

CANTERBURY AFTER HOURS IN PRIMARY CARE

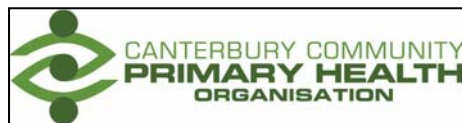
Direction Paper

May 2007

Canterbury

District Health Board

Te Poari Hauora o Waitaha



HURUNUI KAIKOURA PHO



Partnership Health Canterbury
Te Kei o Te Waka

RURAL CANTERBURY
Primary Health Organisation
Te Roopu Hauora Matua O Waitaha Taiwhenua

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1.0 EXECUTIVE SUMMARY

In March 2006 Canterbury DHB (DHB) began a review of Acute Demand and After Hours Cover in Primary Care (The Review). This review was completed in September 2006 and resulted in a number of recommendations. Following this review a joint process began to develop the Canterbury DHB After Hours Services in Primary Care – Direction Paper (The Direction Paper).

The Canterbury DHB and the Primary Health Organisations (PHOs) established an After Hours Working party to look at how they could work together to build a more sustainable model for After Hours Cover across Canterbury. The membership of this group was in appendix Six.

This paper looks at a number of issues within Primary Care which impact on the delivery and cost of accessing after hours services. This includes Primary Health Organisation requirements, funding allocations, rural and urban issues, service gaps, duplications and fragmentations of current services.

The Direction Paper identifies that Canterbury has the only true urban 24 hours surgery in the country; however the cost of accessing this service is impacting on attendances. It also identifies that while work has been undertaken to assist on a weekend roster for rural General Practice the same level of investment has not occurred for week nights. This results in a number of rural Canterbury General Practices working a 1:2 week nights on call roster.

The Direction Paper however has also determined that PHOs are not the only provider of after hours services in rural areas with general practice having agreements with Ashburton Hospital to provide cover at rural hospitals and with St John to provide support.

The data reviewed in the development of this paper shows that patients use a variety of options to access after hours care particularly in urban Christchurch. It also shows that when triaged appropriately patients do not always require immediate access to medical care.

Rural areas however do come under significant strain where there is not a telephone triage service as they are the only point of call, not only for call-out but also for telephone advice. This is the major concern of practitioners in this situation.

Canterbury DHB recommends that with PHOs assistance further investigation of the following occurs:

- Development of Joint Rosters and a Hub Model to consider which areas services can be provided within 60 minutes of Christchurch. Further investigate the options of developing a Hub in North Canterbury.
- Accessible urban service for high needs populations
- Telephone triage Health Line service with the Ministry of Health and St Johns.
- Support to rural GPs from urban GPs - In particular this should include looking at supporting practices with a 1:2 week night roster.
- First Level Nursing¹
- Public Information – ensuring that there is an after hours focus as part of the Implementation of the Review of Acute Demand and After Hours Cover in Primary Care.

- General Practitioner or Medical Officer in the Ashburton Emergency Department After Hours - in partnership with Ashburton Hospital and Rural Canterbury PHO further investigates this option for Ashburton.
- Financial Support to Rural General Practices.
- Continue to support and monitor rural pharmacy with the rural score.
- Work with the urgent pharmacy to ensure business sustainability
- Development of a Locum Pool service

2.0 SCOPE

The scope of this document is to consider ways of supporting general practice and the general public in the provision of after hours services. The document does not consider the viability of After Hours service providers or make recommendations regarding the level of funding allocated to the provision of after hours services.

3.0 INTRODUCTION

In 2006 the After Hours Primary Health Care Working Party, made up of representatives from the Ministry of Health, DHBs and the Primary Health sector completed a report entitled "Towards Accessible Effective and Resilient After Hours Primary Health Care Services". Following the publication of this report DHBs nationally were given until February 2007 to jointly develop a direction for after hours services in their area with PHO's.

Canterbury DHB began this process in March 2006 by initiating a Review of Acute Demand and After Hours Cover in Primary Care. The purpose of this review was to develop a strategic framework for the delivery of Acute Demand and After Hours services in Canterbury.

This review had a number of recommendations including projects in the following areas: Primary Health Care public education and promotion campaign, an after hours telephone advice service for the general public, a rapid response service, and General Practitioner based in the Emergency Department all of which have an impact on the provision and support of After Hours Services.

Following this report, a project was developed to specifically look at the issues surrounding after hours services, with the purpose to developing a direction for after hours cover in Canterbury. This direction aims to provide service delivery options for the future management of services in the community in Canterbury.

The project objectives are to consider strategic approaches to service delivery in order to alleviate the continuing pressure on general practice and community services in Canterbury. These approaches must include service delivery options that maximise the benefits from the funding available.

Canterbury DHB contracts with 5 Primary Health Organisation (PHOs) for the provision of primary care services to their enrolled population. As of the 1 October 2006 95% of the Canterbury population was enrolled with a PHO.

The national PHO agreement (Clause H 3.2) states that: "first level services must be available for 95% of your enrolled population during:

- (a) the normal business day within 30 minutes travel time; and

(b) after hours within 60 minutes travel time.”

The national report, “Towards Accessible Effective and Resilient After Hours Primary Health Care Services” defined after hours provision in Primary Care as;

“24/7 primary health care does not mean 24/7 access to routine non-urgent care. After Hours Primary Health Care is designed to meet the needs of patients that cannot be safely deferred until regular general practice services are next available.”

Canterbury DHB is aware that general practices operate a variety of business hours. In the “Guidelines for Suitable After Hours Care Arrangement”, developed by Canterbury DHB in 2004 the following definitions were used:

- Normal business hours – are the hours the practice is normally open for business. This may include ‘extended hours’. The practice may choose to charge more to patients seen in an extended hours period.
- Evening period and night period – these are subsets of the after hours period.
- Evening period – is from the time the practice usually shuts until 10pm weekdays, and 8am to 10pm weekends and public holidays.
- Night period – is from 10pm until the time the practice usually opens 7 days a week.

These guidelines can be found in Appendix One.

For the purpose of this report we will be looking at After Hours as the service provided between 5pm and 9am.

The following underlying assumptions are inherent in the development of this direction paper include:

- Approaches must work towards goals outlined within the DHB Core Directions Document (2005 – 2006), including the goal to eliminate waste and any duplication from services and working collaboratively with health care providers so that the best use is made of combined resources
- There is potential to better utilise existing resources by redesigning existing services and developing new methods of service delivery
- The management of after hours services should be considered as a whole.
- There are national and international models regarding improving patients’ primary care contact, and therefore management, which could be applied to the Canterbury situation.

Considering the recommendations of the Review of Acute Demand and After Hours Cover the DHB determined that a number of the projects including a Primary Health Care public education promotion campaign, an after hours telephone advice service for the general public, a rapid response service, and General Practitioner based in the Emergency Department all have an impact on the provision and support of After Hours Services.

4 BACKGROUND: Our Challenges and the Way Forward

The DHB is responsible for the funding and in some cases the provision of public health and disability services in the Canterbury region. The DHB covers a population of more than 470,000. It is the second largest DHB by population and the largest by geographical area.

In developing the District Strategic Plan (and alongside its identified Strategic Priorities) the Canterbury DHB identified five Core Directions essential to achieving the changes and improvements needed to make to meet the challenges in the next 5-10 years. These Core Directions are to:

Improve the health and wellbeing of our community;
Find better ways of working;
Work together;
Develop our health care workforce; and
Being a leader in health.

Canterbury DHB has a number of unique challenges, which include an ageing population, inequalities in health status and access to service, funding uncertainties and challenges in promoting integrated care, raising health awareness and further developing primary care. Canterbury DHB has identified meeting the increased demand for services as one of the major challenges over the next 5 to 10 years. In addressing this challenge the DHB will be actioning a number of initiatives and projects over the next five years under its Core Directions "Work Together". These include:

- Collaborating with the wider health sector to implement continuums of care; focusing particularly around acute demand, chronic care and high and complex needs including the links between primary, secondary and tertiary care;
- Continuing to build strong and respectful relationships with the community and work with providers to ensure services are complementary, enhancing the continuum of care;
- Progressing current integration of pilots and programmes to incorporate PHOs as key partners in the management of demand on hospital and specialist services; and
- Enhancing referral guidelines and education for both primary and secondary providers to improve appropriate utilisation of speciality and emergency services.

However, the key and overarching challenge for Canterbury DHB is working within funding constraints as a result of population-based funding. There is an ongoing process to identify efficiency gains to ensure value for money and, where appropriate, implement initiatives to manage and/or reduce costs. In developing strategies or undertaking future reviews the DHB will continue to identify areas where integration, best practice models, efficiencies, re-configuration or earlier intervention can produce better value and outcomes from available funding. Canterbury DHB is committed to ensuring that opportunities of this nature continue to be identified and acted on to realise health gains for our community.

The DHB Review of Acute Demand and After Hours Services (Oct 2006), identified the need for Canterbury DHB to establish a governance group, within the Improving the Patient Journey Project to oversee the variety of acute demand and after hours projects and provide advice on the implementation of any new services. The governance group was established to encourage a collaborative and coordinated approach across all stakeholders, and gives consideration to the priorities and themes identified.

It also suggested that the DHB investigate further the following services and projects:

- A Primary Health Care public education promotion campaign
- A specialist advice service to general practitioners (GPs)
- An after hours telephone advice service for the general public
- Packages of care – which may include:
 - an acute nursing and home support team; and
 - a community observation facility
 - a variety of specific services such as deep vein thrombosis treatment
- Service Coordination function for any new services
- A rapid response team
- Improving access to rapid diagnostic services in primary care
- Aged residential care services education programme
- General Practitioner based in the Emergency Department

5.0 CURRENT SERVICES

Before the DHB can consider how to improve after hours cover in the community it needs to evaluate the current services provided within Canterbury.

5.1 After Hours Cover

As previously indicated PHOs are contracted to provide services in accordance with the national PHO agreement. Clause H.3.1 of this agreement states that PHOs “will provide access to First Level Services on a 24 hour a day, 7 day a week basis for 52 weeks a year for all services users”.

This requires PHOs to ensure general practice cover outside normal working hours, or “after hours.”

First Level Services are defined, in the National PHO agreement, as the following:

- Health information to enable and assist people to care for themselves and take responsibility for their health and their family/whanau’s health
- Urgent medical and nursing services (including stabilisation and resuscitation, assessment and diagnosis, treatment and referral as necessary);
- Assessing the urgency and severity of presenting problem through history taking, examination and investigating and diagnosing where possible;
- Recommending and, where appropriate, undertaking treatment options and carrying out/referring or appropriate interventions and procedures, including but not limited to prescribing, minor surgery, and other general practice procedures, counselling, psychological interventions, advising and imparting information;
- Referral for diagnostic, therapeutic and support services (support services are those services which may be required for individuals to maintain maximum independence including but not limited to personal care and domestic assistance).

PHOs are funded for these First Level Services, based on the mix and size of their enrolled population. This payment is expected to cover the cost of all First Level Services, 24 hours a day, seven days a week.

The five Canterbury based PHOs have varying population sizes and mixes; this results in varied after hours services provision. The following table details the type of after hours

cover provided within each of the PHOs populations. A more detailed table can be found in appendix two.

