

# Afterhours services in rural and remote Australia: facing an uncertain future

*RDAA strongly opposes the removal of the afterhours incentives paid under the Practice Incentive Program (PIP) and the handing over of responsibility for providing financial support for afterhours services to Medicare Locals, as it may impact on the ability of small rural communities to access afterhours services.*

**A network of Medicare Locals is being established across Australia to coordinate primary health care delivery and tackle local health care needs and service gaps.**

**It is still unclear how these Medicare Locals will operate on the ground and how the work of Medicare Locals will impact on existing primary health care services, particularly afterhours services that are delivered by GPs.**

**From 1 July 2013, the Federal Government's afterhours incentive payment for general practice will cease and responsibility for providing financial support for afterhours services will be handed over to Medicare Locals.**

**There are no guarantees under these new arrangements that Medicare Locals will continue to provide financial support to afterhours care arrangements that are currently working well and have stood the test of time in rural communities.**

**RDAA believes there is a real danger that the new arrangements may undermine the financial viability of rural practices and lead to significant conflicts of interest.**

## The fragility of rural afterhours GP services

There are many challenges associated with providing afterhours services in rural and remote areas. These include a lack of a critical mass of GPs to share the burden of out-of-hours work, inadequate financial supports and incentives, and the closure of procedural-based services across many rural hospitals.

Indeed, many hospitals are unable to provide after hours and emergency medicine services on a full time basis.

Rural afterhours services rest on fragile foundations. Any changes to arrangements that do not guarantee ongoing funding will send a signal to these already fragile services that their viability is at risk, and that these services are not valued.

This may be the catalyst for these doctors/practices to withdraw from afterhours services, causing significant hardship to affected communities and placing increased pressure on doctors in the same/nearby areas who are providing those services.

## Certainty is required

RDAA calls on the Australia Government to reinstate the PIP afterhours incentive payment.

This PIP is a transparent, independent, national process for providing support to all eligible general practices that provide afterhours services. In contrast, it is being replaced by locally-based funding arrangements that will be determined by the Boards of Medicare Locals, many of whom will comprise members who may have a vested interest in how such funds are allocated.

There is a real danger that the new arrangements will create an environment that allows cost-shifting from State Governments to the Federal Government. This may encourage State Health Departments to step away from such agreements. If this occurs, hospital facilities may be down-graded and after hours services in some rural and remote communities may collapse.

Rural doctors are also concerned that Medicare Locals will focus on supporting the delivery of afterhours care in larger, regional centres where it is relatively easier to attract and retain rural health workers and where better economies of scale can be achieved at the expense of small communities where workforce problems are more difficult to solve.

# Key principles for the future of afterhours services

## Funding and service arrangements

RDAA considers that any new after hours funding and service arrangements must:

1. Guarantee that all the funds allocated for afterhours services under the PIP arrangements will be returned to practices that are directly providing this care for as long as afterhours services are provided.
2. Provide all GPs with the appropriate skills, qualifications and experience with the opportunity to provide afterhours services.
3. Maintain existing activity and service delivery at rural hospitals, so as not to negatively impact on the ongoing sustainability of these facilities in terms of funding, facilities, and staff skill sets
4. Retain existing State industrial arrangements with respect to the provision of afterhours services from public hospitals.
5. Eliminate any potential for cost shifting from State Governments to the Federal Government.
6. Give priority support to practices and communities where after-hours services are most fragile.
7. Provide all doctors and practices in the community with the opportunity to provide input into planning and consultation processes, and ensure that they are made aware of any new arrangements with respect to the funding and management of after-hours services.
8. Require Medicare Locals to consult widely within their boundaries when planning for regional afterhours services and to publicly release a draft plan for a regional approach to the provision of after hours primary care for comment.
9. Include a transparent and robust evaluation framework to ensure that Medicare Locals are accountable both to the local community and to the Commonwealth, for the planning and funding decisions they make.
10. Provide for the establishment of an independent body to review funding decisions made by Medicare Locals in relation to afterhours services, and allow stakeholders affected by any funding decisions to have standing to make submissions to the review process.

## Industrial arrangements

RDAA also considers that industrial arrangements under any new afterhours services must:

1. Guarantee a minimum number of hours for which hourly rates are paid.
2. Guarantee hourly pay rates that reflect current industrial arrangements with the States.
3. Not restrict any after hours arrangements outside hospital Emergency Departments to bulk billing.