthdirect Australia (2024) [Healthdirect | healthdirect](https://about.healthdirect.gov.au/healthdirect) (https://about.healthdirect.gov.au/healthdirect)

<sup>9</sup> Canberra Health Services (2024) [Walk-in Centres \(WiC\) - Canberra Health Services](https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/walk-in-centres-wic) (https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/walk-in-centres-wic)

## Medical Deputising Services

Medical Deputising Services provide general practice services for, and on behalf of, a patient's regular general practice<sup>10</sup>. While most MDSs operate during the after-hours period, they can also provide primary care services during normal general practice operating hours. The ACT is serviced by two MDSs – Canberra After-hours Locum Medical Services (CALMS), and the National Home Doctor Service (NHDS). The NHDS is Australia's largest Medicare funded, accredited after hours service where consumers can access, primarily telehealth, bulk-billed appointments with a GP if they meet specific criteria<sup>11</sup>. CALMS is a Canberra based after-hours primary healthcare service that offers privately billed in-clinic and home visit GP services<sup>12</sup>. CALMS operates several after-hours General Practice surgeries – CALMS Northside Clinic at the North Canberra Hospital, CALMS Southside Clinic at the Canberra Hospital, and the CALMS Tuggeranong Clinic<sup>12</sup>.

## Community Pharmacies

Pharmacies can often be the first point of contact for consumers seeking clinical health advice or information regarding a health condition. As such, they serve as an important, and often forgotten about, access point into after-hours primary care. There have been a number of initiatives in recent years aimed at enhancing the role of community pharmacies in primary care by expanding the scope of practice of pharmacists, allowing them to provide services historically reserved for medical professionals and nurses, such as writing medical certificates and administering vaccines<sup>13</sup>. While they serve an important role in the provision of after-hours primary care, particularly on weekends, service capacity and utilisation of community pharmacies were not covered in this needs assessment due to lack of available data and narrowed scope.

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<sup>10</sup> Australian General Practice Accreditation Limited (2024) [After hours and medical deputising services accreditation | AGPAL](https://www.agpal.com.au/general-practice-accreditation) (https://www.agpal.com.au/general-practice-accreditation)

<sup>11</sup> National Home Doctor (2024) [Medical Deputising | Home Doctor | 13SICK - 13SICK](https://13sick.com.au/about-us/about-medical-deputising) (https://13sick.com.au/about-us/about-medical-deputising)

<sup>12</sup> Canberra After Hours Locum Medical Service (2024) [Home – CALMS](https://calms.net.au) (https://calms.net.au)

<sup>13</sup> The Pharmacy Guild of Australia (2024) [Scope of Practice - The Pharmacy Guild of Australia](https://www.guild.org.au/programs/scope-of-practice) (https://www.guild.org.au/programs/scope-of-practice)

# Key Findings and Recommendations

The after-hours primary care system is multifaceted and complex, making it challenging to measure and describe the many variables that affect its effectiveness and efficiency. To inform policymakers and stakeholders about the current state of the ACT's after-hours primary care system, this section presents recommendations, the supporting key findings, and the quantitative and qualitative data underlying those findings.

## 1. After-Hours General Practice Services in the ACT

Gaps in after-hours primary health care services are leading to increased pressure on hospital emergency departments, inefficient resource use, and inequitable access to care, particularly in North Canberra, Molonglo, and Woden Valley. To address these challenges, it is recommended by CHN that financial support and incentives be provided to existing general practices to extend their opening hours into the after-hours period in these key areas.

General practices provide essential services to meet the health care needs of the community in the after hours. These services are critical for:

- Delivering timely and accessible care, particularly during evenings, weekends, and public holidays
- Reducing reliance on hospital emergency departments (EDs) for non-urgent medical issues
- Ensuring continuity of care for patients when regular clinics are closed.

There are persistent gaps in after-hours service availability. These gaps stem from several factors, including:

- Workforce shortages that limit practitioners' capacity to extend hours
- Operating expense pressures that make extended hours financially unfeasible
- Practitioner work-life balance concerns that affect GP availability.

These challenges have several negative impacts:

- Strain on emergency departments: Without sufficient after-hours GP care, patients often turn to hospital EDs for GP-like health issues. This misdirects resources, increases wait times, and compromises care for those with genuine emergencies
- Resource inefficiency: The reliance on EDs for non-urgent issues is likely an efficient allocation of healthcare resources
- Impact on vulnerable populations: Service gaps disproportionately affect vulnerable populations—including low-income families, the elderly, and individuals with chronic conditions—who already face barriers to accessing affordable, timely care.

## Evidence for Reform

CHN has collected and analysed data from local general practices between July 2022 and June 2023. During this period, there were a total of 104 General Practices in the ACT registered on Healthdirect<sup>14</sup>. Of the 104 registered practices, 55 (53.4%) were registered as providing some form of after-hours service – 20 clinics provide in-clinic services directly themselves, while the remaining 35 declared a formalised agreement with an MDS<sup>14</sup>. The number of GPs working at a particular practice varies significantly, with one practice having 30 different GPs advertised as being available at their clinic, while other practices only have one GP advertised as being available<sup>14</sup>. This variability underscores the uneven availability of after-hours care across the ACT, further illustrating the need for targeted support and financial incentives to address identified service gaps.

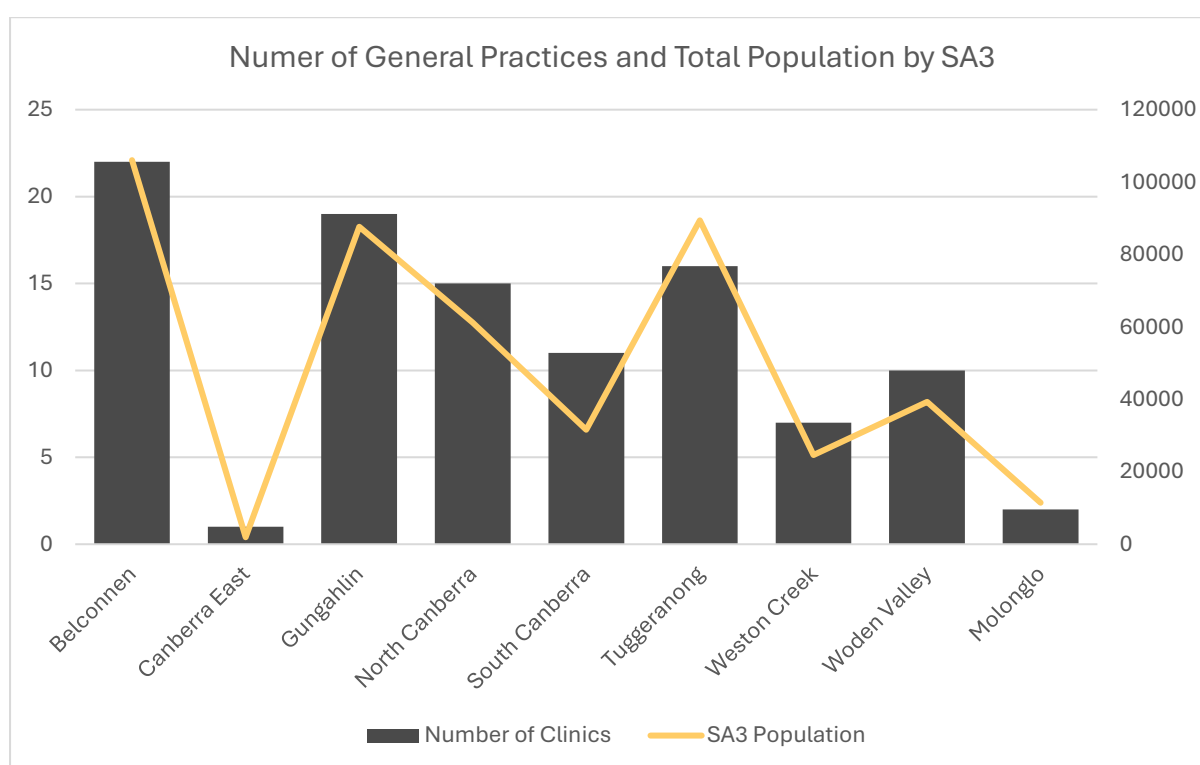


Figure 1 – Number of general practices in the ACT (Healthdirect 2024)

In general, the distribution of general practices in the ACT follows the distribution of the general population. The SA3 regions with the largest populations are Belconnen, Tuggeranong, and Gungahlin. Similarly, the SA3 regions with the highest number of general practices are Belconnen (22), Gungahlin (19) and Tuggeranong (16). Canberra East and Molonglo had the fewest number of General Practices, with 1 clinic and 2 clinics respectively<sup>15</sup>.

