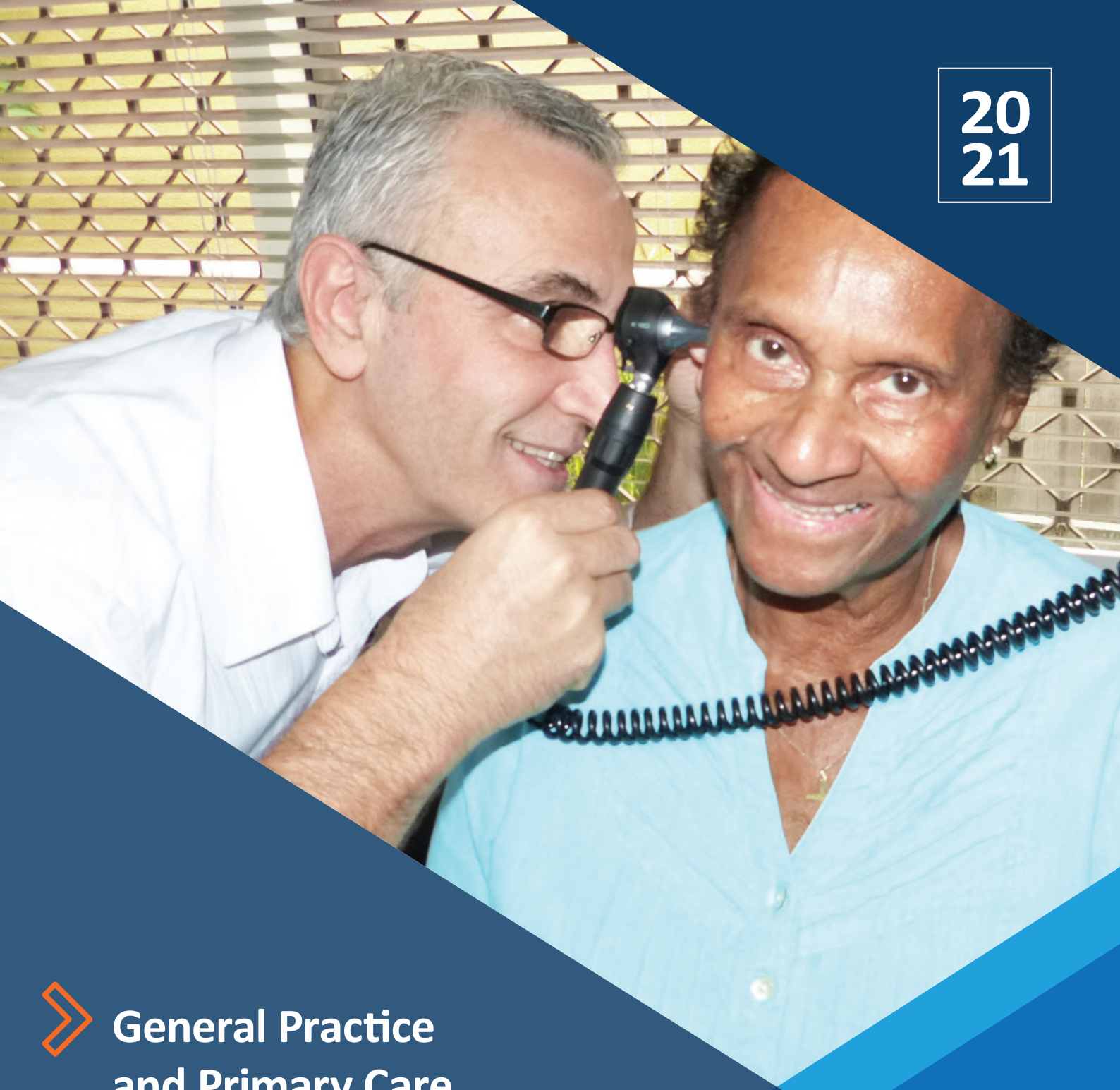


2021

General Practice and Primary Care

Needs Assessment

phn GOLD COAST

An Australian Government Initiative

General Practice and Primary Care

Local health needs and service issues

- Care coordination:
  - not all providers using secure messaging
  - clinical handover, particularly to general practice on discharge from hospitals
- High number of people requiring chronic wound management services in general practice and Residential Aged Care Facilities.
- My Health Record not yet embedded in usual practice for all providers and general practices unable to provide detailed support to consumers.
- Increasingly challenging to engage with general practices who are feeling the strain of responding to COVID-19.
- Difficult for general practices and pharmacies to adopt to digital health including:
  - new systems that need to be integrated in general practice system and workflow
  - initially low uptake of video conferencing under telehealth
- 70 per cent of Quality Improvement (PIP QI) measures in the Gold Coast Primary Health Network region are below the national rate.
- Ensuring accurate and timely information provided to general practices in relation to COVID-19.
- Gold Coast Primary Health Network region's rate of potentially preventable hospitalisations above the national rate, top conditions included:
  - Urinary tract infections
  - Iron deficiency anaemia
  - COPD
  - Cellulitis
  - Vaccine preventable
- Low uptake of free translation services by general practitioners, specialist, pharmacy, and nurse practitioners in the Gold Coast Primary Health Network region potentially limiting access and quality of care.

Key findings

- There are currently 206 general practices and 846 general practitioners in the Gold Coast Primary Health Network (GCPHN) region.
- 86 per cent of general practices in the GCPHN region are accredited
- 81 per cent of general practices in the GCPHN region have data extraction tools (Pencat and/or Primary Sense).
- 89 per cent of GCPHN general practices who are eligible (accredited or in process of being accredited) are registered for the PIP QI.
- 192 general practices (approx. 93 per cent) now registered/ in process to participate in My Health

Record).

- 143 community pharmacies (approximately 93 per cent) now registered/ in process to participate in My Health Record.
- The rate of GP attendances per 100 people in the GCPHN region (713) is above the national rate (631).
- The rate of after-hour GP attendances per 100 people in the GCPHN region (61.5) in 2018-1019 is above the national rate (49).
