



Implementation of free after-hours healthcare services for children under six in New Zealand

Child Poverty Action Group Policy Monitoring Series
Catherine Ruscoe and Cheyaanthan Haran

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About Child Poverty Action Group

Child Poverty Action Group (CPAG) is an independent charity working to eliminate child poverty in New Zealand through research, education and advocacy. CPAG believes that New Zealand's high rate of child poverty is not the result of economic necessity, but is due to policy neglect and a flawed ideological emphasis on economic incentives. Through research, CPAG highlights the position of tens of thousands of New Zealand children, and promotes public policies that address the underlying causes of the poverty they live in.

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Executive Summary

The first few years of life are critical in laying the foundations for good health. Access to quality primary health care plays an essential part. In New Zealand, the Free Child Health Care Scheme (FCHCS) was introduced in 1996 to provide free in-hours General Practitioner (GP) visits for children under six years old. This led to a marked increase in visits to GPs by infants from the poorest households.

Many childhood illnesses are acute and unpredictable, and many families face difficulties taking their child to a doctor during standard working hours. Roughly 75 % of each week sits outside the standard business hours of 9am to 5pm, Monday to Friday. When Child Poverty Action Group (CPAG) surveyed charges for children under six to visit a doctor after-hours in 2007, it showed that these could be up to \$120.

In October 2011, the existing scheme was extended to include after-hours visits for children under six. But as with in-hours visits, the provision of free after-hours visits is voluntary. Each of the 20 DHBs negotiates participation with local practices and after-hours medical centres.

In February 2013, CPAG surveyed 280 General Practices, drawn from the 20 District Health Boards, to find out how widely free after-hours visits for children under six have been implemented across New Zealand. Each practice was asked, by phone, how much it cost for a child under six to visit the doctor during in-hours, and during after-hours.

The results show that financial barriers to primary care have been reduced for many families. In-hours visits were free for children under six in 265 (95%) of the 280 practices surveyed. The other 15 practices still charged for these in-hours visits, and at 8 practices the fee ranged from \$10.01 to \$20. The highest fee was \$45.

After-hours visits were free for children under six in 236 (84%) of the 280 practices surveyed. The other 44 practices (16%) did charge for these after-hours visits, and at 17 practices the fee ranged from \$20.01 to \$30. The highest fee was \$60.

In 15 of the 20 DHBs (75%), none of the sampled practices charged children under six for in-hours visits, but in 5 DHBs there were practices which did still charge for these visits.

In 10 DHBs (50%), none of the sampled practices charged to see children under six at any time, either in-hours or after-hours. But in the other 10 DHBs, some practices did charge for after-hours visits for children under six. The cost varied significantly within these DHBs. In Canterbury DHB, for example, it ranged from nothing to \$40.

Access can be a problem too. Only four DHBs—Auckland, Waitemata, Counties Manukau and Canterbury—have 24-hour Accident and Medical Centres. In others the average closing time is 9pm, leaving the hospital Emergency Department as the only option. Distance is an issue in some smaller towns and rural areas. In Kawerau, for example, the nearest after-hours doctor is at Whakatane Hospital, 35km away. Some local doctors take in-clinic or house call appointments on a rotating schedule, and most of these do so free of charge for children under six.

The cost of GP visits for young children has gone down significantly. But more progress is still needed so that all children under six, in all areas, are able to see a GP free of charge both in-hours *and* after-hours.

Abstract

Context: In October 2011, the New Zealand Government announced a plan to extend the existing Free Child Health Care Scheme (FCHCS), providing zero fees for in-hours General Practitioner (GP) visits for children aged under six, to include after-hours visits.

Aim: To investigate how widely free after-hours visits for children under six have been implemented across New Zealand.

Method: A cross sectional survey was undertaken in February 2013 of 280 General Practices from the 20 District Health Boards (DHBs) operating in New Zealand, using randomised systematic stratified sampling by service population of each DHB. The fees charged for in-hours and after-hours visits for children under six were obtained for all 280 practices that were sampled. Analysis involved looking at the average cost and the cost range for each DHB, and a final average cost for the country as a whole. The entire practice population was compared with regard to the range of costs.

