Gold Coast Primary Health Network
NEEDS ASSESSMENTS 2020
GENERAL PRACTICE

phn
GOLD COAST

An Australian Government Initiative

GENERAL PRACTICE AND PRIMARY CARE

Local health needs and service issues

- 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, vaccine preventable conditions are now below the national rate
- Timely 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 de tailed support to consumers
- While accreditation rates are currently high, there may be additional support required due to changes in RACGP Standards and Practice Incentive Payment
- Need to increase use of data in general practice to proactively plan care
- Support to General practices and Pharmacies in adaption to digital health including
    - adopting and utilising telehealth as part of the COVID-19 pandemic response

GENERAL PRACTICE AND PRIMARY CARE

Local health needs and service issues

Primary Health Networks (PHNs) has three key strategic goals that drive our work with General Practice and other primary care providers

- increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes

- improve the coordination of care to ensure patients receive the right care in the right place at the right time. and

- actively engage with general practice and other stakeholders to facilitate improvement on our local health systems.

Achieving these goals 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 key findings:

- There are currently 207 general practices and 846 general practitioners (GPs) in the GCPHN region[1]

- The rate of GP attendances per 100 people on the Gold Coast (713) was above the national rate (631)

- The rate of after-hour GP attendances per 100 people across Gold Coast (61.5) in 2018-19 was above the national rate (49.0)

- While Category 4 and 5 presentations, comprised 31% of all ED patients in 2018-19, and the rate has been increasing the rate remains significantly below the national average. Demonstrating that the Gold Coast's primary care sector is successfully managing these types of presentations within general practice. Gold Coast has 68 people per 1,000 people Category 4 & 5 presenting at ED compared to the national rate of 117 per 1,000 people

- In 2017-18, there were 21,695 Potentially Preventable Hospitalizations recorded in the GCPHN region, which equated to a total of 73,247 hospital bed days. The rate of PPHs have been increasing over the past four years at rates higher than the national rate across all categories except vaccine preventable PPH which are now below the national rate in 2017-18

The data explored in this report suggests that the Gold Coast has high rates of emergency department presentations among higher acuity categories 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.

1. GCPHN CRM tool

Overview of Gold Coast's Primary Health System

There are currently 207 general practices and 846 general practitioners (GPs) in the GCPHN region[2] .

The performance of Gold Coast's Primary Health System

Between 2014-15 and 2017-18, 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 fourth lowest proportion of adults who saw a GP in 2017-18. In contrast, the proportion of adults in the Gold Coast who went to the ED is below the national average and the third lowest among the 31 PHNs (Table 1).

Table 1: Proportion of adults utiising health services by type

Percentage of adults	Region	2017-18	2016-17	2015-16	2014-15
Who saw a GP in the past 12 months	Gold Coast	80.6	77.6	77	76.1
	National	84.3	82.5	81.9	82.9
Who were admitted to any hospital in the past 12 months	Gold Coast	12	14.4	14.6	14
	National	12.5	126	12.7	13.5
Who went to any Emergency Department for their own health in the last 12 months	Gold Coast	11.5	16	14.1	10.6
	National	14.3	13.8	13.5	14.6
Who saw a GP after hours in the past 12 months	Gold Coast	8.8	8.4	10	10
	National	8.5	8.4	8	8.7

Source: My Healthy Communities (2018), Patient experiences in Australia 2017-18

The rate of GP attendances per 100 people on the Gold Coast (713) was above the national rate (631) in 2018/19. Both the Gold Coast and national rate of services per 100 people, has increased over the last four years (Table 2). Gold Coast-North (797) had the most GP attendances per 100 people in 2018/19 while Surfers Paradise (649) had the least.

