Gold Coast Primary Health Network
NEEDS ASSESSMENTS 2020
AFTER HOURS

phn
GOLD COAST

An Australian Government Initiative

AFTER HOURS

Local health needs and service issues

• Increasing rate of non-urgent general practice after-hours services among people aged 80 years and over

• Ageing population indicates more people accessing after-hours general practice services

• Gold Coast rate for potentially preventable hospitalisations above the national rate in 2017-18

• Coolangatta SA3 region had the highest rate of lower urgency After Hours Emergency Department presentations while also having the lowest rate of after-hours GP presentations among all Gold Coast SA3 regions

• Focus on preventive health interventions and early disease management in primary care and community-based care settings to prevent potentially preventable hospitalisations

• While categories four and five Emergency Department (ED) presentations have remained stable, there has been growth in higher acuity categories, increasing demand on ED services

• Limited after-hours mental health services in Ormeau-Oxenford region

AFTER HOURS

Key findings

Overall, the Gold Coast region has good access to after-hours care for patients within general practice services, with the highest rates of service delivery (GP subtotal after-hours attendances) per 100 people by General Practitioners in Queensland in 2018/19.

Rate of use of emergency departments for lower urgency care on the Gold Coast during after-hours in 2018/19 is the second lowest in Queensland while also being below the national rate, per 1,000 people.

Non-urgent after-hours services delivered by GP's for people aged 80 years and over was the highest representation on the Gold Coast per 100 people for after-hours GP attendances.

In 2018/19, older people aged 65 and over were more likely to present to general practice during after-hours for care compared to younger age cohorts, this trend is seen at both national and Gold Coast level. People aged 65 and over are less likely to present to Emergency Departments in after-hours period for lower urgency, this trend is seen at both national and Gold Coast level.

Chronic and acute potentially preventable hospitalisations on the Gold Coast were above the national rate in 2017/18.

Overview

After-hours primary care is accessible and effective primary health care for people whose health condition cannot wait for treatment until regular primary health care services are next available. It should not be a substitute for primary health care that could otherwise occur "In-hours".

Primary Health Networks (PHN) work with key local stakeholders to plan, coordinate and support after-hours health services. PHNs provide an opportunity to improve access to after-hours services that are designed to the specific needs of different communities.

Within general practice, "after-hours" services are provided on a public holiday, a Sunday, before 8am or after 1pm on a Saturday (after 12pm for urgent care or at a place other than a consulting room) or before 8am or after 8pm on a weekday (after 7pm for urgent care or at a place other than a consulting room).

After-Hours GP attendances

The rate of after-hours GP attendances per 100 people on the Gold Coast (61.5) in 2018-19 was above the national rate (49.0). The rate of after-hours attendances decreased on the Gold Coast from 2015-16 (68.8) while the national rate has increased from 2015-16 (47.7) (Table 1).

Table 1. GP subtotal after-hours attendances includes urgent and non-urgent after-hours GP care per 100 people, National, Gold Coast including SA3 regions, 2015-16 to 2017-18
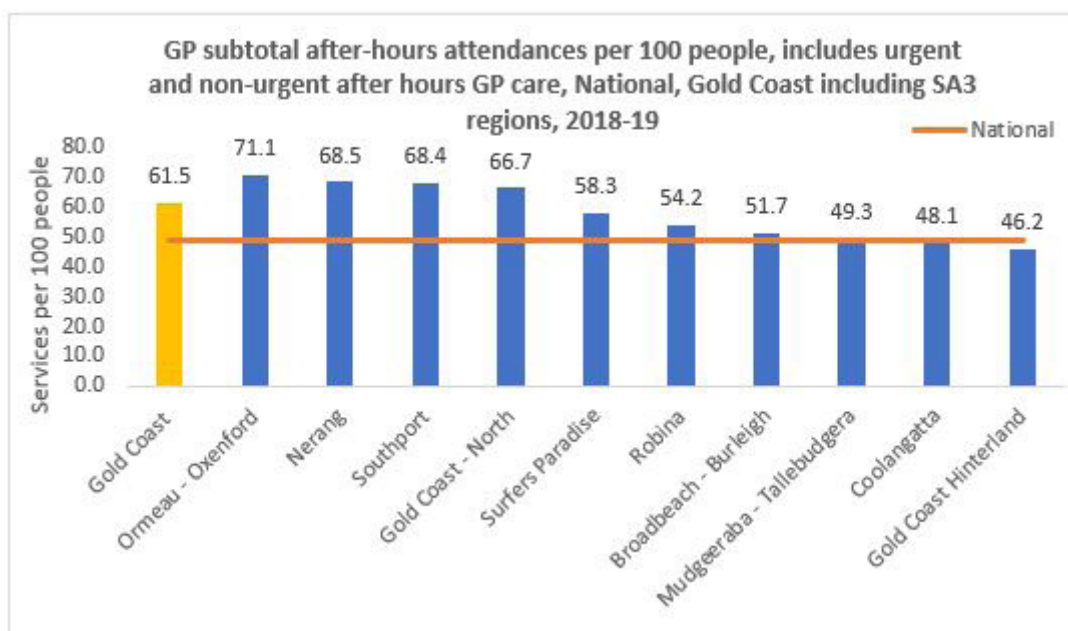
	2018-19	2017-18	2016-17	2015-16
National	49.0	49.9	49.2	47.7
Gold Coast	61.5	65.1	66	68.8
Broadbeach - Burleigh	51.7	53.1	56.5	62.6
Coolangatta	48.1	53.2	54.7	56.4
Gold Coast - North	66.7	73.5	75.4	78.1
Gold Coast Hinterland	46.2	45	43.5	41.4
Mudgeeraba - Tallebudgera	49.3	51.7	53.7	55.8
Nerang	68.5	74	77.4	80.5
Ormeau - Oxenford	71.1	70.4	66	68.8
Robina	54.2	57.9	58	59.5
Southport	68.4	78.5	84.9	87.6
Surfers Paradise	58.3	63.6	63.9	67.3