Table One: PHO After Hours Cover Arrangements

PHO Practice Areas		Weeknights	Weekends
Rural PHO	Canterbury Oxford/ Methven / Rakaia / Akaroa/ Diamond Harbour	1:1 or 1:2 roster provided by either GP or Nurses	All areas funded through reasonable roster funding for a 1:4 rosters. Provided by GP and Nurse
	Ashburton / Kaiapoi / Rangiora	Large rosters over 1:6	
Hurunui PHO	Kaikoura Practices on a 1:1, 1:3 or 1:4 roster with locum or nurse back up		1:4 Roster by local GPs or locums
Christchurch PHO	Casebrook Surgery Moorhouse Medical; Radius Linwood; Riccarton Clinic; University of Canterbury Student Health.	24 Hour Surgery Practices run extended clinic hours, the latest until 10pm. After hours GP available on cell phone	24 hour Surgery Weekend Clinics and extended hours. After Hours GP available by cell.
Partnership PHO	Health Urban Christchurch	Most Practices utilise the 24 Hour Surgery. Some Practices provide extended hours and Saturday clinics for their own population:	As Before
	Darfield; Selwyn Rural Health	Between a 1:2 and 1:4 Roster dependant upon availability. As above	
Canterbury Community PHO	After Hours cover for Canterbury Community PHO practices is provided by 24 Hour Surgery		

5.2 Primary Response in a Medical Emergency (PRIME) Services

A number of the rural Canterbury general practices provide PRIME services under contract with St Johns Ambulance services. PRIME services are located in areas where the ambulance service is unable to provide an Advanced Life Support ambulance within 30 minutes. These are funded positions and are funded as a locality. GP's and nurses who participate in the scheme are responsible for:

- 24/7 call for medical and accident emergencies
- Respond to 111 calls from the Emergency Ambulance Communication Centres (via pagers)
- When a 111 centre call is received they determine whether or not they will attend (based on availability and triage information received)
- If they choose to attend they work alongside the other emergency services in attendance to stabilise the patient and if necessary travel to hospital with the patient

PRIME training is provided and consists of a 5 day course with further refresher training from St Johns in Advanced Cardiac Life Support and advanced trauma care. The service is contracted to be provided on a 24/7 basis. Funding is provided by the Ministry of Health for each PRIME location. ACC also hold direct contracts with general practitioners for PRIME trauma callouts and pay on a fee for service basis.

PRIME was initially designed to contract with a practice to provide 24/7 service for their locality, however this is not seen to be attractive to practitioners and this requirement has acted as a deterrent to some practitioners to signing up to PRIME.

There are currently a number of PRIME sites within rural Canterbury including Akaroa, Amberley (responds as far as Waipara turnoff), Cheviot, Amuri (Culverden and Waiau area), Kaikoura, Darfield, Hanmer and Methven.

5.3 Rural Hospitals

A number of areas within Canterbury have rural hospitals providing medical services to their local communities. Staffing in these hospitals is quite often reliant upon local general practices and practitioners in addition to their other responsibilities. In Akaroa, Ellesmere and Waikari the DHB employs a medical officer to provide medical services to the hospital who is a local General Practitioner. At Darfield, Oxford and Kaikoura contracts are in place between the local general practice to provide medical services.

5.4 Access to Urgent Pharmacy Services

A key service in the delivery of after hours services is access to after hours Pharmacy Services. In Canterbury due to the large number of shopping malls, there is ready access to Pharmacy services during the weekend, within shop opening hours. In the evening there is an urgent pharmacy located at the 24 Hour Surgery. This service is open between 6pm – 11pm nightly, with extended hours over the weekend. This service has a number of key funding issues as it relies solely on dispensing income, unlike a number of community pharmacies who also have a retail side to the business.

There are also concerns regarding the coverage of pharmacy services in rural areas. At present rural pharmacies are based in Amberley, Kaikoura, Darfield, Oxford, Leeston, Methven and Akaora. Locations with a General practices, and no pharmacy include Hanmer, Hurunui, Cheviot, Amuri, Diamond Harbour and Rakaia. Services are provided to these areas through depots, provided by the nearest rural Pharmacy or city Pharmacies.

6.0 KEY ISSUES

6.1 Changes in the Primary Care Environment

In the past three years Canterbury DHB has seen the development and implementation of PHOs. Five PHOs are now operational in Canterbury, covering over 95% of the total population. Formerly, the DHB contracted with IPAs for the provision of primary care services, which are now provided through PHOs. With this change, the focus for the DHB is on equity and ensuring equal access to services irrespective of which PHO a person is enrolled in. Accordingly, equitable access to primary care services provided by the PHOs is at the forefront of the future development and improvement of acute and after hours services.

6.2 National Expectations Regarding 24 Hour Cover

In 2005 a national working party was established to review issues surrounding the provision of after hours care nationwide and develop recommendations around a national policy framework. The working party's report "Towards Accessible, Effective and Resilient After Hours Primary Care Services", made 15 recommendations aimed at ensuring "accessible and effective after hours primary health care services and strengthening their resilience to meet people's urgent need for care."

The recommendations of this review can be found in Appendix Four.

The review identified a number of issues including those affecting access, responsibility for service planning and delivery and impacts on resilience. Nationwide issues of workforce retention and amount of funding available to support after hours cover, were noted.

6.3 After Hours Service Provision

As indicated above there are a number of issues impacting on the provision of after hours services in Canterbury including the following:

- The general practice position that after hours services are not adequately funded as part of the PHO capitation based funding
- The increased cost for patients in attending after hours services
- Increasing dissatisfaction from general practitioners in providing after hours services
- The high cost of providing after hours cover.

While Canterbury has the only private urban 24 hour general practice surgery in New Zealand, the cost to patients of attending this has increased over the past few years. This impacts on people's ability to access the service. Consequently, it is likely that people are presenting at the Christchurch Hospital Emergency Department (ED) after hours rather than the 24 hour general practice surgery.

PHOs nationally have indicated that while this is within their agreement, they believe they are not funded adequately to provide this level of service coverage. However, DHBs and the Ministry of Health (MoH) have stated that funding for after hours cover is included as part of the capitation based funding that PHOs receive and general practices are entitled to charge a premium co-payment for services provided outside normal hours.

In 2005 a national working party was formed by the MoH to look at after hours issues, which developed a report "Towards Accessible Effective and Resilient After Hours Primary Health Care Services." The outcome of this report was that individual DHBs are required to work with providers to develop an after hours direction paper.

Within Canterbury, all PHOs provide a variety of after hours services. These include the 24 Hour Surgery (owned by Pegasus Health) and a variety of emergency clinics with extended hours. Within rural Canterbury, PHOs are funded to ensure reasonable rosters for after hours cover for their general practitioners. There has been an investment of over \$1M per annum of rural premium funding in Canterbury to support rural practices.

One Canterbury PHO currently top slices their capitation funding to cover after hours services. However, patients are still charged up to \$87 for a standard adult consultation after hours. Other general practitioners in Canterbury may charge up to \$250 for a home visit after hours. For a breakdown of the total cost of visiting a general practice after hours please see appendix five.

There is some discontent within general practitioners regarding the provision of after hours services. In an attempt to relieve the pressures on general practice, one rural Canterbury PHO has implemented a nurse lead telephone triage after hours service. This has proven to be a successful pilot.

6.4 Functionality of 24 Hour Cover in Rural Canterbury

There are a variety of models of after hours service provision in rural Canterbury. For the purpose of this section rural Canterbury is any area outside the Christchurch city boundaries, including the former Banks Peninsula TLA area, excluding Lyttelton.

Rosters range from 1:1 week night to 1:6 week nights, with weekend rosters being 1:4 supported by Reasonable Roster Funding, up to 1:9 in some areas.

These varying rosters are mainly due to rural Canterbury's size, geographical nature and population spread. There is concern within rural practices that the current models of provision are not sustainable and may fail at any time.

As mentioned previously, the DHB supports rural practices by way of Rural Workforce Retention and Reasonable Roster Funding. Reasonable Roster Funding has helped supported a minimum 1:4 roster for weekends, however no funding has been made available to support reasonable rosters for week nights.

Supporting these varied rosters are different models of services provision including:

- a hub system where the on-call GP stays in a central location and covers the surrounding area from the central location. This has enabled greater roster coverage.
- utilising nurses to cover after hours with a GP available for back-up by phone. This has also proved to be very successful.
- GPs covering wide areas, with the on call GP work from their base.

There are however a number of issues with the models, and while generally the weekend roster is supported and effective, concerns have been raised regarding the week night roster and the number of GPs working on a 1:1 or 1:2 roster.

6.5 Functionality of 24 hour Cover in Urban Christchurch

Generally there is a satisfactory level of after hours cover being provided by general practitioners in Urban Christchurch.

The 24 Hour Surgery is the main base of after hours cover in Christchurch, as this is the only general practice open after 10pm, 7 days a week. There are also a number of Accident & Medical clinics that are open to 10pm 7 days a week.

Canterbury Community PHO and Partnership Health PHO contract with the 24 Hour Surgery for the provision of after hours services to their enrolled population. Both use First Level Service funding to fund the 24 Hour Surgery to provide this service.

A small number of Partnership Health practices however use alternative after hours services due to the cost of attending the 24 Hour Surgery.

Christchurch PHOs' after hours cover is also provided by a mixture of service models, utilising the 24 Hours Surgery and the two accident and medical clinics within this PHO.

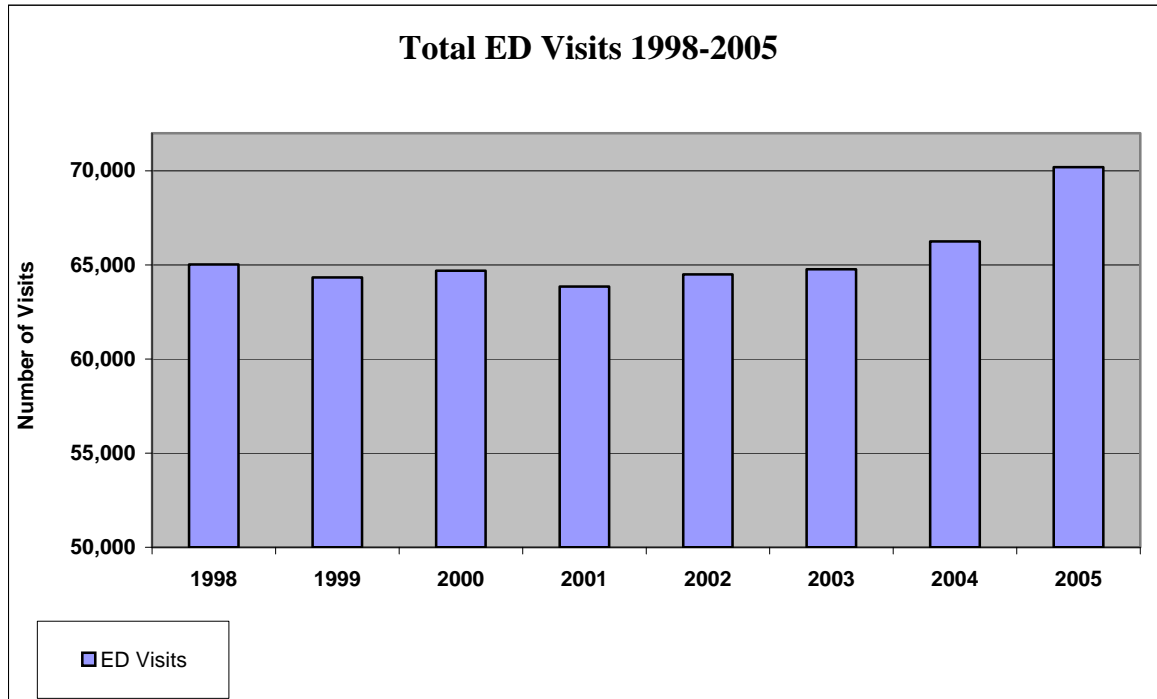
In 2005 the 24 Hour Surgery was purchased by Pegasus Health IPA. The 24 Hour Surgery and Pegasus Health have worked closely with the DHB over the past few years supporting the Acute Demand Management Programme, and assisting the DHB when Christchurch Hospital has been in "gridlock". This support has assisted the DHB in shifting the patient culture from one of "turning up" at the Emergency Department to presenting at the clinics that operate after hours.

Many general practitioners commented that a number of patients choose to go to different practices including other individual GPs, the 24 Hour Surgery and the Accident & Medical Clinics, to get the service required at a time that is convenient to them. This is often referred to as the "Supermarket Doctor" culture where a patient shops around for the convenience or price of a service.

