"Building one world class health system for the Gold Coast."

GENERAL PRACTICE AND PRIMARY CARE

Needs Assessment Summary

2018

phn GOLD COAST

An Australian Government Initiative

General Practice and Primary Care

Identified local health needs and service issues

- Significant growth in the numbers of general practices and general practitioners
- Clinical handover, particularly to general practice on discharge from hospitals remains a significant issue
- While categories 4 and 5 ED presentations have remained stable, there has been strong growth in higher acuity categories, increasing demand on ED services
- Comparatively high rates of potentially preventable hospitalisations, with particular growth in vaccine preventable conditions (particularly pneumonia and influenza)
- Access to Information about services and resources to support general practice in key areas required
- My Health Record not yet embedded in usual practice for all providers and practices unable to provide detailed support to consumers
- While accreditation rates are currently high, there may be additional support required due changes in RACGP Standards and Quality Practice Incentive Payment
- Potential to increase use of data in general practice software to proactively plan care
- Frequently current systems (including MBS payments and data) do not support population health approach and care-coordination

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 the coordination of care to ensure patients receive the right care in the right place at the right time. Achieving this objective involves working directly with various providers within the health care system, particularly general practice. Since its establishment, Gold Coast Primary Health Network (GCPHN) has built on its past iterations (e.g. Medicare Locals, Divisions of General Practice) by continuing to implement various initiatives to support general practice and strengthen its communication and collaboration with the acute sector.

The data explored in this report suggests that Gold Coast have high rates of emergency department presentations and potentially preventable hospitalisation rates. However, residents also appear to have access and positive interactions with primary care services, particularly during the after-hours period, at higher rates than the national average.

Evidence

There are currently 197 general practices and 810 general practitioners (GPs) in the GCPHN region.[1] This reflects an increase of 9% and 7% respectively from the previous year.

Between 2014-15 and 2016-17, Gold Coast residents utilised various types of health services, including primary health, emergency and acute health services. Of all 31 PHNs in Australia, Gold Coast recorded the second lowest proportion of adults who saw a GP in 2016-17 (behind Northern Territory). In contrast, the proportion of adults in the Gold Coast who went to the ED is higher than the national average and appears to be increasing each consecutive year (see Table 1).

Table 1: Proportion of adults utilising health services by type

% of adults	Region	2016-17	2015-16	2014-15	Change (%) between 2014-15 & 2016-17
Who saw a GP in the preceding 12 months	Gold Coast	77.6	77.0	76.1	1.5
	National	82.5	81.9	82.9	-0.4
Who were admitted to any hospital in the preceding 12 months	Gold Coast	14.4	14.6	14.0	0.4
	National	12.6	12.7	13.5	-0.9
Who went to any hospital ED for their own health in the preceding 12 months	Gold Coast	16.0	14.1	10.6	5.4
	National	13.8	13.5	14.6	-0.8
Who saw a GP after hours in the preceding 12 months	Gold Coast	8.4	10.3	10.0	-1.6
	National	8.4	8.0	8.7	-0.3

Source: My Healthy Communities (2018), *Patient experiences in Australia in 2016-17*

Although the overall proportion of people seeing a GP is lower than the national average, those who did see a GP in 2016-17 tend to do so at a higher rate compared to the national average (6.5 vs 5.9 attendences per person per year) (see Table 2). This was consistent for all sub-regions on the Gold Coast and, overall, the rates appear to be increasing each consecutive year. The sub-regions with the highest rates of GP attendances per person in 2016-17 were: Ormeau – Oxenford (6.9), Nerang (6.7) and Southport (6.7).