Source: Medicare-subsidised GP, allied health, and specialist health care across local areas: 2013-14 to 2018-19
(Please note, all results are based on the patient's Medicare enrolment postcode, not where they received the health care service)

Ormeau-Oxenford (71.7) had the highest rate per 100 people for after-hours GP attendances while Gold Coast Hinterland (46.2) had the lowest rate in 2018-19 (Figure 1).
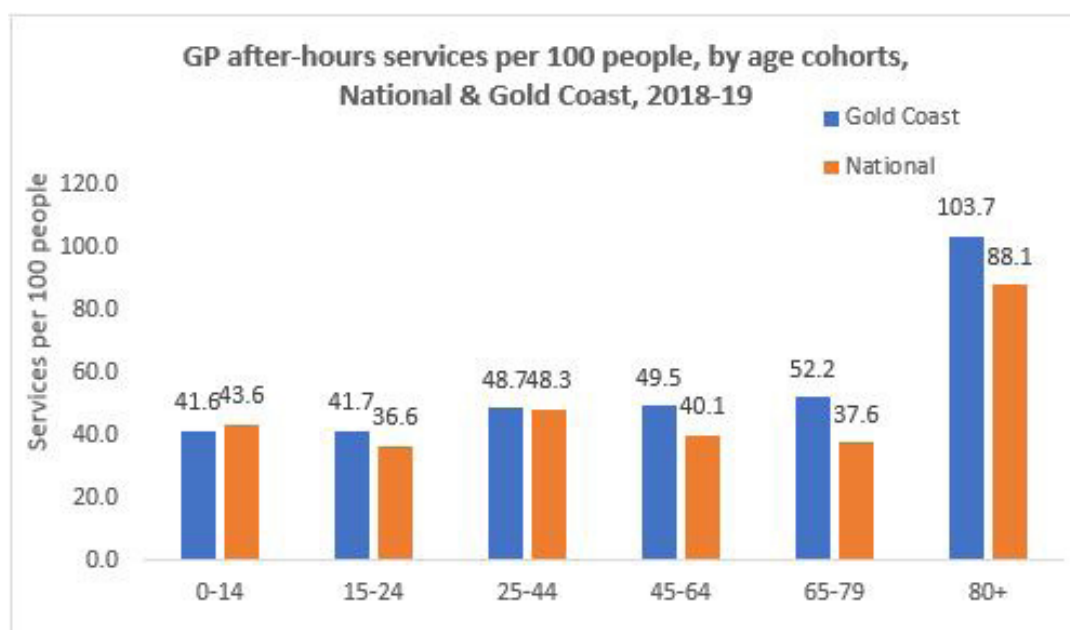
Figure 1. GP subtotal after-hours attendances includes urgent and non-urgent after-hours GP care per 100 people, National, Gold Coast including SA3 regions, 2018-19.

Source: Medicare-subsidised GP, allied health, and specialist health care across local areas: 2013-14 to 2018-19(Please note, all results are based on the patient's Medicare enrolment postcode, not where they received the health care service)

Age cohorts that access after-hours GP services is highest among people aged 80 years and over for both Gold Coast (103.7) and national (88.1) in 2018-19 per 100 people (Figure 2).

Figure 2. GP after-hours services per 100 people by age cohorts, National & Gold Coast, 2018-19

Source: Medicare-subsidised GP, allied health, and specialist health care across local areas: 2013-14 to 2017-18(Please note, all results are based on the patient's Medicare enrolment postcode, not where they received the health care service)

Urgent after-hours GP attendance

An urgent after-hours GP attendance is where the patients' medical condition requires urgent assessment to prevent decline or potential decline in health and the assessment cannot be delayed until the next in-hours period.

The rate of urgent after-hours services per 100 people on the Gold Coast (12.2) in 2018-19 was over 50% higher compared to the national rate (4.78). Ormeau-Oxenford (14.5) had the highest number of urgent after-hours GP attendances while Gold Coast Hinterland (5.5) had the least number per 100 people in 2018-19. (Table 2).

Table 2. GP After-hours (urgent) attendances, services per 100 people, National, Gold Coast including SA3 regions 2015-16 to 2018-19

	2018-19	2017-18	2016-17	2015-16
National	4.78	6.3	7.2	7.7
Gold Coast	12.2	17	19.9	22.4
Broadbeach - Burleigh	11.0	14.9	17.7	20.8
Coolangatta	10.9	16	18.3	18.7
Gold Coast - North	13.7	18.6	21.6	24.9
Gold Coast Hinterland	5.5	7.8	9.2	9.3
Mudgeeraba - Tallebudgera	10.5	14.3	16.4	18.4
Nerang	13.4	18.6	22.1	25.6
Ormeau - Oxenford	14.5	21.2	25.2	28.6
Robina	11.2	15.3	17.3	19.1
Southport	13.4	17.4	20.8	23.6
Surfers Paradise	7.7	10.4	13.3	14.4

Source: Medicare-subsidised GP, allied health, and specialist health care across local areas: 2013-14 to 2017-18
(Please note, all results are based on the patient's Medicare enrolment postcode, not where they received the health care service)

Non-urgent after-hours GP attendance

Non-urgent after-hours GP attendances vary in time and complexity and includes home visits and visits to Residential Aged Care Facilities.

