

District health boards: Availability and accessibility of after-hours services

Progress in responding to the Auditor-General's recommendations

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Summary

- 1.1 In 2010, we published a report¹ about a performance audit looking at whether district health boards (DHBs) were effectively meeting government expectations about the availability and accessibility of after-hours² services.
- 1.2 The *2010/11 Service Coverage Schedule* requires DHBs to ensure that after-hours services are available within 60 minutes' travel time for 95% of the population they service.
- 1.3 In 2010, we found that after-hours services were available within 60 minutes' drive for 99.7% of people. In general, people living in remote rural areas did not have these services available within 60 minutes' drive. Although DHBs had good service coverage, most had not clearly identified or addressed transport and affordability barriers to accessing after-hours services.
- 1.4 In 2013, we wrote to the Ministry of Health (the Ministry) and DHBs to find out how they had responded to our 2010 recommendations.
- 1.5 After-hours services remain available within 60 minutes' travel time for at least 95% of the population.
- 1.6 Our follow-up review showed that many DHBs have identified and/or addressed barriers and improved access. The introduction of free after-hours services nationally for children under six has also helped to improve access for these children. However, access problems (such as cost) remain for Māori, Pasifika, rural communities, and people living in the most deprived areas. There is still after-hours pressure on hospital emergency departments.
- 1.7 We encourage DHBs to continue to look for ways to make access to after-hours services easier and to improve the sustainability of those services. We recognise that DHBs need to work with primary health organisations and other after-hours service providers. There are some successful collaborations. We encourage DHBs and primary health organisations to consider these and other approaches that work well.

1 *District Health Boards: Availability and accessibility of after-hours services.*

2 In our 2010 report, we defined after-hours services as being:

- services for urgent or acute needs, and services that one might expect to receive from a general practitioner (or from a nurse who has appropriate medical back-up available);
- services available at times when a patient might expect reduced access to their general practitioner, such as when local businesses are closed; and
- those services contained in DHBs' after-hours plans.

Scope and recommendations of our 2010 audit

- 1.8 Our 2010 performance audit looked at how DHBs planned after-hours services. We looked at whether DHBs had planned to ensure that an after-hours service was available within 60 minutes' drive of at least 95% of their district's population during a typical week. We also looked at the extent to which DHBs had identified any potential barriers, such as transport and affordability of after-hours services.
- 1.9 We recommended that DHBs:
- better identify, consider, and respond to affordability barriers when planning, funding, and providing after-hours services;
 - where it is within their influence, better identify, consider, and respond to access barriers other than affordability – such as transport barriers; and
 - comprehensively review and, where necessary, redesign their after-hours service networks to ensure that those networks will be more sustainable in the future (for those DHBs not already doing so).

Improvements since 2010

- 1.10 The Ministry and all the DHBs responded to our 2013 request for information about the progress they had made. Figure 1 summarises new initiatives and progress that the DHBs reported to us.

Figure 1
 District health boards' new initiatives and progress since 2010

District health boards	Affordability		Access			Sustainability Reviewed (or reviewing) and/or redesigned (or redesigning) after-hours network
	Implemented free after-hours services for children under 6	Identified, considered, and/or responded to other affordability barriers	Identified and addressed transport barriers	Identified and/or addressed other access barriers	New practices using nurse-led telephone advice	
Bay of Plenty	✓	✓	✓			✓
Canterbury	✓		✓		✓	✓
Auckland metro (Counties Manukau, Waitemata, and Auckland)	✓	✓			✓	✓
MidCentral	✓	✓	✓		✓	✓
Nelson-Marlborough	✓				✓	✓
Northland	✓			✓	✓	✓
Southern	✓	✓	✓	✓	✓	✓
South Canterbury	✓	✓	✓			✓
Tairāwhiti	✓					✓
Waikato	✓	✓		✓	✓	✓
West Coast	✓				✓	✓
Whanganui	✓		✓	✓		✓
Capital and Coast	✓	✓	✓			
Wairarapa	✓	✓				
Hutt Valley	✓	✓				
Hawke's Bay	✓	✓				✓
Lakes	✓				✓	
Taranaki	✓					

