Adelaide After Hours Needs Assessment 2023 Final report

Adelaide Primary Health Network
April 2024

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Background

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Adelaide Primary Health Network (Adelaide PHN) engaged Larter Consulting to conduct an in depth and comprehensive needs assessment. This is in response to:

- changes in the service landscape, state funded services, private services in recent years with the pandemic resulting in changes in both provider and community preferences.
- the need to further build on the broader PHN Needs Assessment work.
- the Australian Government's 2023–24 budget announcement that $77.9 million has been committed to extend the national After Hours Program delivered through PHNs.

Adelaide PHN has conducted needs assessments for After Hours since 2015. It is expected that this 2024 After Hours Needs Assessment will build on and add value through stakeholder engagement, planning, and prioritisation of both needs and pragmatic options for action.

Project aim

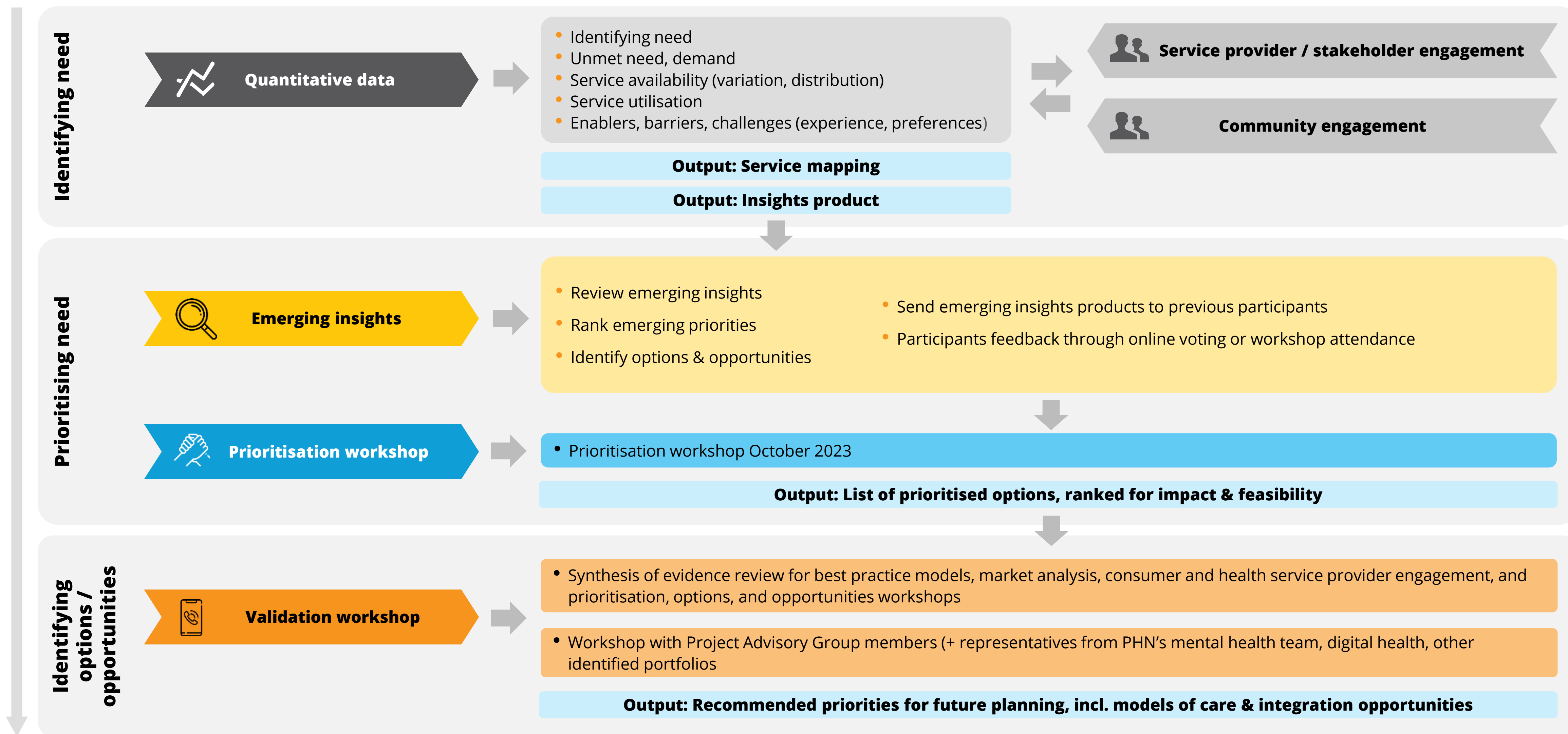
The project provides Adelaide PHN with an increased understanding of current access, and gaps and barriers to primary health services after-hours, to inform future commissioning. It recommends solutions, including design of access models to address needs or gaps identified.

The needs assessment focuses on priority populations including culturally and linguistically diverse peoples, Aboriginal and Torres Strait Islander peoples, and people experiencing homelessness.

Project deliverables

1. Project and communication plan
2. After hours priority population snapshots
3. Insight products – presenting the findings of the desktop review of data, as well as service provider and community conversations to identify hotspots of unmet need
4. Prioritisation workshop
5. Final report.

After Hours Needs Assessment Method



Two-page review of after-hours PHC access literature

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Adelaide PHN needs assessment:

Healthdirect after-hours helpline (nurse triage + GP)

- In Adelaide, there was a 25% increase in calls to the helpline from 2020 to 2021 to 81,000, likely due to COVID-19.
- In 2021, 29% of calls were for children aged 0 to 4 years. 4–5% of calls were triaged to the After Hours GP Helpline.

GP services (MBS data)

- In 2021–22, 18% of residents received a GP billed service, consistent with the national average 17%.
- Rates of GP activity decreased 36% from 2019–20 to 2021–22.
- 29% of 80+ year olds received a GP service, compared to 19% of 0–14 year olds. This includes aged care residents.