The rate of non-urgent after-hours services per 100 people on the Gold Coast (49.3) in 2018-19 was higher compared to the national rate (44.2). Ormeau-Oxenford (56.6) had the highest number of non-urgent GP after-hours attendances while Coolangatta (37.2) had the least number of non-urgent GP after-hours attendances per 100 people in 2018-19 (table 3).

Table 3. GP After-hours (non-urgent) attendances, services per 100 people, 2015-16 to 2018-19
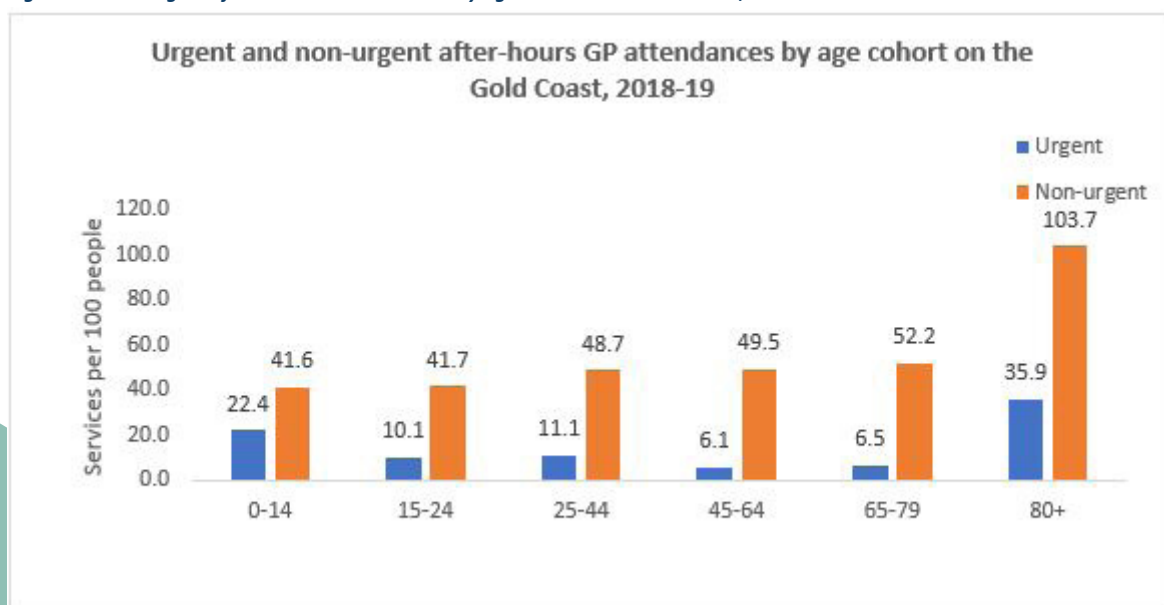
	2018-19	2017-18	2016-17	2015-16
National	44.2	43.6	41.9	40
Gold Coast	49.3	48.1	46.1	46.4
Broadbeach - Burleigh	40.7	38.2	38.9	41.8
Coolangatta	37.2	37.2	36.4	37.7
Gold Coast - North	53.0	54.9	53.8	53.2
Gold Coast Hinterland	40.7	37.2	34.3	32.1
Mudgeeraba - Tallebudgera	38.9	37.4	37.3	37.4
Nerang	55.1	55.4	55.3	54.9
Ormeau - Oxenford	56.6	49.2	40.8	40.2
Robina	43.0	42.6	40.7	40.4
Southport	55.1	61.1	64.1	64
Surfers Paradise	50.6	53.2	50.6	52.9

Source: Medicare-subsidised GP, allied health, and specialist health care across local areas: 2013-14 to 2017-18
(Please note, all results are based on the patient's Medicare enrolment postcode, not where they received the health care service)

The rate of non-urgent after-hours services delivered by GP's for people aged 80 years and over (103.7) was the highest representation on the Gold Coast per 100 people (Figure 3) for after-hours GP attendances. The age profile of the Gold Coast population is increasingly becoming older and this is projected to continue.

Figure 3. Urgent and non-urgent after-hours GP attendances by age cohort on the Gold Coast, 2017-18

Source: Medicare-subsidised GP, allied health, and specialist health care across local areas: 2013-14 to 2017-18

After-hours GP attendances expenditure

The Medicare benefits expenditure on after-hours GP attendances per person, age-standardised of seeing a GP was $52.54 in 2016-17 compared to the national rate of $32.43 (Table 4).

Table 4. After-hours GP expenditure attendances, Medicare Benefits expenditure per person ($), National, Gold Coast including SA3 regions, 2016-17 to 2013-14

	2016-17	2015-16	2014-15	2013-14
National	32.43	31.87	27.90	24.34
Gold Coast	52.54	57.08	54.49	49.86
Broadbeach - Burleigh	46.15	53.77	51.33	46.43
Coolangatta	45.56	48.39	47.81	43.15
Gold Coast - North	59.15	64.82	63.14	59.75
Gold Coast Hinterland	35.41	34.37	31.31	28.02
Mudgeeraba - Tallebudgera	44.82	48.28	47.55	41.98
Nerang	60.09	65.06	60.79	54.12
Ormeau - Oxenford	55.37	59.76	54.08	49.13
Robina	45.62	48.89	49.50	46.11
Southport	64.60	68.84	66.72	62.24
Surfers Paradise	48.03	54.91	54.65	50.40

Source: Medicare Benefits Schedule GP and specialist attendances and expenditure in 2016–17

13 Health

Besides general practice, Gold Coast residents can also access AH care 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 2019/20 slightly over 27,000 calls were made by Gold Coast residents, the final recommended care advised by the nurse was "Seek Emergency Care as Soon as Possible" with 16% slightly followed by "Schedule an Appointment to be Seen by the Doctor within the Next 12 Hours (same day)" with 15%.