<sup>14</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

<sup>15</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

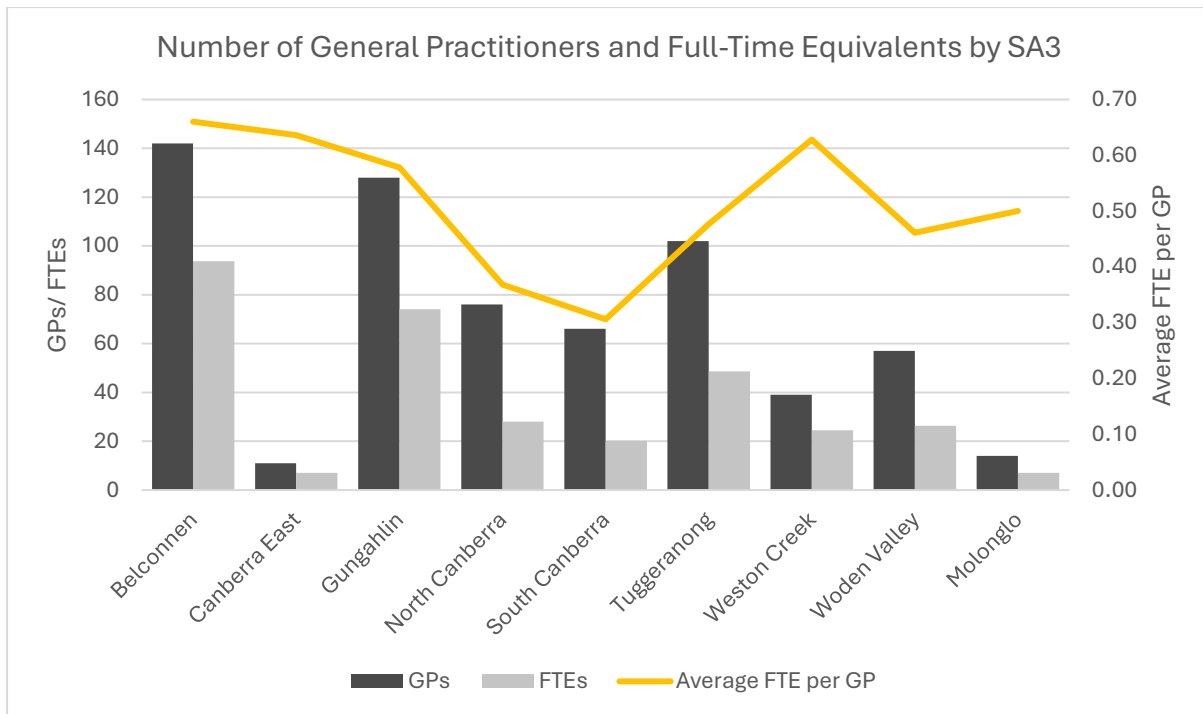


Figure 2 - Number of General Practitioners and number of GP Full-time equivalents in each SA3 (Healthdirect 2024)

In 2023 there were a total of 635 GPs working in the ACT, filling 329.35 full-time equivalent (FTE) positions<sup>16</sup>. The overall trends for number of GPs and GP FTEs follows that of the total number of general practices. The data reveals significant regional disparities in access to GP's across the ACT. Belconnen and Gungahlin, as major population hubs, have the highest number of GPs and FTEs, suggesting relatively better access in these regions. However, smaller SA3 regions such as Canberra East and Molonglo have considerably fewer GPs and FTEs, highlighting potential gaps in primary care availability for residents in these areas. The variation in the average FTEs per GP across regions further underscores disparities in access. For instance, Belconnen and Weston Creek exhibit higher FTEs per GP, indicating that GPs in these areas are likely providing more comprehensive coverage. In contrast, South Canberra and North Canberra have significantly lower FTEs per GP, which may reflect reduced availability of GP services relative to demand in these regions. These findings suggest that access to after-hours and general practice services is unevenly distributed across the ACT. Regions with fewer GPs and lower FTEs per GP are likely to experience challenges in meeting healthcare needs, particularly during peak periods. This underscores the need for targeted interventions to address access inequities and ensure more consistent primary care availability across all regions.

<sup>16</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

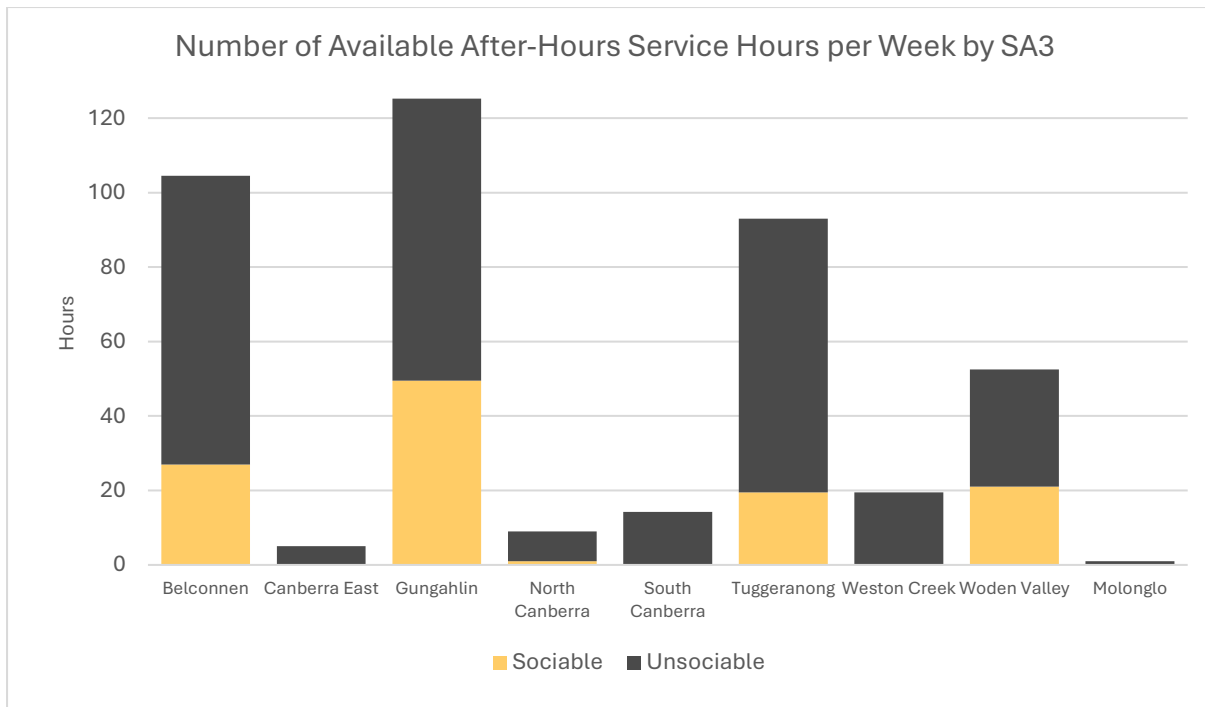


Figure 3 – Number of general practice after-hours service hours per week in each SA3 region (Healthdirect 2024)

Between 2022 – 2023, there were 22,473 after-hours service hours (AHS) provided by 55 general practices, comprising 6,254 sociable service hours and 16,218 unsociable service hours (note numbers don't add precisely due to rounding)<sup>17</sup>. There was significant variability in the availability of after-hours GP services per week across all SA3 regions. Most (AHS) were provided during *unsociable* hours. Gungahlin and Belconnen were the SA3s with the highest number of weekly AHS, with 82hrs and 81.5hrs respectively, while North Canberra and Molonglo have the lowest with only 4hrs and 1hr respectively. The largest number of weekly *sociable* AHS were observed in Gungahlin (49.5hrs/week) followed by Belconnen (27hrs/week). There were zero *sociable* AHS per week provided in Canberra East, South Canberra, or Molonglo. Belconnen (77.5hrs/week) and Tuggeranong (75.75hrs/week) were the regions with the highest number of *unsociable* service hours, while Molonglo and Canberra East had the lowest number of *sociable* service hours, at 1hr/week and 5hrs/week respectively.

As stated earlier the distribution of general practices, and GPs, generally follows the populations trends across the ACT. To explore the relationship between population size and after-hours GP service availability, the rate of weekly AHS per 10,000 population was calculated.

<sup>17</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)



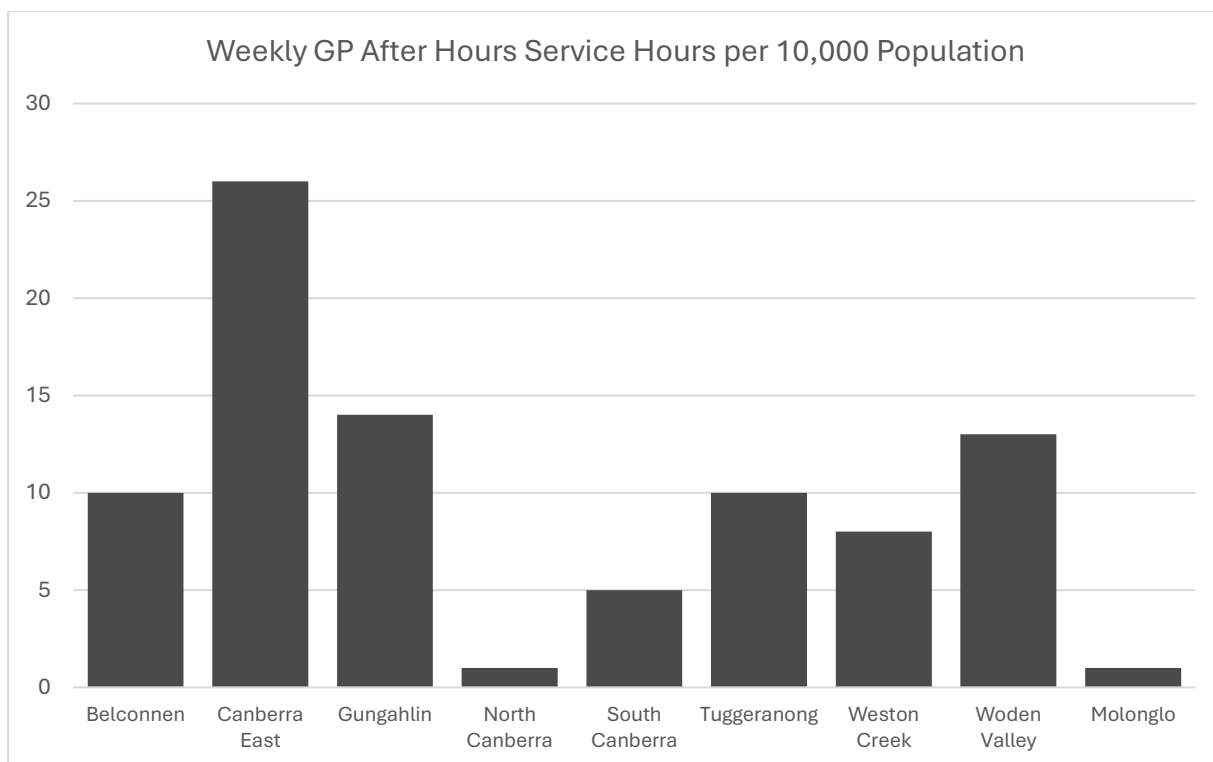


Figure 4 – Weekly GP after-hours service hours per 10,000 population (Healthdirect 2024, ABS Census 2021)