Table 2: Age-standardised rate of GP attendances per person, by SA3 region

Region	2016-17	2015-16	2014-15	Change between 14-15 & 16-17
Broadbeach – Burleigh	6.6	6.6	6.5	+0.1
Coolangatta	6.1	6.3	6.1	-
Gold Coast – North	6.6	6.7	6.5	+0.1
Gold Coast Hinterland	6.4	6.3	6.1	+0.3
Mudgeeraba – Tallebudgera	6.5	6.4	6.2	+0.3
Nerang	6.7	6.5	6.3	+0.4
Ormeau – Oxenford	6.9	6.8	6.5	+0.4
Robina	6.2	6.2	6.0	+0.2
Southport	6.7	6.8	6.6	+0.1
Surfers Paradise	5.9	6.4	6.2	-0.3
Gold Coast	6.5	6.5	6.3	+0.2
National	5.9	5.9	5.7	+0.2

Source: My Healthy Communities (2018), *Medicare Benefits Schedule GP and specialist attendances and expenditure in 2016-17*

Similarly, the rate of after-hour (AH) GP attendances per person across the Gold Coast in 2016-17 was also higher than the national average (0.66 vs. 0.49 per year). However, while the rate of AH attendances has increased nationally over the last three years, the rate has decreased, overall, across the Gold Coast (see Table 3). The sub-regions with the highest rates of AH GP attendances in 2016-17 were: Southport (0.85), Nerang (0.77) and Gold Coast - North (0.75).

Table 3: Age-standardised rate of after-hour GP attendances per person, by SA3 region

Region	2016-17	2015-16	2014-15	Change between 14-15 & 16-17
Broadbeach – Burleigh	0.56	0.63	0.60	-0.04
Coolangatta	0.55	0.59	0.60	-0.05
Gold Coast – North	0.75	0.80	0.78	-0.03
Gold Coast Hinterland	0.44	0.46	0.42	+0.02
Mudgeeraba – Tallebudgera	0.53	0.59	0.59	-0.06
Nerang	0.77	0.81	0.76	+0.01
Ormeau – Oxenford	0.66	0.69	0.63	+0.03
Robina	0.58	0.60	0.60	-0.02
Southport	0.85	0.89	0.87	-0.02
Surfers Paradise	0.64	0.74	0.72	-0.08
Gold Coast	0.66	0.70	0.67	-0.01
National	0.49	0.48	0.43	+0.06

Source: My Healthy Communities (2018), *Medicare Benefits Schedule GP and specialist attendances and expenditure in 2016-17*

Aside from general practice, Gold Coast residents can also access AH support via 13 HEALTH, a confidential phone service providing health advice from a registered nurse 24 hours a day, 7 days a week for the cost of a local call. In 2016-17, more than 27,500 calls were made by Gold Coast residents, with 54% occurring during the AH period (i.e. between 6pm – 8am). The three suburbs with the greatest number of calls were Upper Coomera, Southport and Surfers Paradise. The top three age groups requiring phone advice were 0-5 years (33% of calls), 20-29 years (17%) and 30-39 years (14%), and reasons for calling were abdominal pain, unwell/irritable newborn and chest pain.

Emergency care can be accessed at two public hospitals located on Gold Coast: Gold Coast University Hospital and Robina Hospital. Table 4 highlights the number of patients presenting to ED in these hospitals from 2013-14 to 2016-17 according to each triage category. As Table 4 suggests, there has been an increase in the number of ED presentations with an annual growth rate of 4.8%. However, this growth is largely attributed to the increase in Category 1 and 2 presentations, which have increased at an annual rate of 29% and 10% respectively.

Table 4: Number of patients presenting to public hospital EDs in Gold Coast according to triage category

Triage Category	2016-17	2015-16	2014-15	2013-14	Average yearly change (%)
All categories	164,035	161,380	150,423	142,446	+4.8%
Category 1: Resuscitation	2,835	2,460	1,861	1,334	+29.0%
Category 2: Emergency	28,211	26,820	24,189	21,202	+10.1%
Category 3: Urgent	86,473	87,402	80,471	73,997	+5.4%
Category 4: Semi-urgent	43,102	41,665	40,997	42,414	+0.6%
Category 5: Non-urgent	3,414	3,033	2,905	3,499	0.0%

Source: My Hospitals (2017), Time spent in emergency departments in 2016-17

Category 4 and 5 presentations, which comprised 27% of all ED patients in 2016-17, are often used as an indicator of presentations that can be managed by general practice or primary health (i.e. non-urgent care). These presentations therefore provide an indication of the effectiveness of the region's primary health care system in preventing unnecessary hospital presentations.[2] The number of ED presentations for these two triage categories have remained stable between 2013-14 and 2016-17, which suggests that Gold Coast residents are utilising their GP for non-urgent care and attending ED for emergency situations.

