Urgent after-hours primary care services funded through the MBS

Thank you for your interest in participating in the MBS Review Public Consultation for the preliminary report for urgent after-hours primary care services funded through the MBS.

This public consultation allows the Australian public, including health professionals, an opportunity to provide feedback on the preliminary report for urgent after-hours primary care services funded through the MBS, prior to the final recommendations being provided to government. You can review the full preliminary report or the Summary for consumers.

The online consultation survey includes the following sections:

- Responses to the 7 recommendations in the preliminary report for urgent after-hours primary care services funded through the MBS (including links to each report recommendation and a Summary for consumers to allow for easy reflection on the recommendations)
- 3 questions to provide feedback on the preliminary report
- some demographic questions
- 2 questions on privacy and consent of responses.

Please note: only submissions submitted through this online survey process will be considered.

As part of the first section, you will be given an opportunity to upload additional documents relevant to your feedback or supporting evidence to your response.

You are able to save your responses and return to the survey using the ‘Save and Continue Later’ button. You can also review and print your responses prior to submitting your completed survey.

This survey will close at 7pm (EST) Friday 21 July 2017.

By clicking the ‘Next’ button, you are consenting to participating in the MBS Review Public Consultation for the preliminary report on Urgent after-hours primary care services funded through the MBS.

Feedback on Recommendations

The preliminary report has proposed that medical deputising services or any organisation that provides medical services predominantly in after-hours periods should not have access to the same high priced urgent after-hours services that are available for GPs who work during business hours and then see their patients urgently in the after-hours period.

What is a Medical Deputising Service?
A medical deputising service (MDS) is an organisation responsible for arranging medical practitioners to provide after-hours services to patients on behalf of their normal GP.
Recommendation 1
Do you agree with Recommendation 1 which proposes that all medical deputising services (or services that predominantly provide after-hours GP services) should have access to the standard (non-urgent) after-hours items?
Refer to Section 2.4 or the Summary for consumers.

( ) Yes
( ) No
( ) Yes, with some changes
( ) Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes']
Please provide suggested changes, including your reasoning or evidence

Recommendation 2
Do you agree with Recommendation 2 which proposes that access to the higher-priced urgent after-hours items should be restricted to GPs who work predominantly in the in-hours period and provide after-hours services to their patients in addition to this in-hours work-load?
Refer to Section 2.4 or the Summary for consumers.

( ) Yes
( ) No
( ) Yes, with some changes
( ) Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes']
Please provide suggested changes, including your reasoning or evidence

Recommendation 3
Do you agree with Recommendation 3 which proposes that businesses that provide or facilitate medical services mostly in the after-hours periods, including medical deputising services, should not be permitted to claim the high-priced urgent after-hours items?
This means that doctors employed by a medical deputising service or obtaining work from a medical deputising service should not be permitted to claim the high-priced urgent after-hours items.
Refer to Section 2.4 or the Summary for consumers.

( ) Yes
( ) No
( ) Yes, with some changes
( ) Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes']
Please provide suggested changes, including your reasoning or evidence
Recommendation 4
Do you agree with Recommendation 4 which proposes that in the descriptors for the urgent after-hours items, the current requirement that “the patient’s condition requires urgent medical treatment” will be replaced with “the patient’s condition requires urgent medical assessment”? This recognises that the need for an assessment is the actual trigger for the service and that treatment may or may not be necessary on the basis of that assessment. Refer to Section 2.4 or the Summary for consumers.

( ) Yes
( ) No
( ) Yes, with some changes
( ) Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes']
Please provide suggested changes, including your reasoning or evidence

Recommendation 5
Do you agree with Recommendation 5 which proposes the option to book an urgent attendance up to two hours prior to the commencement of the after-hours period in which the attendance occurs should be removed? Refer to Section 2.4 or the Summary for consumers.

( ) Yes
( ) No
( ) Yes, with some changes
( ) Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes']
Please provide suggested changes, including your reasoning or evidence

Recommendation 6
Do you agree with Recommendation 6 which proposes there should be a requirement that the attending practitioner determines that the urgent assessment of the patient’s condition is necessary and for this to be recorded? Refer to Section 2.4 or the Summary for consumers.