- Category four and five emergency department (ED) presentations comprised 35 per cent of all ED patients in 2019-2020. While the rate has been increasing, the rate remains significantly below the national average demonstrating that the primary care sector in the GCPHN region is successfully managing these types of presentations within general practice.
- The GCPHN region 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.

Access

Utilising health services

Between 2014-2015 and 2017-2018, residents in the GCPHN region utilised various types of health services, including primary health, emergency, and acute health services. Of all 31 Primary Health Network (PHN) regions in Australia, the GCPHN region recorded the fourth lowest proportion of adults who saw a general practitioner (GP) in 2017-2018. In this same time, the proportion of adults in the GCPHN region who went to the Emergency Department (ED) is below the national average and the third lowest among the 31 PHNs (Table 1).

Table 1. Proportion of adults utilising health services by type

Percentage of adults	Region	2017-2018	2016-2017	2015-2016	2014-2015
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 in 2017-18

The rate of GP attendances per 100 people in the GCPHN region (713) was above the national rate (631) in 2018-2019. Both the GCPHN region and national rate of services per 100 people, has increased over the last four years. Gold Coast-North (797) had the most GP attendances per 100 people in 2018-2019 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	2018-2019	2017-2018	2016-2017	2015-2016
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 healthcare 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. This data set is a component of the minimum data set.

Similarly, the rate of after-hour GP attendances per 100 people in the GCPHN region (61.5) in 2018-2019 was above the national rate (49.0). While the rate of after-hours attendances has increased nationally over the last three years, the rate has decreased in the GCPHN region (Table 3). The sub-region with the highest rate of after-hour GP attendances in 2018-2019 per 100 people was Ormeau-Oxenford (71.1).

Table 3: After-hour GP attendances per 100 people, national, Gold Cast including SA3 regions, 2015-2016 to 2018-2019

Region	2018-2019	2017-2018	2016-2017	2015-2016
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 healthcare across local areas: 2015-16 to 2018-19, Australian Institute of Health and Welfare. This data set is a component of the minimum data set.

