

Needs Assessment Summary

PRIMARY HEALTH CARE SYSTEM



*“Building one world class
health system for the Gold Coast.”*

phn
GOLD COAST

An Australian Government Initiative

Primary health care system

Local health needs and service issues

- Low proportion of people visiting GPs compared to national levels
- High numbers of people admitted to hospital or presenting to the emergency department
- High rates of non-urgent after-hours GP attendances with concerns of variability of quality
- High rates of hospitalisation for kidney and urinary tract infections, cellulitis, COPD and diabetes complications
- Current systems (including data) not always support population health approach and care coordination
- Limited uptake and meaningful use of My Health Record
- Currently limited ability to use data in general practice software to proactively plan care



Key findings

Primary Health Networks (PHNs) were established to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improve coordination of care to ensure patients receive the right care in the right place at the right time. This requires accessible, high quality and safe primary care services, including general practice, pharmacy and allied health. Effective prevention and management of health conditions in the primary care sector can avoid unnecessary and costly hospital admissions. Rates of potentially preventable hospitalisations are a national headline indicator for all PHNs.

Data suggests that the Gold Coast has relatively low rates of overall primary health care utilisation but high rates of after-hours services. The Gold Coast also has high rates of emergency department presentations and potentially preventable hospitalisations. Patient experience data suggests that the quality of primary health care services in the Gold Coast region is relatively high.

Evidence

Service utilisation data

Table 1 below provides a basic overview of the levels to which Gold Coast residents utilised various types of health care services between 2013-14 and 2015-16, ranging from seeing a General Practitioner (including after-hours) through to hospital admissions.

At 77%, the Gold Coast recorded the lowest proportion of adults who saw a GP in 2015-16 of all 31 PHNs in Australia. While this proportion has been increasing slightly over the past few years, it is still several percentage points lower than the national average. In contrast, the proportion of adults in the Gold Coast region who reported a hospital admission or presentation to a hospital emergency department (ED) was higher than the national average. Further, these proportions have been increasing over the past few years, despite the levels decreasing at a national level.

Table 1: Percentage of adults utilising various types of health services

INDICATOR		REGION	2015-16	2014-15	2013-14
 % of adults	who saw a GP in the preceding 12 months	Gold Coast	77.0	76.1	74.3
		National	81.9	82.9	82.2
	who admitted to any hospital in the preceding 12 months	Gold Coast	14.6	14.0	13.5
		National	12.7	13.5	12.8
	who went to any hospital emergency department for their own health in the preceding 12 months	Gold Coast	14.1	10.6	11.9
		National	13.5	14.6	14.3
who saw a GP after-hours in the preceding 12 months	Gold Coast	10.3	10.0	10.8	
	National	8.0	8.7	8.1	

Source: AIHW analysis of ABS, Patient Experience Survey 2015–16. Extracted from www.myhealthycommunities.gov.au on 28/08/17

Despite the overall proportion of people who saw a GP being lower than the national average, the number of people that had high use of GPs (defined as seeing a GP more than 12 times in the previous years) was 11.2% in 2015-16 for the Gold Coast region compared to a national average of 10.8%.

Table 2 below provides a regional breakdown of the average number of general practitioner attendances per person using data based on claims for services under the Medicare Benefits Schedule (MBS).

Table 2: Average number of GP attendances per person (age-standardised), by SA3 region

Region	2015-16	2014-15	2013-14	Change between 13-14 & 15-16
Broadbeach - Burleigh	6.6	6.5	6.3	+0.3
Coolangatta	6.3	6.1	6.0	+0.3
Gold Coast - North	6.7	6.5	6.5	+0.2
Gold Coast Hinterland	6.3	6.1	6.0	+0.3
Mudgeeraba - Tallebudgera	6.4	6.2	6.1	+0.3
Nerang	6.5	6.3	6.0	+0.5
Ormeau - Oxenford	6.8	6.5	6.3	+0.5
Robina	6.2	6.0	5.8	+0.4
Southport	6.8	6.6	6.5	+0.3
Surfers Paradise	6.4	6.2	6.1	+0.3
Gold Coast	6.5	6.3	6.2	+0.3
National	5.9	5.7	5.6	+0.3