Canberra East was the SA3 with the highest number of AHS per 10,000 population (9.9hrs/10,000)<sup>1819</sup>. This is due to the relatively low population in Canberra East, having only 1,934 residents. Molonglo (0.9hrs/10,000) was the SA3 region with the lowest number of AHS per 10,000 population. While this rate provides a crude overview of after-hours GP service provision, it does not account for after-hours service utilisation by health consumers. A low rate of AHS per 10,000 may infer that there is a gap in after-hours service provision, particularly in regions with large populations, however its usefulness and interpretability in small populations is unknown. Regardless, it does illustrate that there is significant variability in the number of AHS per 10,000 population, and should be considered when exploring other factors, such as service utilisation.

<sup>18</sup>Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

<sup>19</sup> ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].

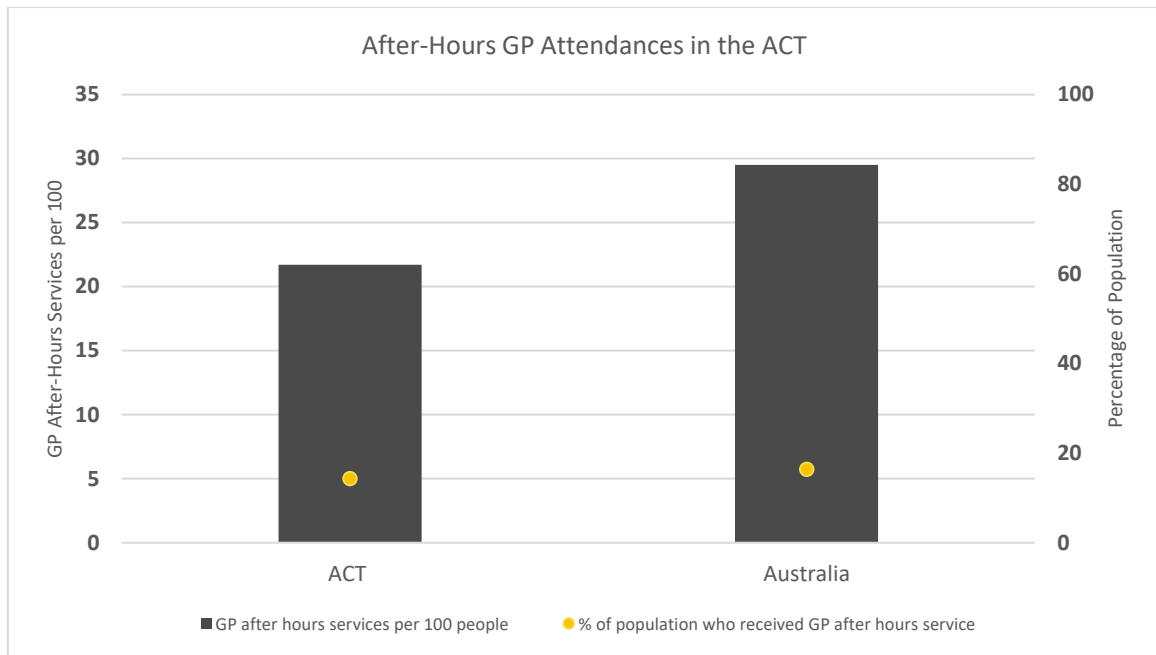


Figure 5: Age standardised rate of GP after hours services and proportion of population who saw an after-hours GP in ACT and Australia (AIHW 2022-23)

According to AIHW data, in 2022-23, there were 65,443 people (14.3% of the population) who accessed after hours GP services in the ACT<sup>20</sup>. The age standardised rate of GP after hours services in the ACT was 21.7 per 100 people, well below the national rate of 29.5<sup>20</sup>. As per local general practice data, there were 204,936 after hours presentations to participating general practices recorded over the 12-month period between 2022 – 2023<sup>21</sup>. The distribution of after-hours presentations is outlined in Figure 5, however it should be noted that these figures are based on the location of the patient, NOT the location of the practice itself.

<sup>20</sup> AIHW (2024) [Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23](https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-care-2022-23/data) (https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-care-2022-23/data)

<sup>21</sup> Capital Health Network (2023) Primary Care Dataset

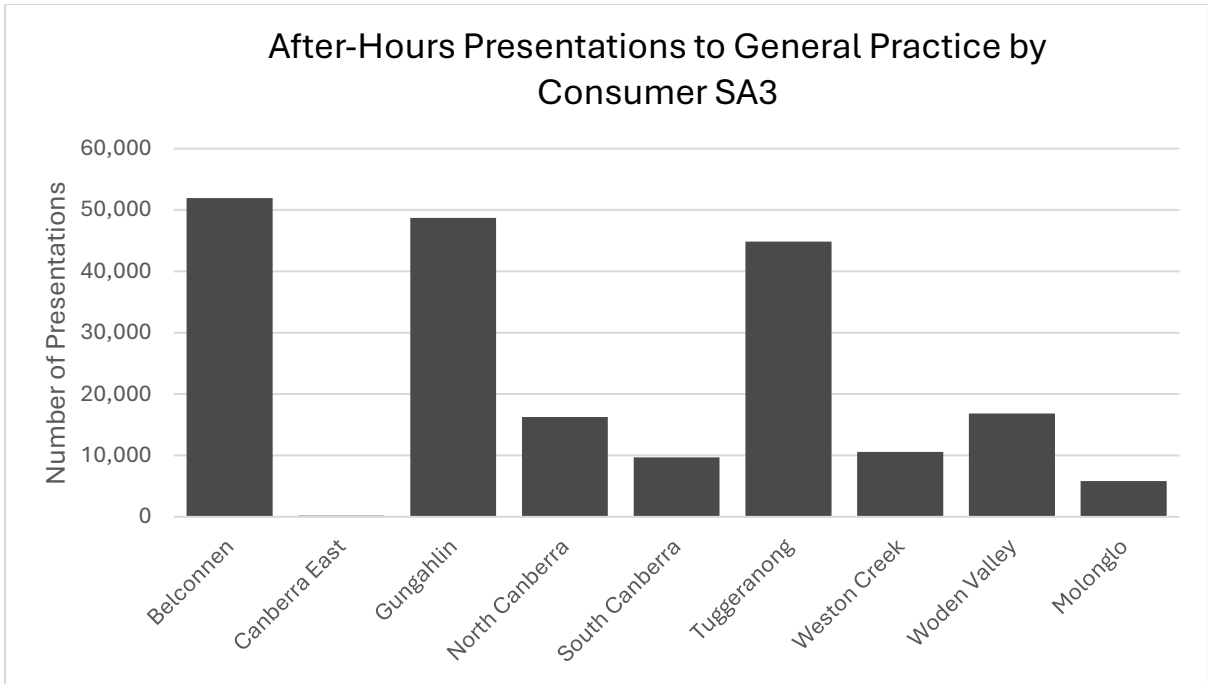


Figure 6 – Number of after-hours presentations to general practices by consumer SA3 region (CHN Primary Care Dataset 2023)

Residents from Belconnen (51,953), Gungahlin (48,717), and Tuggeranong (44,872) accounted for the largest number of after-hours presentations to a GP between July 2022 – June 2023<sup>22</sup>. Residents from Canberra East (208) and Molonglo (5,835) accounted for the fewest number of after-hours GP presentations over the 12-month period. These follow the same trends observed in total population, number of practices, and number of AHSH.