Addressing affordability barriers

- 1.11 In 2012, free after-hours services for children under six were introduced nationally. Thirteen DHBs have also eliminated consultation fees for children under six during regular hours.³ Canterbury DHB and the Auckland Regional After-Hours Network told us that they plan to do the same. More than 95% of children under six now have access to free after-hours services. There are indications that the services are being used more.
- 1.12 However, apart from this initiative, progress with identifying and addressing barriers to access after-hours services has been limited.
- 1.13 The *New Zealand Health Survey Annual Update of Key Findings 2012/13* reported that 7% of adults did not visit an after-hours medical centre because of cost.⁴ The cost barrier particularly affects people in rural and deprived areas. However, only three DHBs reported collecting information to help identify affordability barriers. This matters because people who delay getting treatment are more likely to have poorer health outcomes. If complications arise because of delayed treatment, the costs are likely to be higher. Other economic effects include loss of earnings and payment of health-related social benefits.

Addressing other access barriers

- 1.14 Hospital emergency departments continue to bear some burden from after-hours services. In 2011, a survey of 11 countries found that 40% of “sicker” New Zealand adults reported finding it difficult to get after-hours care without going to an emergency department.⁵ This is a smaller proportion than in Australia or Canada. However, in the United Kingdom, 21% of respondents reported similar difficulties. This suggests that DHBs can improve access to after-hours care.
- 1.15 Our survey of DHBs shows that they have focused largely on diverting people from inappropriately accessing emergency services.
- 1.16 The Primary Response in Medical Emergencies (PRIME) service provides a quick response to people who are seriously ill or injured in rural areas. The PRIME service uses specifically trained rural general practitioners and/or rural nurses to support the ambulance service.
- 1.17 Since 2010, DHBs have been using nurse-led telephone advice more. All DHBs that responded to our request for information use telephone advice as part of their

3 Regular hours are defined as between 8am and 5.30pm.

4 This is for the period from 1 July 2011 to 30 June 2012.

5 The Commonwealth Fund (2011), *2011 Commonwealth Fund International Health Policy Survey*, available at www.commonwealthfund.org. Sicker adults are those aged 18 and older who rated their health as fair or poor; who reported receiving medical care for serious chronic illness, injury, or disability in the past year; or who had had surgery or had been hospitalised in the past two years.

after-hours service. From April to June 2013, 65.3% of calls to Healthline were outside regular hours. Private telephone advice services are also being used more.

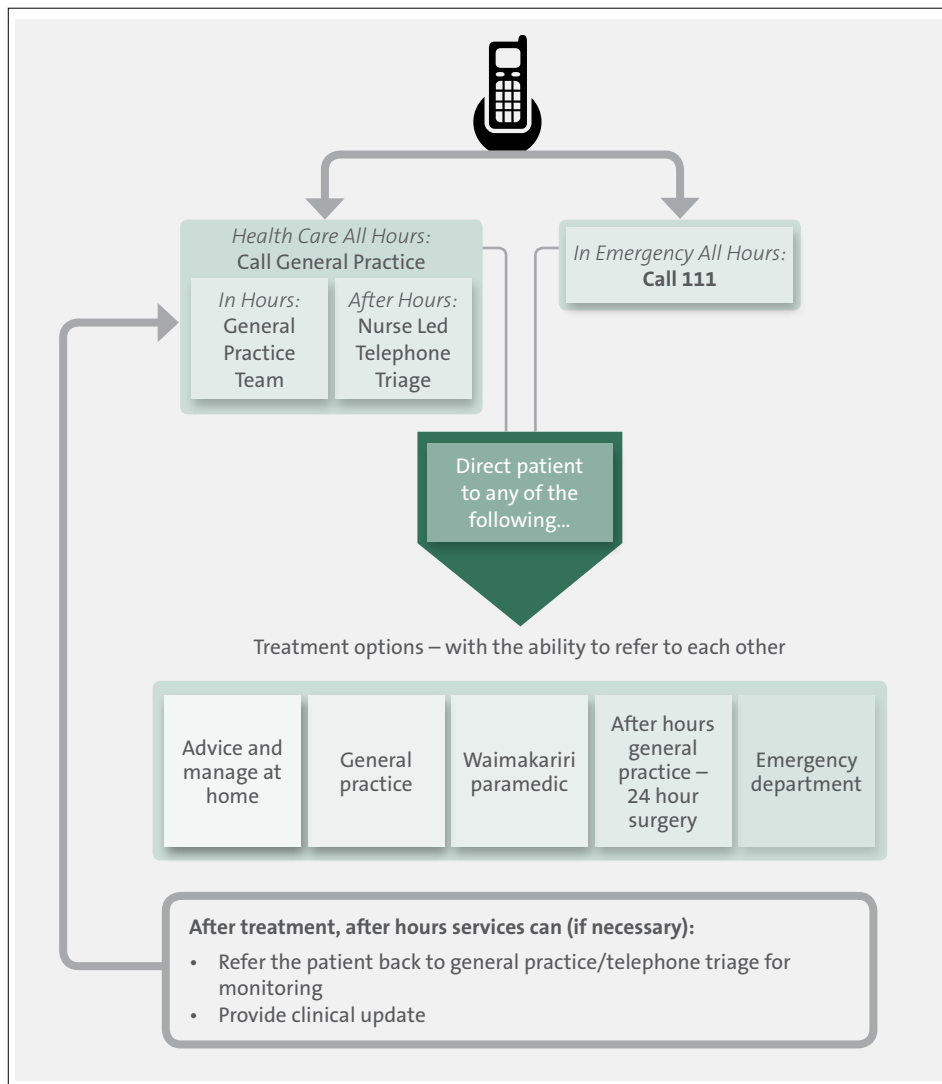
- 1.18 The Ministry is developing a national “telehealth” service. Streamlining the approach to telehealth would mean that advice could be provided more consistently and reduce confusion about which number to call. Telephone advice can reduce the number of face-to-face consultations when it is safe to do so, easing after-hours workloads. However, it is not suitable for patients who need to see a general practitioner or a nurse.
- 1.19 Seven DHBs have proposed or taken other steps to address transport problems. These steps include home visits, redirecting patients to accident and medical centres or primary care providers, and extended health shuttle services. Whanganui DHB told us that its patients can use after-hours services in MidCentral DHB (Palmerston North) if the services are closer to them.
- 1.20 Our original audit highlighted the need for DHBs to consider the availability of pharmacy services during after-hours periods. In their responses to our follow-up, only two DHBs identified, or said they have plans to address, barriers to access after-hours pharmacy services. Although our audit did not cover the availability of diagnostic services, two DHBs are working to improve access to after-hours diagnostic services.