The top three suburbs by caller were Pimpama, Southport and Upper Coomera. The top three age groups requiring phone advice were 0-9 years (41% of calls), 20-29 years (17%) and 30-39 years (13%), and leading reasons for calling were colds and flu, abdominal pain, and chest pain.

Of the total calls made to 13 Health from Gold Coast residents, 35% occurred during the AH period (i.e. between 6pm – 8am). The final recommended care advised by the nurse was "Seek Emergency Care as Soon as Possible" with 18%, slightly followed by "Schedule an Appointment to be Seen by the Doctor within the Next 12 Hours (same day)" with 16%.

After-hours Emergency Department

Understanding who uses emergency care services can inform future health care planning, coordination, and delivery to ensure that people receive the right care, in the right place at the right time. Some lower urgency Emergency Department (ED) presentations may be avoidable through delivery of other appropriate services in the community.

Lower urgency care are ED presentations where the patient:

- Had a type of visit to the ED of Emergency presentation

- Was assessed as needing semi-urgent (triage category 4: should be seen within 1 hour) or non-urgent care (category 5: should be seen within 2 hours)

- Did not arrive by ambulance, or police or correctional vehicle

- Was not admitted to the hospital, was not referred to another hospital, and did not die

Emergency care can be accessed in two public hospitals located in Gold Coast: Southport and Robina Hospital and three Private Hospitals: Tugun, Benowa and Southport.

Table 5 highlights, the rate of lower urgency care per 1,000 people in after-hours period on the Gold Coast public hospitals (31) was nearly 50% lower compared to the national rate (55.8) in 2018-19.

The rate of people presenting for lower urgency care in after-hours period per 1,000 people has slightly increased on the Gold Coast from 2015-16 (29.8) to (31.0) in 2018-19. The national rate has slightly decreased from 2015-16 (57.9) to (55.8) in 2018-19.
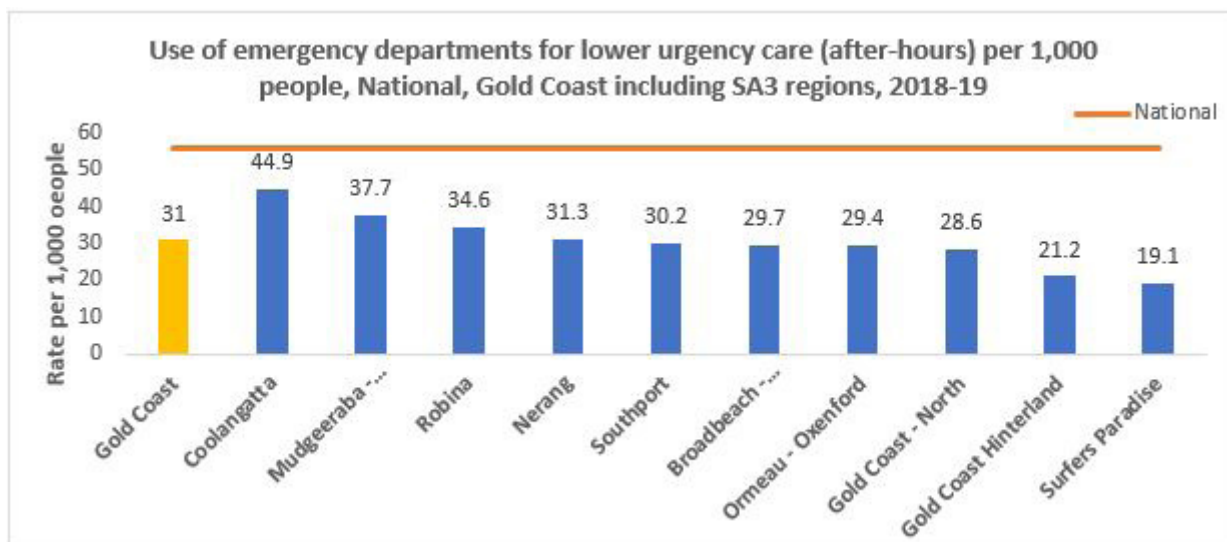
Table 5. After-hours lower urgency Public Hospital Emergency Department presentations per 1,000 people, National, Gold Coast including SA3 regions, 2015-16 to 2018-19

	2018–19	2017–18	2016–17	2015–16
National	55.8	56	57.1	57.9
Gold Coast	31	31.4	29.8	29.8
Broadbeach - Burleigh	29.7	28.6	27.6	27.8
Coolangatta	44.9	46.5	45.4	45.6
Gold Coast - North	28.6	28.4	27.6	26.2
Gold Coast Hinterland	21.2	20.9	19.6	18.2
Mudgeeraba - Tallebudgera	37.7	36.9	38	37.6
Nerang	31.3	31.6	30.8	31.4
Ormeau - Oxenford	29.4	30.4	27.4	27.2
Robina	34.6	34.8	33	33.8
Southport	30.2	30	27	27.5
Surfers Paradise	19.1	21.1	20.7	20.1

Source: Use of emergency departments for lower urgency care, 2015-16 to 2018-19
(Please note, all results are based on where the person accessing service lived, not where they

Coolangatta (44.9), had the highest number of lower urgency ED presentations per 1,000 people while Surfers Paradise (19.1) had the least in 2018-19 (Figure 4).

