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Practice Incentives Program: after hours payments

Divisions should have received via email from John Aloizos and Brian Richards the ADGP's discussion paper on the implementation of payments for after hours care through the Practice Incentives Program (copy attached). ADGP has asked for feedback from divisions.

The purpose of this paper is to draw divisions' attention to the ADGP's position on payments to practices for after hours care arrangements, to raise a number of issues which divisions may wish to take into account when considering the ADGP position and to facilitate feedback to ADGP on its paper. Divisions are invited to provide comments to GPD-V, which will convey feedback to ADGP. As ADGP has a representative on the GP Financing Group responsible for making recommendations on the Practice Incentives Program, this is an opportunity for GPs to have input, through divisions, into the policies and implementation of an aspect of the PIP.

John Aloizos and Brian Richards' paper of 4 October 1998

The paper collates a number of comments on after hours services and GP remuneration and draws several conclusions, including:

- doctors who have no choice but to do their own after hours care believe they should be compensated through the PIP, not only through the fee-for-service
- compensation for GPs' doing their own after hours care should not create a disincentive to establish co-operative arrangements, which address the problem of doctor fatigue.

On Saturday 2 October ADGP Board decided it favoured:

A. two tiers of PIP payments for after hours;

1. the first tier should be paid to all practices which satisfy accreditation requirements developed by the profession which identify quality practice (focussing on availability of appropriate primary care services after hours, and the continuity of clinical information)

2. the second tier (up to an additional 25% loading) should be paid to practices on a pro rata basis in respect of the amount of time each FTE GP personally participates in providing after hours care for their own patients.

B. That the second tier applies to practices where GPs participate in providing after hours care themselves up to 8 pm, 7 days a week (thereafter, after hours care could be shared with a co-operative or an accredited deputising service up to 8 am)

To be clarified:

- ❖ Does recommendation A 2. refer to a GP's own personal patients, or those of a practice where s/he works?

Issues to be considered

- Definition of after hours.

  A clearer definition of after hours may be necessary, even if there are different shifts of after hours, with different values/remuneration.

  The paper implicitly recognises "up to 8 pm, 7 days a week" as after hours (by suggesting that GPs should receive the second tier payments if they personally provide after hours care to this time, then use a deputising service or participate in a co-operative after 8 pm). What is the starting time for after hours from Monday to Friday? Is 7.30 pm on a Monday really equivalent to 7.30 pm on a Saturday or Sunday?

- Recommendation B means that there is no recompense for practices whose GPs participate in providing after hours care through a co-operative, over and above those who engage the services of a deputising service. **i.e.** ***should there be a distinction in the PIP between deputising services and GP co-operatives?***

- Using a deputising service is not an option for all practices, since it is completely dependent on location. This is particularly relevant to rural GPs, who are obliged to provide after hours care themselves well after 8 pm and often all night because there is no other available service.

- Does a practice's provision of after hours care necessarily lead to better care, given that:

  - this may lead to GPs working too many hours to do the best possible job, and
  - GPs will not necessarily be familiar enough with even their own patient's situation unless they have access to the patient records at the time of providing the care.

Discussion

Given that DH&FS has not provided clear direction on the specific outcomes it desires in this area, it is difficult to decide which aspects of after hours care to aim to improve, through the PIP. Divisions may wish to have input into which elements of after hours service provision the PIP payments should address.

Rather than asking the question of how the payments should be made to practices for after hours care, a more useful starting point may be to resolve the question of what aspect(s) of after hours care the PIP is trying to address.

This aspect could be any one of the following (which is not intended to be an exhaustive list):

- rewarding GPs who provide their own after hours care to patients

- providing information on what after hours services are available (necessary in any case to satisfy accreditation requirements)

- improving the quality of after hours care for patients (how this could be achieved would then need to be defined)

- providing incentives to GPs to participate in after hours care provision
    - through co-operatives
    - through other avenues

- providing incentives to GPs **not** to work excessive hours, in addressing the problem of doctor fatigue, and therefore ultimately to improve patient care

While it may be possible to address more than one of the above aspects, it is not possible to address all of them and a different solution may be required for each. Some of them (e.g. the last two) are directly contradictory.

Please provide any comments to GPD-V for feedback to ADGP, via e-mail to l.willis@gpdv.com.au*, or fax on (03) 9348 1375.*