



GPDV Guidelines for the provision of After Hours Primary Medical Care

October 2002

After hours service delivery is the responsibility of all stakeholders; i.e. they are what the system must provide and responsibility should lie with service bodies not with individual GPs or practices. In many cases their implementation will require specific funding or resources from government.

Funding of training and CME is essential if there are to be criteria for working in after-hours, especially since there is reluctance by many GPs to supply after-hours services. GPs who provide their own after hours service because there is no other available, ie. in the country, cannot meet some of these requirements and need special consideration.

1. Services should be available locally.

- Face to face services should be available locally but initial contact may be centralised.
- Where services are not face to face links to local services and systems to ensure the currency of data is essential, as is training in telephone communication.
- Flexibility of boundaries and knowledge of services outside the specific areas is necessary, particularly if the service provided is regional.

2. Service should be accessible to Non-English speaking people and those with special communication needs.

- Services (and the providers of the service) should actively inform themselves of the availability of support services eg Telephone Interpreter Services.
- Services should have links with social services providing to marginalised groups and work with them to maximise accessibility and information transfer. This aspect of an after-hours service requires sufficient attention and funding.

3. The services should support facilitation to an appropriate alternative services eg ED or mental health service when necessary and available.

- Person at initial contact should have the ability to rapidly identify individuals who need immediate ambulance or hospital attendance.
- Policy on and capability for immediate facilitation of ambulance services if required.
- Service should have links and where possible service agreements with psychiatric services and police.
- Mechanisms of acquisition and distribution of information about supportive services eg, ECAT psychiatric telephone triage at Royal Melbourne Hospital and TIS should be incorporated into ongoing service management

4. Home visiting should be available.

- Home visiting should be supported where better health outcome would be achieved and where a reasonable outcome is not available thorough alternate services

5. The service should be affordable to both individuals and government. Equally Providers should be appropriately remunerated.

- The emphasis should be on the support of access to the 'most appropriate' service. Funding should support flexibility in the mode of service delivery, ensuring efficiency and effectiveness of locally appropriate service.
- Services should not rely on the "goodwill" of providers.

6. Appropriately trained staff should provide services at each level.

- Training and accreditation are essential components of an after-hours program.
- Doctors providing after hours service should have appropriate general practice and emergency training.
- Supervision should be available and supported for doctors in training providing after hours services.
- Nurses involved with after hours services including nurse triage/assessment should have prior emergency training, specialty training appropriate to the service they are employed in and access to medical advice at all times.

7. Services should be provided without discrimination.

- Service delivery style should support equal access by and quality to all groups within the community.

8. Services should be provided in an environment which supports best medical practice.

- Appropriate support staff and equipment provision should be integral to the service

9. The environment in which after hours primary medical care is provided should be safe for both the service recipient and provider.

- Safety protocols, appropriate to the service and its environment, are essential. These should be detailed in operating manuals and staff should be educated in the use of these.
- Doctors, nurses or other health care providers should not be expected to attend alone to unfamiliar patients or environments.
- Doctors attending in homes should be trained in identifying and managing potentially dangerous situations and managing threatening and inappropriate behaviours

10. Services should provide quality outcomes for both providers and recipients.

- Quality assurance and service evaluation are essential components of an after-hours program.
- There should be recognition of and support for the special needs of rural and remote GPs, which may include infrastructure, access to specialist advice and locum support, as well as more localised needs.

11. Access should be simple and timely

- The point of first contact should be well known to all sections of the community including GPs.
- The wait for provision of service should be such that it does not put the individual at significant risk of poor outcome or long term sequelae.

12. Services should be well integrated and have well defined secure methods of communication with all relevant service providers.

- Strong links with in hours service providers are essential.
- Permission to forward reports to the service recipient's usual health care provider should be sought on all occasions and forwarded when permission is given.
- Providers of after hours primary medical care should have links and access where required to similar providers, pharmacy, community and allied health services.

13. Confidentiality and privacy should be respected through service protocols and culture.

- Privacy policy must comply with both State and Commonwealth legislation which includes staff being aware of both National Privacy Principles and (Victorian) State Health Privacy Principles.
- Privacy policy should comply with The RACGP Code of Practice for the Management of Health Information in General Practice, 2002