Acute service use – after-hours

- Young people (0–24 years) have the highest rates of low-urgency ED presentations after-hours.
- People living in lower socioeconomic status areas are 2.6 times more likely to present for a low urgency ED service, after hours.
- Playford, Salisbury, Onkaparinga, Port Adelaide and Charles Sturt had the highest rates of low urgency presentations.

Evaluation of the PHN AH Program (2021), Health Policy Analysis

PHNs should target specific, unique needs of local areas. Collaborative partnerships are needed to maximise benefits e.g.:

1. Support services where there are limited or no after hours services
2. Sustainable solutions in residential aged care
3. Services for vulnerable groups where it is demonstrated that there are physical, geographic or other barriers
4. Promoting coordination between services at a local level.

Two-page review of after-hours PHC access literature

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Availability of general practice and dental services

- Community access to GP care is most affected by GP workforce availability, and GP clinic reach.
- 20% of people feel they wait an unacceptable amount of time to see a GP (both in and out of hours).
- Cost is an issue for dental services, but not a major issue for GP services, according to consumers.
- GP reported barriers: workforce availability; security/safety; maintaining work/life balance; non-viability after 9pm.

Preventing unnecessary hospitalisation

Key factors contributing to ‘preventable’ ED)presentations:

- patient misperception of urgency of the problem.
- poor health literacy.
- poor health system literacy.
- lack of availability/acceptability of a preferred GP/NP.
- distance to services.

Access for disadvantaged communities

- Evidence supports a re-orientation of existing service models to reach and engage with disadvantaged communities.
- Challenges include health literacy, different cultural norms (e.g. tradition may be to self-manage or go to hospital), lack of home visiting, and poor access to allied services such as mental health care.
- Urban PHNs have piloted many models but few have been evaluated. Models include:

  a. Homeless to Home Healthcare (H2H) After Hours Service’ nurse-led outreach and healthcare (Brisbane North and South PHNs, Micah Projects)

  b. Homeless Allied Health services (North Western Melbourne PHN, cohealth)

  c. Homeless Health Service via outreach including care planning, mental health, oral health (Central and Eastern Sydney PHN, St Vincent’s and Neami)

  d. After Hours Telehealth with a focus on Indigenous communities (Northern Territory PHN, Telstra Health).

Summary of population snapshots by LGA

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	Relatively socioeconomically disadvantaged	High proportion of people self-identifying as Aboriginal and/or Torres Strait Islander	High proportion of homeless people / unstable housing	High proportion of people not speaking a language other than English at home	High proportion of no registered motor vehicles	Relatively high non-urgent ED presentation rates	Greater proportion of younger persons	Greater proportion of older persons
Playford	●	●	●	▲	●	●	●	▲
Salisbury	●	●	●	■	■	●	●	▲
Onkaparinga	●	●	●	▲	▲	●	●	■
Port Adelaide-Enfield	●	●	●	●	●	●	■	■
Charles Sturt	■	●	●	■	■	●	▲	■
Adelaide City	■	■	■	●	●	▲	▲	▲
West Torrens	■	■	■	●	●	▲	▲	■
Marion	■	■	■	■	■	▲	■	■
Norwood-Payneham-St Peters	■	▲	■	■	●	▲	▲	■
Campbelltown	■	■	■	●	▲	▲	■	■
Mitcham	■	▲	▲	▲	▲	▲	●	■
Tea Tree Gully	■	■	■	▲	▲	▲	■	■
Holdfast Bay	■	■	▲	▲	■	▲	▲	●
Unley	▲	▲	■	■	■	▲	■	●
Prospect	▲	■	▲	●	■	▲	■	▲
Burnside	▲	▲	▲	■	▲	▲	●	●
Walkerville	▲	▲	▲	■	■	▲	■	●

● Relatively high ■ Average ▲ Relatively low

Service mapping:

Services for those with low English proficiency

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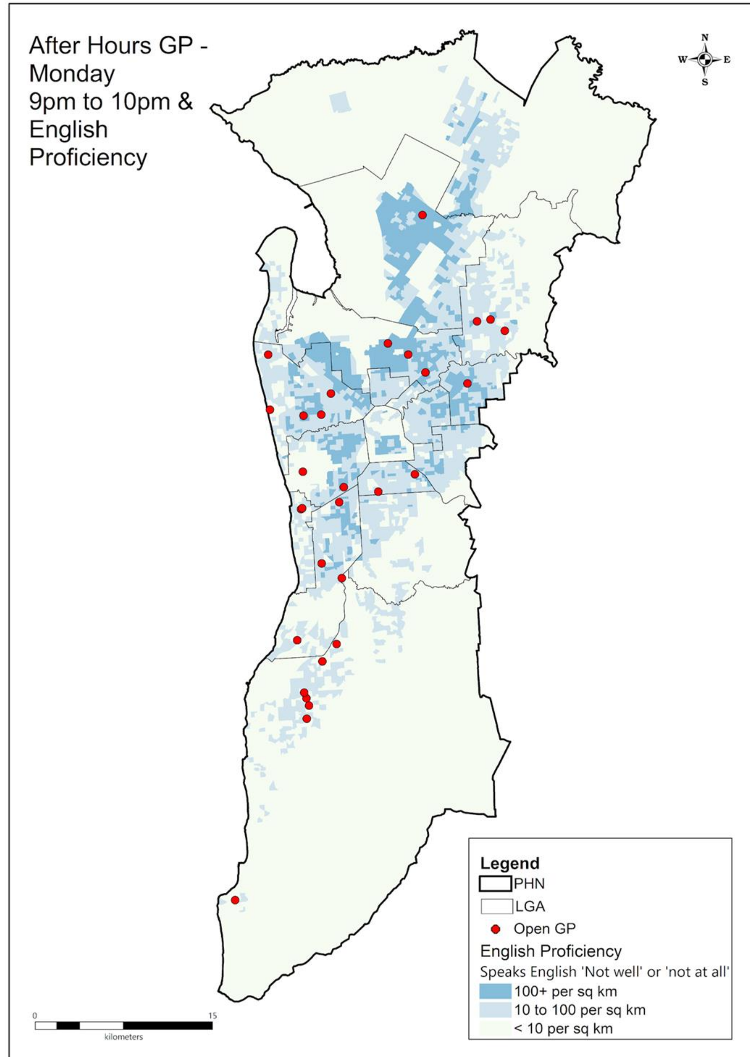