Source: AIHW analysis of Department of Human Services, Medicare Benefits statistics 2015–16. Extracted from www.myhealthycommunities.gov.au on 28/08/17

This table shows that in all sub-regions on the Gold Coast, the number of general practitioner attendances per person is higher than the national average (2015-16). These figures are increasing for all regions, with an average increase of 0.3 attendances per person between 2013-14 and 2015-16 across the region. This roughly equates to around 200,000 more claims for GP attendances based on population size.

The provision of after hours GP attendances in the Gold Coast region was relatively high compared to other regions. In 2015-16, the rate of after-hours GP attendances for the Gold Coast region was 0.70 per person, compared to 0.48 nationally. The three sub-regions with the highest rates of after-hours attendances were Southport (0.89), Nerang (0.81) and Gold Cost-North (0.80). Table 3 below provides an overview of the change in services and providers for MBS-funded after-hours GP attendances for the Gold Coast region based on a number of categories.

Table 3: Number of MBS-funded after hours GP attendances for Gold Coast PHN region

Item	Services			Providers		
	2015-16	2014-15	2013-14	2015-16	2014-15	2013-14
Urgent attendance: after hours except unsociable hours	114,505	105,142	94,815	159	146	128
Urgent attendance: unsociable hours (i.e. 11pm to 7am)	16,456	19,192	16,394	68	62	56
Non-urgent after hours at consulting rooms	229,754	212,399	198,948	909	865	731
Non-urgent after hours at location other than consulting rooms	51,006	56,854	53,522	376	341	309

Source: Analysis of Medicare Australia Statistics, Department of Human Services.

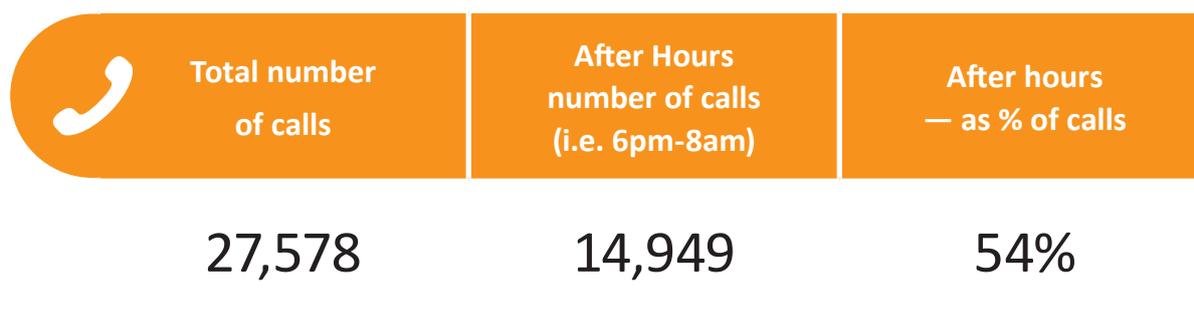
Overall, this data shows that the number of after-hours GP attendances and providers has been steadily increasing over the past three years. The total benefits paid through the MBS for after-hours GP attendances for the Gold Coast region in 2015-16 was over \$33 million, an increase of over \$4 million or 13% in benefits paid in two years. This mirrored national trends in rapidly rising rates of after-hours. Several concerns have been raised about the growth of after-hours services by the Medicare Benefits Schedule Review Taskforce, including:

- routine use of 'urgent' MBS items for services which may not be urgent
- not all urgent care can be provided at home
- urgent after-hours services growing because of new business models, not clinical need
- urgent after-hours home visits are often provided by clinicians less qualified than a patient's regular GP¹

Despite these concerns, it is widely recognised that access to after-hours primary health care plays an important role in minimising people with minor illnesses presenting to a hospital's emergency department (ED). However, it is difficult to predict the extent to which ED presentations are avoided.