Table 2: GP attendances (total) per 100 people, National, Gold Coast including SA3 regions, 2015-16 to 2018-19

Region	2018-19	2017-18	2016-17	2015-16
Gold Coast	713	699	677	668
National	631	627	613	607
Broadbeach – Burleigh	738	723	714	712
Coolangatta	692	682	668	674
Gold Coast – North	797	781	753	747
Gold Coast Hinterland	694	677	647	642
Mudgeeraba – Tallebudgera	657	640	628	620
Nerang	707	694	677	652
Ormeau – Oxenford	711	692	654	639
Robina	689	675	647	634
Southport	735	723	703	693
Surfers Paradise	649	642	630	631

Source: Medicare-subsidised GP, allied health and specialist health care across local areas: 2013-14 to 2018-19, Australian Institute of Health and Welfare, GP attendances include Enhanced Primary Care, After-hours GP attendances, Practice Incentive Program (PIP) services, and 'Other' GP services. These services are Medicare-subsidised patient/doctor encounters, such as visits and consultations, for which the patient has not been referred by another doctor.

2. GCPHN CRM tool

Similarly, the rate of after-hour GP attendances per 100 people across Gold Coast (61.5) in 2018-19 was above the national rate (49.0). While the rate of after-hours (AH) attendances has increased nationally over the last three years, the rate has decreased on the Gold Coast (Table 3).

The sub-regions with the highest rates of AH GP attendances in 2018-19 per 100 people were Ormeau-Oxenford (71.1).

Table 3: After-hour GP attednances per 100 people, National, Gold Coast including SA3 regions, 2015-16 to 2018-19

Region	2018-19	2017-18	2016-17	2015-16
Gold Coast	61.5	65	66	69
National	49	50	49	48
Broadbeach – Burleigh	51.7	53	57	63
Coolangatta	48.1	53	55	56
Gold Coast – North	66.7	74	75	78
Gold Coast Hinterland	46.2	45	44	41
Mudgeeraba – Tallebudgera	49.3	52	54	56
Nerang	68.5	74	77	80
Ormeau – Oxenford	71.1	70	66	69
Robina	54.2	58	58	59
Southport	68.4	78	85	88
Surfers Paradise	58.3	64	64	67

Source: Medicare-subsidised GP, allied health and specialist health care across local areas: 2015-16 to 2018-19, Australian Institute of Health and Welfare

Chronic Disease and COVID-19

For information regarding COVID-19 and uptake of Medicare Benefits Schedule items for chronic disease please refer to Chronic Disease needs assessment.

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 recommended 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%.

Emergency Department

Emergency care can be accessed in two public hospitals located in Gold Coast: Gold Coast University Hospital and Robina Hospital. Table 4 highlights the number of patients presenting to ED in these hospitals from 2015-16 to 2018-19 to each triage category. As Table 4 suggests, there has been an increase in the number of ED presentations across all triage categories.

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

Triage Category	2018-19	2017-18	2016-17	2015-16	Yearly % Change from 2017-18 to 2018-19
CAT 1 &2	33,197	32,204	31,222	29,572	3.10%
CAT 3	91,378	87,705	86,473	87,402	4.20%
CAT 4	50,473	47,655	43,102	41,665	5.90%
CAT 5	5,075	3,999	3,414	3,033	26.9%

Source: My Hospitals (2019), Time spent in emergency departments in 2017-18

Category four and five ED presentations, which comprised 31% of all ED patients in 2018-19, 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. The number of ED presentations for these two triage categories have continued to increase between 2015-16 and 2018-19, which suggests that Gold Coast residents could potentially better utilise their GP for non-urgent care. As can be seen below, the Gold Coast resident's use of emergency departments for lower urgency care per 1,000 people is significantly below the national rate per 1,000 people. This highlights that although the rate of lower urgency care ED presentations is increasing among Gold Coast residents the rate is significantly below the national rate.

In 2017/18, the number of ED presentations for triage category 4 and 5 per 1,000 people was below the national rate for both in-hours and after-hours. The Gold Coast rate for all hour's lower urgency care was 68 people per 1,000 people compared to the national rate of 117 per 1,000 people (Table 5).