The major concern highlighted by patients is the cost of attending the 24 Hour Surgery. Anecdotal evidence shows that when there is an increase in the price of a consultation at the 24 Hour Surgery there is an increase in the people attending Christchurch Hospital Emergency Department.

General practice has however signaled to the DHB the concerns about the cost of running a 24 Hour Surgery, and the need for consideration of how this service could be supported by the DHB.

Graph One: Growth in ED visits



6.6 Impact on Christchurch Hospital Emergency Department

It is known that patients usually will take the 'path of least resistance' and in the past that has meant presenting at ED. However it seems over the last few years there has been a change in culture of using the 24 Hour Surgery as opposed to ED for minor complaints.

There was a period of relative stability with annual ED presentations between 2000-2005 of around 65,000 patients. The mix of patients changed during the period with an increase in higher acuity patient's requiring hospital admissions. In 2005 – 2006 volumes increase to 72,000, with acuity remaining at a new higher level. See graph one regarding the growth in ED visits.

Data reviewed for a three year period suggests that there have been 65,000 patients presenting to the ED per annum. The ED staff attribute this to the change in consumer culture, i.e. more patient education by GPs and the convenience and availability of after hour's clinics. Data provided by Pegasus Health suggests 100,000 presentations to the 24 Hour Surgery per annum.

In Christchurch there is a concern that there is little margin between the cost to a patient attending an after hours service and when they would present to ED if there is a fee increase.

6.7 Ashburton Hospital Model of Care

In 2005 work began on developing a Model of Care for services from Ashburton Hospital. For some time the general practitioners based in Ashburton have had concerns regarding their continued ability to provide after hours cover due to an ageing workforce.

The general practitioners have on a number of occasions met with Canterbury DHB to develop a model for the provision of after hours services. The development of the Ashburton Model of Care has seen positive progress made. This process has to date been restricted by delays in the appointment of the necessary workforce at Ashburton Hospital. The intention is however, to have after hours calls triaged by phone and then if necessary referred to the Ashburton Hospital.

6.8 Gaps in Current Service Delivery

The initial scoping of services as part of the Review of Acute Demand and After Hours Cover identified a number of gaps in the provision of after hours and acute community care in Canterbury. These include the following:

- After hours cover is sporadic across Canterbury with no single affordable alternative to the ED within existing services.
- There are still a number of practices that are working more than a 1 in 4 roster.
- There is difficulty in attracting locum GPs to cover after hours over weekend/week night and public holidays in rural areas.

6.9 Duplications in Service Provision

In Christchurch there is the 24 Hour Surgery and 2 clinics with surgery hours until 10pm and after these hours patients are directed to the on-call GP number. These practices also provide weekend surgery times. One surgery combines its own availability with directing patients to one of the larger practices open until 10pm.

These duplications potentially can cause confusion for patients and can add extra layers to attaining the medical attention that is required.

6.10 Fragmentation in Current Service Delivery

The initial scoping also identified service fragmentation such as:

- Linkages between PHOs and other provider services that could be improved.
- Geographical isolation impacting on opportunities for rural nurses to develop and enhance nursing skills.
- Telephone advice services: rural providers consider that Healthline does not serve the needs of the rural community particularly well as it lacks linkage back to general practice.

6.11 Public Information and Education

The Review of Acute Demand and After Hours Cover in Primary Care identified that the general public is often confused about when to visit their GP and when to visit the ED.

The data shows a decrease in GP referrals to the ED, but a large increase in people self referring. Consideration needs to be given to how the DHB can educate the population as to when to present at the ED and when they should see a GP.

This maybe because many patients who self refer are sick enough to require hospital admissions. Previous referral to hospital by their GP for similar conditions may encourage them to omit the GP visit and self refer to hospital.

6.12 Telephone Triage Service

The MoH contracts for the provision of a nurse-led phone triage system (Healthline). Feedback obtained during the review indicates that while Healthline is effective there are a number of issues and in its current format it is not suitable as a replacement for after hours cover for all situations. The major issue is that the system does not link back to general practice, and therefore does not provide general practice with the patient

feedback they require. Therefore, for both patients and general practice teams, Healthline has potential for improvement.

One rural Canterbury PHO has piloted an alternative telephone nursing triage service that links after hour calls back to general practice. This has had a positive impact on the services within the rural community. The service has reduced the volume of people presenting at ED, relieved pressure on general practices during the evening, and has also impacted on the level of residential care referrals.

6.13 Workforce

It is becoming increasingly difficult to recruit to roles that include after hours cover. New graduates generally are not interested in undertaking on call arrangements and a large number of GPs have stated that given the opportunity they would opt out of after hours cover. It is also difficult and costly to employ locums, particularly in remote rural areas. This issue is not confined to GPs, as nurses are not keen to work after hours. Currently across Canterbury there is an ageing workforce within general practice. These issues need to be given consideration when thinking about possible solutions.

6.14 Canterbury DHB 2004 Service Provision Review of Acute Hours

In 2004 the DHB undertook a review of the provision of General Practitioner 24 Hour cover. As part of the report a set of guidelines were developed. These guidelines can be seen in Appendix 1. It is important to note throughout the development of this paper that the PHO contract states that after normal working hours first level services should be provided within a 60 minute journey for the patient and solutions should be developed according to provide robust and sustainable coverage.

6.15 Audit of Christchurch Hospital Emergency Department

In 2006 an audit was undertaken of Christchurch Hospital Emergency Department looking at reasons for people presenting at ED and to determine the best pathway for them once presented.

This initial audit highlighted some key findings. The research team at the Emergency Department have decided to undertake a larger audit, this occurred in February 2007. It is expected to highlight reasons why people choose the pathway to ED. This information will be of benefit to the overall planning for after hours and acute demand services in Canterbury.

6.16 Access to Urgent and Rural Pharmacy Services

Canterbury area will face an issue if the Urgent Pharmacy closed down as there is no similar provider in Canterbury.

There is also access issues to Pharmacy services in rural Canterbury where rural pharmacy are on call, 24/7 to provide support services to their community. A number of general practices carry small amounts of medication, which can be provided to patients if required during after hours business, however this needs to be supported by the local community Pharmacy.

The DHB currently support rural Pharmacy with a rural score. Funding is allocated based on the rurality and dispensing volume of these pharmacies. In 2006/07 Canterbury DHB invested around \$250,000 into these rural pharmacies to assist in business sustainability.

6.17 Access and coordination of Locum Services

General practice has identified an issue regarding the securing of locums to assist in covering after hours provision. Although locums are available, by nature they are a transient workforce who in many cases select when to work. Therefore if locums are

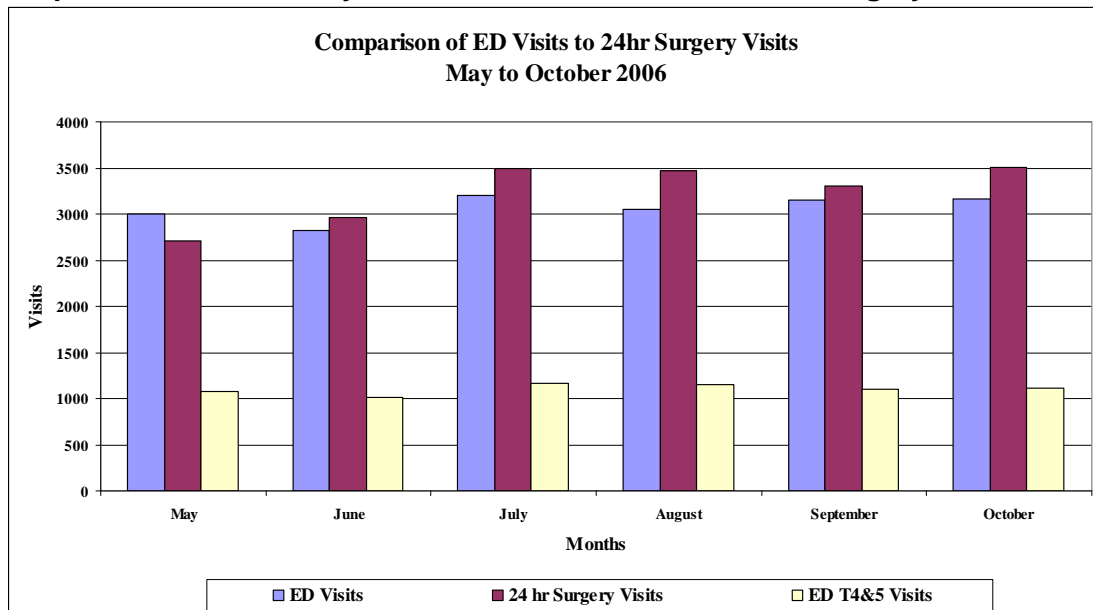
included in weekday and weeknight rosters it can take a large amount of time to coordinate and secure reliable locums and obtain confirmation of availability.

7.0 WHAT THE DATA TELLS US

7.1 24 Hour Surgery

Data shows that the 24 Hour Surgery is the main provider of after hours primary care services in Canterbury. They have experienced growth of approximately 29 % in the 6 months between May and October 2006 years, see graph two below. There is particular increase in demand for services in the weekend compared to week nights, see graph three below.

Graph Two: Utilisation by month between ED and 24 Hour Surgery.



Data regarding the volume of phone calls received by the 24 Hour Surgery between 17 January and 14 November 2006 has been reviewed. During this period 188,322 calls were received between the hours of 5pm and 9am. 54% of these calls were received after 10pm. Although call volumes per hour are high before 10pm the number of calls after 10pm remains significant.

A large number of practices with membership to the 24 Hour Surgery direct their phones to the 24 Hour Surgery after hours.

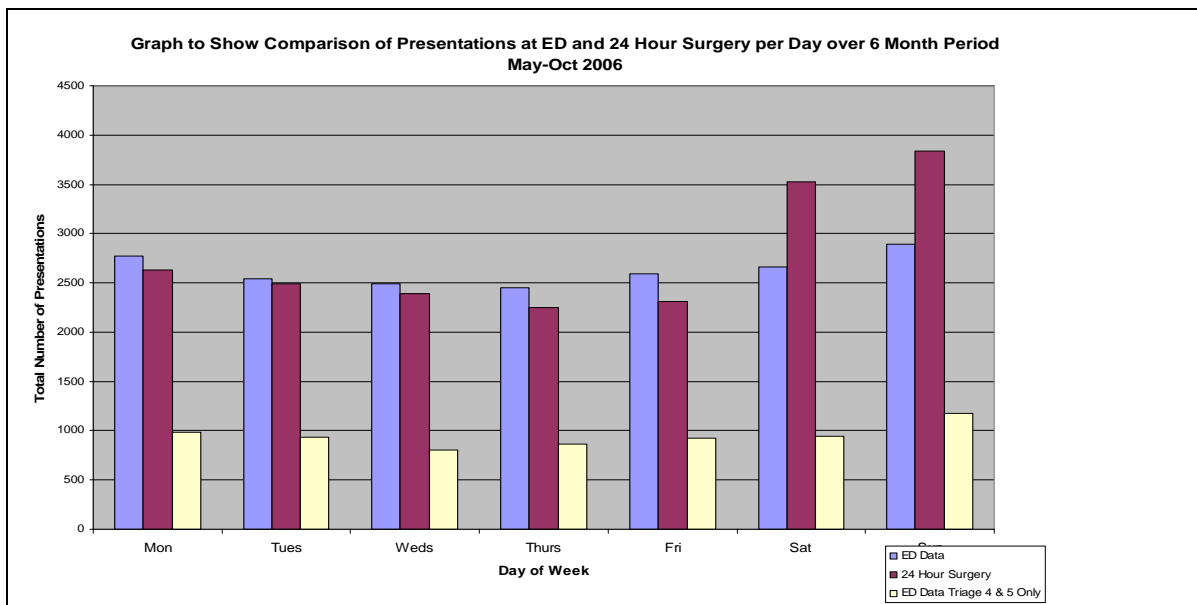
We have received transport data from St John, which shows a large number of presentations at the 24 hour surgery with a small number of these needing transportation to ED. The data shows that in 2005-6 St Johns transported 804 patients from the 24 Hour Surgery to ED, 452 of these was between 6pm -6am. When we look at the data in graph two (above) in July 2005 alone there were 3489 presentations in total at the 24 hours surgery. This would indicate that the majority of people are appropriately presenting at the 24 hour surgery.