Another initiative aimed at providing after-hours care that would otherwise lead to an emergency department presentation is 13 HEALTH, a confidential phone service providing health advice to Queenslanders. Callers can talk to a registered nurse 24 hours a day, 7 days a week for the cost of a local call. Registered nurses provide health-related advice over the phone. Table 4 below provides an overview of 13HEALTH utilisation data for the Gold Coast region in 2016-17.

Table 4: 13HEALTH utilisation, Jul 2016 to Jun 2017, Gold Coast region



Source: 13HEALTH usage data provided by Queensland Health

The top 3 suburbs by caller are Upper Coomera, Southport and Surfers Paradise. The top 3 age groups by patient were 0-5 years (33% of calls), 20-29 years (17%) and 30-39 years (14%). The top 3 reasons for calling were abdominal pain, unwell or Irritable newborn (0-3 months), and chest pain.

¹ Medicare Benefits Schedule Review Taskforce (2017) Preliminary report for consultation: Urgent after-hours primary care services funded through the MBS

As shown earlier in Table 1, rates of ED presentation and hospital admissions were higher on the Gold Coast than nationally, and these rates have been increasing in previous years. Table 5 below provides a breakdown of the number of ED presentations at public hospitals in the Gold Coast region by severity category.

Table 5: Number of presentations to emergency departments to Gold Coast public Hospitals, 2013-14 to 2015-16

 Severity category	2015-16	2014-15	2013-14	% change between 13-14 & 15-16
All categories	161,380	150,423	142,446	+13.3%
Resuscitation	2,460	1,861	1,334	+84.4%
Emergency	26,820	24,189	21,202	+26.5%
Urgent	87,402	80,471	73,997	+18.1%
Semi-urgent	41,665	40,997	42,414	-1.8%
Non-urgent	3,033	2,905	3,499	-13.3%

Source: National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD) extracted from www.myhospitals.gov.au on 29/08/2017

This data shows that while the number of ED presentations has been trending upwards, it is being driven by cases where an ED presentation was most likely appropriate. In fact, semi-urgent and non-urgent cases have both decreased, and the proportion of non-urgent cases of all ED presentations was only 1.9% in 2015-16. At a population level, it is difficult to estimate to what extent the high availability of after-hours GP services in the Gold Coast region helps to prevent ED presentations for less urgent cases.

The number of potentially preventable hospitalisations (PPHs) reported for a region can provide an indication of the effectiveness of that region's primary health care system in keeping people out of hospital. A PPH is described by the Australian Institute of Health and Welfare (AIHW) as 'admission to hospital for a condition where the hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management usually delivered in primary care and community-based care settings'.

In 2015-16, there were 678,374 hospitalisations recorded for the Gold Coast PHN region that were potentially preventable, which amounted to almost 2,700,000 of total hospital bed days. Table 6 below shows that the number of PPHs has been increasing significantly over the past three years across all categories.

Table 6: Rate of potentially preventable hospitalisation per 100,000 people, age-standardised, by category

Category	2015-16	2014-15	2013-14
Chronic	1,411	1,258	1,195
Acute	1,593	1,540	1,441
Vaccine-preventable	236	195	103
Total PPH	3,210	2,969	2,731

Source: AIHW analysis of the National Hospital Morbidity Database and ABS, Estimated Resident Population

The age group with the highest number of PPHs in the Gold Coast region is 65-84 years, followed by the 40-64 years age group. The Australian Commission on Safety and Quality in Health Care (ACSQHC) identified five priority conditions for PPHs in *The Second Australian Atlas of Healthcare Variation*, based on high hospitalisation rates and substantial variation across regions². These conditions were chronic

² ACSQHC (2017) *The Second Australian Atlas of Healthcare Variation*

obstructive pulmonary disease (COPD), heart failure, cellulitis, kidney and urinary tract infections (UTIs) and diabetes complications. Table 7 below shows the rates of PPHs for these five conditions, broken down by sub-region. Colour-graded columns are used to provide a visual comparison to the national average for each condition.