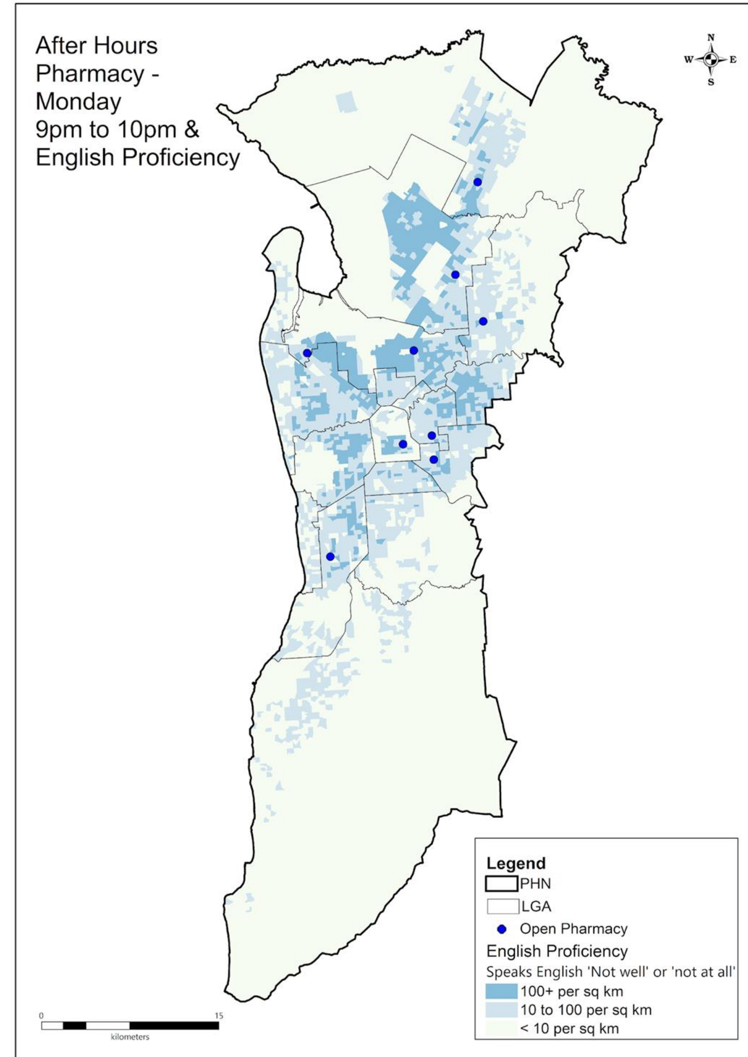

This map displays general practices that are open (red dot) and pharmacies that are open (blue dot), overlaid by the proportion of the population that speaks English "not well" or "not at all" (shaded).

Some interim findings

- In **Salisbury**, there is a large population of non-English speakers (highest – Vietnamese, Hazaraghi and Punjabi) with poor service availability after 8pm, particularly medical. There is one practice with a GP on call after 8pm for its patients (Trinity Medical Centre); and one pharmacy open (United Discount Chemists Para Hills). From 8pm-9pm there is 1 general practice open to all, and 6 pharmacies open.
- In **Onkaparinga** there are 4 medical practices open for their patients only, and one (Morphett Vale) open to all. However, 6 pharmacies close at 8pm and residents have to drive to Marion after that time (where 5% of households are without a motor vehicle).
- There is a lack of services for CALD communities in Onkaparinga central north; and Mitcham (though a short drive to Marion/Unley).

Service mapping:

Services for Aboriginal and Torres Strait Islander peoples

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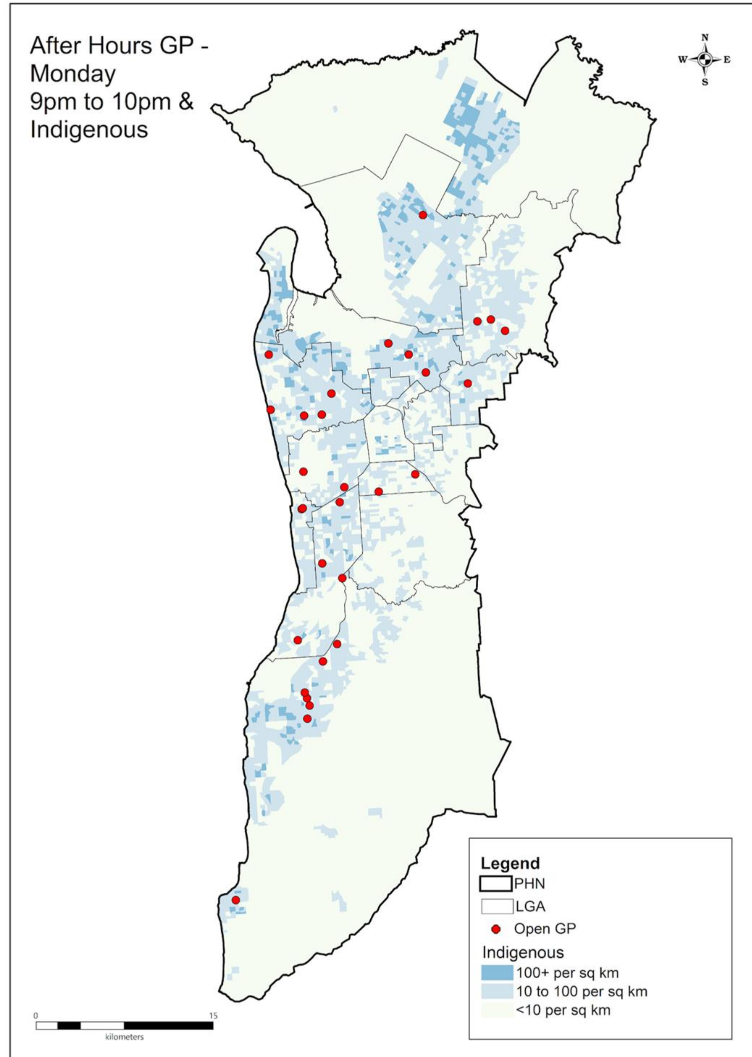
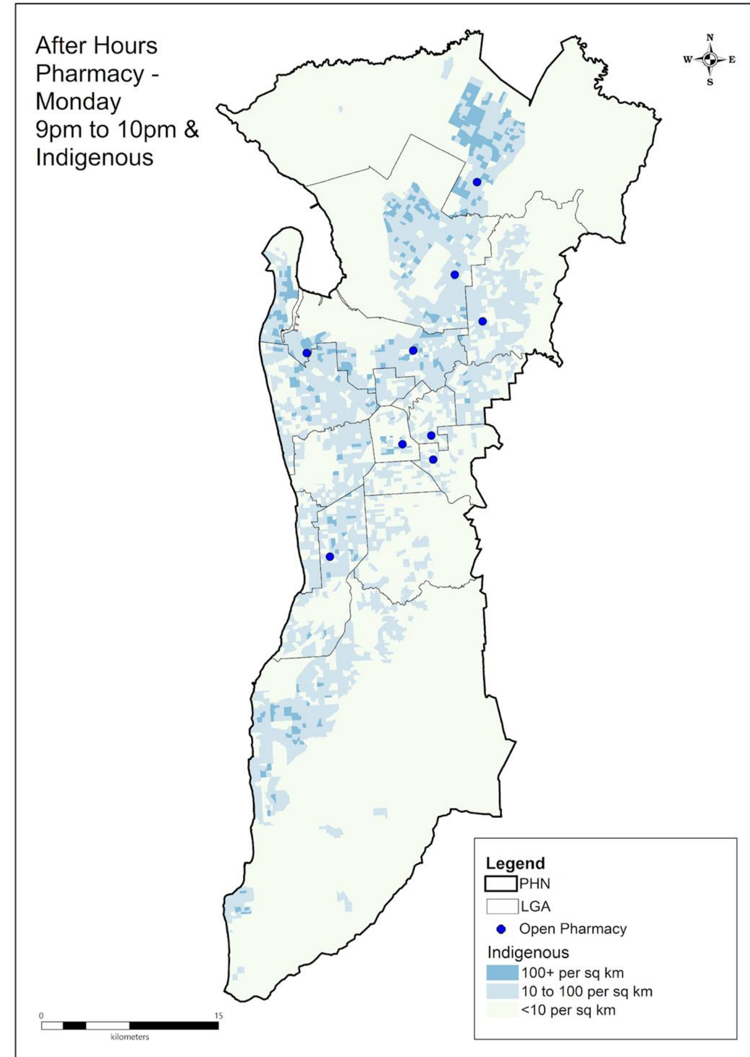




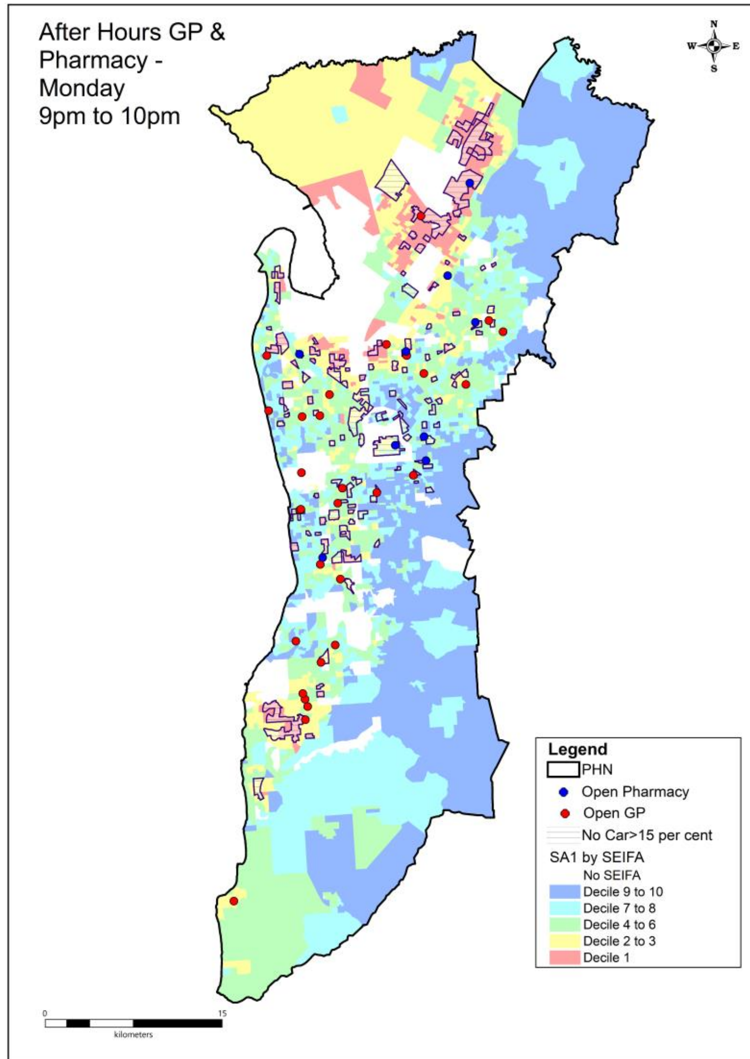
This map displays general practices that are open (red dot) and pharmacies that are open (blue dot), overlaid by the proportion of the population that self-identify as Aboriginal and/or Torres Strait Islander.