Potentially preventable hospitalisations (PPH) represent another indicator of the effectiveness of the region's primary health care system in keeping people out of hospital. As described by AIHW, a PPH is an *'admission to hospital for a condition where the hospitalisation could have been prevented through the provision of appropriate individualised preventative health intervention and early disease management usually delivered in primary care and community-based care settings'.*

In 2015-16, there were 678,374 PPHs recorded in the GCPHN region, which equated to a total approximate of 2.7 million hospital bed days. The rate of PPHs have been increasing significantly over the past three years at rates higher than the national average across all categories (see Table 5).

2 AIHW. (2014). *Australian hospital statistics 2013-14: Emergency department care.*

Table 5: Age-standardised rate of PPHs per 100,000 people, by PPH category

	Gold Coast			National		
	2015-16	2014-15	2013-14	2015-16	2014-15	2013-14
Chronic PPHs	1,411	1,258	1,195	1,205	1,148	1,123
Acute PPHs	1,593	1,540	1,441	1,263	1,223	1,202
Vaccine-preventable PPHs	236	195	103	199	175	128
Total PPHs	3,210	2,969	2,731	2,643	2,522	2,437

Source: My Healthy Communities (2017), *Potentially preventable hospitalisations in 2015-16*

The Australian Commission on Safety and Quality in Health Care (ACSQHC) identified five PPH conditions as a priority for action: chronic pulmonary obstructive disease (COPD), congestive heart failure, cellulitis, kidney and urinary tract infections, and diabetes complications. As Table 6 highlights, there are a number of 'hot spot' areas within the GCPHN region that report rates of PPHs well above the overall national and Gold Coast average. In particular, Gold Coast – North and Southport not only had the highest rates of PPHs overall, but also higher rates of PPHs across all five priority conditions.

Table 6: Age-standardised rate of PPHs per 100,000 people for selected conditions by SA3 region, 2015-16

Region	Total PPHs (rate)	COPD	Heart Failure	Cellulitis	Kidney and UTIs	Diabetes complications
Broadbeach – Burleigh	2,754	198	157	231	392	174
Coolangatta	3,207	293	217	340	432	169
Gold Coast – North	3,510	303	215	350	431	221
Gold Coast Hinterland	2,611	143	143	272	343	104
Mudgeeraba – Tallebudgera	3,346	383	205	315	538	151
Nerang	3,159	251	152	283	387	280
Ormeau – Oxenford	3,417	357	250	284	431	168
Robina	3,285	293	192	252	472	222
Southport	3,732	345	260	296	445	278
Surfers Paradise	2,710	192	99	232	314	136
Gold Coast	3,210	280	195	288	416	199
National	2,643	260	211	253	288	183

Below National average

Above Gold Coast and National average

Source: My Healthy Communities (2017), *Potentially preventable hospitalisations in 2015-16*

Patient experiences

The Patient Experience Survey is conducted annually by the Australian Bureau of Statistics provides an indication of people's experiences of the health system at a local level. Good experiences can be associated with quality healthcare, clinical effectiveness and patient safety. Health experiences have also been measured using the 2016 Coordination of Health Care Study, which had a specific focus on understanding the experiences with coordination and continuity of care by people aged 45 years and over who had at least one GP visit in the 12 months prior. Table 7 and Table 8 highlight the results for GCPHN in comparison to the national average for these two surveys.