7.2 Emergency Department

Analysis shows that of the total people presenting at ED, 36% of people fall in to triage categories 4 & 5. It is difficult to determine the appropriateness of these presentations without knowing what they were for. It may show however that there is a group of people who attend ED when they could possibly be treated in a Primary Care setting. It is important to note however that triage scoring in an ED tool used to determine a patients

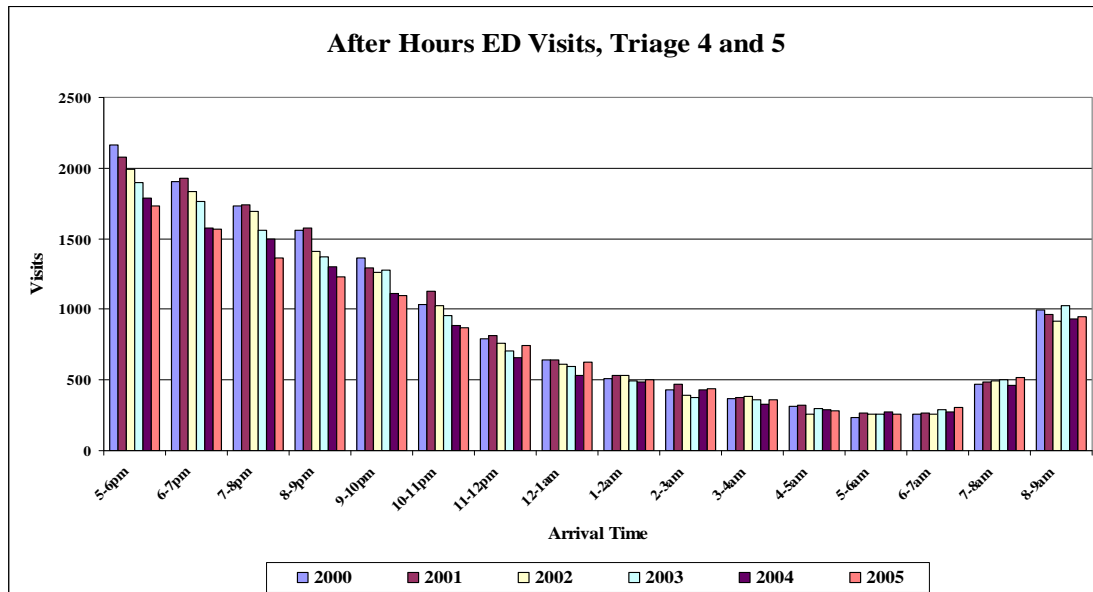
requirement for clinical input (ie immediate/10 minutes).Triage scoring indicates the degree of urgency for clinical care not severity of condition. Approximately 30% of Triage 4 patients do result in an admission to hospital; however they did not require immediate attention when they arrived at ED. There are a number of triage 4 and 5 patients who have been referred to ED by their GP for specialist assessment. A review has been undertaken of Christchurch ED volumes over the period most general practices are closed. An audit is currently being undertaken at Christchurch Hospital ED department looking particularly at presentation to ED. The analysis of this data will assist to determine the volumes of Triage 4 and 5 presentations that may have been managed in primary care.

Graph Three: Utilisation by days between ED and 24 Hour Surgery



Triage three data shows that between the hours from 5pm -12pm there is a steady demand for services ranging from 2,200 visits to 1,200 visits in 2005. However from 12pm to 8am there is very little demand for the services, with volumes ranging between 900 to 450 visits per annum. The growth starts to increase from 8am. Triage 4 and 5 data has a similar pattern, however with much lower volumes.

Graph Four: After Hours ED visits by Triage 4 and 5.



The hospital ED department has seen a gradual rise in the number of patients attending after hours since 1997, reflecting the growth in late night entertainment within the city. The most significant growth however has occurred in 2004 and 2005 with the number attending before and after 10pm rising. The number presenting before 10pm have grown from 17,843 in 2003 to 19,272 in 2005, those presenting after 10pm growing from 15,297 in 2003 to 17,170 in 2005. See graph four above.

7.3 Health Line

Health Line (incorporating the Plunket Line) data for the 3 months from 1 July 2006 - 30 September 2006 has been reviewed.

During this period 10,680 calls were handled. The highest number of calls came from the 25-34 age group (17.5%) most of whom were female. Data showed that the most used guidelines were paediatric guidelines for vomiting (534 accesses), fever (370 accesses) and cough (358 accesses).

The data detailed outcomes for 8,350 of the calls received. Of these 33.3% of patients were advised to self manage and remain at home and 31% of patients were advised to contact their GP within 24 hours. Only 3.3% of the callers were advised to seek emergency care, while 21% were advised to seek urgent care however the definition of this was not given. The percentage of patients who required immediate attention was less than those who could be managed at home.

7.4 After Hours Triage Service Pilot – Rural Canterbury PHO

Rural Canterbury PHO has piloted an after hours telephone triage service (in semi urban areas Ashburton and Rangiora) provided by ProCare in Auckland.

In December 2005 ProCare received 169 calls between 4pm and 7am, weekdays from patients enrolled in Ashburton practices. 126 of these calls were made before 10pm. 65% of the total calls were successfully handled by the nurse and 21% were passed onto the doctor on call. It was concerning to note that 12% of calls were enquiries regarding appointments and practice hours. This also occurred after 10pm with 7% of the calls being for this information. The total number of calls made after 10pm was 43. Fifty three (53%) percent of these were successfully handled by the nurse and 30% were forwarded to the doctor on call. Of all the after hours calls received only 2% (4 patients) resulted in an ambulance being called.

The Rangiora pilot incorporated 3 practices and in the month of December 2006 ProCare received 203 calls between 4pm and 7am during the week. The volumes of calls enquiring about appointments and hours were much greater. Between 4pm and 10pm during this month, 56% of calls were for this reason as were 22% of the calls between 10pm and 7am.

GPs who have been involved in this pilot believe that the service does reduce the number of unnecessary callouts for them. It is interesting to note though the difference of opinion between semi urban and the rural areas who do believe that there would be a benefit to them in the provision of this service.

7.5 Rural Roster

The data received from Hurunui Kaikoura PHO detailed the outcomes of calls over a week long period 20-27th November 2006. Amuri/Hanmer Springs previously have a shared roster system. During this period they received 25 calls, 14 (56%) of which required a visit by the doctor on call. This is a significant number considering that the GP or nurse on call is the only current option of service provision.

7.6 St John Ambulance

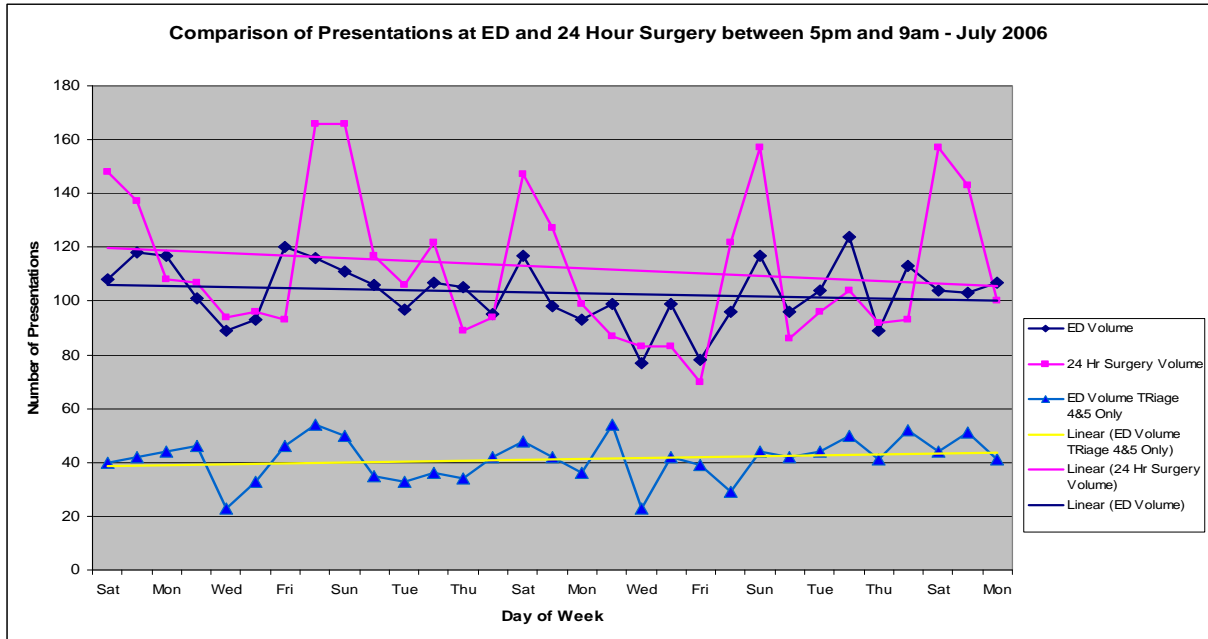
Data was supplied to the DHB from St John showing the volumes and destinations of transports over the 2005-2006 year. The data shows that transports are made to a variety of locations other than Christchurch ED, highlighting that in rural areas the nearest point of care are the local hospitals or medical centres.

In the 2005-2006 year St John undertook 25,074 patient transfers. Of these 22,734 were transported to Christchurch Hospital ED, or which 9,310 were transported to between 6pm-6am. A low number of people were also transported to the 24 hour surgery and "medical centre".

7.7 Summary Findings

The data shows that patients use a variety of options to access after hours care (particularly in urban Christchurch). The information obtained from both the urban and rural telephone triage services show that a significant number of patients can wait until the following day to see a medical professional or that they can be self managed at home.

Graph Five: Comparisons of ED and 24 Hour Surgery volumes.



Within urban Christchurch despite the gradual growth in the number of patients attending the Emergency Department, the data shows that the volumes of patients in the triage 4 and 5 category are significantly lower than the numbers attending the 24 Hour Surgery. 36% of the patients presenting at ED could possibly be seen at an after hours provider to be treated. There are a number of patients within this category however who will require admission to hospital and therefore referring to the hospital.

The volume of patients attending the 24 Hours Surgery increases dramatically over the weekend. This increase is not as dramatic in the volumes seen at ED particularly in the triage 4 and 5 categories.

There was a significant growth in patients attending the 24 Hour Surgery in July 2006. It is thought that this may have been due to the strike action undertaken by junior doctors as prior to this, a press campaign was undertaken. This supports the recommendation that public education can influence patient behaviour.

Analysis of presentations at ED after 10pm provided some findings and the implications need to be considered. It may therefore be more beneficial to focus on how to reduce attendances during these specific time periods, rather than looking at the whole of the 10pm-9am period.

For rural areas where there is no telephone triage service beyond Healthline, GP services come under significant strain, as they are the only point of call, not only for call-out but also for telephone advice. This is the major concern of practitioners in this situation.

8.0 DISCUSSION

The provision of accessible and affordable after hours cover is essential to the primary care environment and the management of demand for acute services within Canterbury.

A number of observations can be made from the data. It showed that when triaged effectively, calls from patients do not always have to result in a visit from the GP. Different levels of care can be instructed from a telephone assessment ranging from self management advice, to ambulatory call-outs. It was concerning to note in the rural PHO pilot the high volumes of calls after hours to the triage service to enquire about surgery times and appointments. This highlights a need for education about the appropriate use of

this service and how practices can make this information more readily available to their patients.

In urban Christchurch patients utilise both the telephone triage services and the 24 Hour Surgery. Some attendances at ED could have been seen in the community. The data showed that this is particularly true up until midnight and between 7am and 9am.

As part of the scoping for this project a stock take of the current provision of after hours cover across the Canterbury region was undertaken Appendix 2.