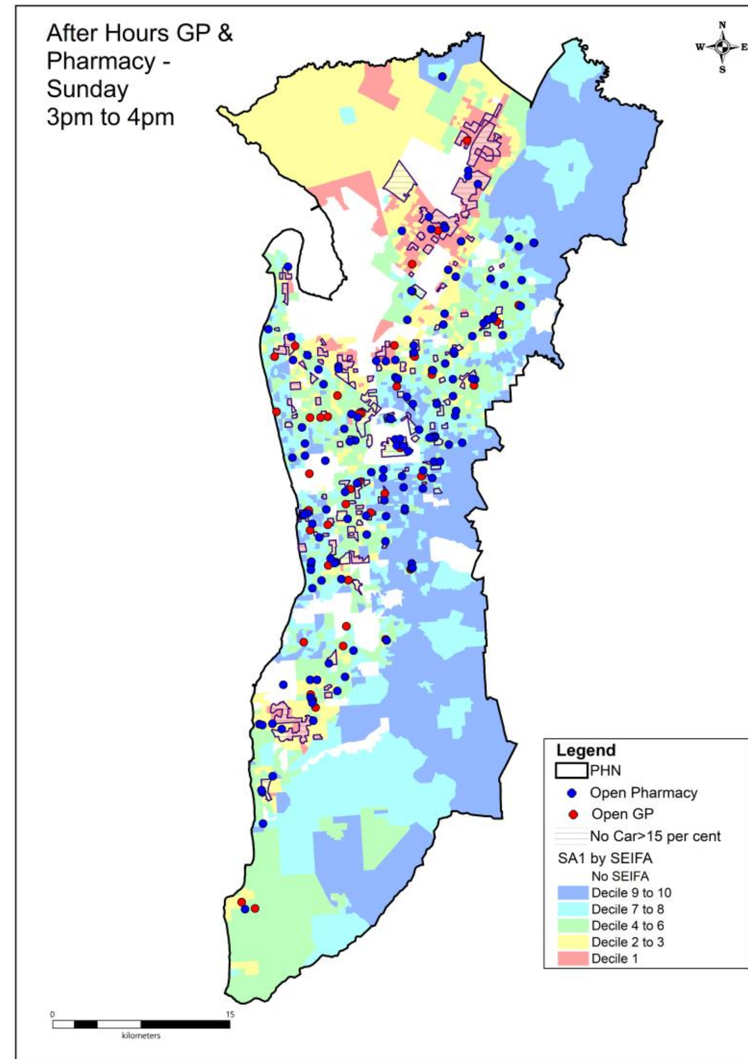
Some interim findings

- In **Playford and Salisbury**, there is a large First Nations population that have poor service availability after 8pm weekdays. PharmaSave Chemist is the single service open in Playford, until 10pm. There is a single medical practice open in Playford until 8pm – Elizabeth Medical and Dental. In Playford, 9% of homes have no registered motor vehicle.
- In **Onkaparinga**, again 6 pharmacies close at 8pm and residents have to drive to Marion after that.
- In **Port Adelaide** there is also a large First Nations population yet not many after hours services open. Residents need to travel to Charles Sturt where there are 3 medical services open to 8pm (Beverley, Royal Park, Kidman Park) and 3 pharmacies closing at 8.30pm, 9pm and 10pm. 9% of households have no registered motor vehicle.

Service mapping:

Services overlaid with SEIFA and high rates of no motor vehicles





This map displays general practices that are open (red dot) and pharmacies that are open (blue dot), overlaid by the:

- Proportion of the population of households that have no registered motor vehicles (>15% is shaded), and
- Socioeconomic disadvantage from the most advantaged (dark blue) to the least (red).

Note

- In **Playford and Salisbury** there is relatively high disadvantage and high rates of low motor vehicle ownership
- In the **Adelaide Hills** there is a paucity of services and qualitative data showed there are pockets of people experiencing disadvantage e.g. campouts by people experiencing homelessness.

Service mapping:

Services on the weekend

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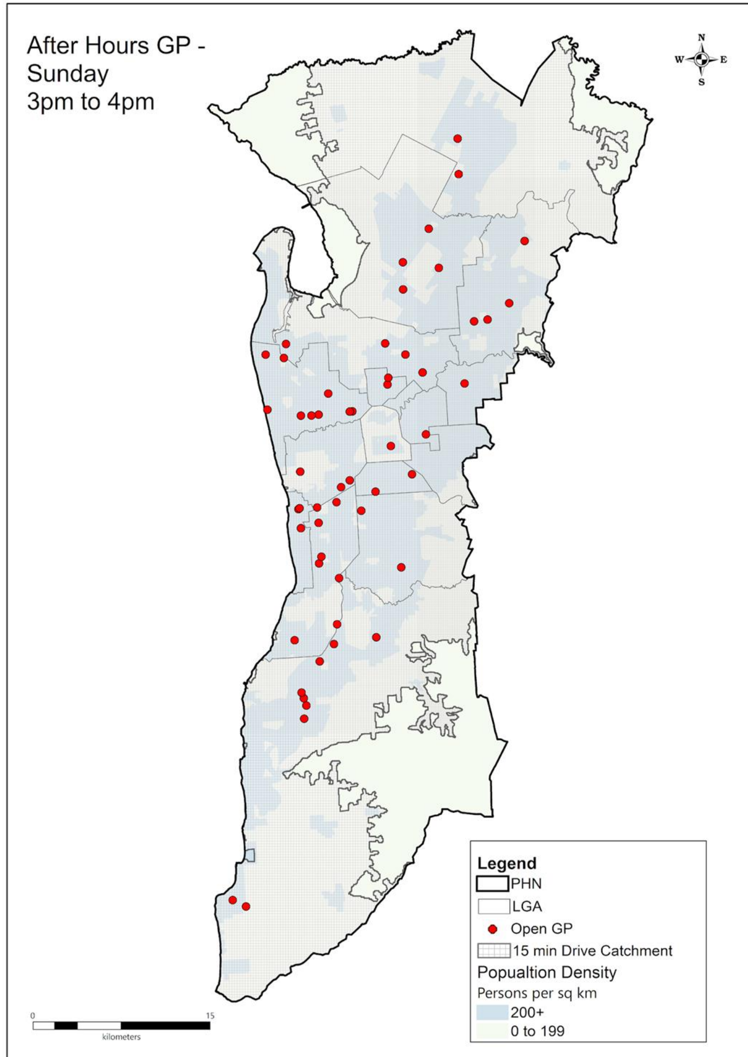

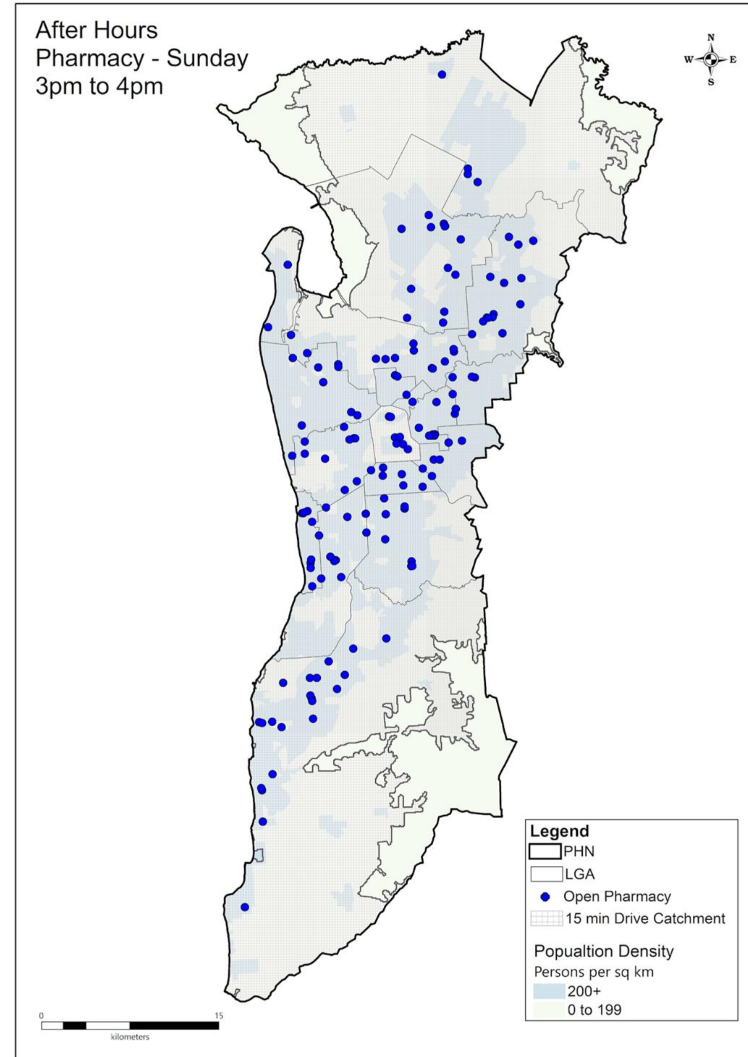

This map displays general practices (red dots) and pharmacies (blue dots) that are open Sunday 3pm-4pm, overlaid by population density (blue = 200 persons per sq/km) and drive time to service (yellow = 15 minute drive time).

Some interim findings

- Generally, **weekend service availability is very good** compared to weekday evening availability.
- **There are no areas within the catchment that have 200+ people per sq km that are not within a 15 minute drive to both a general practice and a pharmacy**. People living in relatively sparsely populated parts of the western beaches of Onkaparinga (e.g. Moana), north west of Playford (e.g. Virginia) and rural Onkaparinga (e.g. McLaren vale) have to drive more than 15 minutes to access services. Note high levels of no registered motor vehicles in Playford and Onkaparinga.

Community engagement

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Survey

49 Completed consumer responses

31 Completed provider responses

Face to face interviews

- **x1** Aboriginal young person at Neporendi Aboriginal Community Centre
- **x2** Neporendi Aboriginal Community Centre staff
- **x2** Australian Refugee Association staff
- **x7** People facing homelessness / unstable housing
- **x3** Volunteers at Fred's Van

Online / phone interviews

- 6 consumers
- 1 general practitioner
- Anglicare SA (4 staff members)
- Australian Migrant Resource Centre (1 staff)
- Australian Refugee Association (1 staff)
- Disability Support Network (1 staff)
- Hutt Street Centre (1 staff)
- Mission Australia (1 staff)
- Refugee Health Service (4 staff)
- UnitingSA (3 staff)

Focus group

8 Nepali language speaking Bhutanese refugees at the Australian Refugee Association

Survey findings – What consumers say they want (n=59)

44 consumers responded to the question **“If you had a magic wand that would allow you to change anything about getting access to health care after hours, what would you change?”**
Top responses included: Longer opening hours, more home doctors, transport to and from appointments, more information, reduced cost and online consults.