( ) Yes
( ) No
( ) Yes, with some changes
( ) Don't know / Prefer not to say

[If 'No' or ‘Yes, with some changes’]
Please provide suggested changes, including your reasoning or evidence
Recommendation 7
Do you agree with Recommendation 7 that proposes there should be a clearer definition of 'urgent', which is that the patient’s assessment:
1. cannot be delayed until the next in-hours period; and
2. requires the GP to attend the patient at the patient's location or to reopen their practice rooms.
Refer to Section 2.4 or the Summary for consumers.

( ) Yes
( ) No
( ) Yes, with some changes
( ) Don't know / Prefer not to say

[If 'No' or ‘Yes, with some changes’]
Please provide suggested changes, including your reasoning or evidence

____________________________________________

If you wish to upload a submission or further evidence to support your responses please upload your file(s) below.
Maximum file size is 2MB and files need to be .doc, .docx, .pdf, .xls, .xlsx or .txt. A maximum of 10 files can be uploaded.

Feedback questions

Below are some statements about the Urgent after-hours primary care services funded through the MBS preliminary report. For each statement, please indicate whether you agree or disagree.*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Don't know / Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>The report was easy to understand</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>There was enough information provided in the report to support the recommendations</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>There was enough information provided in the report for me to understand the recommendations</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>The Summary for consumers included in the Clinical Committee report was easy to understand</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>
Please provide any further comments or suggestions about the recommendations included in the Urgent after-hours primary care services funded through the MBS preliminary report in the space below.

____________________________________________________________________________

Please provide any further comments or suggestions in relation to consumer content within the preliminary report.

____________________________________________________________________________

About you

Any personal information provided will be held in compliance with the Australian Privacy Principles (APP) contained in the Privacy Act 1998 and the Privacy (Market and Social Research) Code 2014.

Are you responding to this consultation as an individual or as a member of an organisation? *If you work within a peak body or health care organisation, please indicate whether you will be primarily answering from an individual or organisational perspective.*

( ) I am responding to this consultation as an INDIVIDUAL

( ) I am responding on behalf of an ORGANISATION

[If ‘responding as a member of an organisation’]

Please provide the name of the organisation you are responding on behalf of.*

____________________________________________________________________________
What type of organisation are you responding on behalf of?
Please just give your best guess if you are unsure.*

( ) Allied health
( ) Peak Body or advocacy organisation
( ) Consumer organisation
( ) General Practice
( ) Medical Specialist Practice
( ) Medical Deputising Service (MDS) or dedicated after-hours service
( ) Medical corporation
( ) Other Industry
( ) Public hospital
( ) Private hospital
( ) Indigenous health service
( ) State government
( ) Nursing college
( ) Primary Health Network
( ) Private health insurer
( ) Don't know/ not sure
( ) Other professional - please specify: _______________________________________________
( ) Other government - please specify: _______________________________________________
( ) Other non-government - please specify: _____________________________________________

In which jurisdictions does your organisation operate?
Please select all those that apply*

[ ] ACT
[ ] New South Wales
[ ] Northern Territory
[ ] Queensland
[ ] South Australia
[ ] Tasmania
[ ] Victoria
[ ] Western Australia
[ ] All Australian States and Territories
[ ] I'd prefer not to say

[If 'responding as an individual']
What is your postcode?*
[If 'responding as an individual]
Do you identify as Aboriginal and/or Torres Strait Islander?*

( ) Yes, Aboriginal
( ) Yes, Torres Strait Islander
( ) Yes, Aboriginal and Torres Strait Islander
( ) No
( ) I'd prefer not to say

[If 'responding as an individual]
Are you responding to this consultation primarily as a consumer or health professional?*

( ) I am responding to this consultation primarily as a CONSUMER
( ) I am responding to this consultation primarily as a HEALTH PROFESSIONAL
( ) Don't know / not sure
( ) Other - please specify: _________________________________________________

[If 'responding as a health professional']
Are you a...?*

( ) Allied Health Professional
( ) Medical Specialist
( ) General Practitioner
( ) Other Medical Practitioner
( ) Nurse
( ) Surgeon
( ) Health worker
( ) I'd prefer not to say
( ) Other - please specify: _________________________________________________

[If responding as a ‘General Practitioner’ or ‘Other Medical Practitioner’]
Do you provide after-hours GP services?*

( ) Yes
( ) No
( ) I'd prefer not to say

[If responding as ‘providing after-hours GP services’]
Are you a...?*

( ) Vocationally Registered General Practitioner
( ) GP trainee
( ) Other medical practitioner
( ) I'd prefer not to say
Do you work for a medical deputising service (MDS)?