<sup>22</sup> Capital Health Network (2023) Primary Care Dataset

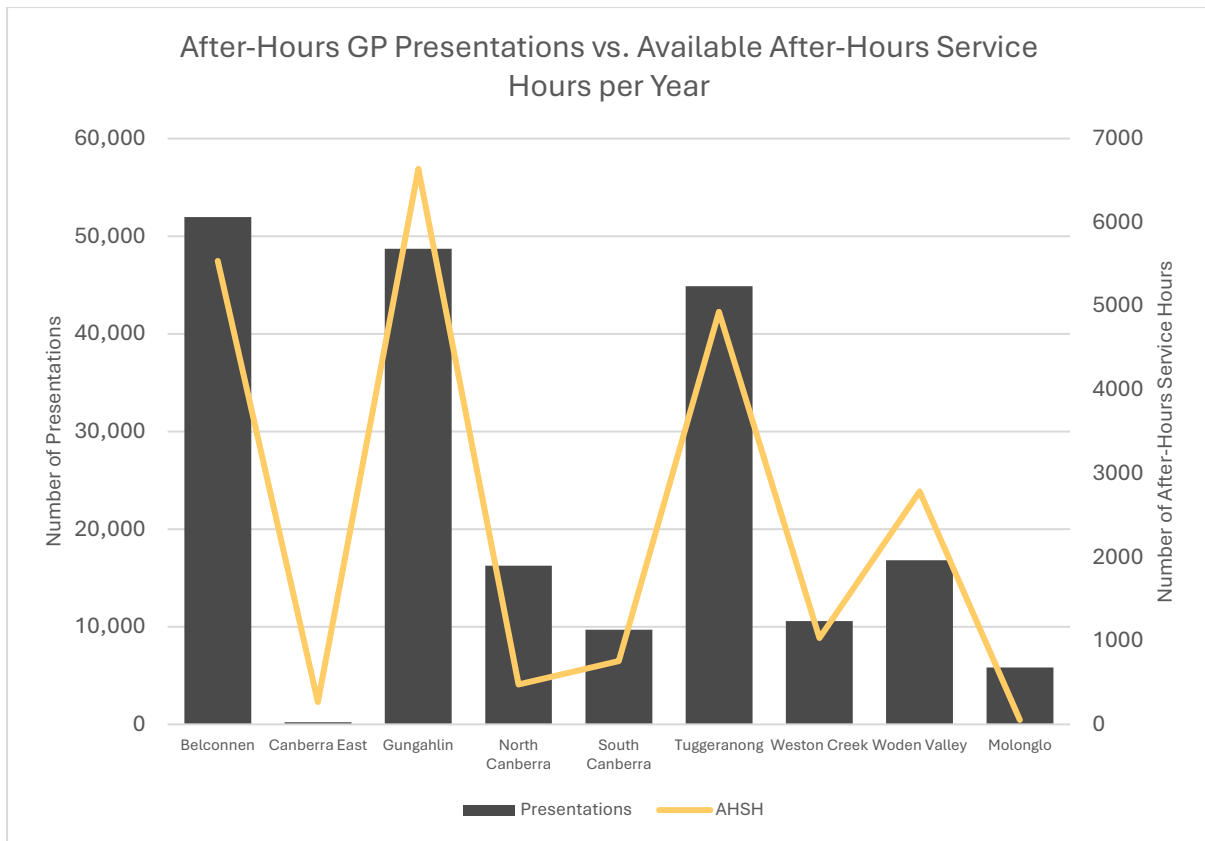


Figure 7 – After-hours GP presentations vs available after-hours service hours per year (CHN Primary Care Dataset 2023, Healthdirect 2024)

To explore the relationship between after-hours service availability and after-hours service utilisation, a comparison was made between the total number of available AHS and the total number of after-hours GP presentations. This comparison provides a general overview of after-hours care received and after-hours GP availability in each SA3. While there are a number of factors that remain unaccounted for, such as number of GPs available for every AHS and the location of each individual’s regular GP, it assists in identifying regions with high after-hours service utilisation relative to after-hours service availability. The overall trends indicate that the number of after-hours presentations generally follows after-hours GP service availability. For example, residents from Belconnen, Gungahlin, and Tuggeranong accounted for the largest numbers of after-hours presentations and these were also the SA3 regions with the greatest number of available AHSs<sup>23,24</sup>. SA3 regions that did not follow this trend were North Canberra and Molonglo. In these regions, the number of after-hours presentations was relatively higher than the number of available AHS. When viewed along with other data presented earlier in this section, this pattern may indicate an after-hours service gap in these regions. These findings suggest that while after-hours presentations generally align with after-hours GP service availability, deviations in regions like North Canberra and Molonglo highlight potential service gaps, reinforcing the need for targeted strategies to address disparities in after-hours primary care access.

<sup>23</sup> Capital Health Network (2023) Primary Care Dataset

<sup>24</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

## Stakeholder Consultation

To inform the After-Hours Needs Assessment, consultations were conducted with General Practitioners and health consumers to better understand the current state of the ACT's after-hours health system.

### *Insights from General Practitioners*

- **Overall service availability:** GPs acknowledged that the ACT is generally well serviced during the after-hours period. It was noted that several practices are open during this period throughout the territory, supported by CALMS and the National Home Doctors Service (NHDS).
- **Role of CALMS:** The integral role that CALMS plays was highlighted on multiple occasions during stakeholder consultation. GPs stated that they were highly satisfied with the quality of care provided to their patients, while also noting effective communication regarding patient assessment and clinical management.
- **Workforce pressures:** When exploring the barriers and challenges to increasing after-hours GP services, workforce pressures were cited as the single largest barrier to widespread adoption of extended opening hours. The CHN GP Advisory Committee (GPAC) highlighted:
  - A significant shortage of GP registrars in recent years.
  - Ongoing workforce constraints that hinder service expansion.
- **Cost and viability:** Practice owners and practice managers cited the impact of cost when determining operating hours. They highlighted that the after-hours earnings of 1-2 GPs would be insufficient to cover operating costs, even with an associated surcharge for the patient.
- **Work-life balance and burnout:** Participating GPs noted the influence of work-life balance and the risk of burnout when considering working extended hours. Others stated that they choose to only work normal hours for lifestyle reasons.
- **Variability in demand:** There was variability in the experiences of GPs who offered after-hours services:
  - One GP reflected on the fact that they have been fully booked for all their after-hours sessions, as patients employed full-time preferred to attend during this period.
  - Another GP, however, stopped offering an evening session on a Saturday due to significant difficulties filling their appointment slots.

### *Insights from Health Consumers*

Health consumer consultations revealed three key findings regarding after-hours GP services:

#### **1. Lack of Availability:**

- a. Consumers consistently highlighted gaps in after-hours GP service availability.

- b. Long wait times to see a person's regular GP during the day was noted as a significant concern, with these wait times only increasing during the after-hours period.
- c. Some consumers reported that their regular GP does not open after-hours, leading them to present to the ED by default.

**2. High Out-of-Pocket Costs:**

- a. Consumers emphasised the financial impact of after-hours GP services when deciding where to seek care for minor injuries and illnesses.
- b. CALMS was specifically mentioned as a full-fee service, which deterred some consumers from seeking care. Instead, they opted to present to the ED to avoid out-of-pocket costs.

**3. Preference for In-Person Care:**

- a. Consumers expressed a clear preference for in-person consultations when seeking after-hours GP services.
- b. Telehealth Limitations:
  - i. The National Home Doctor Service only offers telehealth appointments in certain parts of Canberra, with Tuggeranong specifically mentioned.
  - ii. Consumers noted that once they were made aware of telehealth-only options, they frequently cancelled their appointments and presented to the ED instead.

## Areas of Opportunity

The analysis reveals significant variability in the availability of after-hours GP services across the ACT. While regions with larger populations generally appear to be adequately serviced, there are notable gaps in some SA3 regions where after-hours care does not meet local demand.

The service availability and service utilisation trends observed in North Canberra and Molonglo identifies these SA3s as key areas with substantial after-hours service gaps. These gaps reflect both a lack of sufficient GP service hours and a mismatch between service availability and per capita demand, indicating that residents in these regions may face challenges accessing after-hours GP care locally.

- North Canberra, with a population exceeding 16,000 and serving as the civic centre of the territory, stands out as a priority area.
- Molonglo is projected to experience rapid population growth, making it a key area for future policy and program consideration.

Efforts to address these gaps should focus on increasing the availability of after-hours services in these underserved areas or exploring alternative care pathways to meet local demand. This will help ensure that all residents have equitable access to timely after-hours primary care.

The qualitative data revealed additional challenges. While some GPs are willing and able to provide care during the after-hours period, issues such as high overhead expenses and workforce

constraints hinder service delivery. Health consumers reported significant difficulties accessing affordable care after-hours, often noting the deterrent of high out-of-pocket costs when using services like CALMS or other MDS providers. Additionally, consumers emphasised the importance of in-person consultations, frequently opting for hospital EDs over telehealth services.

From these findings, CHN recommends:

1. Providing financial support and incentives to general practices in North Canberra to extend operating hours into the after-hours period.
2. Expanding similar strategies to Molonglo and South Canberra to address emerging service gaps in these regions.

By addressing these areas of opportunity, CHN aims to enhance access to affordable after-hours care, reduce pressure on hospital EDs, and ensure equitable health outcomes for ACT residents.

## 2. Coordination and Integration of Health Services

Gaps in coordination and integration of health services are leading to fragmented patient care, variability in the communication of clinical information, and increased reliance on emergency services. To address these challenges and promote coordination between services at a local level and support after-hours service providers to integrate care with a patient's usual primary care provider, CHN recommends the widespread utilisation of an electronic after-hours action plan to integrate care between after-hours providers and patients' usual primary care providers.

To implement this recommendation effectively, it is important to prioritise the role of coordination and communication in delivering effective after-hours care. Coordination and integration of health services is crucial for delivering effective after-hours primary care. It ensures that patients receive timely, appropriate, and continuous care beyond regular business hours. A well-integrated system enhances:

- **Patient Experiences** by ensuring seamless transitions between care providers,
- **Health Outcomes** through improved decision-making and continuity of care,
- **Resource Utilisation** by reducing preventable hospitalisations and avoiding duplication of services.
- **Efficiency of workflow** for health providers by improving communication and facilitating timely access to clinical information

Clear and efficient communication among healthcare providers is central to successful integration. When communication is prioritised—through shared patient records, standardised templates, and digital tools—clinicians can:

- Access contemporaneous patient information
- Make informed and safe clinical decisions

- Provide ongoing continuity of care for patients

As highlighted by the World Health Organization, enhancing linkages across primary care services through integrated communication systems is essential for delivering comprehensive and person-centred care<sup>25</sup>. By prioritising integration and clear communication, after-hours care systems can address patient needs safely and efficiently, improving overall healthcare quality and resource utilisation.