13 HEALTH

Besides general practice, residents in the GCPHN region can also access care via 13 HEALTH, a confidential phone service providing health advice from a registered nurse 24 hours a day, seven days a week for the cost of a local call.

From July 2020 to March 2021 there was a total of 22,592 calls made to 13 HEALTH by residents in the GCPHN region (11.6 per cent of all calls made in Queensland). Of the 22,592 calls, 59 per cent (n=13,321) calls were made by females, 35 per cent (n=7,884) calls were made by males, 6 per cent (n=1,372) calls were not stated and 0.1 per cent (n=15) were intersex or indeterminate.

Of the 22,592 calls made by residents of the GCPHN region 92 per cent (n=20,799) of patients were neither Aboriginal nor Torres Strait Islander, 3.9 per cent (n=889) not stated/unknown, 3.4 per cent (n=766) Aboriginal but not Torres Islander. The remaining 137 patients identified as both Aboriginal and Torres Strait Islander, Torres Strait Islander but not Aboriginal origin and/or declined. Younger residents in the GCPHN region used 13 HEALTH at a higher rate compared to older residents as can be seen in Table 4.

Table 4. Age groups of people using 13 HEALTH, July 2020 to March 2021

Age group	Number	Rate
0-9	7,298	32.3%
10-19	1,528	6.8%
20-29	4,538	20.1%
30-39	3,736	16.5%
40-49	2,039	9.0%
50-59	1,345	6.0%
60-69	991	4.4%
70-79	751	3.3%
80+	366	1.6%

Source: 13 HEALTH

Pimpama had the highest rate of people using 13 HEALTH with 6.7 per cent (n=1,503) followed by Southport 6.1 per cent (n=1,379). The highest number of calls made to 13 HEALTH from July 2020 to March 2021 came from the suburbs in the northern Gold Coast

In this same time period, colds and flu, abdominal pain, chest pain, and head injury were the leading reasons for calls made to 13 HEALTH by residents of the GCPHN region.

Below in Table 5, the start time of calls to 13 HEALTH by Gold Coast residents can be seen for the period from July 2020 to March 2021. Of the total calls, 37 per cent (n=8,249) were made during after-hours period (before 8am or after 8pm).

Table 5. Call start time to 13 HEALTH by Gold Coast residents, July 2020 to March 2021

Call start time	Number of calls	Rate of calls
12 AM	526	2%
1 AM	444	2%
2 AM	358	2%
3 AM	297	1%
4 AM	280	1%
5 AM	335	1%
6 AM	697	3%
7 AM	1,041	5%
8 AM	1,100	5%
9 AM	1,113	5%
10 AM	1,021	5%
11 AM	958	4%
12 PM	996	4%
1 PM	1,033	5%
2 PM	1,055	5%
3 PM	1,138	5%
4 PM	1,312	6%
5 PM	1,522	7%
6 PM	1,570	7%
7 PM	1,525	7%
8 PM	1,385	6%
9 PM	1,183	5%
10 PM	999	4%
11 PM	704	3%

The three leading recommendations made by nurses at 13 HEALTH to Gold Coast residents were:

- seek Emergency Care as soon as possible, 23 per cent (n=5,145).
- Seek face-to-face care within 1-4 Hours, 20 per cent (n=4,444).
- Schedule an appointment to be seen by the doctor within the next 12 Hours (same day), 18 per cent (n=4,045).

Emergency Department

Emergency care can be accessed in two public hospitals located in the GCPHN region: Gold Coast University Hospital and Robina Hospital. Table 6 highlights the number of patients presenting to ED in these hospitals from 2016-2017 to 2019-2020 who were not admitted. As Table 6 indicates, there has been an increase in the number of ED presentations across all triage categories from 2016-2017 to 2019-2020 except for Triage Category 1 and 3.

Table 6. Number of patients presenting to public hospital EDs in Gold Coast according to triage category

Triage Category	2019-2020	2018-2019	2017-2018	2016-2017	Yearly % Change from 2016-2017 to 2018-2019
Resuscitation (Triage Category 1)	2,094	2,180	2,480	2,835	-26%
Emergency (Triage Category 2)	33,112	31,093	29,321	28,211	17%
Urgent (Triage Category 3)	84,090	91,146	87,705	86,473	-3%
Semi-urgent (Triage Category 4)	59,459	48,264	47,655	43,102	38%
Non-urgent (Triage Category 5)	3,868	3,911	3,999	3,414	13%

Source: AIHW National Non-Admitted Patient Emergency Department Care Database. This data set is a component of the minimum data set.