Survey findings – What providers say they want (n=42)

42 providers responded to the question “**If you had a magic wand that would allow you to change anything about enhancing community access to primary health care after hours, what would you change?”**
Top responses included: Advocacy for increased MBS, more financial support, allow overseas trained doctors to work in areas of non district workforce shortage, and ambulance support for GPs after hours.

Preliminary findings: community engagement

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	Aboriginal and Torres Strait Islander people	People with a disability	People experiencing homelessness / unstable housing	Refugees / recent arrivals
LGAs with highest proportion of population group	**Playford, Salisbury, Onkaparinga, Port Adelaide-Enfield**	**Playford, Salisbury, Onkaparinga**	**Playford, Salisbury, Onkaparinga, Port Adelaide-E, Charles Sturt**	**Adelaide City, West Torrens, Port Adelaide-E, Prospect.**
Key issues raised				
Cost of services	◆	◆	◆	◆
Lack of transportation	◆	◆	◆	◆
Lack of after-hours services	◆	◆	◆	◆
Low health literacy	◆	◆	◆	◆
Long wait times	◆	◆	◆	◆
Language	◆	◆		◆
Lack of culturally inclusive services	◆		◆	
Difficulty accessing home visiting services			◆	◆
Lack of accommodation	◆			
Need for gender / language specific doctors				◆
Loss of ID			◆	

The thematic analysis of service provider and consumer data revealed 11 barriers that have an impact on after-hours health service access for consumers from priority populations. The grey shaded area indicates that the majority of those surveyed or interviewed felt it was a barrier for that population. For example, cost was reported as an access barrier by the majority of people across all four priority populations, but loss of ID was only a significant issue for people experiencing homelessness.

Note there were instances of intersectionality where, for example, a homeless person may also be living with a disability.

The absence of a reported barrier does not imply it does not exist for some persons within the priority population; and there were additional barriers reported that were not common enough to be significant.

Consumer voices: Survey

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Virtual care

"Used virtual care service at WCHN [Women and Children's Health Network] and also Wakefield Sports GP clinic on Saturday.

Urgent dental

"I needed urgent dental care, and got told to go home and see my dentist the next day.

Cost and opening hours

"Reduce the cost. Open up phone/ online consultations. Surgeries to open longer hours.

Sick child

"Often a sick child needs to be physically seen but doesn't require a hospital presentation.

Virtual care

"Telephone services are great, sometimes you just need to check with someone. wish there were better video services though.

Symptom checker

"(healthdirect) symptom checker made me worry it was something more serious... too scared to access after hours GP because of cost.

Mental health

"Mental health helpline took more than an hour to have someone available and went to emergency to assist with the urgent problems.

GP incentives / pay

"GPs should be paid a lot more to be open after hours. GPs are responsible for primary care.

Better primary care = less hospital presentations.

Home doctors

"McLaren Vale is just 5 minutes from Seaford but we cannot get an AH home doctor here. It is extremely stressful having to upheave the whole family when someone is sick. A home doctor service... would help.

Findings detail: community engagement

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Cost of services

Cost of GP services is an issue in Adelaide, despite the literature reporting it is usually is not an issue. There is now a scarcity of bulk billing medical practitioners, reliance on “free” hospital services, and people delaying GP visits until they can be afforded. People living with a disability reported that they avoid seeking emergency care due to ambulance fees and the lack of transportation to reach ED.

Lack of after-hours services

Individuals facing homelessness have few GP clinics available to them, particularly in the city centre where many spend their nights. First Nations peoples highlighted dental care as a concern, particularly for children given the discontinuation of the school dental program. People with disabilities and caregivers also noted limited services, especially for children.

Lack of transportation

The cost of taxis or Uber rides was reported as prohibitive. Many refugees, First Nations peoples, recent arrivals, and people facing homelessness do not have access to vehicles. Refugees and recent arrivals rely on others for transportation. In the northern regions, after-hours bus services are limited. Lack of paid ambulance coverage further limits emergency options. For First Nations people, buses can be impractical, especially when dealing with illness late at night. Safety concerns also deter many from using public transport after hours.

Lower health system literacy

Refugees and recent arrivals lack knowledge about after hours service options. This is compounded by illiteracy in English and in their own languages, making it difficult to access print information. Some expressed a preference for video formats. People experiencing homelessness and many in First Nations communities are uninformed about service options. There is also confusion between the terms 'urgent' and 'emergency'.

Long wait times

Prolonged waiting times, especially at hospitals, can be distressing. For example, for young homeless people seeking help for suicide ideation, waiting can be traumatic.

Language

Receiving after hours services in their own language can be a challenge for refugees, recent arrivals, and First Nations peoples (particularly those travelling from rural areas). Interpreting services are known to be available at EDs, increasing non-urgent hospitalisations. Limited proficiency in English can alsohinder phone-based and telehealth services.

Findings detail: community engagement

Need for gender / language specific doctors

Refugees and recent arrivals expressed a desire to consult a doctor of the same gender or who speaks their language. It can be difficult to locate a doctor nearby who meets both criteria, and some may also avoid local doctors due to privacy concerns.

Lack of culturally inclusive services

First Nations peoples expressed a need for after hours clinics that employ Aboriginal doctors and staff, and that integrate traditional and western medicine. Some people experiencing homelessness also reported cultural barriers.

Home visiting services do not reach all popluations

Home visiting doctor services are not accessible to people experiencing homelessness. Refugees and recent arrivals tend to avoid using home visiting services due to language barriers. If a doctor were to visit, communication difficulties arise because of their limited English proficiency.

Lack of accommodation

Some people in remote and regional areas travel to Adelaide for health care. First Nations people reported this can be challenging for families, as finding culturally appropriate and affordable accommodation becomes an issue when they need to stay in Adelaide overnight or for extended periods. Some of these people therefore face similar barriers to those experiencing homelessness.