Table 7: Findings from selected items of Patient Experience Survey, various years

Year of survey	Percentage of adults who reported:	Gold Coast (%)	National (%)
2016-17	Report their health as excellent, very good or good	88.0	85.3
2016-17	Felt their GP always or often listened carefully	91.6	91.6
2016-17	Felt their GP always or often showed respect for what they had to say	93.7	94.1
2016-17	Felt their GP always or often spent enough time	91.9	90.6
2016-17	Delayed or did not see a medical specialist, GP, get an imaging test and/or get a pathology test when needed due to cost	5.2*	7.6
2016-17	Needed to see a GP but did not	9.3	14.1
2016-17	Saw three or more health professionals for the same condition	13.7	16.7

*Interpret with caution. Estimate has a relative standard error of 25% to 50%, which indicates a high level of sampling error relative to its value and must be considered when comparing this estimate with other values.

Source: My Healthy Communities (2018), Patient experiences in Australia in 2016-17

Table 8: Findings from the Coordination of Health Care Study, 2016

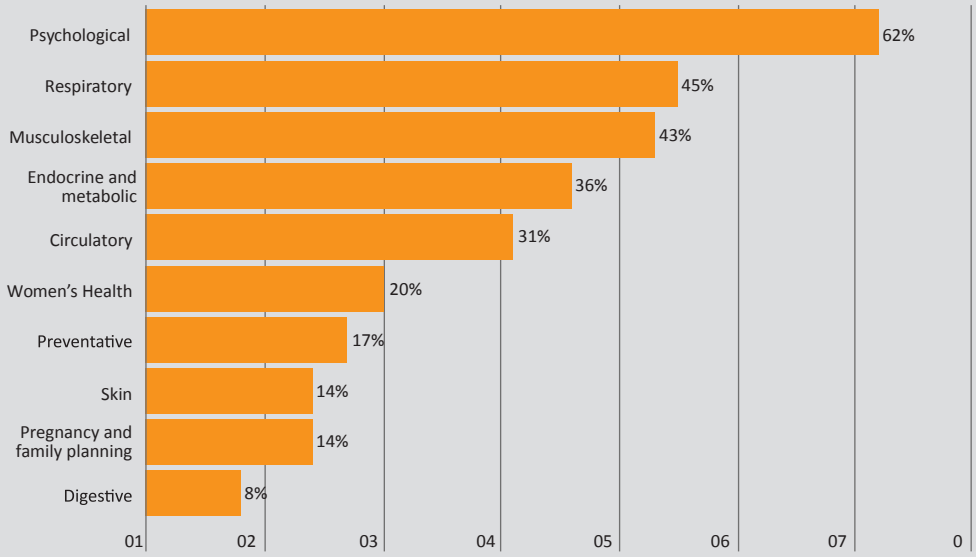
Year of survey	Percentage of adults who reported:	Gold Coast (%)	National (%)
2016	Care rated by patient as excellent or very good	87.2	84.1
2016	Patient involved in decisions about their care	89.6	89.1
2016	Test results were explained in a way that patient could understand	95.0	92.9

Source: My Healthy Communities (2018), Coordination of health care – experiences with GP care among patients aged 45 years and over, 2016

For most indicators, the findings suggest that Gold Coast residents have a similar, if not slightly better, experience with the local primary health care system when compared nationally. Specifically, Gold Coast residents are more likely to rate their own health and the care provided to them as good, very good or excellent. Of all indicators, the 'saw three or more health professionals for the same condition' measure in Table 7 is most noteworthy given that Gold Coast has the fourth lowest proportion of all 31 PHNs. However, it is unclear whether this is due to the increased capability of Gold Coast GPs to accurately diagnose and manage a condition, or issues related to referral and care coordination arrangements and, as such, may warrant further consultation.

General Practitioner Experience

Percentage of GP's who identified these conditions when asked 'What are the three most common ailments you are dealing with?"



General Practice Health of the Nation 2018 report

More than half of GPs surveyed said mental health issues caused them the most concern for the future followed by obesity, diabetes, aged care and the ageing population, drug addiction and chronic pain and palliative care.

Source: General Practice Health of the Nation 2018 report

My Health Record (MyHR)

As at September 2018 the following local providers had registered for MyHR Gold Coast

- 175 general practice (approx. 90% of general practice now registered to participate in MyHR)
- 97 community pharmacies (approx. 72% of pharmacies)
- 27 allied health providers
- 12 private specialists
- While both uploads to and views of My Health Record are increasing, use is still quite limited across the sector.