Triage Category 4 and 5 ED presentations, which comprised 35 per cent of all ED patients in 2019-2020 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 healthcare system in preventing unnecessary hospital presentations. The number of ED presentations for these two triage categories have continued to increase between 2016-2017 to 2019-2020, which suggests that residents of the GCPHN region could potentially better utilise their GP for non-urgent care. The GCPHN region's residents' use of EDs 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 residents of the GCPHN region the rate is significantly below the national rate.

In 2017-2018, 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 GCPHN region's 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 7).

Table 7. Use of emergency departments for lower urgency care per 1,000 people, national including GCPHN region 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. This data set is a component of the minimum data set.

General practitioner access

Table 8 below shows that there are no significant issues for access to GPs in the GCPHN region. The GCPHN region had a higher rate of GP attendances per 100 people compared to the national rate while also having a lower median out of pocket cost per GP attendances and a higher rate of bulk-billing GPs.

Table 8. Number of general practice and general practitioners, non-hospital Medicare-subsidised services per 100 people (2018-2019), median out-of-pocket cost per GP attendance/ GP bulkbilling on the Gold Coast (2016/17), National, Gold Coast SA4 and SA3 regions

	Number of General Practices	Number of General Practitioners	GP attendances (total)	GP attendances after-hours	GP subtotal-Enhanced Primary Care	GP Mental Health	Median Out-of-pocket cost per GP attendance	General practitioner bulk billing on the Gold Coast
National			632	57	57	15	$20	86%
Gold Coast	207	847	714	70	70	19	$14	90%
Broadbeach - Burleigh	28	150	738	52	67	19	$15	89%
Coolangatta	20	85	692	48	72	20	$14	86%
Gold Coast - North	23	84	797	67	89	20	$15	91%
Gold Coast Hinterland	6	29	694	46	76	22	$13	91%
Mudgeeraba - Tallebudgera	7	25	657	49	62	18	$16	86%
Nerang	16	76	707	69	63	18	$14	90%
Ormeau - Oxenford	40	181	711	71	68	19	$12	94%
Robina	20	101	689	54	65	18	$14	90%
Southport	27	117	735	68	74	21	$13	91%
Surfers Paradise	20	62	649	58	61	16	$15	85%

Source. Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits Schedule (MBS) claims data, 2018–19, Patients out-of-pocket spending on Medicare Services 2016-17, Number of general practices and general practitioners was sourced from GCPHN CRM tool as of 25/06/2021, GPs may work at multiple practices which is why the number of general practitioners will not be the total number of general practitioners.GP attendances include Enhanced Primary Care, After-hours GP attendances, Practice Incentive Program (PIP) services, and Other GP services. After-hours GP attendances include urgent and non-urgent after-hours GP care. GP Enhanced Primary Care refers to a range of services such as health assessments, medication management reviews, the creation and review of treatment plans, and coordination of care for people living with complex health conditions who require multidisciplinary, team-based care from a GP and at least two other providers.GP mental health includes early intervention, assessment, and management of patients with mental disorders by GPs or other medical practitioners (who are not specialists or consultant physicians). These services include assessments, planning patient care and treatments, referring to other mental health professionals, ongoing management, and review of the patient's progress. This data set is a component of the minimum data set.

Quality of Care

PIP QI Incentive

Under the Australian Government's Practice Incentive Program Quality Improvement (PIP QI) Incentive, general practices work with their local PHN to undertake continuous quality improvement activities through the collection and review of general practice data on specified improvement measures.