Table 7: Rate of potentially preventable hospitalisation per 100,000 people for selected conditions, age-standardised, by Statistical Area Level 3 (SA3), 2015-16

Region	COPD	Heart failure	Cellulitis	Kidney and UTIs	Diabetes complications
Broadbeach - Burleigh	198	157	231	392	174
Coolangatta	293	217	340	432	169
Gold Coast - North	303	215	350	431	221
Gold Coast Hinterland	143	143	272	343	104
Mudgeeraba - Tallebudgera	383	205	315	538	151
Nerang	251	152	283	387	280
Ormeau - Oxenford	357	250	284	431	168
Robina	293	192	252	472	222
Southport	345	260	296	445	278
Surfers Paradise	192	99	232	314	136
Gold Coast	280	195	288	416	199
National	260	211	253	288	183

Source: AIHW analysis of the National Hospital Morbidity Database and ABS, Estimated Resident Population

This data identified several potential ‘hot-spots’ for conditions that lead to PPHs in the Gold Coast region, such as:

- Mudgeeraba-Tallebudgera for COPD—47% higher than the national average
- Southport for heart failure—23% higher than the national average
- Gold Coast North and Coolangatta for cellulitis—38% and 34% higher than the national average respectively
- Mudgeeraba-Tallebudgera for kidney and urinary tract infections—87% higher than the national average
- Nerang and Southport for diabetes complications—53% and 52% higher than the national average respectively

The entire Gold Coast region is a hot-spot for kidney and urinary tract infections—it ranks 4th out of all 31 PHNs based on the rate of PPHs for those conditions.

Patient experience data

The Patient Experience Survey conducted by the ABS provides a snapshot of the experiences of patients interacting with the health system, including satisfaction, quality, accessibility and safety. Table 8 below shows the results of this survey across a range of relevant indicators for the Gold Coast PHN region.

Table 8: Findings from selected items of Patient Experience Survey, various years

Year of survey	Percentage of adults who reported:	Gold Coast (%)	Australia (%)
2013-14	Had a preferred GP	79.9	79.7
2013-14	Could not access their preferred GP	24.9	28.5
2013-14	Felt they waited longer than acceptable to get an appointment with a GP	15.0	22.6
2014-15	Felt their GP always or often listened carefully	90.7	90.3
2014-15	Felt their GP always or often showed respect for what they had to say	94.4*	93.3
2014-15	Felt their GP always or often spent enough time	88.5	88.9
2013-14	Did not see or delayed seeing a GP due to cost	4.9	4.9
2015-16	Saw three or more health professionals for the same condition	10.7	16.3
2015-16	Needed to see a GP but did not	10.5	14.1

*Interpret with caution. Estimate has a relative standard error of 25% to 50% and should be used with caution. Source: Australian Institute of Health and Welfare analysis of Australian Bureau of Statistics, Patient Experience Survey 2013-14, 2014-15 or 2015-16.

Almost all of these indicators represent a more positive result for the Gold Coast region compared to the rest of Australia. However, one indicator of particular interest is the ‘percentage of adults who saw three or more health professionals for the same condition in the preceding year’, where the Gold Coast result (10.7%) was significantly lower than the Australian result (16.3%). The Gold Coast region had the lowest result of all 31 PHNs across Australia. This could indicate that patients are more often able to access the appropriate provider and receive the treatment they need for their condition. However, it could also indicate potential issues with referral and care coordination arrangements between health professionals. Further investigation and consultation with service providers and consumers is required to determine the cause of this variation.