Results: In 75% (15/20) of the 20 DHBs, none of the sampled practices charged children under six for in-hours visits, and in 55% (11/20) of the 20 DHBs, none of the sampled practices charged children under six for after-hours visits. 95% (265/280) of practices surveyed did not charge children under six in-hours, and 84% (236/280) of practices surveyed did not charge children under six after-hours. The national cost range was \$0-\$65.

Conclusion: Since the New Zealand government expanded the FCHCS to include after-hours visits, there has been a reduction in costs in each DHB. More progress is still needed in order for all areas to be able to provide free in-hours *and* after-hours General Practitioner visits for children under six.

Introduction

The early childhood years are critical in laying the foundations for development throughout the course of one's life. This is particularly true of health, with the World Health Organization considering the experiences in the first few years of life to be a major determinant of health outcomes in adulthood.¹ Access to quality primary health care is regarded as one essential item for the good health of young children, and has been associated with better preventative care, lower rates of hospitalisation and a general improvement in long-term health outcomes.² Young children cannot access health services themselves, and the financial barriers faced by parents have been shown to cause delays in seeking primary care and treatment for children.³

The importance of access to health care for children under six years of age has previously been recognised in New Zealand with the introduction of the Free Child Health Care Scheme (FCHCS) in 1996, with the aim of providing free in-hours doctor visits for children under six. The implementation of the FCHCS was significant in improving access to primary care for families of young children, as evidenced by the marked increase in General Practitioner visits from infants within the country's lowest socio-economic group.⁴ Today over 80% of General Practices provide free in-hours visits for children under six.⁵

Despite the success of FCHCS in reducing financial barriers to in-hours care for children under six, access to after-hours care in particular still remained a concern. Roughly 75% of each week sits outside the standard business hours of 9am to 5pm, Monday to Friday; representing a large portion of time where families may be unable to gain access to their regular GP. As outlined by Fancourt et al.,⁶ access to care during this time period is important for two reasons: the first relates to the acute and unpredictable nature of many childhood illnesses, and the second acknowledges the constraints facing many families when it comes to seeking medical care during standard working hours.

In 2007, Child Poverty Action Group undertook a telephone poll to gauge the cost of after-hours services for children under six in New Zealand. The results of the survey showed that doctor visits after-hours cost up to \$120.⁷

In October 2011, the New Zealand Government announced a plan to extend FCHCS to include after-hours visits. By July 2012, the after-hours scheme had been implemented by 14 of the 20 District Health Boards (DHBs) with the Government stating that over 90 per cent of children under the age of six now had access to free after-hours care.⁸

Just as with free in-hours visits, the provision of free *after-hours* care for children under six is voluntary, requiring each of the 20 DHBs to individually negotiate participation with local practices and after-hours medical centres. Nearly 18 months on from the introduction of the scheme, this paper aims to investigate how widely free after-hours visits for children under six have been implemented across New Zealand.

Method

To undertake a systematic and reliable approach to obtaining information on the costs for children to visit the doctor in this cross-sectional study, a stratified sampling technique was used. The entire New Zealand population was divided into 20 subpopulations. These subpopulations were allocated according to the boundaries by which the 20 DHBs currently operate in New Zealand. For each DHB, figures were obtained from the Ministry of Health website with regard to the service population (the number of people to whom the DHB offers medical and health services).

The number of General Practices sampled in each DHB was proportionate to the size of the DHB. A population of 0–100,000 meant that 5 practices were surveyed. A population of 100,001–200,000 had 10 practices surveyed, 200,001–300,000 had 15 practices surveyed, 300,001–400,000 had 20 practices surveyed, 400,001–500,000 had 25 practices surveyed and a population of 500,001 or more had 30 practices surveyed.

The number of practices surveyed from each DHB, after applying the population width band rule above to the DHB service population, is shown in Table 1.