A general practice is required to meet two components to qualify for a PIP QI Incentive payment:

- participation in continuous quality improvement activities
- submission of PIP eligible data set to local PHN

The improvement measures support a regional and national understanding of chronic disease management in areas of high need, and future iterations will respond to emerging evidence on areas of high need. The improvement measures are:

1. proportion of patients with diabetes with a current HbA1c result
2. proportion of patients with a smoking status
3. proportion of patients with a weight classification
4. proportion of patients aged 65 and over who were immunised against influenza
5. proportion of patients with diabetes who were immunised against influenza
6. proportion of patients with COPD who were immunised against influenza
7. proportion of patients with an alcohol consumption status
8. proportion of patients with the necessary risk factors assessed to enable CVD assessment
9. proportion of female patients with an up-to-date cervical screening
10. proportion of patients with diabetes with a blood pressure result

As of July 2021, 92 per cent of general practices in the GCPHN region who were accredited or in the process of accreditation were enrolled in the PIP QI Incentive. These general practices are participating in continuous quality improvement activities in their general practice and submitting PIP eligible data sets at least once every quarter to GCPHN.

The GCPHN region is below the national rate in seven of the ten PIP QI measures as of the July 2021 submission.

Table 9. Quality Improvement measures, July 2021

	Quality Improvement Measures	Gold Coast	National
QIM 1	Number of patients who have Type 1 diabetes and who have had an HbA1c measurement result recorded	52.9%	59.0%
	Number of patients who have Type 2 diabetes and who have had an HbA1c measurement result	70.0%	73.4%
	Number of patients who have unspecified, generic, or general diabetes diagnosis and who have had an HbA1c measurement result	58.7%	66.3%
QIM 2	Proportion of patients with a smoking status	68.7%	66.1%
QIM 3	Proportion of patients with a weight classification	27.1%	23.6%
QIM 4	Proportion of patients aged 65 and over who were immunised against influenza	55.8%	64.2%
QIM 5	Proportion of patients with diabetes who were immunised against influenza	53.4%	58.2%
QIM 6	Proportion of patients with COPD who were immunised against influenza	63.0%	66.8%
QIM 7	Proportion of patients with an alcohol consumption status	64.9%	56.2%
QIM 8	Proportion of patients with the necessary risk factors assessed to enable CVD assessment	38.6%	48.5%
QIM 9	Proportion of female patients with an up-to-date cervical screening	35.0%	37.4%
QIM 10	Proportion of patients with diabetes with a blood pressure result.	55.6%	58.7%

Source: Practice Incentives Program Quality Improvement <measures: National report on the first year of data 2020-21

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 Healthcare 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. The two tables below highlight the results for the GCPHN region in comparison to the national average for these two surveys (Table 10 and Table 11).

Table 10. Findings from selected items of Patient Experience Survey, 2019.20

Indicator – 2019-2020	Gold Coast	National
Percentage of adults who reported excellent, very good or good health	88.1	87.5
Percentage of adults who reported having a long–term health condition	49.8	51.6
Percentage of adults who saw a GP in the preceding 12 months	80.5	83.5
Percentage of adults who saw a GP 12 or more times in the preceding 12 months	14.0	10.5
Percentage of adults who saw a GP for urgent medical care in the preceding 12 months	9.4	10.0
Percentage of adults who saw a dentist, hygienist, or dental specialist in the preceding 12 months	48.9	48.9
Percentage of adults who saw a medical specialist in the preceding 12 months	35.6	36.5
Percentage of adults who were admitted to any hospital in the preceding 12 months	13.0	12.6
Percentage of adults who went to any hospital emergency department for their own health in the preceding 12 month	13.2	14.3
Percentage of adults who had a preferred GP in the preceding 12 months	78.9	76.6
Percentage of adults who could not access their preferred GP in the preceding 12 months	20.6	28.0
Percentage of adults who felt they waited longer than acceptable to get an appointment with a GP	12.9	18.6
Percentage of adults who felt their GP always or often listened carefully in the preceding 12 months	90.6	92.3
Percentage of adults who felt their GP always or often showed respect for what they had to say in the preceding 12 months	93.1	94.6
Percentage of adults who felt their GP always or often spent enough time in the preceding 12 months	89.2	90.9
Percentage of adults who did not see or delayed seeing a GP due to cost in the preceding 12 months	2.3	3.8
Percentage of adults who delayed or avoided filling a prescription due to cost in the preceding 12 months	9.3	6.6
Percentage of adults who did not see or delayed seeing a dentist, hygienist or dental specialist due to cost in the preceding 12 months	19.8	19.1
Percentage of adults who saw three or more health professionals for the same condition in the preceding 12 months,	17.4	16.8
Percentage of adults who needed to see a GP but did not in the preceding 12 months	13.2	13.2
Percentage of adults who saw a GP after hours in the preceding 12 months	8.4	7.2
Percentage of adults who reported they were covered by private health insurance in the preceding 12 months	48.4	56.5
Percentage of adults referred to a medical specialist who waited longer than they felt acceptable to get an appointment in the preceding 12 months	26.9	23.2