Figure 4. Use of emergency departments for lower urgency care (after-hours) per 1,000 people, National, Gold Coast including SA3 region, 2018-19

Source: Use of emergency departments for lower urgency care, 2015-16 to 2018-19
(Please note, all results are based on where the person accessing service lived, not where they received the health care service)

Comparing age groups within the Gold Coast presenting to EDs during after-hours, there was a difference between the age cohorts and a difference between the age cohorts presenting to after-hours GP attendances (Table 6).

Table 6 shows young children (<15 years) and young people (15-24) attended lower urgency care within ED at a higher rate compared to people in older age cohorts, this trend was seen nationally and on the Gold Coast.

Table 6. Use of Emergency department for lower urgency care, presentations per 1,000 people by age cohort, National, Gold Coast including SA3 regions, 2018-19
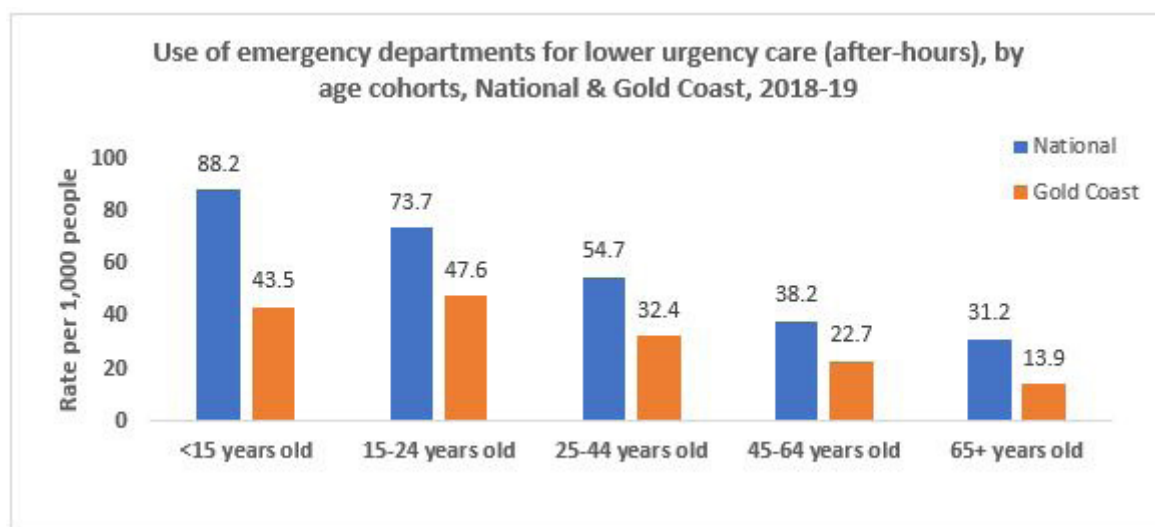
	<15 years old	15-24 years old	25-44 years old	45-64 years old	65+ years old
National	88.2	73.7	54.7	38.2	31.2
Gold Coast	43.5	47.6	32.4	22.7	13.9
Broadbeach - Burleigh	43.4	49.8	32.8	22.3	11.9
Coolangatta	52	76.4	53.3	37.1	20.8
Gold Coast - North	45.8	46.7	31.8	22.5	12.8
Gold Coast Hinterland	34.8	33.2	25.9	15.5	6
Mudgeeraba - Tallebudgera	40.9	55.3	42.5	28.6	24.7
Nerang	41.8	52.7	30.9	22.6	14.9
Ormeau - Oxenford	43.4	45	26.9	17.3	9.7
Robina	42.1	49.7	36.6	26.9	20.6
Southport	48.3	40.1	31.2	23.4	12.3
Surfers Paradise	32.2	27	22.4	12.9	8.7

Source: Use of emergency departments for lower urgency care by Statistical Area Level 3 (SA3), 2015–16 to 2018-19
(Please note, all results are based on where the person accessing service lived, not where they received the health care service)

Older people aged 65 and over are more likely to present to a general practice in after-hours for care compared to younger age cohorts nationally and on the Gold Coast in 2017/18. People aged 65 and over are less likely to present to EDs in after-hours period for lower urgency care, this trend is seen nationally and on the Gold Coast (Figure 5).

Figure 5. Use of Emergency Department for lower urgency care, (after-hours) presentations per 1,000 people by age cohorts, National and Gold Coast, 2018-19

Source: Use of emergency departments for lower urgency care by Statistical Area Level 3 (SA3), 2015–16 to 2018-19
(Please note, all results are based on where the person accessing service lived, not where they received the health care service)