The implementation of structured action plans can lead to significant improvements in health system navigation, resource utilisation, and patient care during after-hours periods. The recent Strengthening Medicare report on after-hours programs and policy highlighted that the seamless exchange of patient health information between healthcare providers is critical in providing a safe and efficient health system and ensuring that everyone receives cohesive and person-centred care<sup>26</sup>. It also emphasised the importance of tailored action plans when addressing access to appropriate after-hours health services, particularly for vulnerable populations.

## Stakeholder feedback

Feedback from stakeholders highlighted significant gaps in the integration and coordination of patient information and services.

- **GPAC Insights:** Members of CHN's GPAC outlined significant variability in the quality and quantity of information provided by after-hours health services after their patients have been seen:
  - Some discharge summaries lacked critical information for ongoing treatment.
  - Other summaries contained far too much detail, making it difficult and cumbersome to ascertain why the patient presented or what the GP needs to do moving forward.
- **Community Nursing Feedback:** Community nursing staff stated that they are often unable to access any background information for patients that present, making it difficult to accurately assess and effectively manage a patient. They also mentioned the impact of recent changes to clinical records infrastructure, making it difficult to locate and communicate relevant clinical information.
- **Consumer Feedback:**
  - Health consumers consistently reported being unsure where to present after-hours, often defaulting to EDs for care.
  - ACT ambulance staff highlighted that health consumers will often rely on the ambulance service for non-urgent injuries and illness, or exacerbations of chronic illness, because the patient is unsure of what to do. This not only prevents the

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<sup>25</sup> World Health Organization (2018) Technical Series on Primary Health Care – Integrating Health Services. (17 p) Geneva, Switzerland.

<sup>26</sup> Strengthening Medicare Taskforce (2024) A better after-hours system. 2023-2024 Review of After-hours Primary Care Programs and Policy. Canberra, Australia



ambulance from attending true emergencies, but it also results in ambulance staff having to provide primary care, which is not their primary scope of practice.

Feedback from stakeholders illustrates that there is not only a gap in coordination and integration of information among health services, but there is also a gap in the coordination of patient care outside of business hours.

## Areas of Opportunity

To address service gaps in residential aged care facilities and reduce the number of transports to hospital EDs, CHN recommends the development and promotion of after-hours action plans. Evidence suggests that action plans can improve health outcomes, reduce ED presentations, and decrease hospitalisations. Other PHNs have successfully developed and promoted after-hours action plans, which provide a valuable model for improving care coordination and outcomes.

The key elements of an after-hours action plan include:

- **Advanced Care Information:** Details of any advanced care plan, the patient's background medical history, and current medications and treatments.
- **Self-Management Advice:** It should provide self-management advice as well as guidance on managing conditions independently and instructions on the most appropriate after-hours service to contact for a given clinical situation.
- **Health Professional Documentation:** A dedicated section for health professionals to record clinical presentation, management provided, outstanding investigations, and follow-up plans if a patient presents after-hours.

The action plan should be completed by a GP in collaboration with their patient and uploaded to the patient's MyHealthRecord or Digital Health Record to ensure accessibility for other health professionals. This initiative should focus particularly on patients with long-term health conditions, especially those with complex or severe chronic diseases.

By integrating after-hours action plans into routine care:

- Health information across services will be more effectively shared, ensuring continuity of care.
- Primary care professionals will have better tools to provide safe and efficient after-hours healthcare.

CHN believes this approach can bridge critical gaps in after-hours service availability while reducing unnecessary ED presentations. These plans also have the potential to enhance the integration and quality of healthcare provided to residents in aged care facilities.

### 3. Localising after hours helpline services

Gaps in system navigation and support for after-hours health services are leading to consumer confusion and unnecessary reliance on emergency departments for non-urgent care. To address the after-hours primary health care needs of local communities and support the after-hours primary health care workforce, CHN recommends the development of a local nurse-led, GP-supported hotline. This hotline will assist consumers to navigate the after-hours health system and act as a single point of entry for after-hours primary care services.

#### Supporting Quantitative Data

Healthdirect Australia, more commonly known as just ‘HealthDirect’, is the national virtual public health service that aims to provide access to clinical health information, advice, and virtual health services via telephone, online tools, and various forms of multimedia<sup>27</sup>. HealthDirect also hosts the National Health Service Directory, which is a comprehensive national directory of health services and the practitioners that provide them, that also aims to assist consumers in navigating the health system<sup>28</sup>. Since its establishment in 2006, Healthdirect has supported a 24-hour, nurse-led triage and advice helpline<sup>29</sup>. If clinically indicated, a consumer can be forwarded to an after-hours GP helpline which will provide further advice and information on how best to manage a consumers health concern.

Time Categories for After-Hours Healthdirect Episodes	
T1	Weekdays 6pm – 11pm
T2	Weekdays between 11pm – 8am
T3	Saturdays Outside 8am – 12pm
T4	Anytime Sunday/ Public Holidays

Table 3 - Practice Incentive Program After-Hours Time Periods (Healthdirect 2024)

Healthdirect Nurse Helpline Triage Category	
Emergency Care	Requires immediate medical care
Urgent Care	Requires medical care within 24hrs
Non-Urgent Care	Requires medical care in the near future

Table 4 - Healthdirect Nurse Helpline Triage Category (Healthdirect 2024)

Calls to Healthdirect, or episodes, are categorised by both the time of the episode, as well as the level of urgency of care recommended<sup>30</sup>. The nurse-led hotline determines the level of care a consumer need by following a decision tree that is in-built within the services support software. If deemed clinically indicated by the decision tree, a consumer can also be assessed by a GP-led hotline, which utilises a combination of factors to determine the final disposition and

<sup>27</sup> Healthdirect (2024) [What we do | healthdirect](https://about.healthdirect.gov.au/what-we-do) (https://about.healthdirect.gov.au/what-we-do)

<sup>28</sup> Healthdirect (2024) [National Health Services Directory | healthdirect](https://about.healthdirect.gov.au/nhsd) (https://about.healthdirect.gov.au/nhsd)

<sup>29</sup> Healthdirect (2024) [healthdirect | healthdirect](https://about.healthdirect.gov.au/healthdirect) (https://about.healthdirect.gov.au/healthdirect)

<sup>30</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

management plan for a consumer. These include both patient factors (type/ severity of condition, medical history, social support, etc) and non-patient factors (type of services in the area, availability of services, etc).

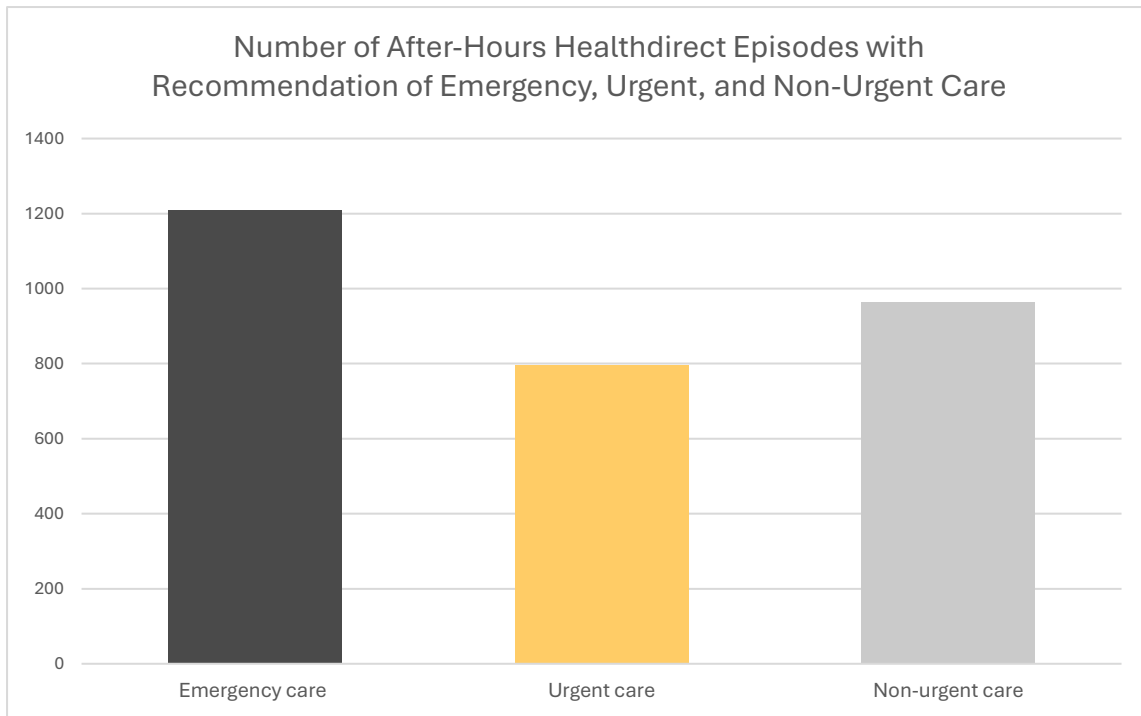


Figure 6 – Number of after-hours Healthdirect helpline episodes by triage category (Healthdirect 2024)

In 2023, there were a total of 2,970 after-hours Healthdirect helpline episodes<sup>31</sup>. Most after-hours calls to Healthdirect were triaged as needing Emergency Care (40.7%), followed by non-urgent care (32.5%), and urgent care (26.8%)<sup>29</sup>. These overall figures show that over 65% of all after-hours Healthdirect episodes required urgent or emergency care. This may reflect the types or severity of conditions health consumers sought advice and information for, however it may also be due to a relatively low threshold for redirection to urgent or emergency care being built into the Clinical Decision Support System (CDSS).