Loss of identification and other documents

People experiencing homelessness reported frequent loss or theft of their identification documents, including healthcare and Medicare cards. Hospitals may provide medical treatment without these documents, while other services may only serve those with ID, or who are already a client/patient of the service.

Consultation themes: Providers (3 workshops, 1 survey)

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Attendees

- Workshops: 5 GPs (2 also work for SA Health); 1 SA Health manager; 1 Australian Dental Foundation; 1 RACF manager.
- Survey: 16 GPs, 16 practice managers, 3 allied health, 7 other.

Extending hours

- 40% of GP clinic respondents are interested in extending hours but would need financial support. Access to pathology /radiology is also needed. Workforce and security are not major issues in Adelaide. Upcoming government incentives will not provide sufficient $ to prompt practices to extend their hours.
- Support for videoconferencing services.
- Interest in Urgent Care Clinic strategy – none were aware of it.

Oral health

- Dentists are not available after hours. SA dental service limited to health care card holders and people under 18. ADS is keen to open an urgent dental service in the north, like in rural SA.

Patient (consumer) issues

- Cost for consumers is an issue – particularly those without ambulance subscription. PHN covering cost of private telehealth services after-hours a good idea.
- 100% felt community knowledge of after-hours services is "very limited". Healthdirect information is not useful unless "urgent care" is googled. Support for the PHN to improve SEO for consumer searches online and to work with practices to about after-hours options.
- Advertising through community groups and social groups to 'hit' consumers from more angles is recommended. There was support for traffic light approach - options at different levels of urgency.

State-funded services

- Provider knowledge of SA virtual care services is mixed. Support for PHN to provide information to clinicians rather than SA Health.
- Priority Care Centres well regarded, though issues were raised. One GP was not aware of them. Recently two GPs have been kept waiting long periods for their patients to be triaged into the service. (My Home Hospital difficult to access - ring and wait for call back).
- State-funded services for people in low socioeconomic areas needs to improve – for example, start or subsidise a practice.
- RACF representative uses Virtual Care Service but it is 'hit and miss' – time triaging resident into the service is too long (40 mins an RN off the floor), if they use Virtual Care Service, it's recorded as "hospital".
- RACF GPs were reported as being hard to find, with wait times. RACFs expressed support for a GP link service.
- GPs continue to use medical deputising services.

Consumer voices: Survey

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Funding to extend hours

"More practices offering appointments and being remunerated accordingly and ideally minimal cost to patient.

Viability

"Our centre tried opening till 10pm at night but there were only a few patients from 8 pm onwards. The financial rewards were also not commensurate with the late night effort.

Priority care centres

"Expanding on the Priority Care Centres and making it easier use rather than having to be referred from an ED department seems unnecessary.

Advocacy – MBS

"Maybe resources could be put into raising the Medicare rebate accordingly rather than more services [as it's a] broken system due to lack of current GPs due to the lack of funding.

Mental health

"Mental health helpline took more than an hour to have someone available and went to emergency to assist with the urgent problems.

Funding to extend hours

"Financial support required to make this happen: more than just a grant.

Workforce shortage

"We experience GP shortage and are often open with no GP present. We have been trying to recruit for months with no success, we would definitely benefit from having additional workforce.

Six identified needs – recommended for prioritisation

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Need	Source				Region	Potential interventions
	Consumers	Providers	Broader PHN needs assessment	Other literature		
Enhance all communities' **understanding** of what is available, and how to use, AH services.	Videos for new migrants and rural visiting Aboriginal people. Urgent vs emergency is confusing.	Community knowledge is very limited.	Poor understanding of the health system – new migrants, refugees and other CALD.	Poor health literacy. Non-understanding of urgency.	All.	• Both consumers and providers want information on the internet (Google) – search engine optimisation for Video advertising for migrants, refugees, Aboriginal ppl from rural. • Print advertising/magnets in English and other languages. • GP clinic websites. • Advertise to community groups.
Low or no cost **dental** care – urgent, but not emergency.	Cost. First Nations – particularly children.	Lack of access for non-emergency.	Cost. First Nations – particularly aged 0-15.	One key reason for non-emergency ED presentations in Adelaide.	First Nations people in Onkaparinga specifically raised this issue. However, lack of non-hospital access throughout the catchment.	• Codesign of community after hours service. • Seed funding for service establishment.
Cost to access care an issue, particularly for those without ambulance subscription.	Bulk billing difficult to access. Transport.	Consider subsidising after-hours telehealth.			All, particularly those far from Eds.	• Review and potentially augment SA Health primary care services in disadvantaged areas.
Enhance **GP and pharmacy access for disadvantaged** communities.	Few GPs seeing homeless in CBD. Lack of public transport or it's impractical.	Grants + access to pathology and radiology necessary.	Poor understanding of the health system – new migrants, refugees and other CALD.	Health literacy; cultural norm use hospital; lack of cultural inclusiveness for First nations.	Salisbury – poor GP and pharmacy availability after 8pm weekdays. Onkaparinga – poor pharmacy availability after 8pm weekdays. Port Adelaide – need to travel to Charles Sturt.	• Fund/subsidise and offer a GP service via telehealth for urgent care during peak demand periods, as transportation is also a major issue. Ensure interpreting is available, and advertise that. • Consider seed funding additional medical clinics in ACCHs.
Enhance efficiency and GP + RACF knowledge of SA Health virtual care services.		Recently, seeking patient access has taken more time.			All.	• Additional advertising, including to GPs new to Adelaide. • Work with SA Health to enhance efficiency (time between GP request, and decision on patient admittance).
More timely and reliable access to GPs for residential aged care facilities.		Difficult to access GP when needed.	Lack of consistency of access to care. 20% are CALD.	Cultural, language, sexuality barriers to person-centred care.	All.	• Fund and offer a GP service via telehealth for urgent care during peak demand periods.