( ) Yes
( ) No
( ) I’d prefer not to say

Do you work predominantly in the after-hours period?

( ) Yes
( ) No
( ) I’d prefer not to say

Does the general practice you work for provide after-hours consultations?

( ) Yes
( ) No
( ) I’m not sure

What is the after-hours period?

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Type of Attendance</th>
<th>Applicable time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Monday to Friday</td>
<td>Saturday</td>
</tr>
<tr>
<td>Standard</td>
<td>Standard attendance in consulting rooms</td>
<td>8am and 8pm</td>
<td>8am and 12 noon</td>
</tr>
<tr>
<td>attendance</td>
<td>items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent</td>
<td>Urgent attendance – after-hours</td>
<td>7am – 8am 6pm – 11pm</td>
<td>Between 7am – 8am and 12 noon – 11pm</td>
</tr>
<tr>
<td>after-hours</td>
<td>items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent</td>
<td>Urgent attendance – unsociable hours</td>
<td>Between 11pm – 7am</td>
<td>Between 11pm – 7am</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>Non-urgent after hours at consulting</td>
<td>Before 8am or after 8pm</td>
<td>Before 8am or after 1pm</td>
</tr>
<tr>
<td>after-hours</td>
<td>items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-urgent</td>
<td>Non-urgent after hours at a place other</td>
<td>Before 8am or after 6pm</td>
<td>Before 8am or after 12 noon</td>
</tr>
<tr>
<td>after-hours</td>
<td>than consulting rooms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Have you ever accessed GP services after-hours? *

Please select all that apply

[ ] No, I haven’t accessed GP services after-hours.
[ ] Yes, from my usual general practice which is open outside business hours
[ ] Yes, from another general practice which offers extended hours
[ ] Yes, from a practice which is only open after-hours, (such as a practice next to a hospital)
[ ] Yes, from my usual GP or a GP from my usual general practice who returned to their surgery to see me because I needed urgent care which could not wait until the next day
[ ] Yes, from my usual GP or a GP from my usual general practice who visited me at home, because I needed urgent care which could not wait until the next day
[ ] Yes, from a service dedicated to providing after-hours home visits
[ ] I’m not sure

About you

[If responding as ‘having accessed service dedicated to providing after-hours home visits’]

Thinking of your last after-hours home doctor experience, was it from…*  

( ) my own GP, or a GP from my usual general practice
( ) A doctor from a service dedicated to providing after-hours home visits
( ) I’m not sure

[If responding as ‘having accessed service dedicated to providing after-hours home visits’]

How many times have you used a service dedicated to providing after-hours home visits in the last 12 months for yourself, or a dependent (including children and older people you provide care for)?*

( ) 1 time
( ) 2 times
( ) 3 times
( ) 4 times
( ) 5 times
( ) 6 times
( ) 7 times
( ) 8 times
( ) 9 times
( ) 10 or more times
( ) I’d prefer not to say
Thinking of the last time you used a service dedicated to providing after-hours home visits, who did the doctor treat?*

( ) Myself
( ) A dependent
( ) Two or more people in the household
( ) I'd prefer not to say

How did you hear about the service dedicated to providing after-hours home visits? Please select all that apply*

[] TV advertisements
[] Radio advertisements
[] Word of mouth
[] Online advertisements (Facebook, AdWords etc.)
[] Direct mail to my letterbox (promotional material such as a magnet)
[] My general practice / doctor told me
[] Google / internet search
[] Healthdirect
[] I'd prefer not to say
[] Other – please specify: _________________________________________________

Thinking of the last time you used a service dedicated to providing after-hours home visits, how did you book the service?*

( ) I used the service’s website
( ) I called the service
( ) I used a mobile application
( ) I’d prefer not to say

Thinking of the last time you used a service dedicated to providing after-hours home visits, how long from the time you booked the service did it take until the doctor arrived?*

( ) Less than 1 hour
( ) Between 1 and 2 hours
( ) Between 2 and 3 hours
( ) More than 3 hours
( ) I’d prefer not to say
Thinking of the last time you used a service dedicated to providing after-hours home visits, when did the doctor arrive?*

( ) The doctor arrived before 10pm
( ) The doctor arrived after 10pm
( ) I don’t remember

Thinking of the last time you used a service dedicated to providing after-hours home visits, what was the outcome of the service?*

Please select all that apply

The doctor...