<sup>31</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

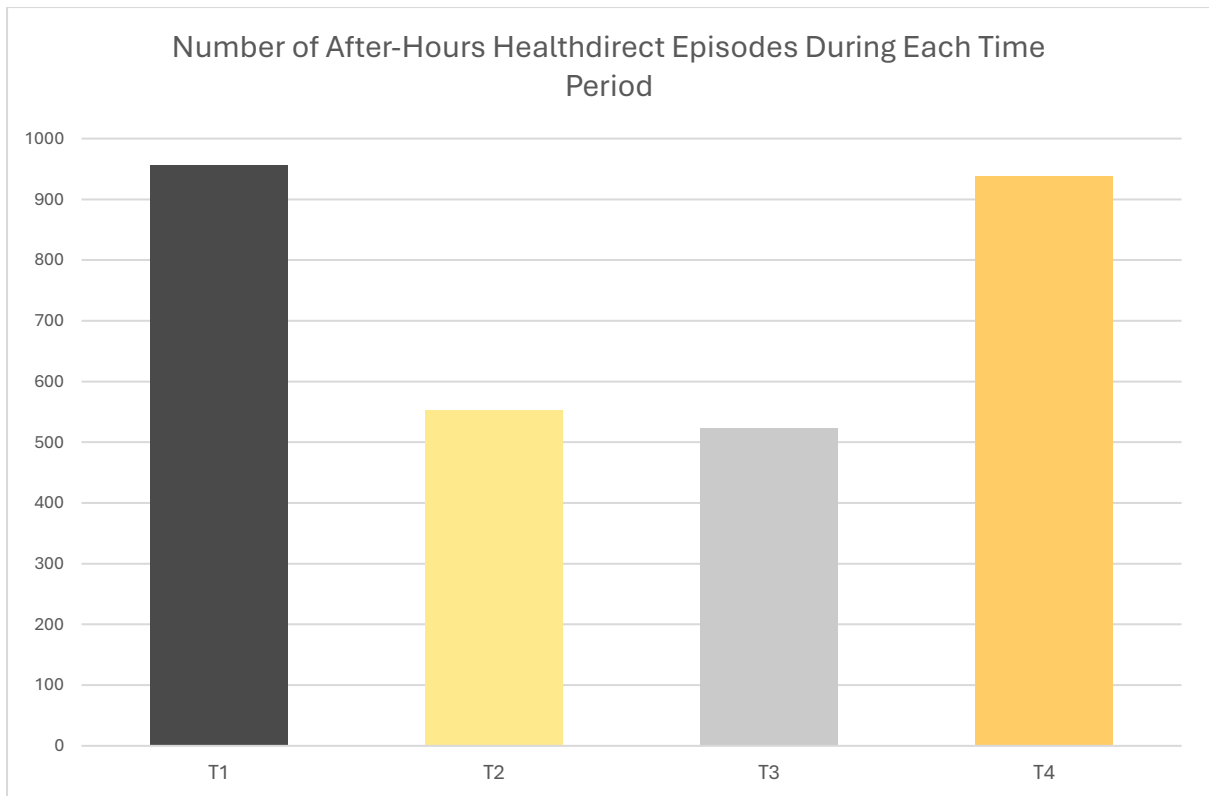


Figure 7 – Number of after-hours Healthdirect episodes by PIP time period (Healthdirect 2024)

Key patterns were observed in the times health consumers utilised the helpline. T1 had the greatest number of episodes (956), with 32.2% of all episodes occurring during weekday sociable hours<sup>32</sup>. This was very closely followed by T4 (938), with 31.6% of all episodes occurring on Sundays and public holidays<sup>30</sup>. This highlights the important role the helpline serves in assisting health consumers shortly after business hours, and on Sundays/ Public holidays. The time periods T2 and T3 had significantly lower, but very similar, numbers at 553 and 523 respectively<sup>30</sup>. The overall utilisation data highlights two key findings – non-urgent care only accounts for around one-third of all calls to the Healthdirect helpline, and consumers are most likely to contact the service immediately after ‘normal’ business hours on a weekday, or on a Sunday/ public holiday.

<sup>32</sup>Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

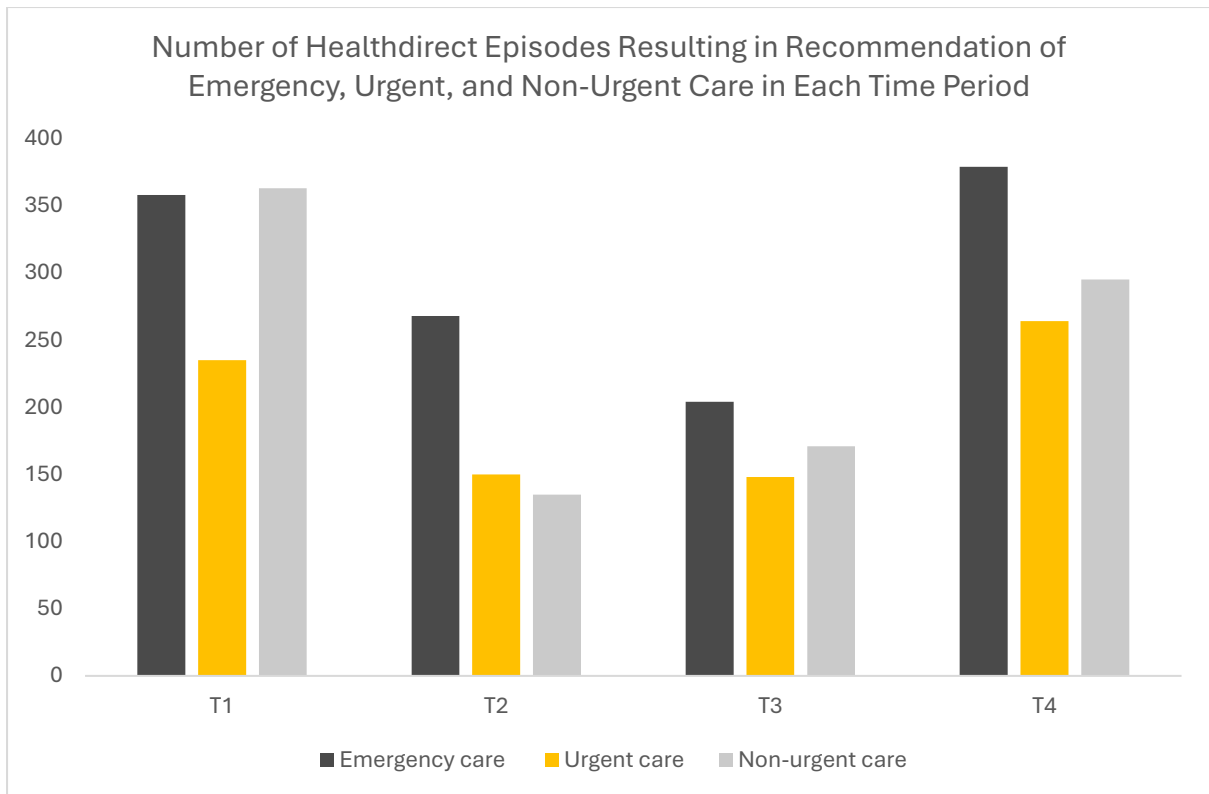


Figure 8 - Number of Healthdirect episodes within each nurse triage category across all PIP time periods (Healthdirect 2024)

Key patterns of care urgency were observed across the various PIP time periods. As stated above, there were significantly more episodes during the T1 and T4 time periods<sup>33</sup>. The triage category emergency care accounted for the largest number of calls in T2, T3, and T4, while non-urgent care predominated in T1<sup>31</sup>. Episodes triaged as requiring urgent care accounted for the fewest number of episodes in all but one PIP time period – T2 – where episodes requiring non-urgent care contributed the fewest number<sup>31</sup>. The number of episodes requiring urgent care stayed relatively consistent across PIP time periods, whereas significant variability was observed in the number of calls requiring emergency care and non-urgent care across the four PIP time periods, with a variability of 46.2% and 32.0% respectively.