Service Mapping

Service type	No. in GCPHN region	Distribution	Capacity

General practice	197	Clinics are generally distributed across the Gold Coast, with the majority located in coastal and central areas.
		
		Three general practices are available in the after-hours period (after 6pm and before 8am) at Surfers Paradise, Southport and Palm Beach. There are a number of practices open in extended hours for example Saturday and late night to 9pm. This varies from practice to practice and covers areas including Upper Coomera and Tamborine.
			• 810 GPs on the Gold Coast
			• 23 practices deliver speciality services such as skin checks
			• Average number of GPs per practice: 4.1
			• Non-GP staff working in general practice include:
			  • 378 nurses
			  • 180 allied health staff
			  • 122 practice managers
			• % of GPs aged under 35 years is the lowest represented age group, and has decreased in recent years
			• 83% of practices are accredited or currently working towards accreditation

Medical Deputising Services	4	In-home and after-hour visits from a doctor. Available across most of Gold Coast region with hinterland areas less well serviced	• All consultations are bulk-billed for Medicare and DVA card holders • Depending on the provider, appointments requested by phone or online.

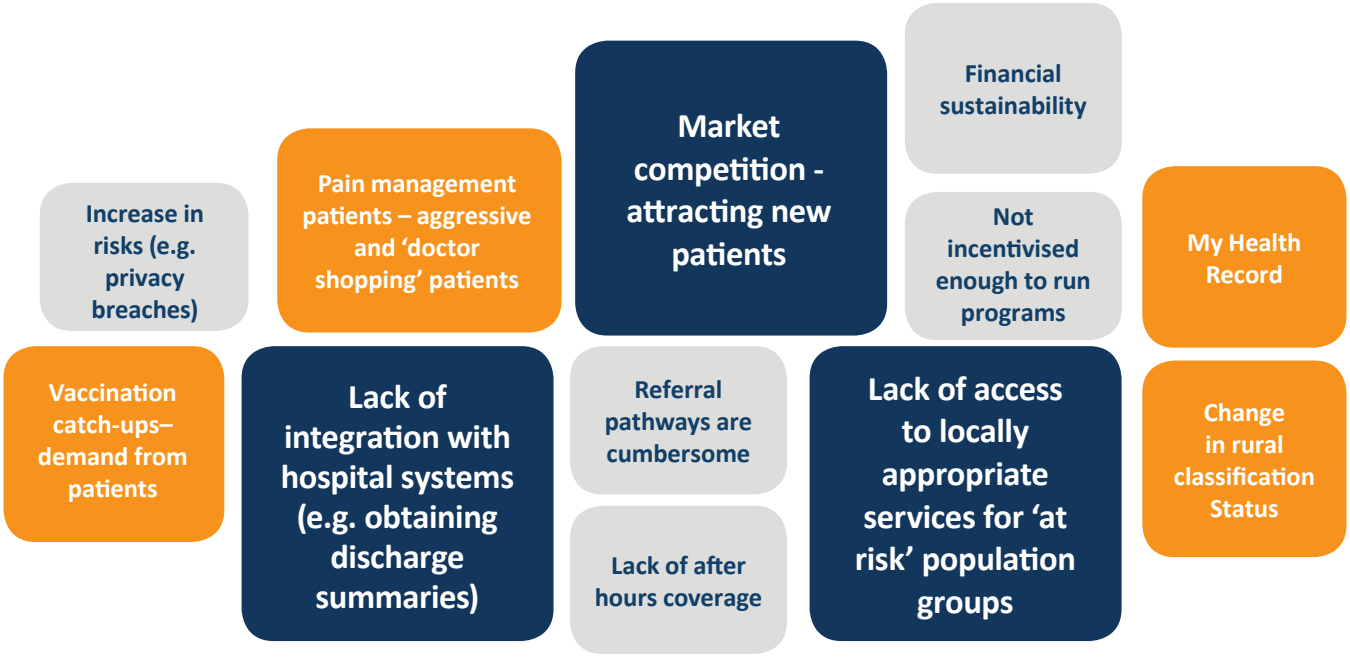
Service type	No. in GCPHN region	Distribution	Capacity
Pharmacy	91	Well distributed across the region: • 64% are open after 6pm on weekdays, 30% after 8pm • 97% are open on Saturday • 76% are open on Sunday • 55% are open on a public holiday	• Medication dispensing • Medication reviews • Medication management • Some screening and health checks • Currently limited integration with other health data sets although increased uptake of My Health Record may affect this.
Emergency departments (ED)	5	Southport and Robina (public) Southport, Benowa and Tugun (private)	• Private health insurance is required to access private EDs. A gap payment may also be incurred. • Limited integration with general practice data • Residents near borders may also frequent nearby hospitals such as Tweed District, Logan and Beaudesert Hopsitals • The drivers for increase in Cat 1,2 and 3 presentations are unclear and could be explored further with Gold Coast Health
Online and phone support	4	Phone or online	• Health Direct After Hours GP Helpline – after hours GP and pharmacy finder, health information and advice • 13 HEALTH – health information and advice • Lifeline Crisis Support Service • PalAssist – 24-hour palliative care support and advice line