Table 5: Use of emergency departments for lower urgency care per 1,000 people, National including GCPHN regions, including SA3 regions 2018-19

Region	All-hours	In-hours	After-hours
National	117.4	61.6	55.8
GCPHN region	68	37.1	31
Broadbeach-Burleigh	64.1	34.4	29.7
Coolangatta	105.2	60.4	44.9
Gold Coast-North	62.1	33.5	28.6
Gold Coast Hinterland	49	27.8	21.2
Mudgeeraba-Tallebudgera	84.4	46.6	37.7
Nerang	68.6	37.3	31.3
Ormeau-Oxenford	62.9	33.4	29.4
Robina	75.9	41.2	34.6
Southport	64.8	34.7	30.2

Source: AIHW, use of emergency departments for lower urgency care, 2018-19

Potentially preventable hopsitalistaions (PPH)

Potentially preventable hospitalisations 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 an appropriate individualised preventative health intervention and early disease management usually delivered in primary care and community-based care settings.

In 2017-18, there were 21,695 PPH recorded in the GCPHN region, which equated to a total of 73,247 hospital bed days. The rate of PPHs have been increasing over the past four years at rates higher than the national rate across all categories except vaccine preventable PPH which are now below the national rate in 2017-18 (Table 6).

Table 6: Age-standardised rate of PPHs per 100,000 people, by PPH category

	Gold Coast			National		
	2017-18	**2016-17**	**2015-16**	**2017-18**	**2016-17**	**2015-16**
Chronic PPHs	1,439	1,456	1,411	1,233	1,205	1,205
Acute PPHs	1,555	1,749	1,593	1,286	1,456	1,263
Vaccine-preventable PPHs	287	186	236	313	213	199
Total PPHs	3,252	3,127	3,210	2,793	2,732	2,643

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

In 2017, 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. Breakdowns of potentially preventable hospitalisations by condition, population subgroups and geography can help to identify priorities for targeted policy interventions.

Trends over time are used to monitor for improvements or identify emerging problem areas As Table 7 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 7: Age-standardised rate of PPHs per 100,000 people for selecxted conditions by SA3 region, 2017-18 (2016-17 heart failure)

Region	Total PPHs (rate)	COPD	Heart failure	Cellulitis	UTIs	Diabetes complications
Broadbeach-Burleigh	2,966	237	173	272	427	147
Coolangatta	3,160	373	160	311	356	194
Gold Coast- North	3,414	343	181	293	440	205
Gold Coast Hinterland	2,670	163	163	227	342	119
Mudgeeraba-Tallebudgera	3,380	356	223	320	485	143
Nerang	3,475	326	184	299	391	274
Ormeau-Oxenford	3,469	305	186	281	443	215
Robina	3,368	285	189	263	402	253
Southport	3,614	351	219	274	441	244
Surfers Paradise	2,467	151	138	239	277	107
Gold Coast	3,252	296	181	281	402	201
National	2,793	267	213	258	282	187

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

	Below national rate
	Above national rate

Patient experiences

The Patient Experience Survey 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 8 and Table 9 highlight the results for GCPHN in comparison to the national average for these two surveys.

Table 8: Findings from selected items of Patient Experience Survey, 2017-18

Percentage of adults who reported	2017-18 Gold Coast %	2017 -18 National (%)
Report their health as excellent, very good or good	88.4	86.2
Felt their GP always or often listened carefully	89.7	91.8
Felt their GP always or often showed respect for what they had to say	90	94.1
Felt their GP always or often spent enough time	86.8	90.7
Delayed or did not see a medical specialist, GP, get an imaging test and/or get a pathology test when needed due to cost	4.9	4.9
Needed to see a GP but did not	15.2	11.3
Saw three or more health professionals for the same condition	12.2	17

**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: Patient experiences in Australia by small geographic areas in 2017-18, Australian Institute of Health and Welfare, 2017-18