Improving the sustainability of after-hours services

- 1.21 Since 2010, several after-hours initiatives have begun to improve the sustainability of after-hours services through the use of networks. In 2011, the Auckland metro DHBs⁶ set up the Auckland Regional After-Hours Network. This is a network of DHBs, primary health organisations, and accident and medical clinics that aims to address the need for co-ordinated after-hours care in Auckland.
- 1.22 The Southern After-Hours Initiative is a collaboration between Southern Primary Health Organisation, Southern DHB, and general practices. Midlands Health Network's Patient Access Centre triages patients over the phone by taking calls diverted from general practitioners in parts of Waikato.
- 1.23 In Waimakariri, after-hours services were reconfigured to provide an integrated response. The response includes extended general practice hours, nurse-led telephone triage, the hospital's emergency department, the local paramedic service, the St John Ambulance Service, taxis, and a 24-hour surgery (see Figure 2).

6 The Auckland metro DHBs are Auckland DHB, Waitemata DHB, and Counties Manukau DHB.

Figure 2
 The integrated after-hours health services available to people in Waimakariri District



Source: Canterbury District Health Board

- 1.24 Some DHBs plan to address the sustainability of after-hours services – for example, by integrating family health centres or reviewing workforce problems. The After Hours Primary Health Care Working Party identified staff availability as one of the biggest problems affecting the sustainability of an after-hours service.
- 1.25 Increasingly, after-hours services are being consolidated. Various arrangements have emerged, from co-locating with hospital emergency departments to merging

several after-hours providers. These arrangements allow resources to be shared between primary and secondary care, and between after-hours service providers. Consolidating after-hours services can help reduce the workloads for staff on call for extended periods. This is particularly true in rural areas.

- 1.26 DHBs continue to share roster arrangements. For example, in Nelson, a network of practices share rosters to provide after-hours services from a dedicated facility. However, some general practitioners work alone. Relying on a single general practitioner to provide after-hours services is risky and unsustainable in the long term.
- 1.27 We saw limited progress in addressing challenges to workforce and financial sustainability. DHBs are still working to identify better after-hours workforce models. After-hours fees are inconsistent, and there can be a perverse incentive to go to the emergency department of a hospital because it is free.