<sup>33</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

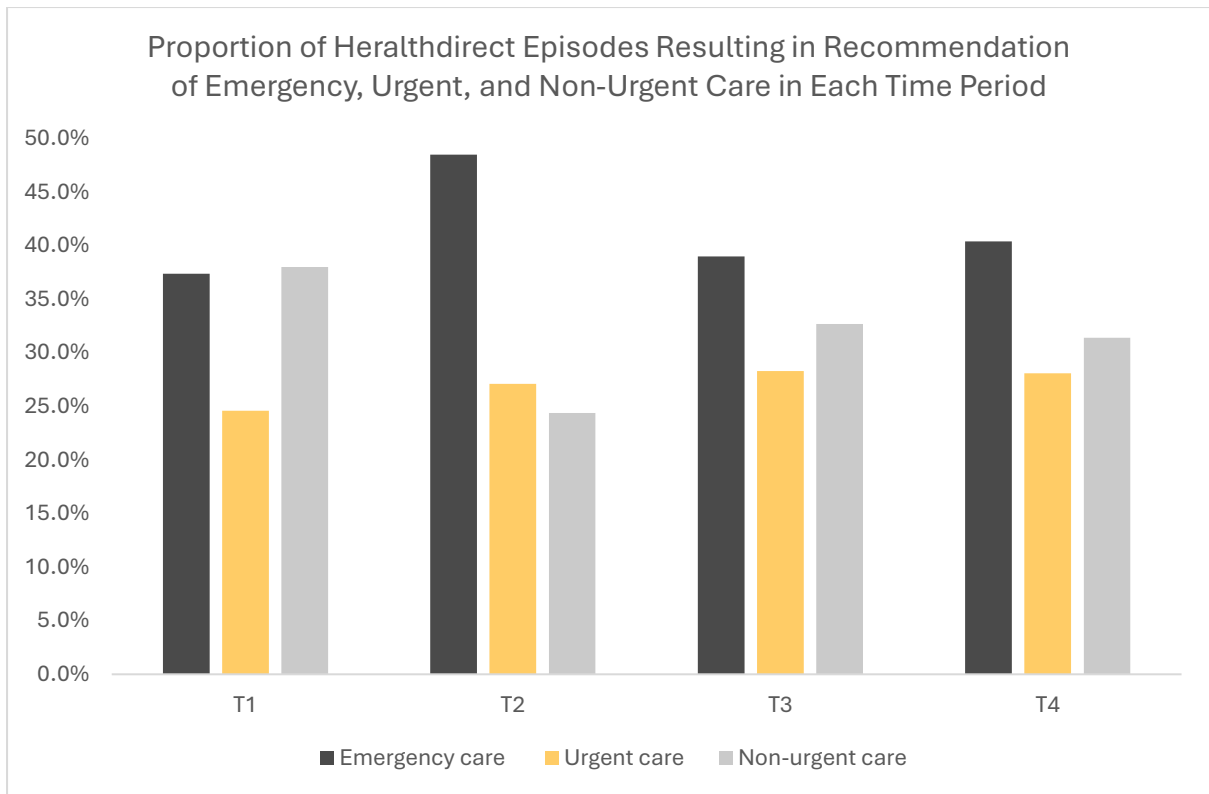


Figure 9 – Proportion of Healthdirect episodes in the various triage categories for each PIP time period (Healthdirect 2024)

Figure 9 illustrates the proportion of episodes triaged as emergency, urgent, and non-urgent during each time period. As also seen above, emergency care was the most common triage category in the time periods T2 (48.5%), T3 (39.0%), and T4 (40.4%)<sup>34</sup>. Of note, almost half of all calls during weekday unsociable hours required immediate medical care. This is likely due to patient factors such as the type and severity of condition, and a lack of available primary care facility's during that part of the day. The proportion of episodes requiring urgent care stayed consistently around 26.8% across all four time periods, from 24.6% in T1 at its lowest to 28.3% in T3 at its highest<sup>32</sup>. Episodes requiring non-urgent care showed a relatively balanced distribution across all time periods, with T1 being the time-period with the highest proportion of non-urgent episodes (38.0%)<sup>32</sup>. This is likely due to Canberrans primarily seeking advice or information for non-urgent conditions during, or soon after, regular business hours on a weekday. There was also increased demand for non-urgent care on weekends, as it was the second most common triage category during both T3 and T4<sup>32</sup>.

<sup>34</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

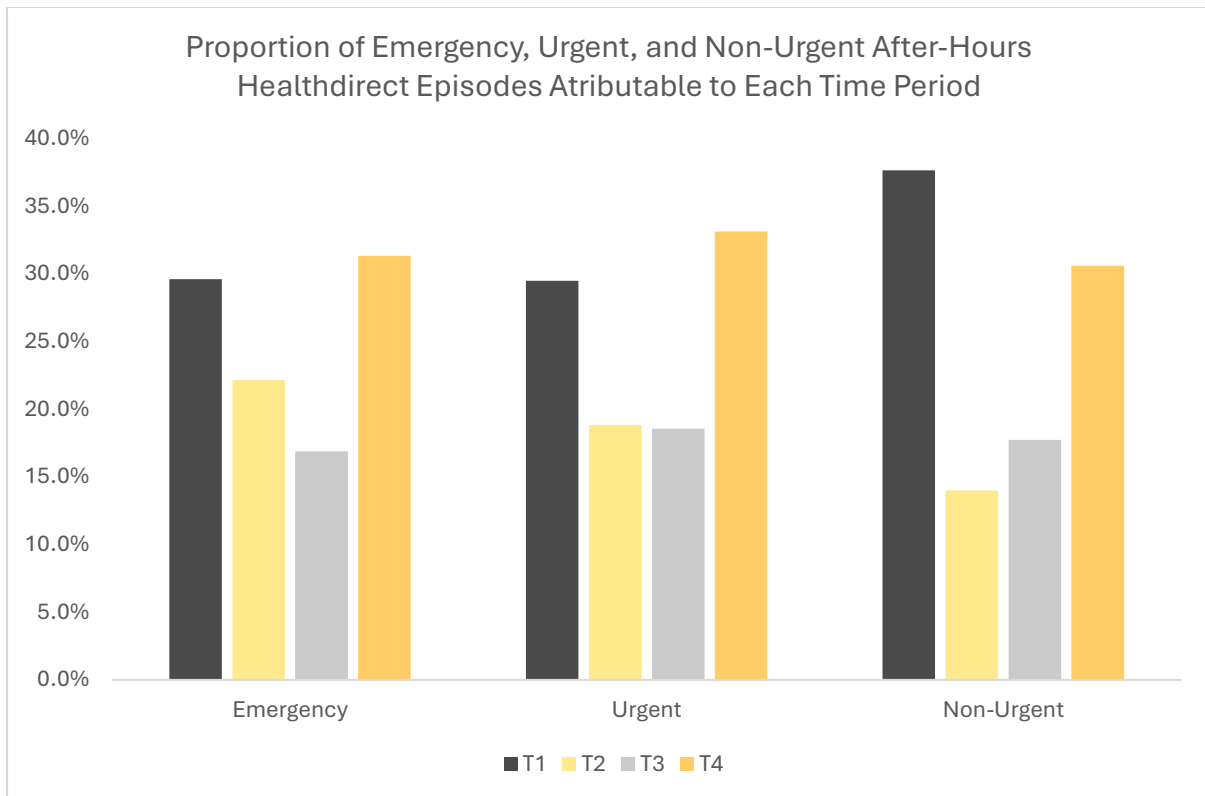


Figure 10 – Proportion of emergency, urgent, and non-urgent after-hours Healthdirect episodes occurring in a given PIP time period (Healthdirect 2024)

Figure 10 illustrates the temporal distribution of episodes within each triage category. A similar pattern was observed across all three triage categories, with around one-third of episodes occurring during T1 and T4<sup>35</sup>. T4 was the time period with the largest proportion of episodes requiring emergency and urgent care, whereas T1 was the PIP time period with the largest proportion of non-urgent episodes<sup>33</sup>. T2 and T3 were consistently the time periods with the lowest proportion of episodes for all three triage categories<sup>33</sup>.

As stated above, if clinically indicated, health consumers will be redirected to a GP-led hotline for information and advice on the management of their condition. Only 8.7% of all after-hours calls to Healthdirect end up being referred to the GP-led service<sup>33</sup>. The data on the utilisation of these services reveals that the majority of consultations result in a recommendation of non-urgent care, accounting for 86.8% of the total 257 episodes<sup>33</sup>. This suggests that most consumers calling in with conditions requiring emergency and urgent-care are being triaged and redirected by the nurse-led hotline, therefore not requiring the use of the GP-led service. Evidence that supports this is the fact that emergency care was only recommended in 12.1% of the total GP-led episodes, whereas it was recommended in 40.7% of all nurse-led episodes<sup>33</sup>. Urgent care episodes again represented the lowest proportion, recommended in just 1.2% of all episodes forwarded through to the GP-led service<sup>33</sup>.

The above data on after-hours Healthdirect episodes, both nurse-led and GP-led, highlights that Healthdirect services are predominantly utilised during weekday sociable hours and on Sundays/

<sup>35</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)

Public Holidays. Most consumers seeking after-hours advice from Healthdirect were advised to present for emergency care (40.7%). There was a clear relationship observed between the time of day and the urgency of care recommended, with episodes requiring non-urgent care accounting for the majority of calls during weekday sociable hours, while episodes requiring emergency care predominated during weekday unsociable hours. Urgent Care was only advised in 26.8% of all episodes, with a balanced distribution across time periods. Overall, most after-hours Healthdirect episodes are triaged by the nurse-led hotline and redirected for Emergency and Urgent-Care. Only 8.7% of all calls to Healthdirect required further assessment by the GP-led hotline. Over 85% of these were deemed to require non-urgent care, with self-care and see a GP being the most commonly advised management plan by the GP-led service (194/223)<sup>36</sup>.

A central theme that was born out from stakeholder consultation was the need for an ACT-specific after-hours health information hotline that assists health consumers in navigating the territory's after-hours health system, and acts as a single point of entry, or gateway into after-hours primary care. Influencing factors included health system literacy of health consumers, and high proportion of Healthdirect episodes triaged as requiring emergency care.