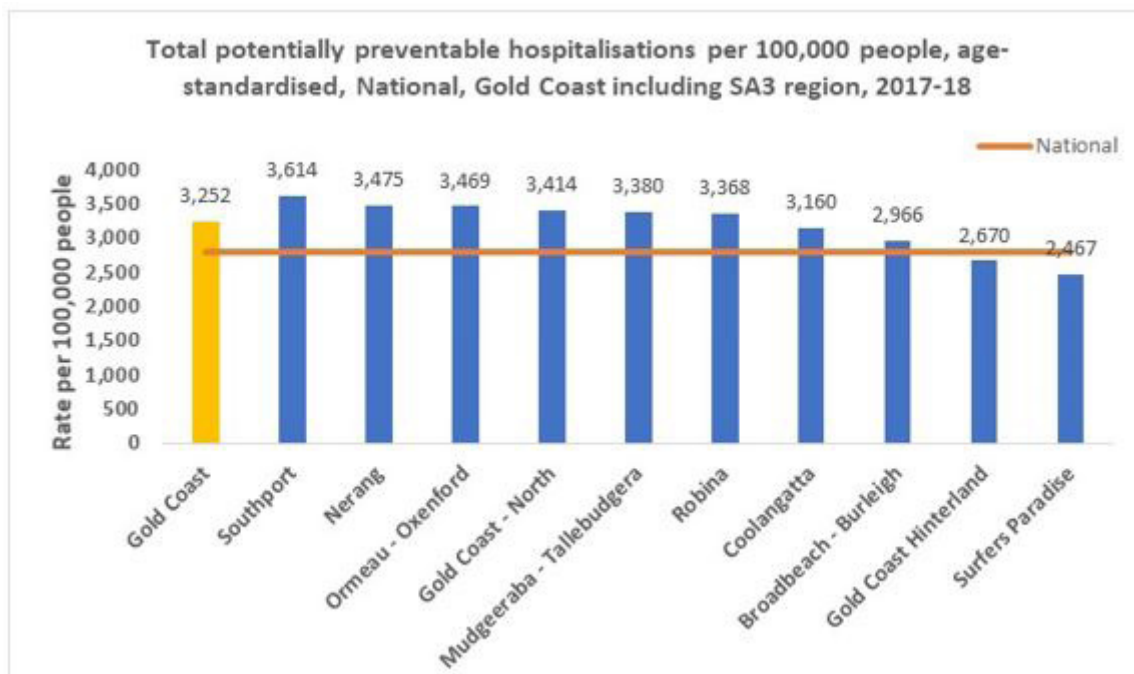## Potentially Preventable hospitalisations

Potentially preventable hospitalisations (PPH) are certain hospital admissions that potentially could have been prevented by timely and adequate health care in the community. The term PPH does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Reducing hospitalisations for these conditions might involve vaccination, early diagnosis, and treatment, and/or good ongoing management of risk factors and conditions in community settings.

There are 22 conditions for which hospitalisations is considered potentially preventable, across three broad categories:
- Chronic

- Acute

- Vaccine-preventable

In 2017-18, there were 21,695 potentially preventable hospitalisation on the Gold Coast (3,252 per 100,000 people) compared to the national rate (2,793 per 100,000 people). Southport (3,614) had the highest rate of PPH on the Gold Coast while Surfers Paradise (2,467) had the least per 100,000 people (Figure 6).
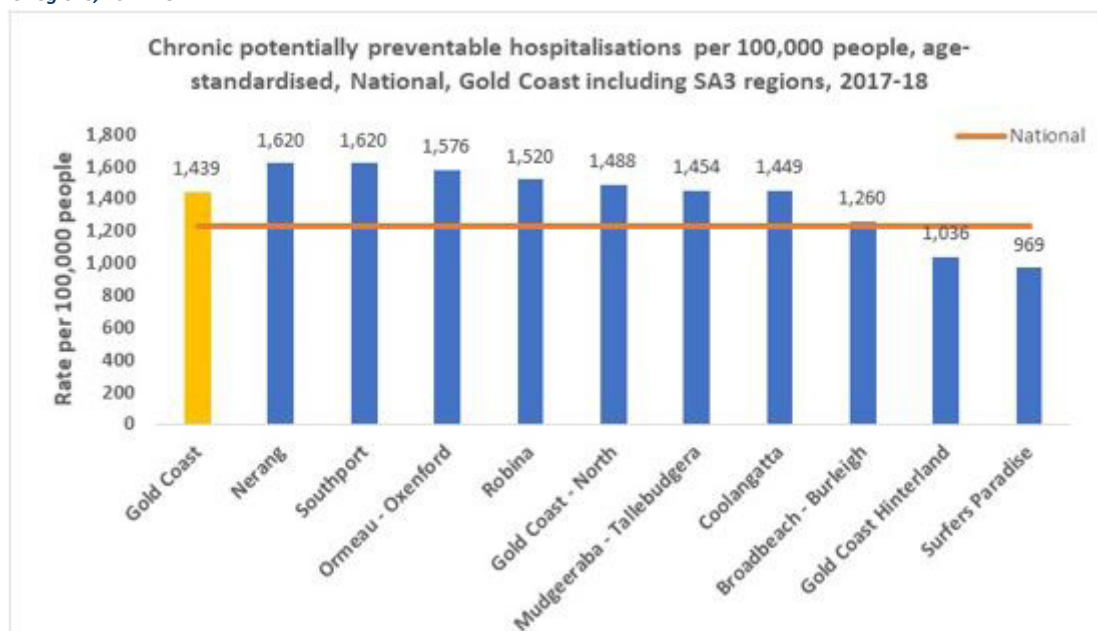
Source: Australian Institute of Health and Welfare, Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017-18

Chronic conditions may be preventable through behaviour modification and lifestyle changes but can also be managed effectively through timely care (non-hospital) to prevent deterioration and hospitalisation.

In 2017/18, there were 10,076 chronic PPH on the Gold Coast (1,439 per 100,000 people) compared to the national rate (1,233 per 100,000 people). Nerang (1,620) had the highest rate of chronic PPH on the Gold Coast while Surfers Paradise (969) had the least per 100,000 people (Figure 7).