Source: Patient experiences in Australia by small geographic areas in 2017-18, Australian Institute of Health and Welfare, 2019-20

For most indicators, the findings suggest that residents in the GCPHN region have a similar experience with the local primary healthcare system when compared nationally. Specifically, residents of the GCPHN region are more likely to rate their own health and the care provided to them as good, very good or excellent. Of all indicators, 'Percentage of adults who felt they waited longer than acceptable to get an appointment with a GP 'measure in Table 10 is most noteworthy given that the GCPHN region has the lowest proportion of all 31 PHNs.

The points listed below are several indicators where the GCPHN region was below the national rate from the 2019-2020 report:

- Percentage of adults referred to a medical specialist who waited longer than they felt acceptable to get an appointment in the preceding 12 months.
- Percentage of adults who felt their GP always or often listened carefully in the preceding 12 months.
- Percentage of adults who felt their GP always or often showed respect for what they had to say in the preceding 12 months.
- Percentage of adults who felt their GP always or often spent enough time in the preceding 12 months.
- Percentage of adults who saw three or more health professionals for the same condition in the preceding 12 months.
- Percentage of adults who reported they were covered by private health insurance in the preceding 12 months.

People aged 45 and over

The Coordination of Healthcare Study was developed by the Australian Institute of Health and Welfare (AIHW) and Australian Bureau of Statistics (ABS) to fill a national data gap and provide information on patients' experiences of coordination of care across Australia. The study included the 2016 Survey of Healthcare, which sampled people aged 45 and over who saw a GP between November 2014 to November 2015.

Overall, the GCPHN region had comparable rates compared to the national rate between 2014 and 2015. The GCPHN region did have a higher rate of people aged 45 and over who were admitted to a hospital or have been to a hospital ED in the last 12 months.

Table 11. Coordination of healthcare for patients aged 45 and over, GCPHN and national, 2014 to 2015

	Gold Coast %	National %
Saw GP for own health in the last 12 months	95.6	96.8
Has a usual GP	97.5	97.5
Had any tests, x-rays, or scans in the last 12 months	73.6	71.7
Was admitted to hospital in last 12 months	23.5	21.9
Has been to a hospital emergency department in the last 12 months	21.7	18.4
Has a long-term health condition	78.4	75.9
Saw a specialist doctor (excluding those seen during overnight stays in a hospital) for own health in the last 12 months	52.5	54.7
One to four different medications currently taking on a regular and ongoing basis	53	51.8
Received care from a health professional for physical health in the last 12 months	45.9	44.7
Received care from a health professional for emotional or psychological health in the last 12 months	9.8	9.4
Received enough information about care or treatment in the last 12 months	76.9	76.5

Source. AIHW (Australian Institute of Health and Welfare) analysis of ABS 2016. Survey of Healthcare, 2016, detailed Microdata, DataLab. Canberra: ABS.

Co-ordinated Care

Care Coordination

Care coordination is a term used to describe working with patients to develop a comprehensive plan that helps patients take more control of their health and achieve their goals. Care coordination is for patients with a chronic condition or multiple conditions, at risk of admission to hospital, or may have complex needs (which includes the social determinants of health). It is a patient centered approach that involves the timely coordination of health, community, and social services to meet a patient's needs. It is a partnership between the patient, carers, and providers.