8.1 How to Access After Hours Services

It was determined that improved information and education to the general public was the key to accessing the correct level of after hours cover.

The review identified that for most patients the first point of call is a phone call to their GP and they are then directed to their practice's choice of after hours cover. This is where there is the greatest variation and a wide number of options available to the patient. In urban Christchurch the option is normally to call Healthline or contact the 24 Hour Surgery. Some practices in Christchurch do provide their own after hours cover however, this is not the norm.

In rural areas the initial system is similar. Information is held on the GP surgery answer phone directing the patient where to call. GP coverage is by way of a roster, the size of which is dependant upon the area and isolation.

An audit has recently occurred with the Christchurch Hospital Emergency Department looking at reasons why people are presenting at the Emergency Department. These results will provide us with some valuable information.

8.2 General Public

A number of concerns have been raised regarding the provision of after hours services within Canterbury by the general public who indicate that they want accessible and affordable health care. If they need to attend general practice at 2am they don't believe that a \$250 call-out is acceptable or considered a low cost. This issue has been compounded by messages regarding low cost fees; which as per the PHO agreement only apply to the normal GP consult, between 9am – 5pm on weekdays.

Nationally there is no requirement placed around what is an acceptable co-payment for after hours services, and these fees are not monitored by the DHB under the PHO agreement. Within the current PHO funding allocated to PHOs for first contact services, after hours is included. However the level or percentage of funding cannot be clarified. A national review is currently underway looking at the PHO funding formula, however this is not looking at the level of funding allocated towards after hours cover. It is the expectation of DHBs and MoH that the level of First Contact Service funding should be enough to cover both normal consultation and after hours provision of services.

The Rural Canterbury PHO data demonstrates that there is a need to educate the general public regarding the role and hours of general practice.

Feedback from the general public as part of the Review of Acute Demand and After Hours Cover also showed that the general public often doesn't know when to go to general practice or the Emergency Department, so often go directly to the Emergency Department. This again suggests the need for information and education of general public around role and responsibility.

8.3 General Practice

From the General Practice and after hours provider perspective there are some key areas of concern. PHOs are unsure how they can provide affordable after hours services within the funding allocated by DHB and MoH, due to the high cost of providing these services. They believe that all necessary costs of the service need to be covered. Therefore the charges (co payments) to the patient for after hours services are higher than during normal working hours. This in turn impacts on the number of people attending the Emergency Department after hours as there is no cost.

8.3.1 Rural General Practice

For rural general practice there are a number of issues impacting on the provision of after hours services. Reasonable Roster Funding has helped to support a 1 in 4 weekend roster; however it is still difficult in some areas to attract locums which make it expensive.

During the week however there are a number of practices who have to work with a less than a 1 in 4 roster with some having to undertake a 1 in 2 roster. These rosters are not sustainable and practitioners are concerned about having to provide this cover. Currently the provision of after hours cover is a disincentive for new graduates.

As indicated above in the issues section, a number of practices are operating a 1 in 2 roster on week nights. The working group developed by the DHB and PHOs to look at this issue considered a number of options to assist in this, however workforce shortages place major restrictions on what can occur in rural Canterbury. However it would be difficult to source the workforce to undertake a 1 in 4, or even a 1 in 2 roster in rural Canterbury for week nights only.

The Working Party, however, supported the proposal for further assistance to be provided to rural general practice teams. A number of options were considered which could support rural general practice including an improved phone advice service, relooking at the current rosters, and support to access locums.

On looking at the issues with rural general practice, the DHB is very aware that a number of the practices also hold additional agreements to provide PRIME services and after hours support for the rural hospitals. This means that these providers are contracted to be on call by a variety of sources after hours. Therefore any concerns with after hours services cannot be looked at in isolation. Therefore when developing any recommendations of support services or funding, the DHB needs to consider the additional agreements and ensure that no double funding is occurring.

8.3.2 Urban General Practice

Issues have been highlighted as part of this process regarding the role of urban general practice. The cost of running after hour services is very high as they are required to pay higher rates to staff for working evening shifts. The matter of sustainable of these after hours services has also been highlighted to the DHB.

The provision of effective after hours services is vital to the DHB as part of the Review of Acute Demand and After Hours covers. It is essential that the general public have an alternative to the Canterbury DHB Emergency Department.

During the Review of After Hours cover in 2004 it was identified that a number of providers did not have arrangements in place to provide after hours services. In a

number of case practices would refer their patients to the 24 Hour Surgery, however they would not be a member of the 24 Hour Surgery. The 24 Hour Surgery decided to manage this process by charging non members patients a higher rate, and in some cases contacted their GPs when a patient presented. The 24 Hour Surgery also worked with a number of non member practices to become members.

The 2004 project also looked at coverage and contact requirements. This showed that the Section 88 notice acknowledges that no general practitioner is expected to provide, in person, medical care for patients, 24 hours for each day of the year and that general practitioners may meet the requirements to provide after hours cover of General Medical Services though a variety of suitable arrangements. The Section 88 notice indicates a variety of options for after hour cover and that the funder can request from any general practitioners their after hours arrangements at any time. If the general practitioners arrangements do not meet the funders guidelines, they have six weeks to meet these, before a disputes process is entered into.

It was determined that no such guidelines had been signed off, so the Canterbury DHB developed their own guidelines. These guidelines were circulated to all IPAs and PHOs at the time. A copy of these guidelines are attached in Appendix One.

8.4 Coverage Area – Weekend Coverage and Week Night Coverage Areas

This historical definition of a rural and urban area is as follows:

- A rural area is an area that has been allocated a rural score, which means a score of 35 points or more.
- A urban area is an area with a score less than 35 point, therefore not eligible for rural funding.

The After Hours Working Group has identified that these definitions do not “fit” in many cases, due to the geographical variance within Canterbury. The Group has therefore recommended 3 distinct areas:

- Rural - An rural area is an area that has been allocated a rural score, which means a score of more than 35 points.
- Semi Urban - An area not eligible for rural funding, however experience a number of rural issues such as roster sizes.
- Urban - An area not eligible for rural funding that doesn't experience unique rural issues.

9.0 POSSIBLE SOLUTIONS and RECOMMENDATIONS

9.1 Improving the Health of Our Community

Issue	Discussion	Recommendations	Outcome
Cost of Access After Hours Services	One of the main barriers for accessing after hours service is the cost of these services, particularly in urban areas. This focuses around the issues that the DHB and MoH believe that a subsidy for the provision of after hour's services is covered under the PHO funding formula. It is however difficult to determine the amount of this funding and whether it is a true reflection of the cost of accessing and providing this service. Regardless of this fact, the cost of accessing after hours service is a barrier to accessing these service for high needs populations.	That Canterbury DHB and the 3 Christchurch PHOs work together to determine an accessible urban service for high needs populations.	The reduction of financial barriers to accessing after hours services
Public Information and Education	As agreed by ED clinicians, some ED presentations do not require emergency care or treatment and could be treated within primary care. Self referrers in particular could be targeted through a campaign promoting and encouraging patients to visit their primary health care provider rather than the hospital in the first instance. While the literature is equivocal as to the benefits of this approach, it has been used in New Zealand (Otago DHB – "Save our Emergency Department for Emergencies' campaign) to support the implementation of other initiatives put in place to address the 'overuse' of the ED for non-urgent situations. Currently the public appears to be unsure when to present at general practice and when to present at ED. In the past, education programmes targeted at informing the public has been successful. The level of media attention and other publicity given to the junior doctors' strike in Canterbury during 2006 also illustrates this. This publicity may lead to a drop in numbers of presentations at the ED with people choosing the 24 Hour Surgery instead. This demonstrates that if the message is given sufficient prominence, people will know where to go.	Canterbury DHB to ensure there is an after hours focus as part of the Implementation of the Review of Acute Demand and After Hours Cover in Primary Care	Increasing people's education and awareness of where to access service from, and service availability.

9.2 Better ways of working together

Issue	Discussion	Recommendation	Outcome
On call rosters	<p>In both rural and semi urban areas the main problem is sustainable rosters and traveling times to obtain medical assistance. In one of the rural areas they operate a hub model where the GPs on roster operate out of a central location. No matter where the GP on call is from, they work out of the same central surgery. A number of GPs have joined together to ensure a 1:4 roster.</p> <p>It was thought that this model could link up a number of areas, particularly in the Waimakariri District and allow for a more stable and sustainable roster. This would increase the number of GPs on the roster and the location could be selected to ensure that the “first line services within 60 minutes travel” could be maintained for the patient. Concerns were raised about where the surgery would be located as it would have to be neutral premises so as not to bias patients towards a certain practice.</p>	<p>Review of all Rural Joint Rosters – consider which areas services can be provided within 60 minutes of Christchurch. In particular look at the coverage of the Selwyn Rural Health Group Area. Further investigate the options of developing a Hub in the Waimakariri and Hurunui area.</p>	<p>Improved working conditions and better recruitment and retention for general practice teams</p>
Telephone Triage	<p>As indicated in the Discussion Section there is issues and potential areas for improvement with the current Healthline services. General Practice has indicated that while generally in favour of an after hours telephone advice service, Healthline is not fully meeting the needs of consumers or local general practice.</p> <p>A nurse-led after hours telephone service was trialed recently by a rural Canterbury PHO. Patients were given an 0800 number where calls were taken by a registered nurse. Practice and PHO details were available to the nurse as is the after hours roster for the local area. The nurse provides advice to the patient using standardised clinical algorithms and could refer the patient to an on call GP if appropriate. Most of the providers involved in the triage pilot were supportive of its continuance and made positive comments as to how the service could be improved. If this trial was to be extended to a wider segment of the community it could be promoted through a general campaign supporting primary health care.</p>	<p>One – Canterbury DHB continue their work with the Ministry of Health and St Johns in regarding the Healthline service. This is currently occurring as part of the Implementation of the Review of Acute Demand and After Hours Cover in Primary Care</p> <p>Two – That Canterbury DHB contacts the Ministry of Health regarding piloting the</p>	<p>Better coordination of after hours services and linkages back to general practice teams</p>

Unfortunately the more isolated rural areas are less supportive of telephone triage. The general consensus in these areas is that patients prefer to speak to a familiar voice and the addition of a triage service would simply add an extra layer to access the required health services.

devolution of the Health Line Service funding to the DHB to manage.

Phone Advice at Practice Level

The data shows that a number of calls to the telephone triage services, or after hours surgery are requesting information regarding practice hours. On discussing this with a number of parties it has been determined that a majority of practices redirect all calls to the after hours service provider. This causes an issue when patients are seeking practice information in the evening rather than requiring care at that time. It also takes up time from the after hours provider responding to non-essential inquires.

Further investigate ways to make telephone systems work more effectively.

Reduce current demand on services and number of call required by each person.

Support to Rural GPs from Urban After Hours Providers

For some of the rural GPs it was identified that having their after hours calls being answered by the 24 Hour Surgery would be helpful. This would mean that local GPs would only need to be disturbed if a call out was required. This was seen as both a positive and a negative, as the GPs would still have the responsibility of the call out. Having the option however of an initial triage would help to deflect the unnecessary calls.

Further investigate this option for rural general practice teams. In particular include looking at supporting practices with a 1:2 weeknight roster in Akaroa, Diamond Harbour, Darfield and Oxford.

Improved utilisation of Urban after hour's services, and ensure back up support of on-call nurses to remove the need for rural GPs to be on call after hours.

Community Pharmacy

At present the provision of urgent and rural pharmacy services are stable. However concern has been raised by both areas around the sustainability of their businesses.

Continue to support and monitor rural pharmacy with the rural score.