Figure 7. Chronic potentially preventable hospitalisations per 100,000 people, age-standardised, National, Gold Coast including SA3 regions, 2017-18.
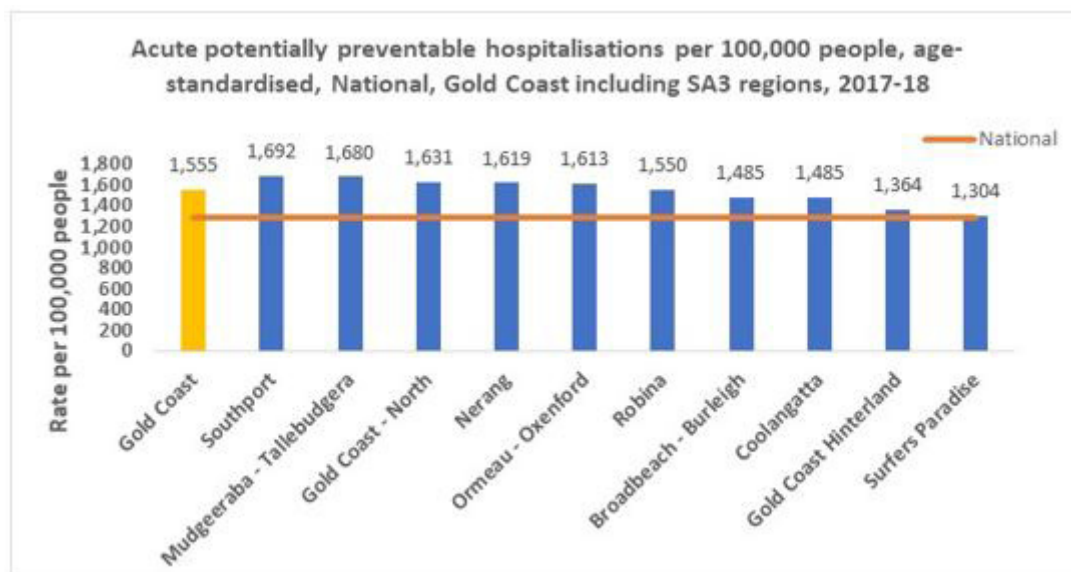

Source: Australian Institute of Health and Welfare, Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017-18

Acute PPH are acute admissions for conditions that should not in theory result in hospitalisation if adequate and timely care (non-hospital) was received.

In 2017/18, there were 9,866 acute PPH on the Gold Coast (1,555 per 100,000 people) compared to the national rate (1,286 per 100,000 people). Southport (1,692) had the highest rate of acute PPH on the Gold Coast while Surfers Paradise (1,304) had the least per 100,000 people (Figure 8).

Figure 8. Acute potentially preventable hospitalisations per 100,000 people, age-standardised, National, Gold Coast including SA3 regions, 2017-18.
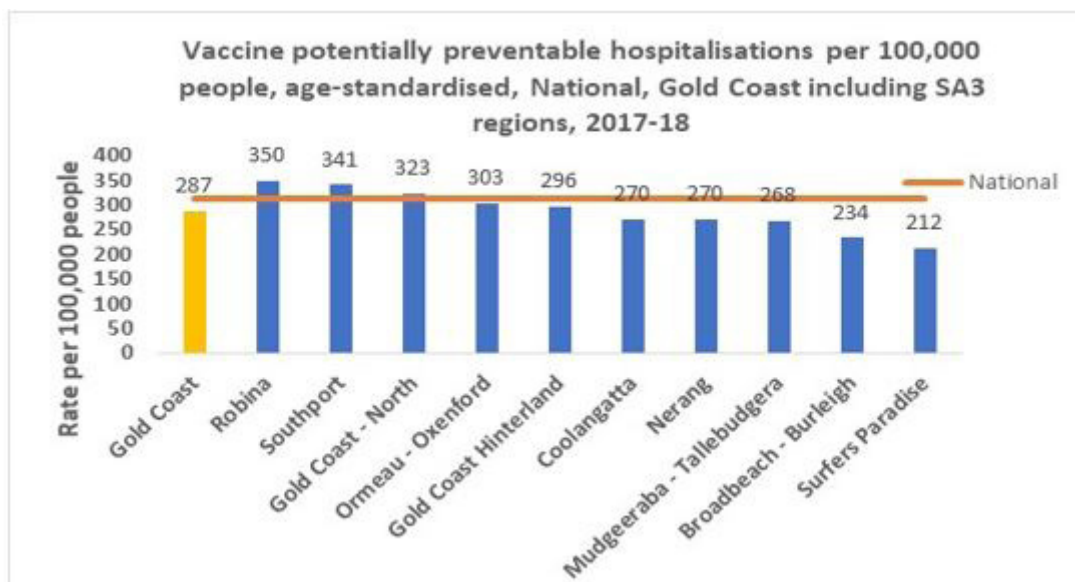

Source: Australian Institute of Health and Welfare, Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017-18

Vaccine preventable conditions can be prevented by vaccination, these are grouped as pneumonia and influenza (vaccine preventable) and other vaccine preventable conditions.

In 2017-18, there were 1,960 vaccine preventable PPH on the Gold Coast (287 per 100,000 people) compared to the national rate (313 per 100,000 people). Robina (350) had the highest rate of vaccine preventable PPH on the Gold Coast while Surfers Paradise (212) had the least per 100,000 people (Figure 9).