Table 1: DHB service populations (February 2013) and practices surveyed

DHB	Service Population	Practices Surveyed
Auckland	465,965	25
Bay of Plenty	215,440	15
Canterbury	509,670	30
Capital & Coast	299,025	15
Counties Manukau	512,885	30
Hawke's Bay	156,430	10
Hutt Valley	144,865	10
Lakes	103,340	10
MidCentral	170,095	10
Nelson Marlborough	141,248	10
Northland	159,630	10
South Canterbury	56,420	5
Southern	308,133	20
Tairāwhiti	46,648	5
Taranaki	110,138	10
Waikato	371,540	20
Wairarapa	40,630	5
Waitemata	558,010	30
West Coast	32,870	5
Whanganui	62,853	5
Total	4,465,835	280

Each DHB website or respective websites from Primary Health Organisations (PHO) in the DHB were visited to obtain and collate a list of General Practices registered under them. This list of General Practices was then randomised using a random number generator formula on Microsoft Excel. This was undertaken for all of the DHBs, and a list of 280 General Practices to be surveyed was tabulated.

Each General Practice was individually telephoned to be surveyed by one of the authors. The following questions were asked: “How much does it cost a child under six to visit the doctor during in-hours?” and “How much does it cost a child under six to visit the doctor during after-hours?”

Costs obtained for each of the 280 practices sampled throughout New Zealand were tabulated using Microsoft Excel. Analysis was carried out looking at the average cost and the range of costs for both in-hours and after-hours. Average cost was calculated by taking the sum of all the practices in each DHB and dividing the sum by the total number of practices surveyed from that DHB. From here, the average cost from each DHB was taken and multiplied by the number of practices surveyed from that DHB. A total national sum was calculated and divided by the 280 practices surveyed in the study. Consequently the average cost for New Zealand was derived. The range of costs was taken by stating the lowest cost and the highest cost in each DHB, and then across the nation.

Another analysis involved all surveyed General Practices. Each practice was categorised into a cost range according to the cost for a child to visit the doctor. The ranges of costs were free (\$0), \$0.01–\$5, \$5.01–\$10, \$10.01–\$20, \$20.01–\$30, \$30.01–\$40, \$40.01–\$50 and \$50.01+. The total number of practices from each cost range was totalled and compared.

Results

The results of the costs found in the survey are displayed in Table 2. In 75% (15/20) of the 20 DHBs, none of the sampled practices charged children under six in-hours, and in 55% (11/20) of the 20 DHBs, none of the sampled practices charged children under six after-hours. There was at least one practice in every DHB where there were no fees charged during in-hours and/or after hours. In half (10/20) of the 20 DHBs, none of the sampled practices charged children under six, either in-hours or after-hours.

Table 2: Average and range of costs for a child under six to visit their General Practitioner

DHB	Practices surveyed	In-hours (\$)		After-hours (\$)	
		Mean	Range	Mean	Range
Auckland	25	6.9	0 - 45	17.5	0 - 37
Bay of Plenty	15	0	0 - 0	0	0 - 0
Canterbury	30	0.5	0 - 15.5	1.3	0 - 40
Capital & Coast	15	0	0 - 0	4.6	0 - 30
Counties Manukau	30	0	0 - 0	1.17	0 - 15
Hawke's Bay	10	0	0 - 0	0	0 - 0
Hutt Valley	10	0	0 - 0	0	0 - 0
Lakes	10	1.7	0 - 17	0	0 - 0
Mid Central	10	0	0 - 0	0	0 - 0
Nelson Marlborough	10	0	0 - 0	0	0 - 0
Northland	10	0	0 - 0	0	0 - 0
South Canterbury	5	0	0 - 0	0	0 - 0
Southern	20	0.7	0 - 14	12.0	0 - 60
Tairāwhiti	5	0	0 - 0	3.8	0 - 15
Taranaki	10	0	0 - 0	0	0 - 0
Waikato	20	0	0 - 0	2.6	0 - 35
Wairarapa	5	0	0 - 0	0	0 - 0
Waitemata	30	3.2	0 - 25	3.0	0 - 21
West Coast	5	0	0 - 0	0	0 - 0
Whanganui	5	0	0 - 0	2.0	0 - 10
National	280	1.13	0 - 45	3.55	0 - 60

The national average cost for a child under six to visit their General Practitioner in-hours was \$1.13 and the range was \$0 - \$45. The national average cost for a child under six to visit their General Practitioner after-hours was \$3.55 and the range was \$0 - \$60.

Costs were separated into six categories, and these are shown in Table 3.