Source: *GCPHN Client Relationship Management System*

Consulation

In 2018 focus groups were conducted by an external consultant Impact Co. with 13 Gold Coast general practices. As part of the process practice staff were asked about challenges for general practice. The following themes emerged:

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



Primary care co-ordination

- Access to information about services available in the region, including a "navigation component" is needed because it is difficult for practices to know what is available there and it changes frequently (PHIC November 2018)
- High quality, 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 with a general practitioner fosters an open dialogue and trust (GCPHN CAC October 2017)
- Patients value 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 were generally satisfied with the quality of Gold Coast Health discharge summaries and letters from outpatient department, however 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)

- Fee for service and current MBS structures do not incentivise best practice for chronic disease management, screening or prevention activity and is a particular impediment for practice nurses (PHCIC September 2017)
- 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)
- 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). It should be noted that education and training for some high potentially preventable hospitalisation conditions such as chronic wound management are well attended.
- Refresher courses as well as more detailed information is requested (industry feedback 2017)
- 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 and data is of variable quality. This will become increasingly important as Quality Practice Incentive Payment 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 (2017).
- 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 (2017 and 2018).
- 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).
- Urgency of situation and general practitioners were the predominant factors identified by CAC members as influencing choice of after-hours service (2017)
- 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 doctors and general practitioners to visit RACF residents as accessibility to RACF staff to accompany them on visits is often difficult and patient information is not always easily accessible. (2018 consultation with Medical Deputising Services)

- 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.

Opportunities

One of the roles PHNs is to support general practice to:

- Adopt best practices methods to support general practice to improve quality of care
- Promote and improve the uptake of practice accreditation
- Assist general practice in the understanding and meaningful use of digital health systems
- Develop health information management systems to inform quality improvement, specifically use of clinical data in general practice
- Promote the Practice Incentives Program including the Quality Improvement PIP

This provides context to consider building capacity in the primary health sector. To date, GCPHN has facilitated a number of activities as guided by the Commonwealth. Specifically, GCPHN provides support to general practice in a tiered approach, reflected by four levels. Demonstrated in Figure 1 below, these levels of practice support range from low level assistance (Tier 1) to high level practice activity (Tier 4).

Figure 1: Tiered approach to practice support

In July 2018, GCPHN engaged with 46 individuals from 12 general practices across the region to better understand the experience amongst general practices, including GPs, practice managers and practice nurses, have in interacting with the PHN. Amongst other things, this engagement asked participants to consider what the PHN does well and what it can improve on. Consultations also occurred with the General Practice Liaison Unit (GPLU) and Primary Health Care Improvement Committee (PHCIC).

The following sections provide the key themes that emerged from the consultation process and potential next steps according to the key activities delivered by GCPHN.

