Position Statement
July 2002

GP Clinics and Hospital Emergency Departments

Background

In April 2002, GPDV released *Policy Issues Paper no. 16, GP clinics and Hospital Emergency Departments*. The paper discussed the Victorian Department of Human Services' Hospital Admissions Risk Program (HARP), and responded to some of the issues raised in DHS' background paper.

The DHS paper listed broad categories of initiatives to promote greater integration of general practice and hospital services including: working partnerships between GPs and hospitals; managing transitions of care; shifting care; and broad prevention of acute care. To date, GPDV has concentrated on the first and second of these areas, developing working partnerships and managing transitions of care. GPDV has facilitated GP-hospital collaboration through:

- Covening forums such as the Integration Forum, the Effective Collaboration Workshop, and division workshops to share good practice.
- the establishment of the statewide GP contact database for hospitals to use in the transmission of information about admission, discharge and ED presentations (in April 2002, 55 hospitals had signed agreements to use the GP Registry)
- negotiating with DHS to promote divisions' identified minimum requirements for the transfer of patient information as part of its Effective Discharge Strategy.
- negotiating for Commonwealth and State funding for four demonstration projects to increase hospitals' use of the enhanced primary care (EPC) MBS discharge planning items. These projects are now operational.
- Undertaking the work for the GP Hospital Interface Working Party to provide future guidance on means to strengthen the interface.

GPDV's Policy Issues Paper concluded with a draft position, and Victorian divisions of general practice were invited to comment on this, or other more general GP/hospital coordination issues. (The paper can be downloaded at www.gpdv.com.au/policy)

Following feedback, the GPDV board endorsed the following position in July 2002.

- Through the HARP strategy, the collaboration of general practice and hospitals to improve health outcomes while better managing demands on public hospitals could usefully focus on a range of strategies outlined in the HARP background paper, excluding the establishment of in-hours GP clinics in or beside emergency departments.

- GPDV's reservations about the effectiveness of such clinics relate to:

  - The likelihood that clinics would reinforce a consumer view that hospital is the most appropriate place to seek all medical care. If this occurs, it may ultimately increase hospital demand, contrary to the objectives of DHS' HARP strategy.

- Continuity of care may be compromised. Existence of co-located clinics may increase the likelihood that some patients will not have a regular GP. This would also be a barrier to implementation of the current Commonwealth strategies to implement population health approaches through general practice, though the Enhanced Primary Care (EPC) strategy and the Chronic Disease Management (CDM) initiatives, which require GPs to focus systematically on their own practice populations as a way of reaching the vast majority of the Australian population.
- The GP workforce shortage which is a potential barrier to establishing such clinics, or indeed, in some areas, a barrier to doing so even after hours. This is a particular issue in the western suburbs of Melbourne, where there is a shortage of GPs. The resultant workload compounded by a rapidly increasing population in some areas means there is little likelihood that many GPs will make themselves available to work additional hours at the end of a day to provide a service wherever it may be located.

- After-hours primary care services and in-hours primary care services operate in different contexts for both consumers and doctors and should not be treated as though they require identical solutions. The availability of services to choose from and of doctors to staff them varies greatly, depending on the time of day, along with consumers' perceptions of the urgency of their needs. Different solutions may be required and after-hours GP clinics in hospitals may be desirable, depending on the local circumstances.

- Policy makers need to distinguish between the employment of individual GPs among the staff of emergency departments and the establishment of separate GP clinics in or adjacent to emergency departments, which are two different strategies.

- Identifying those patients who present to emergency departments but may be more appropriately managed in a primary care setting is complex. The research supports this position and there are suggestions that more work needs to be done to better identify these patients. It is important that policy-makers recognise that the solution is far more complex than simply diverting triage category 4&5 patients.

- Any investigation of options for service delivery should look at the current usage and reason for usage of services.

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