Figure 9 Vaccine potentially preventable hospitalisations per 100,000 people, age-standardised, National, Gold Coast including SA3 regions, 2017-18.

Source: Australian Institute of Health and Welfare, Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017-18

Mental Health

Hospital Emergency departments (EDs) play a large role in treating mental illness. People seek mental health-related services in EDs for multiple reasons, often as an initial point of contact for after-hours care[1] . Mental health-related ED presentations below are defined as presentations to public hospital EDs that have a principal diagnosis of "Mental and behaviour disorders" as outlined in the ICD-10- AM[2].

Just under 40% of mental health-related ED presentations were during the after-hours period in on the Gold Coast. Among Gold Coast residents, there was a total of 6,778 Mental health-related ED presentations in 2017-18. Ormeau-Oxenford SA3 region had the highest number of mental health-related ED presentations with 1,146 presentations followed by Gold Coast-North with 1,019.

Table 7 highlights the rate per 10,000 of mental health-related ED presentations, Southport and Gold Coast-North had the highest number of mental health-related ED presentations in the past four years per 10,000 people.

Table 7. Emergency department mental health-related presentations in public hospitals per 10,000 people, National, Queensland Gold Coast including SA3 regions, 2014-15 to 2017-18

	2017-18	2016-17	2015-16	2014-15
National	116	114	114	108
Queensland	115	115	119	116
Broadbeach - Burleigh	113	109	107	104
Coolangatta	130	116	117	124
Gold Coast - North	147	142	135	126
Gold Coast Hinterland	72	79	73	73
Mudgeeraba - Tallebudgera	89	85	79	70
Nerang	98	97	101	99
Ormeau - Oxenford	86	87	81	76
Robina	116	112	100	95
Southport	155	160	166	150
Surfers Paradise	101	114	130	119

Source: Data provided by state and territory health authorities (2004–05 to 2013–14); National Non-admitted Patient Emergency Department Care Database (2014–15 onwards). Data mapped to patient's residential postcode.

In 2017–18, the highest proportion of mental health-related presentations was among patients aged 18–64 (77.3%) followed by those aged 65+ (11.8%) on the Gold Coast. This is likely to be influenced by the typical age of onset of many mental disorders (table 8). Aboriginal and Torres Strait Islander people, who represent about 1.8% of the Gold Coast population, accounted for 3.7% of mental health-related ED presentations. Nationally, the rate of mental health-related ED presentations for Indigenous Australians was more than 4 times that for other Australians (455.9 and 106.8 per 10,000 population respectively).

Morphet J, Innes K, Munro I, O'Brien A, Gaskin CJ, Reed F et al. 2012. Managing people with mental health presentations in emergency departments—A service exploration of the issues surrounding responsiveness from a mental health care consumer and carer perspective. Australasian Emergency Nursing Journal 15:148-55
International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australia Modification 10th Edition

Table 8. Mental health-related emergency department presentation in public hospitals, by patient demographic characteristics (per cent), Gold Coast, 2014-15 to 2017-18.

Age	2017–18	2016–17	2015–16	2014–15
0-4	0.4%	0.3%	0.3%	0.2%
5-11	1.5%	1.6%	1.5%	1.4%
12-17	9.0%	9.1%	8.8%	8.6%
18-64	77.3%	78.0%	80.4%	80.8%
65+	11.8%	11.0%	9.0%	8.9%

Source: Data provided by state and territory health authorities (2004–05 to 2013–14); National Non-admitted Patient Emergency Department Care Database (2014–15 onwards). Data mapped to patient's residential postcode.

The after-hours drop-in service at the Hub (Mermaid Beach) is a community-based drop-in centre. It is a place to go after-hours and find face-to-face support from a social worker or specialised mental health care nurse on-site. The Hub provides:

• Mental health support

• General health

• Social

The after-hours drop-in service is a mental health service, a large proportion of attendees identify as homeless or at risk of homelessness while there is also a prevalence of alcohol and other drug use which has needed to be carefully managed.

Many of the attendees of the service are from surrounding suburbs with limited attendees from Ormeau-Oxenford SA3 region which has been highlighted above as a region with the highest number of mental health-related ED presentations on the Gold Coast.

Service System

Services	Number in GCPHN region	Distribution	Capacity discussion
General Practice	207	Clinics are generally distributed across the Gold Coast, with the majority located in coastal and central areas. Four general practices are available in the after-hours period (after 6pm and before 8am) at Nerang, Parkwood, Southport and Palm Beach	846 GPs on the Gold Coast 24 practices deliver specialty services such as skin checks Average number of GPs per practice: 4.1 Non-GP staff working in general practice include: 407 nurses 185 allied health staff 85% of practices are accredited or currently working towards accreditation
Medical Deputising Services	5	In home and after-hour visits from 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.
Pharmacy	132	Well distributed across the region	Medication dispensing Medication reviews Medication management Some screening and health checks

Emergency Departments	5	Southport and Robina (public) Southport, Benowa and Tugun (private)	Private health insurance is required to access private E.Ds. A gap payment may also be incurred. Limited integration with general practice data Residents near boarders may also use nearby hospitals such as Tweed, Logan and Beaudesert. Drivers for increase in Cat 1.2 and 3 presentations unclear and could be explored further with Gold Coast Health
Online and phone support	4	Phone or online	Health Direct after-hours Helpline -after-0hours 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
Plus Social service funded by GCPHN	1 which offers after hours safe space as well as clinical care coordination.	Mermaid Beach	Operating under a COVID safe plan which limits how many people can be in the space

Consultation

• 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 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 MDS)

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.

phn
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