Service System

Services	Number in the GCPHN region	Distribution	Capacity discussion
General practices	180	<p>Clinics are generally well spread across Gold Coast; majority in coastal and central areas.</p> <p>3 general practices are available in the unsociable hours (after 6pm and before 8am) at Upper Coomera, Southport and Palm Beach</p>	<ul style="list-style-type: none"> 759 GPs on the Gold Coast¹ Average number of GPs per practice is 4.22¹ 1,225 non-GP staff working in general practices, including¹: <ul style="list-style-type: none"> 371 nurses 159 allied health professionals 113 practice managers 583 administration staff % of GPs aged under 35 years is the lowest represented age group, and has decreased in recent years 89% of GP attendances bulk-billed in 14-15 84% of practices are accredited or currently working towards accreditation¹ Gold Coast has slightly lower numbers of non-hospital nurses (e.g. practice nurses) than the rest of Queensland Limited use of data in GP software systems, variable quality of data, limited integration with other health data sets Limited use of My Health Record to date in Gold Coast and more broadly
Medical Deputising Services	4	<p>In-home and after hours visits from a doctor</p> <p>Available across Gold Coast region</p>	<ul style="list-style-type: none"> All consultations are bulk billed for Medicare and DVA card holders Appointments requested by phone or online depending on provider
Pharmacy	91	<p>Well distributed across the region</p> <ul style="list-style-type: none"> 64% are open after 6pm on weekdays, 30% after 8pm 97% open on Sat 76% open on Sun 55% open on a public holiday but with varying hours 	<ul style="list-style-type: none"> Medication dispensing Medication reviews Medication management Some screening and health checks Currently limited integration with other health data sets although increased uptake of My Health Record will effect this

Emergency departments	5	Southport and Robina (public) Southport, Benowa and Tugun (private)	<ul style="list-style-type: none"> • EDs at 2 public hospitals and 3 private hospitals in Gold Coast • Private insurance required for access to private EDs, may also be a gap payment • Limited integration with general practice data
Online and phone support	4	Phone or online	<ul style="list-style-type: none"> • Health Direct After Hours GP Helpline—after hours GP and pharmacy finder, health information and advice • 13HEALTH—health information and advice • Life Line Crisis Support service • PalAssist—24-hour palliative care support and advice phone line
Mobile and after hours dental service	2	Mobile or physically at service at Ashmore	<ul style="list-style-type: none"> • Private service with out-of-pocket costs • Accept DVA and private health insurance, but gap payment likely.

¹ Source GCPHN CRM March 2017



Consultation

Previous consultation with service providers and consumers has identified the following issues:

Primary care co-ordination

- Good, evidenced based care planning processes support delivery of comprehensive quality health care. Access for GPs to the best evidence based GP Care Plan template and process should be supported. (GCPHN Clinical Council, October 2017)
- Being able to identify and access the appropriate doctors and services is important (GCPHN CAC October 2017)
- A good rapport of a general practitioner fosters an open dialogue and trust (GCPHN CAC October 2017)
- Patients value more the personalised care at usual general practice and would like more treatment / services available there rather than having to attend other places. It is easier to access more, trusted, more likely to follow through (GCPHN CAC October 2017)
- Gold Coast general practitioners are generally satisfied with the quality of Gold Coast Health discharge summaries and letters from outpatient department, they were less satisfied with timeliness (GCPHN Primary Care Opinion Survey 2017)
- Case conferencing is underutilised. While case conferencing meetings occur in tertiary settings, general practitioners are rarely involved. (PHCIC September 2017)
- There is a need for skills development for GPs and other health practitioners in relation to multidisciplinary team care approaches, collaborative planning and case conferencing, as well as raising awareness about the kinds of services already available to support people with chronic conditions (Whole of region Primary Health Care Workforce Planning, South East Queensland Medicare Local, Final Report June 2014)
- Fee for service and current MBS structures do not incentivise best practice for chronic disease management, screening or prevention activity (PHN NGO Forum, 2015 & CAC meeting August, 2015 & Issues Shortlist Consultation, 2015) and is a particular impediment for practice nurses (PHCIC September 2017)
- There is limited understanding regarding a holistic view of health. For example, medication is often prioritised over lifestyle intervention. (PHN NGO Forum, 2015 & Issues Shortlist Consultation, 2015).
- There are different views on what the term “holistic” means with general practitioners seeing it as birth to death and family centred (PHCIC September 2017)
- There is a need to undertake early intervention with identified at-risk groups to improve health outcomes and reduce system costs (Shortlist Issues Consultation, 2015 & PHCSI Forum, 2015)
- Evidence-based improvement indicators such as quality-of-life, potentially preventable hospitalisations and mental health should be mainstreamed (PHCSI Forum, 2015)
- Training and staffing needs as accepted as part of doing business in the rapidly changing health environment and consistent access to quality training for practice staff is important (PHCIC September 2017).
- Refresher courses as well as more detailed information is requested (industry feedback 2017)