[ ] Recommended self-care (eg. paracetamol and bed rest)
[ ] Recommended to go to the hospital
[ ] Advised me to see a GP within 2 days
[ ] Provided me with a small supply of medication
[ ] Provided me with a prescription for medication
[ ]Requested I have a blood tests or x-ray/ultrasound
[ ] Advised no further treatment
[ ] I'd prefer not to say
[ ] Other, please specify: ____________________________________________

Thinking of the last time you used a service dedicated to providing after-hours home visits did you...

Please select all that apply*

[ ] Go to the hospital within 2 days for the same medical condition
[ ] Visit your GP within 2 days for the same medical condition
[ ] Have any blood tests or x-rays/ultrasounds for the same medical condition
[ ] Purchase medicine with the prescription that was provided
[ ] I didn’t do anything further
[ ] I’d prefer not to say

Privacy consent

The questions below apply to the responses you have provided to the online survey only. Any documentation uploaded, including written feedback will be provided in full to the MBS Review Taskforce and Clinical Committees via the Department of Health.

The MBS Review Taskforce would like to access each full response made to this consultation to inform the recommendations for the final version of the report.
Do you consent to your, or your organisation’s response to this survey being provided to the MBS Review Taskforce and Clinical Committee via the Department of Health? *

[If ‘responding as an individual’] ( ) Yes, I consent to my response (including the demographic details provided in the previous section) being provided to the MBS Review Taskforce and Clinical Committee

[If ‘responding as an organisation’] ( ) Yes, I consent to my organisation’s response (including demographic details) being provided to the MBS Review Taskforce and Clinical Committee

[If ‘responding as an individual’] ( ) Yes, I consent to my response being provided to the MBS Review Taskforce and Clinical Committee (excluding demographic details)

[If ‘responding as an organisation’] ( ) Yes, I consent to my organisation’s response being provided to the MBS Review Taskforce and Clinical Committee (excluding demographic details)

[If ‘responding as an individual’] ( ) No, I only consent to my response being used for Urbis research purposes and reported to the MBS Review Taskforce and Clinical Committee in aggregate form. (Your response will be only be used by Urbis for research purposes. Aggregated responses will be reported to the Taskforce, along with some non-identifiable example comments.)

[If ‘responding as an organisation’] ( ) No, I only consent to my organisation’s response being used for Urbis research purposes and reported to the MBS Review Taskforce and Clinical Committee in aggregate form. (Your organisation’s response will be only be used by Urbis for research purposes.

[If ‘responding as a member of an organisation’ and ‘providing consent to response being provided to Taskforce’] 
Please provide your name, organisation details and email address.*

Organisation: _________________________________________________
Role: _________________________________________________________
Email address: _________________________________________________

[If ‘responding as an individual and ‘providing consent to response being provided to Taskforce’]
Please provide your name and email address*

Name: _________________________________________________________
Email address: _________________________________________________

_________________________________________________________________
Privacy consent cont

The MBS Review Taskforce would like to publish a sample of comments made to this consultation.

Do you consent to the comments you made as part of this survey being published by the MBS Review Taskforce? *

[If 'responding as an organisation'] ( ) Yes, I consent to my comments being published and attributed to my organisation
( ) Yes, I consent to my comments being published but not attributed to me or my organisation
( ) No, I do not consent to my comments being published

Other feedback

Do you have any other feedback or comments on the preliminary report on urgent after-hours primary care services funded through the MBS?

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Review your response

Do you want to review your response?

( ) Yes
( ) No, I would like to submit my response now

Submit your response

Thank you for providing feedback on the preliminary report for urgent after-hours primary care services funded through the MBS.

Once you click submit your responses will be submitted and you will not be able to view or amend them.

For further information on the Medicare Benefits Schedule Review and the Taskforce please visit the Health.gov.au website

For further information or to report any technical issues with this survey please contact Urbis on mbsreview@urbis.com.au