A survey found that patients in five developed countries, including Australia, were "at risk for deficiencies in care coordination, communication failures and medical errors". Although most patients get their chronic disease care from a single general practice, the lack of a formal relationship leaves GPs uncertain about the extent of their responsibility for ongoing care and care coordination, particularly in psychosocial care.

Care coordination is further hindered by gaps between general practice, hospital, community health and non-government organisations in different sectors of the healthcare system, often with conflicting boundaries and without shared lines of accountability.

Wound management

Wound care is a significant issue in Australia, with chronic wounds presenting a large health and economic burden to Australians, the healthcare system, and providers of health services. The Government established the Taskforce as an advisory body to review all the 5,700 MBS items to ensure they are aligned with contemporary clinical evidence and practice and improve health outcomes for patients. In 2018, a wound management working group was established to make recommendations to the taskforce on the review of MBS items within its concern, based on rapid evidence review and clinical expertise on wound management.

The taskforce noted that stakeholders strongly supported the Wound Management Working Group work to improve the management of wounds in Australia, including the suggested chronic wound cycle of care and the development of a national wound consumables scheme.

Wounds can be broadly classified as acute or chronic based on the duration of the wound and the cause underpinning its development. Most chronic wounds in Australian hospitals and residential aged care facilities (RACF) consist of pressure injuries (84 per cent), venous leg ulcers (12 per cent), diabetic foot ulcers (3 per cent) and arterial insufficiency ulcers (1 per cent).

Approximately 450,000 Australians currently live with a chronic wound, directly costing the Australian healthcare system around AUD $3 billion per year. In hospital and residential aged care settings in Australia in 2010-2011, the direct healthcare costs of pressure ulcer, diabetic ulcer, venous ulcer, and artery insufficiency ulcer was found to be approximately USD $2.85 billion.

According to the Bettering the Evaluation and Care of Health (BEACH) program, in 2010- 2011, the application of wound dressings was the second most frequently recorded procedure in general practice and the second most common procedure performed by general practice nurses.

Wound management in RACF

Chronic wounds also represent a major health burden in RACFs, with residents often entering RACF's with one or more chronic conditions and complex wounds. The elderly in general are at increased risk of impaired skin integrity due to age related changes to the skin, frailty, malnutrition, incontinence, immobility, and impaired cognition.

Discharge summaries

Timely, concise, and accurate communication to a GP and other healthcare providers fundamentally supports the continued safe care of patients upon discharge from hospital. A discharge summary is a collection of information about events during care of a patient by a provider or organisation. The document is produced during a patient's stay in hospital as either an admitted or non-admitted patient and issued when or after the patient leaves the care of the hospital.

When a healthcare provider creates a discharge summary, it will be sent directly to the intended recipient, as per current practices. When a hospital is connected to the My Health Record system, a copy of the discharge summary can also be sent to the patient's My Health Record.

In 2020-2021 there was 98,528 total discharge summaries uploaded to My Health Record from hospitals in the GCPHN region:

- 49,822 (50.6 per cent) from public hospitals
- 48,706 (49.4 per cent) from private hospitals

Emerging and new issues

COVID-19

In January 2021, accredited general practices were able to express their interest in being a provider for the Australian Government COVID-19 vaccine roll-out. In the GCPHN region 83 per cent (n=134 of 161 accredited general practices submitted an expression of interest to the commonwealth to be a provider for the Australian Government COVID-19 vaccine roll-out.

General practices selected to participate in the Phase 1b roll-out were determined by the Australian Government Department of Health, in consultation with states and territories, with assistance from PHNs. General practices are funded by the Australian Government Department of Health per vaccination delivered via the Medical Benefits Schedule (MBS) items.