Table 9: Findings from the Coordination of Health Care Study 2016

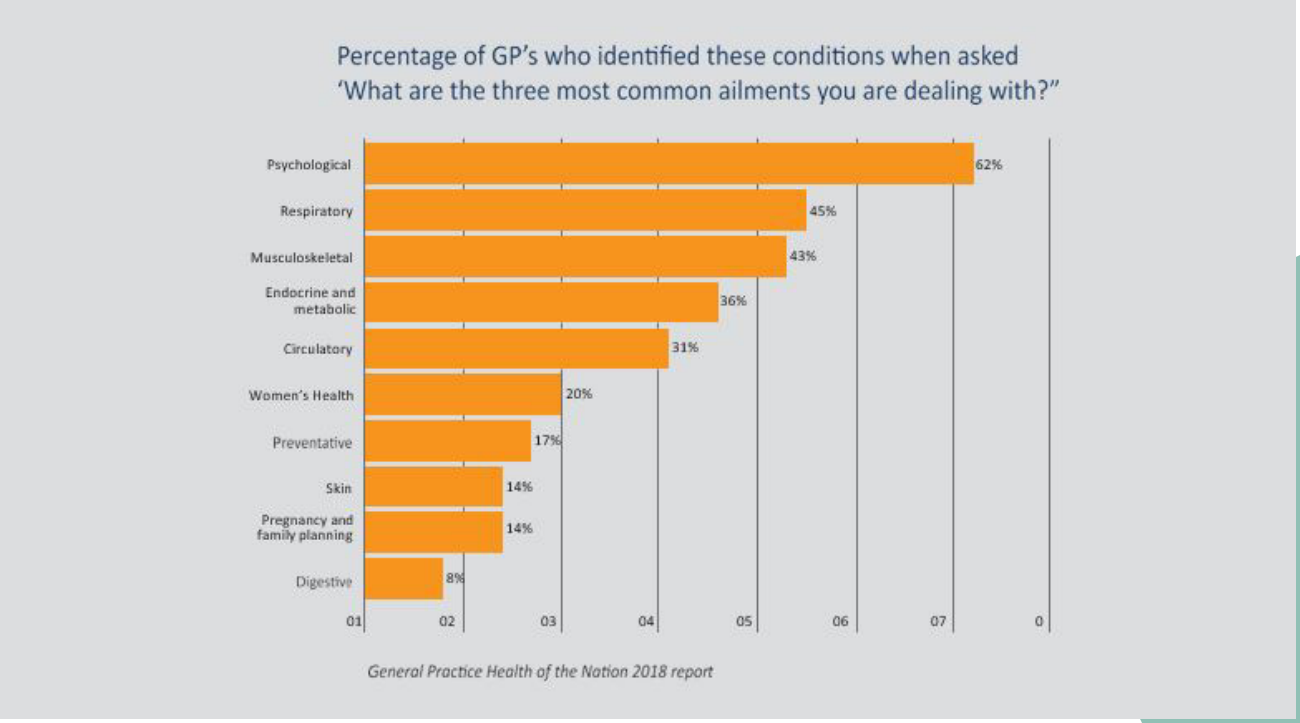
Percentage of adults who reported	Gold Coast (%)	National (%)
Care rated by patient as excellent or very good	87.2	84.1
Patient involved in decisions about their care	89.6	89.1
Test results were explained in a way that patient could understand	95	92.9

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 8 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



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.

Telehealth services

As part of the Australian Government response to COIVID-19, several temporary Medicare items were added to help health care practitioners deliver telehealth services via phone or video conferencing. These items have been updated to ensure continuity of care for patients. The temporary MBS telehealth items allow people to access essential Medicare funded health services in their homes and reduce their risk of exposure to COVID-19 within the community. Some conditions and consultations are not appropriate for telehealth, GP clinics remain open to allow attendance by patents who need face-to-face consultation and assistance.

Nationally, more than 4.3 million health and medical services were delivered to a total of more than three million patients through telehealth items introduced by the Australian Government for the COVID-19 pandemic as of the 20th April 2020. Statistics from Medicare data for May and June 2020 show that:

- 97% of GP telehealth consultations have been through phone
- The proportion of telehealth consultations for females was higher than the proportion of in-person consultations for females. Equally, the proportion of telehealth consultations for males was lower than the proportion of in-person consultations for males.

Telehealth enables GP's to work from home, and to avoid in-person consultations. This is important for GPs who at increased risk of getting COVID-19 and/or its complications and for GPs who plan to continue to work when in quarantine or self-isolation.