- GP engagement in quality improvement activities is low (PHCSI service mapping, 2015)
- GP were previously less engaged to lead quality improvement than practice nurses or practice managers (PHCSI Consultation, 2015) however over the last 12 months, following targeted efforts, there has been a noticeable increase in general practitioner involvement and leadership in quality improvement activities.
- General practitioners are increasingly working part time or in specific portfolios which needs to be considered in all engagement and coordination work (PHCIC September 2017).
- Currently limited ability to use general practice data to implement proactive care, data is of variable quality. This will become increasingly important as Quality practice incentive implemented (practice feedback)

After hours

- Feedback from the GCPHN Clinical Council was that there is a perception among service providers that quality of after hours service providers is variable and they may frequently refer people to EDs where not necessary to do so.
- The Clinical Council also noted the foreshadowed national level changes such as after hours MBS items and abolition of the Aged Care Practice Incentive Payment, there are concerns that there will be a significant reduction in accessibility in the after hours and at RACFs.
- It is believed that people will continue to use medical deputising services because it is flexible and there is limited cost to patient, however proposed changes to Commonwealth funding for these arrangements likely to impact provision of services (PHCIC September 2017).
- The hospital ED was the after-hours service accessed the most among consumers represented in consultation groups, followed by pharmacies and general practitioners)
- Urgency of situation and general practitioners were the predominant factors affecting CAC member choice of after-hours service
- A patient survey conducted in 2015 at EDs in Gold Coast public hospitals indicated that the seriousness of a person's condition was what drove their decision to attend the ED. The vast majority of respondents stated they would continue to present to ED even if they could have seen their GP within 24 hours—this was due to perceptions of quality, GP skills and services available within the ED (e.g. scans).
- Support for integrated care delivered to RACFs in after hours acknowledged as very important with some services (e.g. palliative care services) having difficulty in servicing demand. (PHCIC September 2017).
- Use of medical deputising services in RACFs “dilutes relationships” making consistency of quality more difficult (PHCIC September 2017).
- It can be challenging for general practitioners to visit RACF residents as accessibility to RACF staff to accompany them on visits is often difficult.

- GCPHN Community Advisory Council provided the following feedback (October 2017):
 - There were some very good experiences with the home visiting medical deputising services, being seen as convenient and effective.
 - Some concerns were raised about the variability of the quality of clinicians, wait times and areas such as Surfers Paradise not well serviced.
 - CAC members want to see a balance between convenience and appropriate use of government resources.
 - There is a limited understanding by public of costs associated with different after-hours options as most are experienced by patients as “free”, limited health literacy of access to service options
 - People feel more confident about going to ER, knowing that “the problem” will be sorted out.

Hospitalisations of aged care facility residents

- Skilled staff such as RNs are not necessarily on site in the after-hours time. Available staff may not have the skill to either make the right decisions or provide the right level of care. GPs indicated that having RNs on site would impact on their decision to send resident to hospital.
- Many RACFs indicated they do not have a policy or procedure to support decision making when sending a resident to hospital but felt having one would support their confidence in the decision making process.
- RACF residents often end up going to hospital as they are not able to access required tests or professionals in a timely way in the primary sector e.g. X ray services
- Doctors from Medical Deputising Services (MDS) may not be as skilled / confident as usual general practitioners, and decide to transfer to hospital to mitigate any professional risk.

Gold Coast Primary Health Network

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