Table 3: The number of practices within each cost range

Cost Range (\$)	In-hours	After-hours
Free (0)	265	236
0.01–5	0	8
5.01–10	1	3
10.01–20	8	9
20.01–30	4	17
30.01–40	1	3
40.01–50	1	0
50.01+	0	4

Overall, 95% (265/280) of the practices surveyed were free for children under six in-hours. Of the remaining 5% (15/280) of practices that charged for children under six in-hours, 53% (8/15) of them charged a fee ranging from \$10.01 to \$20.

The majority, 84% (236/280), of the practices surveyed were free for children under six after-hours. The remaining 16% (44/280) of the practices charged for children under six after-hours, and 39% (17/44) of these practices charged a fee ranging from \$20.01 to \$30.

Discussion

The main finding of this study is that in February 2013 just under half of the DHBs areas in NZ children under six were still charged for after-hours visits. Overall, 16% of the practices surveyed charged a fee for children under six after-hours.

This paper follows a survey conducted in 2007 that also looked at the after-hours costs for children under six to visit a General Practice, as outlined in a Child Poverty Action Group report.⁷ Compared to the previous survey this study is more comprehensive. In this investigation the sample size was increased significantly from 63 to 280 and utilised a stratified sampling approach. Accordingly the sample size is more representative of the entire New Zealand General Practice population and provides a more reliable and comprehensive set of information.

One limitation involved in this study analysis is the averaging of costs per DHB. This does not account for significant differences that are often seen in DHBs between General Practices. A clear example is shown with Canterbury DHB which had an average cost of \$1.30, but variation within the practices surveyed show a range from \$0 to \$40.

Another limitation is the categorisation of DHBs according to whether any practices charged a fee for children under six. For example, of the 30 practices that were surveyed from Counties Manukau DHB, 21 practices had free after-hours services for children under six. Because the other nine practices charged a fee for children under six after-hours this DHB was categorised as not providing free after-hours services. This applies to other areas where practice prices were added together and then averaged. However, as Table 3 shows, the comparison of practices gives a different picture from the one obtained by comparing DHB's.

The survey analysed in this paper was conducted in February 2013. At the time of writing this report, six months later, it is hoped that more practices may be offering free after-hours visits for children under six due to more pressure from the Government and other organisations. Consequently the percentage of DHBs offering free after-hours visits for children under six may be under-represented in this paper.

The results of the survey show that financial barriers to primary care have been reduced for many. In carrying out the survey it was found that geographical access to after-hours care remains an issue for many families living in smaller towns or rural areas; this is particularly true within DHBs that encompass a broad catchment area. For example for families in the Eastern Bay of Plenty town of Kawerau the nearest after-hours doctor is located at Whakatane Hospital, thirty-five kilometres away. Within the Waikato DHB the main centre of Hamilton is well serviced by an after-hours Accident and Medical centre, however, for those living in the small Coromandel town of Colville the closest option for after-hours care is at Thames Hospital, requiring a drive of approximately one hour and twenty minutes.

Some rural and small town practices get around the issue of distance by providing after hours care on-call, with local doctors taking in-clinic or house call appointments on a rotating schedule. Among the surveyed practices that did provide this service most did so free of charge for children under six, with a small number charging a variable travel fee where a house call was required. However, two practices surveyed admitted that this on-call service was becoming untenable as DHBs looked to centralise after hours care within their catchment area.

The question of what constitutes “after hours” care also became a point of discussion throughout the survey. Only four DHBs—Auckland, Waitemata, Counties Manukau and Canterbury—had 24-hour Accident and Medical centres. Amongst the other DHBs access to after-hours care was largely restricted to the evening and weekends, with the average closing time for Accident and Medical centres being 9pm. One purpose of the implementation of free after hours care for children under six was to curb the number of young children being taken to hospital Emergency Departments with issues that should be resolved by GPs,⁹ yet for families within a number of DHBs, the hospital Emergency Department is the only option once the local Accident and Medical centre has closed for the night.

In conclusion, there has been a reduction in cost barriers to primary health care for children under six in New Zealand. Most DHBs provide both in-hours and after-hours care without charge with exceptions in a few DHBs. The national average cost is now very low, but not free. The range of prices has reduced significantly compared to that of the previous Child Poverty Action Group study with all values starting off as free. However, 16% of the practices surveyed charge a fee for children under six after-hours. Therefore, more progress is still needed so that all children under-six in all areas are able to receive free in-hours *and* after-hours General Practitioner visits.

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