Barriers for GP's to undertake video consultations include:

- Negative attitudes and unfamiliarity about video
- The view that the time taken to set up a video consultation will interfere of the time available to attend the patient
- Same rebate as phone call (MBS billing)
- Interruption and/or disruption to workflows in the practice
- Low competence and/or low confidence with the technology, equipment and software
- Patient preference for teleconference versus video conference
- Access to technology to support video conferencing

Locally, analysing data from 81 General Practices that submit data to GCPHN through Primary Sense-population health management and clinical audit tool. A total of 274,623 COVID-19 temporary MBS telehealth items were billed among Gold Coast General Practices submitting data through Primary Sense between 13th March to 8th September 2020. Of the total 274,623 temporary COVID-19 temporary MBS telehealth items billed, 98% were through telephone items while the remaining 2% were through video-conference which is consistent with national tends[3]

GCPHN Primary Sense is a highly advanced IT tool that will support general practices to make timely decisions for better health care for their respective populations. Primary Sense is loaded onto the practice's server and de-identified data is exacted and securely transferred to the Primary Sense database in Azure for analysis. Patient information is provided back via an app on practices desktop based on practices selections. Primary Sense enhances the level and detail of service planning that PHNs can do based on historic and current de-identified patient level, practice level, and regional level data, enabling predictive modelling and tracking outcomes over time. Currently 81 General Practices submit data to the Primary Sense tool and this data is coded by the Clinician at the point of information input.

Upon review through the GCPHN Community Advisory council consisting of 16 members, it was established that 93.8% of households had at least one individual that utilised the telehealth s—ervice within the last 3-4 months. 60% of these participants strongly agreed that their health needs were met through using this service while the remaining 40% agreed their health needs were met. Of the participants, 100% stated they would utilise the service again. One participant stated it was a "Terrific experience and an efficient use of my time".

Feedback from the GCPHN Primary Health Care Improvement Committee (PHCIC) and Clinical Council regarding the use of telehealth identified that it has been a positive experience. Both groups noted it has reduced previous patient transport barriers to access services and less patient cancellations. One limiting factor that the PHCIC noted was the ability to provide telehealth for younger patients who may not be regular attendees and not meet the 12-month period criteria. Both groups were in agreement that telehealth compliments face to face GP visits, however there will always be a need for face to face visits with a GP

General practice electronic data reporting and digital health capacity

The scope and use of digital health technologies are growing and changing rapidly, this is enabling real-time information to be available to both patients and their health care providers. The following initiatives are examples of the growth and benefits of digital health:

- Growing use of digital systems by Australian health care providers, including general practices, community pharmacies and public and private hospitals.

- Electronic health records are associated with improved quality and safety of care in enhancing clinical decision support and improving handover of care between health care providers[4]

- Medication-prescribing errors are a serious patient safety issue and costly to public health budgets. An international review found that a change from paper-based ordering to electronic ordering in intensive care units resulted in an 85% reduction in error rates for prescription of medications. [5]

The Australian Digital Health Agency was established by the Governments of Australia with a responsibility to evolve digital health capability through innovation, collaboration and leadership to facilitate digital health integration in the health system. The strategy developed by the National Digital Health Strategy proposes seven priority outcomes to be achieved by 2022:

1. Health information that is available whenever and wherever it is needed

2. Health information that can be exchanged securely

3. High-quality data with a commonly understood meaning that can be used with confidence

4. Better availability and access to prescriptions and medicines information

5. Digitally-enabled models of care that drive improved accessibility, quality, safety and efficiency

6. A workforce confidently using digital health technologies to deliver health hand carte

7. A thriving digital health industry delivering world-class innovation

National E-Health Transition Authority 2015. My eHealth record to national eHealth record transition impact evaluation: phase 1 evaluation report. Sydney: National E-Health Transition Authority Ltd.
Prgomet M, Li L, Niazkhani Z, Georgiou A & Westbrook J 2016. Impact of commercial computerized provider order entry (CPOE) and clinical decision support systems (CDSSs) on medication errors, length of stay, and mortality in intensive care units: a systematic review and meta-analysis. Journal of the American Medical Informatics Association 24(2):413–22. doi:org/10.1093/jamia/ocw145.