## Stakeholder consultation

Stakeholder consultations with healthcare providers highlighted the significant impact of poor health system literacy on the ability to provide appropriate after-hours primary care. Key insights include:

- **Consumer Awareness:**

Multiple health providers stated that health consumers often remark that they presented to the ED because they weren't aware of any other service being available. Feedback from HCCA highlighted alarming high rates of poor health system literacy, with a large number of health consumers stating they did not know that WiC were open after-hours. A large number of health consumers weren't aware of the services provided by WiC, with some stating they didn't know they could get antibiotics at a WiC while others stated they believed they could get all of their prescriptions written there. Other health consumers stated they just present to the ED for everything because they don't know where else they could go.

- **Desired Changes:**

When asked what changes they would make to the after-hours primary care system, stakeholders overwhelmingly recommended an ACT-based, locally focussed after-hours healthcare navigation service. Such a service would:

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<sup>36</sup> Healthdirect Australia (2024) [Healthdirect Australia Healthmap](https://studio.healthmap.com.au/) (https://studio.healthmap.com.au/)



- Be integrated with existing services (EDs, WiCs, MDSs, pharmacies, and extended hours GPs)
  - Allow consumers to call for advice on when and where to seek care
  - Assist with organising transport and appointments if necessary.
- **Feedback on HealthDirect:**  
Healthcare consumers and healthcare providers discussed the CDSS utilised by Healthdirect. Feedback from HCCA outlined that consumers believe that Healthdirect will more often than not, recommend that consumers present to the ED, particularly if the call relates to a child. It was also noted that some consumers stated that Healthdirect does not direct callers to the regions WiCs, leaving the hospital EDs as the default option throughout most the after-hours period. Community nurses noted a widespread belief among primary care providers that Healthdirect has a low threshold for referral to ED, with one participant stating that Healthdirect would automatically direct any child under the age of 7 years to the ED, regardless of their presenting illness or injury.
  - **Impact on Ambulance Services:**  
Feedback from ACT Ambulance Service highlighted the impact of high rates of transport for non-emergency care has on ambulance availability, stating that there is potential over reliance on the ambulance service to provide primary care. This not only reduces ambulance availability, but it also relies on ambulance staff to provide GP-like care which is not their primary scope of practice.

## Areas of Opportunity

Quantitative data suggests ongoing demand for an after-hours health information service, particularly during weekday sociable and unsociable after-hours, and on Sundays and public holidays. Qualitative data highlights:

- The significant impact of poor health system literacy on consumer decision-making
- The need for an ACT-based after-hours helpline to improve navigation and access.

CHN recommends the establishment of a new service, or expansion of an existing service, to act as a locally focussed after-hours helpline. The new service could be modelled off LaNS, or LaNS could be supported to extend their operating hours into the after-hours period, including weekends. This helpline would:

1. Provide information and advice to health consumers about after-hours options
2. Facilitate appointments with available after-hours services wherever possible
3. Assist in organising transport for consumers with mobility or access challenges.

This service would act similarly to Canberra Health Service's Liaison and Navigation Service (LaNS), which currently operates during business hours. LaNS is operated by nurses and medical professionals, and aims to provide:

- Information
- Coordination
- Navigation for people with complex needs or multiple care providers.

Given the size and scope of this service, it would likely need to be funded and operated by the ACT Government in conjunction with Canberra Health Service.

## 4. Coordinating Access to Affordable After-Hours Primary Care Services

Gaps in affordable after-hours primary care services are contributing to non-urgent attendances at hospital emergency departments during the after-hours period. To reduce non-urgent attendances at hospital emergency departments in the after-hours period, CHN recommends:

- The establishment of an after-hours primary care referral centre, or
- The expansion of existing after-hours services provided by general practices and CALMS to include bulk-billed services for consumers referred by Walk-in Centres (WiCs).

### Supporting Quantitative Data

The ACT walk-in-centres serve an integral role in the provision of primary care during the after-hours period since their inception. Due to limited access to recent walk-in-centre data, no analysis was carried out on after-hours WiC service utilisation, therefore the above recommendation was primarily informed by key stakeholder consultation.

### Stakeholder Consultation

Consultation with community nursing staff revealed a substantial lack of primary care referral centres available during the after-hours period. Key insights include:

- **Referral Options During Normal Business Hours:**
  - If a patient requires an assessment by a medical professional during normal business hours, the WiC nurse can call a local GP practice to organise care.
  - However, during the after-hours period, WiCs can only refer patients to CALMS (a full fee service) or the ED for GP-like presentations.

- **High Out-of-Pocket Costs:**
  - Consumers cited high out-of-pocket costs as a significant deterrent to seeking care during after-hours.
  - With CALMS being a full fee service, ED remains the only viable option for free after-hours primary care.
- **Lack of Available GPs:**
  - Participants from WiCs repeatedly identified a lack of available GPs as the single largest barrier to avoiding ED referrals during after-hours.

### Specific Challenges Highlighted:

#### 1. Minor Injuries and Wound Care:

- a. WiCs bear a significant burden from minor injuries, wound checks, and dressing changes, which are services normally managed by GPs and community nurses.
- b. After-hours patients requiring wound treatment or dressing changes are often left with no option but to present to a WiC or the ED.

#### 2. Essential Medication Prescriptions:

- a. A large number of consumers reportedly present to WiCs during the after-hours period requesting prescriptions for essential medications.
- b. Stakeholder consultation highlighted the challenges faced by WiC staff in managing these cases effectively.

#### 3. Occupational Violence:

- a. High rates of occupational violence have been reported at WiCs, necessitating the introduction of security staff at all centres to manage difficult consumers.
- b. Stakeholders identified frustration and escalation among consumers unable to access GP services, such as prescription services, as a significant cause of these incidents.

### *Implications:*

This feedback illustrates:

- The importance of supporting WiCs with accessible primary care services, both from the perspective of service provision and consumer outcomes.
- The critical need to prioritise WiC staff safety and well-being, ensuring they are equipped to manage challenges effectively without jeopardising their security.

### Areas of Opportunity

The ACT WiCs undeniably play an integral role in the after-hours primary health care system. They provide free access to primary care and manage a broad range of minor illnesses and injuries. The WiCs are utilised most frequently during normal business hours; however, a significant proportion of presentations still occur during the after-hours period.

Stakeholder consultation highlighted the lack of after-hours primary care referral services as a significant gap in providing affordable and appropriate after-hours care. This places additional costs on consumers if redirected to CALMS, and it only adds to the burden already placed on ED when consumers require GP-like care beyond the scope of practice of the WiC.

This has been identified as an important area of opportunity for improving access to affordable and comprehensive after-hours primary care. CHN recommends:

1. Supporting or incentivising an existing practice, or establishing a new GP practice, to operate as a referral centre for the territory's WiCs.
2. Acting as a referral centre for health information hotlines and the territory's public hospital EDs.
3. Offering bulk-billed services to patients referred by WiCs, after-hours helplines, and hospital EDs.
4. Prioritising bulk-billed services for vulnerable populations, such as:
  - a. Elderly patients
  - b. Very young children
  - c. Indigenous and Torres Strait Islander peoples

It is also recommended that the service utilise existing digital clinical information infrastructure to assist with integration and coordination of after-hours primary care services. It is recommended that this service be initially piloted in either Belconnen or Tuggeranong, as residents from these regions account for the largest number of after-hours presentations to GPs and WiCs.

## Key Limitations

This assessment faced several limitations, primarily due to data constraints:

1. Limited access to recent data on the after-hours service utilisation of hospital emergency departments and community walk-in centres.
2. Insufficient data on after-hours capacity and utilisation of the ACT ambulance service.
3. Limited access to information on the after-hours capacity and service utilisation of community pharmacies.
4. Lack of detailed datasets on local medical deputising services and general practices, reducing the ability to conduct comprehensive and targeted analyses.
5. Incomplete consultation with key stakeholders, including the absence of a proposed 'after-hours roundtable,' which could have provided critical insights into market drivers and provider experiences.

## Challenges in Assessing the ACT After-Hours Primary Care System

Comprehensive evaluation of the ACT's after-hours primary care system is challenging due to the system's complexity and multifaceted nature. It comprises multiple services with varying funding models, which inherently complicates assessments of adequacy and performance. These challenges are further exacerbated by data gaps and limitations in integration.

## Recommendations for Addressing Challenges

To address these limitations and improve the assessment and monitoring of the after-hours healthcare system, the following steps are recommended:

1. **Enhanced Data Collection and Sharing:** Comprehensive and integrated data sharing among key stakeholders is essential. Improved data access would enable more precise identification of service gaps and areas of unmet need.
2. **Stakeholder Collaboration:** Engaging stakeholders through regular and inclusive 'after-hours roundtables' would help fill data gaps and foster better understanding of market drivers, disparities in access, and systemic barriers.
3. **Improved Consultation Processes:** Expanding stakeholder consultations, including more key informant interviews, can provide qualitative insights to complement quantitative data.
4. **Focus on Integrated Health Planning:** Future policies and programs should incorporate findings from this assessment while being guided by collaborative efforts with stakeholders to ensure data-driven and equitable health planning.

These limitations underscore the need for systemic improvements in data sharing, integration, and stakeholder engagement. Enhanced collaboration will allow for more effective assessment and monitoring of the ACT's after-hours primary healthcare system. By addressing service gaps and barriers, stakeholders can work together to improve health outcomes for the community. The CHN remains committed to driving these improvements through ongoing partnerships and initiatives.