Access to Clinical Audit Tools

According to the Commonwealth, PHNs are to develop health information systems to inform quality improvement in health care, specifically in the collection and use of clinical data within general practice.

The Pen Clinical Audit Tool (also known as PEN CAT), allows practices to analyse their patient and billing data so that they can devise strategies to improve patient care and report on quality improvement activities. GCPHN currently engages with 141 general practices that use PEN CAT.

The level of support provided by GCPHN to use the tool is related to the tiered level of practice support. For example, Tier 2 practices are provided quarterly reports while Tiers 3 and 4 practices are provided additional resources to improve data quality improvement and population health management.

Consultation Feedback:

Of the participating practices that had experience with GCPHN's clinical audit activities, specifically PEN CAT, the majority (73%) were satisfied or very satisfied. Having access to the tool, rather than the quarterly reports, was considered to be of greater benefit. However, the level of knowledge with using the tool differed across practices.

Tier 3 general practices could all recall some form of interaction or support provided by the GCPHN on how to access the clinical audit tool. By contrast, for Tier 2 general practices, several practice managers and practice nurses reported 'self-teaching' themselves how to navigate and use the tool. The value and usefulness of the quarterly reports provided by GCPHN also varied across practices.

Next Steps:

1. Provide additional support to demonstrate to general practices how to best use PEN CAT

As most practices rated the clinical audit tool highly, alternative ways to support practices will be explored by GCPHN so that practices are able to best use the tool to their advantage. This includes online webinars or easily accessible manuals to enable practices to better integrate their learnings.

This was a point that was reinforced by the PHCIC, whose members noted that any work that GCPHN could do in this domain to build the capacity of general practices to use PEN CAT will be highly beneficial.

Refine the format of the quarterly reports to better suit the needs of general practice

This includes adopting a more simplified format with clear 'take home' messages for general practices. Where possible, comparative data across other like practices will also be explored. Further support will also be provided to guide general practices on how to best to review and interpret the quarterly reports.

Practice Visits for Quality Improvement

Practice visits are a critical aspect of building engagement between GCPHN and general practices across the catchment, enabling practices to implement and participate in quality improvement activities.

Consultation Feedback:

The perceived value of practices visits for quality improvement purposes varied across participating general practices. As per the tiered approach to practice support, Tier 3 general practices had more interactions with or visits from with the GCPHN than Tier 2 general practices. Of all practice staff, practice managers had the most interactions with GCPHN compared to GPs who appeared to have the least.

Next steps:

1. Refine existing, and explore new, communication mechanisms to more effectively engage practices and practice staff

As the level of satisfaction with practice visits was consistent with the practice support tiering of a general practice, GCPHN will seek to refine its communication strategy so that it can more effectively articulate the purpose and nature of practice visits. Establishing expectations may assist in achieving more positive experiences amongst different practice staff with practice visits. A refined strategy will also identify ways to communicate in a voice that will resonate with GPs. As highlighted by the PHCIC, this should include an exploration of other communication mechanisms beyond face-to-face interactions.

Initiate capacity building activities, focusing on new practices

There is a growing recognition that an effective primary care system is dependent on an engaging and productive workforce. This involves an improvement in, or maintenance of, the work/life balance of health care providers (reflecting the Quadruple Aim). The Commonwealth has also demonstrated its commitment to this objective through various literature.

In light of this, the GCPHN will seek to identify and initiate measures to support the resilience and wellbeing of the sector. Initially, this will focus on new clinicians and new practices who are seeking an introduction to the local primary care system.

Digital Health Support

PHNs have a responsibility to assist general practice in the understanding and meaningful use of digital health systems to streamline the flow of relevant patient information.

To date, GCPHN has placed a priority focus on digital health in recognition that safe, better quality healthcare can be delivered with the shared and secured transfer of health information. As such, GCPHN works with general practices to assist them in uploading their patient's shared health summary and support the sharing of vital information with other healthcare professionals.

Consultation Feedback:

By far, the most pressing issue faced by general practices was the integration or communication with hospitals, particularly with respect to the timeliness or lack of discharge summaries of patients. Many practices also commented on the time and cost associated with downloading referral templates to the hospitals, indicating that the templates could not be populated with the data from their practice software.