Improved or maintain current access to services

Work with the urgent pharmacy to ensure business sustainability

9.3 Developing our healthcare workforce

Issue	Discussion	Recommendation	Outcome
First Level Nursing Services	<p>In one of the rural areas in Canterbury, all on call provision is provided by a registered nurse with GP back-up by phone. The nurse carries the practice cell phone and patients are directed to use this number. The nurse triages patients over the phone and if necessary will see patients at the surgery. The nurse has access to standing orders and the ability to institute certain treatments. Over the weekends patients are offered appointment times to see the nurse where needed.</p> <p>Upskilling and enhancing of nurses skills to provide this service would provide greater support particularly in rural areas where rosters are already stretched. Scoping work to identify the available workforce and the type of training needed will need to be undertaken. There is concern that workforce capacity will be limited, particularly for undertaking on call hours.</p>	Canterbury DHB should further investigate this option for all of Canterbury, however with an initial focus on Ashburton and rural Canterbury.	Further development and increase skills of the nursing workforce.

9.4 Working Together

Issue	Discussion	Recommendation	Outcome
Access and coordination of Locum Services	To ease the administrative burden on general practice a coordinated Locum pool could be established. Locums would signal their interest in belonging to the pool and the pool could be managed centrally. This would mean when a GP was looking for locum cover for a roster they could contact a central point which could coordinate and obtain locum cover for the specified period. This could be coordinated by individual PHOs or a joint PHO initiative or by an external provider.	Canterbury PHO investigate the development of a Locum Pool services	Better use of resources

General Practitioner or Medical Officers in the Ashburton Hospital Emergency Department Financial Support to Rural General Practices

Work is underway as part of the Model of Care for Ashburton regarding the role that the current staff at Ashburton Hospital Emergency Department could play in after hours support.

Support needs to be provided in isolated rural areas where the general practitioner is always on call. Consideration needs to be given to ways for financially supporting the general practice team to ensure regular time off and support.

Canterbury DHB/Ashburton Hospital in partnership with Rural Canterbury PHO further investigates this option for Ashburton.

Canterbury DHB and PHOs further investigate different support options for rural general practice teams.

Better use of limited resources between Ashburton Hospital and the local PHO

Improved retention and recruitment of rural workforce after hours.

10. LITERATURE REVIEWED

After Hours Primary Health Care Working Party; Towards Accessible, Effective and Resilient After Hours Primary Health Care Services, July 2005

Canterbury DHB Planning and Funding; Review of Acute Demand and After Hours Cover, September 2006

Edwards, K; International Health Service Study Tour, December 2005

Richardson, S; Campbell Ballantyne Research Project: Exploring the hospital / community interface Literature Review 2006

Rural Canterbury Primary Health Organisation, Health Management Services Division, After Hours Triage Pilot – Review, March 2006

St George I, Cullen M, Branney M, Primary care ‘demand management’ pilot in New Zealand: Telephone triage using symptom-based algorithms: Asia Pacific Family Medicine 2003;2: 153-156

Waikato District Health Board, Health Waikato Division, Ambulatory Care Model of Care, May 2005

Appendix 1

Guidelines for Suitable After Hours Care Arrangements Final Version

1. Consumer education

The Enrolled Population must be advised about after hours arrangements and there should be information available for Casual Users about how and when they can access First Level Services provided by a general practitioner (GP).

It is suggested that there is clear signage inside and outside the practice providing patients with the following information:

- A telephone number to call after hours so the patient can access a health professional to ascertain appropriate service requirements to meet their needs.
- Clear signage directing patients to another GP practice or after hours site where the GP has a formal arrangement for provision of after hours cover.
- An indication of the practice policy relating to after hours fee structure.

Information should be displayed to the patient regarding the practice policy relating to after hours fee structure.

2. Telephone Access

Many patients will phone their regular GP after hours. Following are suggested guidelines relating to telephone service criteria:

- The patient makes **one local call** and reaches a health professional, who can assist them with ascertaining the most appropriate service for them to access. The telephone number to call should be made available to the patient either by earlier education and information dissemination, signage inside and outside the practice or information available when making a call to the practice. Either the regular number to dial and then a direct transfer to an after hours professional or alternatively call direct to the after hours number already provided.

Depending on clinical appropriateness the service available to patients who phone their GP after hours should include one of the following:

- Direction to another facility within 60 minutes travel during an after hours period which the GP has an after hours arrangement with.
- Arranging of a home visit – visit by a GP or a nurse
- Other face to face contact with a GP or a nurse
- Suggested appointment during normal business hours.
- Other appropriate services. (e.g. follow up phone call by GP)
- Direction to Emergency Services.

In some cases it may be determined that no further intervention is required.

3. Patient presenting at practice site after hours

Some patients will present at their regular GP practice site after hours. Following are suggested guidelines relating to site service criteria:

- Clear signage outside the practice, which indicates a telephone number for the patient to call to access services. The patient makes one local call and reaches a health professional, who can assist them with ascertaining the most appropriate service for them to access. These services may include:
 - Direction to Emergency Services.
 - Direction to another facility within 60 minutes travel during an after hours period which the GP has an after hours arrangement with.
 - Arranging of a home visit – visit by a GP or a nurse
 - Other face to face contact with a GP or a nurse
 - Suggested appointment during normal business hours.
 - Other appropriate services. (E.g. follow up phone call by GP)
 - Direction to Emergency Services.
 - In some cases it may be determine that no further intervention is required.

As well as signage indicating where the patient can access telephone support there should also be information outlining how they can make contact with a health professional in person, whether at another practice or a co-operative site, where there is an after hours arrangement in place.

- Clear signage outside the practice, which indicates the location of another practice site or a co-operative facility. Signage should include full address details and the address should be no more than 60 minutes travel time if the patient is accessing services during an after hours period.

4. Fee Structure

The following guideline suggests after hours periods which GPs may base an after hours fee structure for services accessed out of normal business hours. The periods are, normal business hours, extended hours, the evening period and the night period.

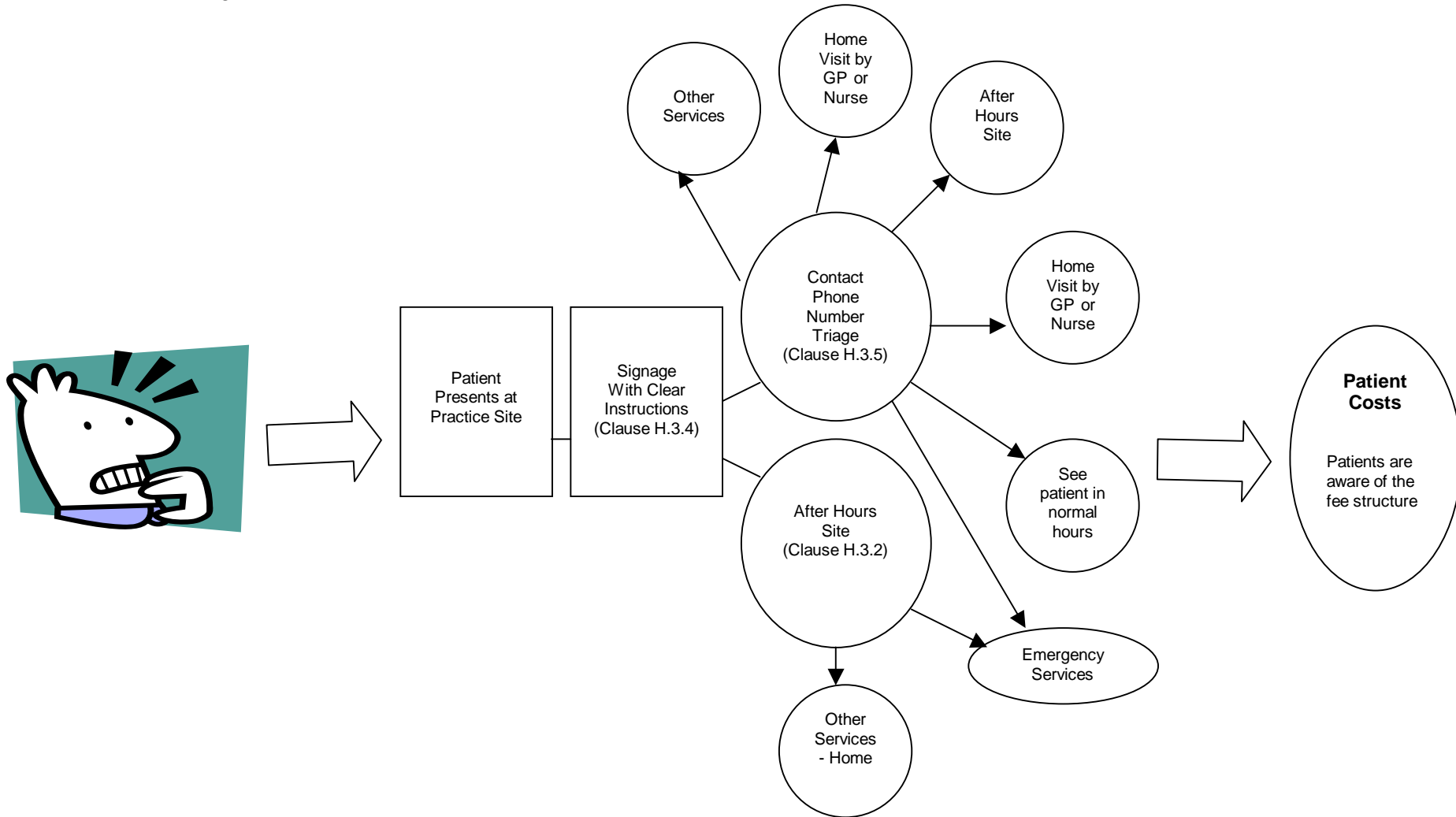
- Normal business hours – are the hours the practice is normally open for business. This may include 'extended hours'. The practice may choose to charge more to patients seen in an extended hours period.

- Evening period and night period are subsets of the after hours period.
- Evening period – is from the time usually shuts until 10pm weekdays, and 8am to 10pm weekends and public holidays.
- Night period – is from 10pm until the time the practice usually opens 7 days a week.

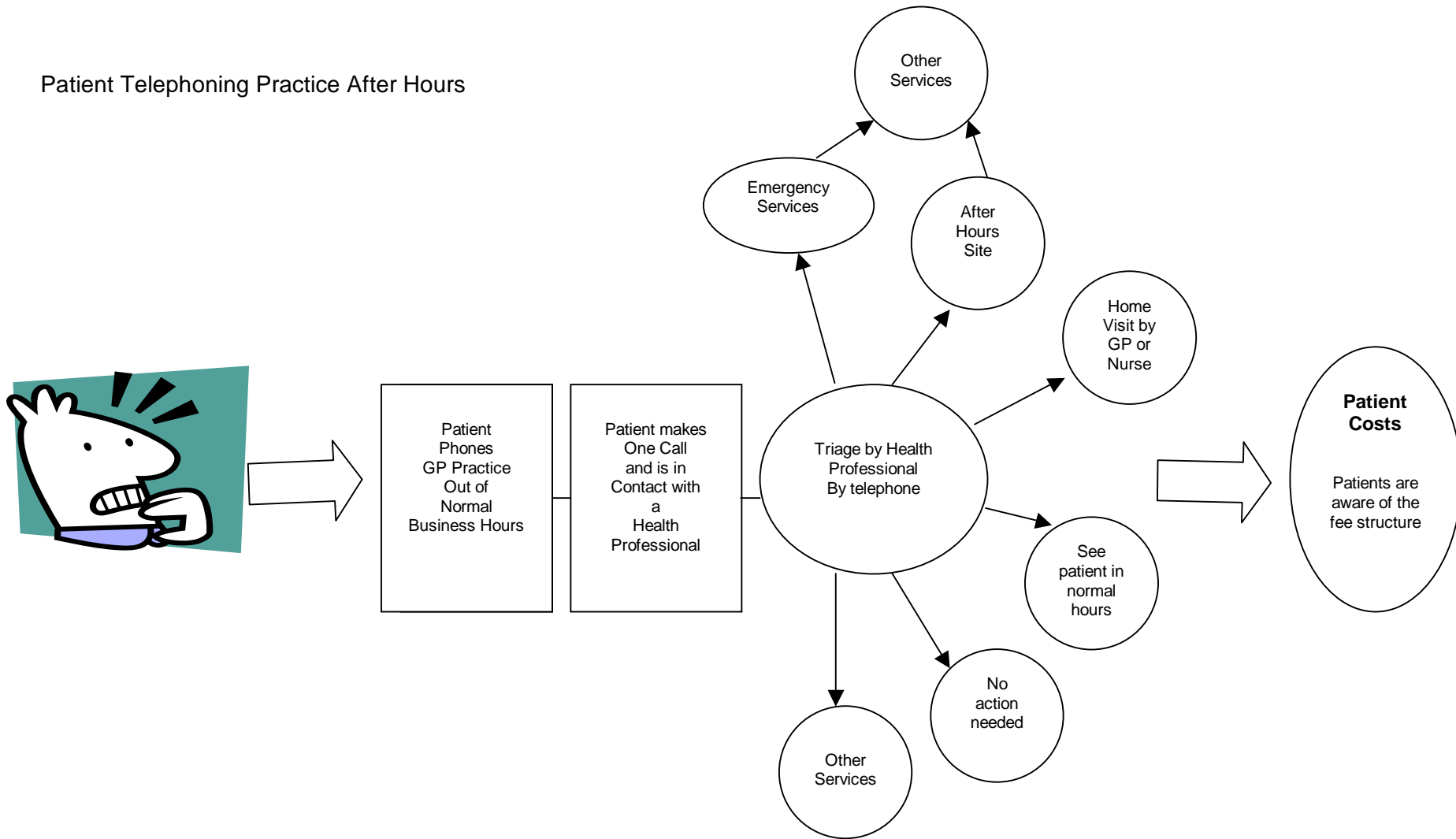
Fee structure may include the following:

- Normal business hours
- Extended hours
- Evening period
- Night period
- Costs for telephone consultation
- Nurse consult
- Home visit by a GP/Nurse
- Any other related charges

Patient Presenting at Practice Site After Hours



Patient Telephoning Practice After Hours



Appendix 2 – PHO current After Hour Arrangements

PHO	Practice Area	Current Provision Description	Additional Comments
Rural Canterbury PHO	Oxford	Mon-Thurs - Single Rural Nurse (lives locally) Carry Practice Mobile. Pts call direct after accessing practice answering message. Dr available for back up remotely via cell. Nurse has access to standing orders to institute certain treatments	Currently running at a loss against current rural funding. Phone triage system would not be helpful as pts already have option of phoning Health Line and are only asked to call Nurse/GP for out of hours care. Phone triage would not really be helpful as patients already have option to access Health Line
		W/Es Fri 5pm -Mon 9am - 3 Specialist Nurses doing a 1:3 rotation. Accom and subsistence paid. Nurses offer specific surgery times to pts who call surgery phone (via answering service. Dr provides back-up remotely via cell.)	
	Methven	Mon- Thurs - Cover provided as follows: 1 Doctor, 2 Nights, 1 doctor, 1 Night, Rakaia, 1 Night	Methven mans the prime pager with during office hours and the on call GP carries it out of hours. Currently there is a risk of the ratio increasing if Rakaia opt out of the current joint after hours provision. Have opted out of Triage service as most calls require doctor input they would prefer the funds for them directed to assist with securing locum cover.
		W/Es Currently a 1:4 roster using the RRF which includes locum, 4 day holiday weekends are covered 1:3 with Rakaia.	
	Rakaia	Mon - Thurs as at Methven	PRIME coverage is paid at very low rate. Rakaia have had discussions with Ashburton regarding joining their on call roster. This may have issues with House Calls.
		W/E - GP's covers one weekend in 4 including Methven area	
		PRIME - cover by Rakaia Medical Centre and after hours, 1:4 with Methven and weekend 1:4 with Nurse	
	Akaroa	Mon-Thurs - the 2 local GP's do a 1:2 roster. Pts are instructed to use practice phone at all times, out of hours if they require a doctor urgently the phone transfers them to Akaroa Hospital, the duty nurse takes the details and passes on to the Duty Doctor. The nurses are not triage trained but will take instructions from the GP if deemed suitable to be managed by the nurse,	To increase weekday coverage to a 1:4 roster would mean employing Locums. Don't believe the triage service would be suitable for their population as they have light on call, the triage service would always come back to them being needed and they know their population better than people in another location.
		W/E's Currently a 1:4 roster involving local GP (2), 2 GP locums or the GP trainee registrar. 7pm Fri - 7pm Sunday (When the Locum covers, one of the local GP's have to cover until 7pm Fri and from 7pm Sun)	
Ashburton	Weeknights - 11 Doctors take part in a roster	The after hours triage service has assisted the after hours provision. Difficulty recruiting new staff particularly younger members who are prepared to partake in after hours cover.	
	W/E 9 doctors participate in a roster. One Doctor will work 5pm Fri-8am Sunday and another will do from 8am Sunday- 8.00am Monday. W/E surgeries run 10.00am-12.00 and 6.00pm-7.00pm. Outside of these hours the patients are seen as the triage services sends them forward.		

	Diamond Harbour	Mon-Weds - GP, Thurs-Fri - Nurse with GP as back-up.	Holidays are problematic, everybody's workload is impacted. Struggle to get locums over public holidays and throughout January. When the GP is on holiday nurses do on call and they find a back-up Doctor, The GP quite often has to still provide back-up when she takes a long w/e. did not join the triage system as this would add another layer of calls.
		W/E - The GP and 3 Nurses take it in turns around the reasonable roster doctors who do at least one weekend a month and poss two. Nurses do 1:5 When the Nurse is on call the GP is back-up. Reasonable Roster Doctors work until Sun eve after which the GP is on call.	
	Waimakariri		
	Kaiapoi	6 GP's share the after hours roster, all outside of Kaiapoi and commute from Christchurch. On call Dr does late night clinic.	One GP works outside of this group, this is divisive. New GP recently recruited and is prepared to do After Hours.
Rangiora	9 FTE work after hours roster, most do late night surgeries and w/e clinics.	Currently well served however not sustainable as half GP's looking to join After Hours. Require further GP but must be prepared to join after hours roster.	

Hurunui Kaikoura PHO		Weeknight - 4 GP's (or Locums) provide cover on a roster system	
	Kaikoura	W/E's - 4 GP's (or Locums) do a 1:4 roster	
	Cheviot	Weeknight - Gp covers own practice (employs locum where need be)	
		W/E's - 4 GP's (or locums) do a 1:4 roster	
	Amberley	Weeknight - 3 GP's do a 1:3 roster	
		W/E's - 4 GP's (or Locums) do a 1:4 roster	
	Waikari	Weeknight - 4 GP's (or Locums) provide cover on a roster system	
		W/E's - 4 GP's (or Locums) do a 1:4 roster	
	Amuri	Mon - Thurs - 3 GP's and 1 Nurse provide cover (1:4)	
		W/E's 3 GP's and 1 nurse work 1:4 roster	
	Hanmer	Mon - Thurs - 3 GP's and 1 Nurse provide cover (1:4)	
		W/E's 3 GP's and 1 nurse work 1:4 roster	

Christchurch PHO	Casebrook Surgery	Weeknights - Answer phone when surgery is closed advising patients to call After Hours Surgery	
		Weekend and public holidays - Answer phone when surgery is closed advising patients to call After Hours Surgery.	
	Moorhouse Medical Centre	Weekdays - Hours 8am-10pm After 10pm After 10pm GP on call via mobile number. After Hours phone number on door. Answer phone indicates after hours mobile number and advises if having chest pains, ring 111.	
		Weekends - Hours 8am -10pm After 10pm GP on call via mobile number. Public Holidays 10am - 6pm After hours GP on call via mobile. After Hours phone number on door. Answer phone indicates after hours mobile number and advises if having chest pains, ring 111.	
	Radius Linwood	Weekdays Open 9 am - 6.30pm. On call phone triaged by nurse to on call doctor (mobile phone) Signage on the door.	
		Weekends - Hours 9am - 1pm, Saturday Only. Closed Sunday and Public Holidays	
	Riccarton Clinic	Weeknight Hours 8am - 10pm Message on answer phone: if urgent call 111; if casual patients ring own doctor; if enrolled patients call the number provided for answer service. Answer service then forwards to "on call" doctor.	
		Weekend Hours 8am - 8pm. Weekends and public Holidays. Message on answer phone: if urgent call 111; if casual patients ring own doctor; if enrolled patients call the number provided for answer service. Answer service then forwards to "on call" doctor.	
		Weeknight Hours 8.30 - 5pm (University Year) Exam Periods 8.30-5.30pm After hours telephone message and door signage to contact Riccarton Clinic (contracted), Health Line or emergency psych services.	
	University of Canterbury Student Health	Weekend Hours Saturday 8.30 - 6pm Exam Period Only. After hours telephone message and door signage to contact Riccarton Clinic (contracted), Health Line or emergency psych services.	
Canterbury Community PHO	All GP's within Canterbury Community PHO are on the After Hours List and provide services to this organisation through the after hours raster system. This system currently works very well.	Currently there is not a formal contractual arrangement between the PHO and the 24 Hr Surgery - this is being addressed. There is also a high cost to the enrolled population for the use of this service.	

Partnership Health PHO	Urban Christchurch	Most practices engage with the 24 Hr Surgery for the provision of After Hours Care 3 Surgeries do not use the 24 Hours surgery - Selwyn Rural Health Practices run their own on call service see below, Te Rawhiti combine their own availability by telephone with directing patients to Moorhouse Medical Centre when open and Lincoln University has an arrangement with the 24 Hr Surgery.	
		A number of practices also run extended hours (drop in clinics evenings sat am's) for their own patient population (ie Barrington, Christchurch South, Papanui, Innes Road). Linwoods also provides this on Sundays as well.	
	Darfield	Darfield have between 1:2 and 1:4 roster cover for after hours	
	Selwyn Rural Health	Selwyn Rural Health Practices run their own on call service, this includes the following practices: Templeton, Lincoln, Leeston, Rolleston. They undertake joint after hours cover greater than 1:4	

Appendix Three - Possible Solutions for After Hours Cover

Service	Urban	Semi Urban	Rural	Comments and further details	Issues
GPs in Cars	✓	✓	x	GPs with a driver could be mobile to enable them to attend call outs across larger geographical areas. This would not be practical in rural areas due to the extremely large geographical area. This could also incorporate the ECP model from the UK which is used to support after hours cover.	<ul style="list-style-type: none"> ▪ To what level would the GP's be equipped? ▪ Limited care can be given from a vehicle with limited equipment. ▪ At night if a patient requires a home visit they normally require admission and therefore transport. ▪ With they have capability of want to transport to other facility. ▪ What would the demand be?
Joint Rosters with Hubs	x	✓	✓	Joint rosters would mean an increase in the roster ratio. There are currently a number of rural areas that have a hub system with the GP on call staying in central location.	<ul style="list-style-type: none"> ▪ This may not work in places where towns are located long distances from other locations. Some GP's may not be keen to travel to another GP's area. ▪ The "hub" would have to be a neutral venue so as to not attract people to certain practices. ▪ Would need an areas full sign up so as to ensure fair rosters.
Telephone Triage	✓	✓	✓	Improving the current services to satisfactorily fulfill the requirements of general practice.	<ul style="list-style-type: none"> ▪ In some areas the call will ultimately always go through to the person on call as they are the only ones providing any sort of after hours cover ie Akaroa ▪ Particularly in rural areas there are patients who want to only have to make one call and like the familiarity

					of getting through to local people.
Support from Urban GP's	N/A	✓	✓	System whereby some of the on call calls (ie after 10pm) could be fielded by 24 Hour surgery	<ul style="list-style-type: none"> ▪ In the more remote areas the GP would still have to be available to attend if a call out was required.
Applying 60 Minute Rule	✓	✓	In some cases	<p>PHO contract states that: First level services must be available to 95% of your enrolled population during: a) the normal business day within 30 minutes travel time; and b) After Hours 60 minutes travel time. If we were to implement this it would mean that a number of practices would be able to link into some of the urban after hours provision and widen the catchments.</p>	<ul style="list-style-type: none"> ▪ This may not be able to be assist in some of the more remote locations who already have patients located at a distance from the practice. ▪ Practices would need to have an agreement with the after hours practices within Christchurch to access this. ▪ This may work well for the Semi Urban areas. ▪ Would this replace current rosters in these areas?
First Line Nursing Services	x	✓	✓	Having nurses as the first point of contact. This would require additional training of nurses to increase the knowledge base around triage and also possibly allow access to a number of standard orders.	<ul style="list-style-type: none"> ▪ Where will the nurses come from, current workforce problems. ▪ Who would fund training? ▪ Wouldn't there still be a need for a GP to be available for call out if required?