My Health Record

Healthcare providers authorised by their healthcare organisation can access My Health Record to view and add patient health information. Through the My Health Record system health care professionals can access timely information about patients such as shared health summaries, discharge summaries, prescription and dispense records, pathology reports and diagnostic reports.

An individual's 'My Health Record' stores their health information which can be viewed securely online, from anywhere, at any time- even if the individual moves or travels interstate. An individual can access their health information from any computer or device that's connected to the internet.

As of August 2020, on the Gold Coast:

- 187 general practice (approx. 92%) now registered/ in process to participate in MyHR)
- 159 community pharmacies (approx. 84%) now registered/ in process to participate in MyHR)
- 83 allied health providers (approx. 18%) now registered/ in process to participate in MyHR)
- 51 private specialist (approx. 20%) now registered/in process to participate in MyHR

Electronic Prescribing

Electronic prescribing allows prescribers and their patients to use an electronic Pharmaceutical Benefits Scheme (PBS) prescription. Electronic prescriptions are part of the broader digital health and medicines safety framework. They enable the prescribing, dispensing and claiming of medicines, without the need for a paper prescription.

Under the National Health Plan for COVID-19, the Australian Government accelerated electronic prescribing and interim arrangements were established to enable General Practitioners to dispense electronic prescription.

Emerging service concerns have been identified and potential new workflows will be introduced in both General Practice and Pharmacies to support electronic prescribing including:

- Pharmacies and General Practice to have the technological infrastructure established to receive and send electronic prescriptions
- Ensuring both General Practice and Pharmacy have the correct patient contact details (mobile number and/or email address) to deliver the prescription
- Pharmacies will need to change their script in workflow with electronic prescriptions and perhaps the use of software that can create virtual queue system, so the electronic prescription don't get lost in the queue among the paper scripts

Conformant clinical software products

The last two decades have seen widespread adoption of clinical information systems in general practice. The future of safe and efficient patient care depends on these systems. Modern healthcare delivery models require the transfer of information between care teams, across disciplines and between care sites.

General practice clinical information systems improve accessibility and legibility of data. However, as the volume of information generated and held within clinical information systems grows, it is becoming increasingly difficult for systems to respond to the needs of general practitioners and patients as part of the normal clinical workflows and for these clinical information systems to be conformant with other clinical information systems.

Anecdotal feedback has expressed concern of General Practice clinical software incompatibility with other service provider's software.

Service System

Service type	No. in GCPHN region	Distribution	Capacity

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	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.
Pharmacy	132	Well distributed across the region	• Medication dispensing • Medication reviews • Medication management • Some screening and health checks

Service type	No. in GCPHN region	Distribution	Capacity
Emergency departments (ED)	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 borders may also use nearby hospitals such as Tweed District Hospital, 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 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

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:

• General Practice Quality Improvement Under the Practice Incentives Program (PIP Quality Improvement (QI) Incentive Guidelines, general practices can register to work with their local Primary Health Network (PHN) to undertake continuous quality improvement activities through the collection and review of practice data on specified Improvement Measures.

• The PIP Eligible Data Set is comprised of data extracted on specified quality improvement measures from participating general practices clinical information system. The Practice Incentives Program Eligible Data Governance Framework 2018, outlines three custodians of the data

- Local
- Regional
- National

• General practices patient consent arrangements should provide patients with the opportunity to opt out of their data being shared with third parties, while clinical software providers to general practice should support patient opt out with simple options to manage this.

• 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 there and it changes so frequently (PHIC November 2018)

• 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 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)

• 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 centered (PHCIC September 2017)

• Despite holding a Medicare card, some participants said they don't access a GP because of the high cost, suggesting they are not aware of the availability of bulk-billing (Gold Coast Multicultural Women's Exhibition).