The My Health Record (MyHR) was also considered to be a key challenge faced by general practices in the catchment. All practices engaged in the consultation process reported some form of support or interaction

with the GCPHN related to digital health, which, as identified by the PHCIC, was due to the strong PHN branding used in a communication campaign. Interactions ranged from reading information through the newsletter, attendance at an information session or a practice visit from a GCPHN representative. Of the participants that had experienced some form of digital health support, 85% were either satisfied or very satisfied with the support received. However feedback received by GCPHN when educating practices and supporting to embed in usual systems, highlights concerns that general practice don't have the capacity to support consumers to maximise personal benefit of MyHR.

Next Steps:

1. Continue to proactively support the digital health needs of general practice

As digital health, specifically My Health Record, is a current and pertinent challenge for general practices, GCPHN will continue to be proactive in supporting practices through its different mechanisms.

2. Explore, trial and implement new models to deliver seamless patient care between general practice and Gold Coast Health

GCPHN recognises the role it can play as a facilitator in improving the integration and communication between general practices and hospitals. Together with the GPLU, GCPHN will seek to commence a pilot project focused on improving the timeliness of discharge summaries (i.e. issued within 24 hours of discharge) within the year. This will leverage the strong reputation of the GPLU, who is well known and respected within the catchment.

Accreditation Information

Meeting the Standards for General Practice set by the Royal Australian College of General Practitioners (RACGP) through accreditation demonstrates the commitment of the practice to delivering high quality, safe and effective care to its patients. Achieving accreditation also provides access to Commonwealth's Practice Incentives Program (PIP) and the PIP Quality Improvement (QI) Incentive.

Improving the uptake of practice accreditation and promoting participation in these Commonwealth programs is a responsibility of PHNs.

Consultation Feedback:

Practices were aware of the release of RACGP's 5th Edition of the Standards of General Practice. However, there was uncertainty on how the changes would implicate their practice. That said, most general practices were not aware that GCPHN provided any support or information on accreditation. This was reflected by the fact that 70% of participants indicated that they were either dissatisfied with the role played by GCPHN or not aware that this activity was carried out by the GCPHN. Tier 3 general practices were more likely to report they were satisfied with accreditation information than Tier 2 general practices.

Subsequent consultation over 2 meetings with the Primary Healthcare Improvement Committee indicated the following:

- GCPHN role with respect to accreditation, not currently clear with mixed views amongst general practices of the work that GCPHN does (and the capability that it has) to support general practices with accreditation.
- Concern from practices regarding compliance with new RACGP standards

Next steps:

1. Better define GCPHN's role in supporting general practices with accreditation

As most practices considered that the GCPHN had some form of responsibility in supporting general practices with accreditation and achieving consistency across practices, GCPHN will reconsider its role in this area. Having done so, it will communicate clearly to set expectations of and raise awareness amongst general practices.

Education and Training Sessions

As part of its remit to support the adoption of best practice to improve the quality of care, GCPHN assists healthcare professionals through facilitating professional education events and training sessions. These education events are predominately at GPs, nurses and allied health professionals.

Consultation Feedback:

Overall, general practices were satisfied with the quality of the events and training sessions facilitated by GCPHN. Participants in the consultation process found the events to be well organised and easy to register. However, they also highlighted the following:

- The location and timing of the events were often to the detriment of some practices. For example, some events were held one hour away from some practices.
- GPs were less likely to attend an event or training session held by the PHN because of the lack of availability and relevance or interest in the presenting topic.
- Some events (e.g. immunisation) were in high demand and tended to book out in advance. Some practices reported missing out.
- More events catered to practice management and administration would be of benefit.

Next steps:

1. Explore alternative avenues to deliver education and training, particularly for GPs

Explore the feasability of providing an online or webinar option for training to enable practice staff to access training provided by GCPHN in their own time (and at their own location). This includes events that are more clinically focussed to obtain greater traction with GPs.

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