Appendix Four – Executive Summary and Recommendations of the “Towards Accessible, Effective and Resilient After Hours Primary Health Care Service

The After Hours Primary Health Care Working Party (the Working Party) has made 15 recommendations aimed at ensuring accessible and effective after hours primary health care services and strengthening their resilience to meet people’s urgent need for care.

The Working Party believes these recommendations, if implemented, will meet the project objectives stated in its Terms of Reference (refer Appendix 1). These are to:

‘develop and recommend a national policy framework as it relates to after hours primary health care that:

- *provides clarity to practitioners, after hours service providers, Primary Health Organisations (PHOs), District Health Boards (DHBs) and the Ministry of Health about their respective responsibilities for the provision of after hours primary health care; and*
- *creates an environment that promotes locally developed solutions to the provision of services, particularly over night’.*

The Working Party considers that DHBs, in collaboration with PHOs and after hours service providers, must take a lead role in the planning of after hours service development for their districts. This will require exploration of different funding approaches to ensure resilience of these services so that their communities can have confidence that after hours primary health care services will be available to them when they need them.

Responsibility for delivering primary health care services that are accessible 24 hours, seven days a week (24/7) should remain with PHOs. PHOs will need to demonstrate to the DHB that they have 24/7 arrangements in place. This can be achieved either by subcontracting with their member practices or by contracting other after hours service providers.

It is important that people appreciate that 24/7 primary health care does not mean 24/7 access to routine non-urgent care. After hours primary health care is designed to meet the needs of patients that cannot be safely deferred until regular general practice services are next available.

As accessible, effective and resilient after hours services have continued to be an issue for primary health care, DHBs, along with their respective PHOs and after hours service providers, are urged to start planning now.

Recommendations to DHBs

1. DHBs, in collaboration with PHOs and after hours service providers (both PHO member practices and, where applicable, Accident and Medical Clinics) and Emergency Departments (EDs):
 - (a) identify current after hours services and current resources (medical and nursing workforce and funding from the full range of funding streams as listed in section 5.1)
 - (b) analyse the service and resource needs, the gap (if any) between these needs and the current services and resources, and any opportunity costs arising

- (c) develop and implement a planning and funding strategy² for after hours primary health care for their district, including rural communities, that enables accessible, effective and resilient after hours primary health care services for all service users within current resources
 - (d) facilitate effective relationships between PHOs and after hours service providers, when requested, as part of the change management process required to achieve sustainable after hours primary health care services.
2. The District After Hours Services Plans should follow as a guide the Principles Based Planning Framework for After Hours Primary Health Care (Appendix 3); and the information on models of after hours primary health care (Appendix 4), and should:
 - (a) support service models that fully utilise the competencies of the primary care team and consider the impact of the Health Practitioners Competence Assurance Act 2003 and the concept of scopes of practice
 - (b) encourage the rationalisation of after hours services in urban areas to provide adequate geographical access, including to services overnight
 - (c) explore co-location models as an option
 - (d) build professional development into service planning, especially where health professionals are expected to take on different roles
 - (e) consider the potential for nurses, including nurse practitioners, to strengthen the workforce capacity for after hours services
 - (f) in relation to the current utilisation of EDs by primary care patients, consider the opportunity costs to DHBs, equity of access issues and the possible impact on health outcomes in terms of unacceptable delays in accessing services
 - (g) ensure that any additional assistance for urban after hours services is equitably matched for after hours services in rural areas too distant to participate in or access the urban-based models
 - (h) collaborate to ensure seamless after hours primary health care across DHB boundaries.
 3. As after hours services are an emergent priority, DHBs are urged to commence their after hours service planning immediately without waiting for the planning requirement to be incorporated into the District Annual Planning (DAP) process for the 2006/07 financial year.
 4. DHBs should ensure that Accident and Medical Clinics that are not open 24/7 have an on call service or formal arrangements in place with other providers to meet their section 88³ obligations.

² A planning and funding strategy is a method to improve the performance of the health system through proactive planning and funding that considers *which* interventions should be funded, *how* they should be funded and from *whom* (referred to as 'strategic purchasing' in the World Health Report 2000, Health Systems: Improving Performance, World Health Organization, 2000).

³ New Zealand Public Health and Disability Act 2000.

Recommendations to PHOs

5. PHOs should work collaboratively with their respective DHB to assist with defining the after hours service needs of their service users and developing a planning and funding strategy that adequately addresses those needs, guided by the Principles Based Planning Framework for After Hours Primary Health Care (Appendix 3).
6. Accountability for 24/7 primary health care service delivery should remain with PHOs. PHOs must demonstrate to the DHB that they have 24/7 arrangements in place for all service users:
 - (a) by establishing sub contractual arrangements with their member practices that make their after hours obligations clear and/or
 - (b) by contracting with another provider to provide after hours services.
7. The PHOs' contracts or subcontracts for after hours service provision should:
 - (a) detail the principle of funding following the patient so that as the increased first contact primary health care strategy funding becomes available, this can be used to improve access to after hours services for their enrolled patients
 - (b) ensure that eligible enrolled people get access to low cost pharmaceuticals.

Recommendations to the Ministry of Health

8. The Ministry of Health should arrange for the preparation of an after hours primary health care planning and funding strategy, as outlined in Recommendations 1 and 2, to be included as a DAP requirement for DHBs.
9. Once adequate utilisation data is available, the Ministry should review the first contact capitation formula in collaboration with key stakeholders.
10. The Ministry should review and clarify the policy regarding the use of Services to Improve Access (SIA) funding to support improved access for high needs populations to after hours primary health care.
11. The Ministry, in collaboration with key stakeholders, should review the existing rural premium funding (workforce retention funding and reasonable roster funding). Consideration should be given to the impact of changes in after hours service delivery and to compensating those rural providers for whom after hours, particularly overnight services, continue to be an onerous responsibility.
12. The Ministry should give priority to the establishment of an expert sector group to develop a face to face sector disposition tool. The sector disposition tool would be designed to assist the after hours health professional determine which service – the primary health care service or the ED – patients should most appropriately attend for treatment. The expert sector group should be drawn from the following organisations: New Zealand Faculty Australasian College for Emergency Medicine (ACEM); College of Emergency Nurses of New Zealand (ENNZ); New Zealand College of Practice Nurses (NZNO); Royal New Zealand College of General Practitioners (RNZCGP); Accident and Medical Practitioners' Association (AMPA); New Zealand Rural General Practice Network (RGPN); telephone health advice service; and the ambulance sector.
13. The Ministry, in collaboration with DHBs, should explore the feasibility of integrating telephone health advice with after hours primary health care services.

Recommendation to the Ministry of Health and Accident Compensation Corporation

14. The Ministry of Health and Accident Compensation Corporation (ACC), in consultation with key stakeholders, should complete the review of Primary Response in Medical Emergencies (PRIME) as a matter of urgency.

Recommendation to Accident Compensation Corporation

15. ACC should investigate options for payment for primary health care services provided in EDs, given the current limitations imposed by the legislation.

Appendix Five - PHO After Hours Fees

Canterbury Community PHO

	8.00 am to 8.00 pm	8.00 pm to 8.00 am
Adult		
Non card holder	\$57.00	\$72.00
Card holder	\$42.00	\$57.00
Youth		
Non card holder	\$30.00	\$45.00
Card holder	\$25.00	\$40.00
Under 6 years	\$10.00	\$15.00
ACC		
Adult	\$30.00	\$30.00
Youth	\$20.00	\$20.00
Under 6 years	\$10.00	\$10.00

Partnership Health PHO

Patient group	After hours fees – 8am – 8pm Christchurch City					
	0-5	6-17	18-24	25-44	45-64	65 plus
Enrolled CSC	\$10.00	\$25.00	\$42.00	\$42.00	\$42.00	\$42.00
Enrolled Non CSC	\$10.00	\$30.00	\$57.00	\$57.00	\$57.00	\$57.00
Casual CSC	\$25.00	\$40.00	\$57.00	\$57.00	\$57.00	\$57.00
Casual Non CSC	\$25.00	\$45.00	\$72.00	\$72.00	\$72.00	\$72.00

Patient group	After hours fees – 8pm – 8am Christchurch City					
	0-5	6-17	18-24	25-44	45-64	65 plus
Enrolled CSC	\$15.00	\$40.00	\$57.00	\$57.00	\$57.00	\$57.00
Enrolled Non CSC	\$15.00	\$45.00	\$72.00	\$72.00	\$72.00	\$72.00
Casual CSC	\$30.00	\$55.00	\$72.00	\$72.00	\$72.00	\$72.00
Casual Non CSC	\$30.00	\$60.00	\$87.00	\$87.00	\$87.00	\$87.00

Hurunui Kaikoura PHO, March '07

After hours fees Hurunui Health Centre

Patient group	0-5	6-17	18-24	25-44	45-64	65 plus
Enrolled CSC	10	25	30	55	30	30
Enrolled Non CSC	10	25	30	40	30	30
Casual CSC	20	35	45	45	45	45
Casual Non CSC	25	40	60	60	60	60

Cheviot Medical Centre

Patient group	0-5	6-17	18-24	25-44	45-64	65 plus
Enrolled CSC	60	78	81	88	81	81
Enrolled Non CSC	60	78	81	103	81	81
Casual CSC	60	88	93	93	93	93
Casual Non CSC	60	93	108	108	108	108

Amuri and Hanmer Springs Health Centres

Patient group	0-5	6-17	18-24	25-44	45-64	65 plus
Enrolled CSC	\$20	\$35	\$37	\$45	\$35	\$35
Enrolled Non CSC	\$20	\$35	\$37	\$62	\$35	\$35
Casual CSC	\$25	\$45	\$60	\$60	\$60	\$60
Casual Non CSC	\$25	\$45	\$75	\$75	\$75	\$75

Kaikoura Medical Centre

Patient group	0-5	6-17	18-24	25-44	45-64	65 plus
Enrolled CSC	Free	Across all age groups + with or without community services card: - plus \$5 during weekend & public holiday clinics - plus \$10 between 8am -6pm (excl clinics) - plus \$15 after 6pm + before 9am -				
Enrolled Non CSC	Free					
Casual CSC	Free					
Casual Non CSC	Free					
Note: Looked at the + \$15 charges only and only 50% of enrolled patients were charged this after hours fee. 59% of casual patients were charged. (Data taken from 1 Mar 06 to 28 Feb 07)						

Amberley Medical Centre

Patient group	0-5	6-17	18-24	25-44	45-64	65 plus
Enrolled CSC	0	33	35	45	33	36
Enrolled Non CSC	0	33	35	60	33	36
Casual CSC	0	38	40	50	38	41
Casual Non CSC	0	33	35	65	38	41

Appendix Six – Membership of the After Hours Working Party

After Hours Working Group

Name	Representing
Bridget Lester	Canterbury DHB
Emma Andrews	Canterbury DHB
Andy Lea	Chair, Canterbury Community PHO
Anthony Hawes	Board Member, Christchurch PHO
Paul McCormack	Board Member, Partnership Health
Tracey Reason	General Manager, Hurunui Kaikoura PHO
Bernard Fanning	GP Rep, Canterbury Community PHO
Phil Schroeder	Board Member, Partnership Health PHO
Howard Wilson	Board Member, Rural Canterbury PHO
Gavin Marshall	Board Member, Rural Canterbury PHO