• Of those that provided a response to the question "How did you find your GP", over half reported they found their GP through family or friends. This poses the question, how did their family and/or friends find their GP (Gold Coast Multicultural Women's Exhibition).

• Primary Care and Community Services report high numbers of presentations requiring wound care.

• Education, governance and support for Private Specialist on data management, policies and procedures to communicate and how they store patient information and policy for staff.

• Further information on electronic prescriptions and support for practices

• With the introduction of telehealth services – practices require policies (privacy) and how to implement/ create

• Some heath care providers cannot upload to My Health Record due to non-conformant software

• GCPHN sent our surveys to all Gold Coast General Practices in May 2020 to identify needs within General Practice during COVID-19, two needs that were consistent with the 86 General Practices that replied were:
    - Information on infection control and Personal Protective Equipment (PPE)
    - Resilience training for staff who are on the frontline

• General Practice staff were most concerned about the impact COVID-19 would have on the vulnerable groups and not accessing regular health care. In response to this, GCPHN developed the Winter Wellness Strategy which aimed to support coordinated care of complex and vulnerable patients.
    - The resources were developed for both CAT4 and Primary Sense™ users and include worked CQI examples for the:
        - care of patients aged 70-74 years
        - care of patients with cancer
        - care of patients with diabetes
        - care of patients with multimorbidity
        - care of patients with cardiovascular disease
        - care of patients with asthma

• 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 PPH 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, data is of variable quality. This will become increasingly important as PIP QI (practice feedback)

After Hours

• Feedback from the GCPHN Clinical Council was that there is a perception among service providers that quality of AH 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 AH 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 AH 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 afterhours 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" with usual GP making consistency of quality more difficult (PHCIC September 2017).

- 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 the general public of costs associated with AH options as most are experienced by patients as "free", there is a limited health literacy of access to service options
    - People feel more confident about going to ED, knowing that "the problem" will be sorted out.

Opportunities

One of the roles PHNs are required by the Department of Health to do is to support general practice to:

A. adopt best practice methods to support general practice to improve the quality of care;

B. promote and improve the uptake of practice accreditation;

C. assist practices in the understanding and meaningful use of digital health systems in order to streamline the flow of relevant patient information, including across the local health provider com munity; and

D. develop health information management systems to inform quality improvement in health care, specifically, the collection and use of clinical data within practices.

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. We now have the internal system of practice classification while we provide support to practices with Helpdesk being the first point of contact.

Primary Sense-population health management and clinical audit tool

Australian General Practice is going through an evolutionary phase in how care is delivered in primary care, moving from single person focused care to management of the practice population. There is a critical challenge to build the right IT system to support this approach to quality, safe care.

Primary Sense was developed with experts and local GPs for GP by GCPHN. Primary Sense is a highly advanced IT tool that will support general practices to make timely decisions for better health care for their respective populations. Primary Sense works by:

- integrating diagnosis, medications and pathology data from practice management system and applying evidenced based algorithms including the Johns Hopkins risk stratification tool,

- identifying high risk groups and patients who are eligible/due items of care,

- relaying patient information at the point of care as targeted alerts and prompts,

- providing reports that enable practices to plan and coordinate care in an efficient way so patients get the right care at the right time,

- providing clinical audit functions, pre-accreditation data checks, and a risk stratified profile of the entire practice patient population,

- enhancing the level and detail of service planning that PHNs can do based on historic and current de-identified patient level, practice level, and regional level data, enabling predictive modelling and tracking outcomes over time.

Primary Sense is loaded onto the practice's server and de-identified data is exacted and securely transferred to the Primary Sense database in Azure for analysis. Patient information is provided back via an app on your desktop based on your selections.

Surveys were completed in by General Practice staff who have Primary Sense installed in the practice. Feedback identified several practices identified they preferred Primary Sense compared to CAT 4 due to reports loading quicker and easier to read. Surveys also indicated they would like to see graphs implemented into Primary Sense to show progress.

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 Adult 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 158 general practices with PEN CAT.

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.

Acreditation 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

Provide an online or webinar option for training would 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 focused to obtain greater traction with GPs.

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