Plans for Phase 1b, called for approximately 14.8 million doses of the AstraZeneca COVID-19 vaccine to be provided in multiple locations across Australia, including general practices, GP Respiratory Clincs, state-run vaccination clinics and Aboriginal Community Controlled Heath Services (ACCHS). The Phase 1b priority populations include:

- people aged 70 years and over
- Aboriginal and Torres Strait Islander adults
- critical and high-risk workers including defence, police, fire, emergency services and meat processing
- healthcare workers other than those prioritised in Phase 1a, including (but not limited to)
    - Hospitals, general practices, pharmacists, allied health, and other healthcare services in the community
- people at increased risk of severe disease

PHNs continue to assist in the coordination, planning and delivery of the vaccine rollout, including playing a key liaison and support role with general practices. This includes:

- collating and prioritising applications for consideration by the Department of Health according (as nominated by the general practice)
- providing information on local context and needs that will help to improve geographic coverage
- liaising with local and jurisdictional health authorities to minimise duplication of services

Through the COVID-19 vaccine rollout a number of issues have been identified, including:

- vaccine hesitancy
- patients not aware if they are included in the 1b priority population
- patients not wanting their information of condition being disclosed to people other than usual GP to receive vaccination (if usual GP is not administrating COVID-19 vaccine)
- timing between COVID-19 vaccination and the influenza vaccination
- supporting general practices through 1b updated information from the Commonwealth on people aged under 60 should not receiving AstraZeneca

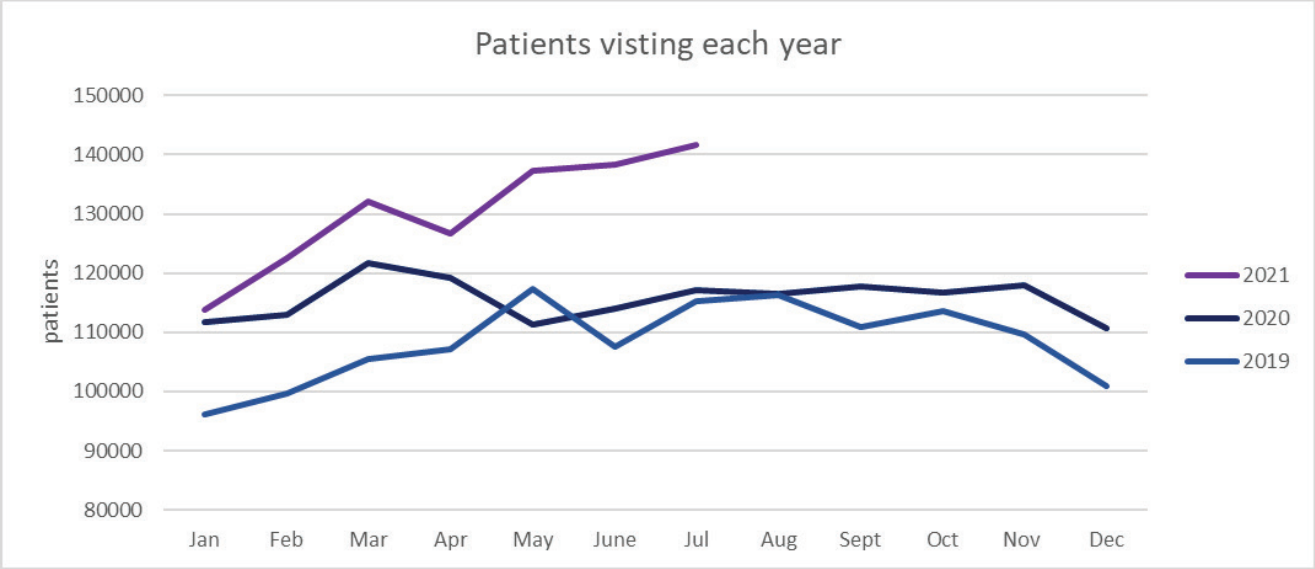
GCPHN will continue to support general practices in the COVID-19 vaccine rollout

Services in general practices during COVID-19

In the disruptive lockdown period, that prompted an unexpected and rapid implementation of telehealth services in general practice, there was an 11.8 per cent increase in total consultations (face-to-face and telehealth) in 2020 compared to 2019 amongst a sample of 80 general practices submitting data through Primary Sense as can be seen in Figure 1.

It remains increasingly challenging to engage with general practices who are feeling the strain of responding to COVID-19 since early 2020. The figure below reflects the anecdotal experience of the increasing utilisation of general practices contributing to fatigue, burnout and reduced capacity to participate in a range of other activities.

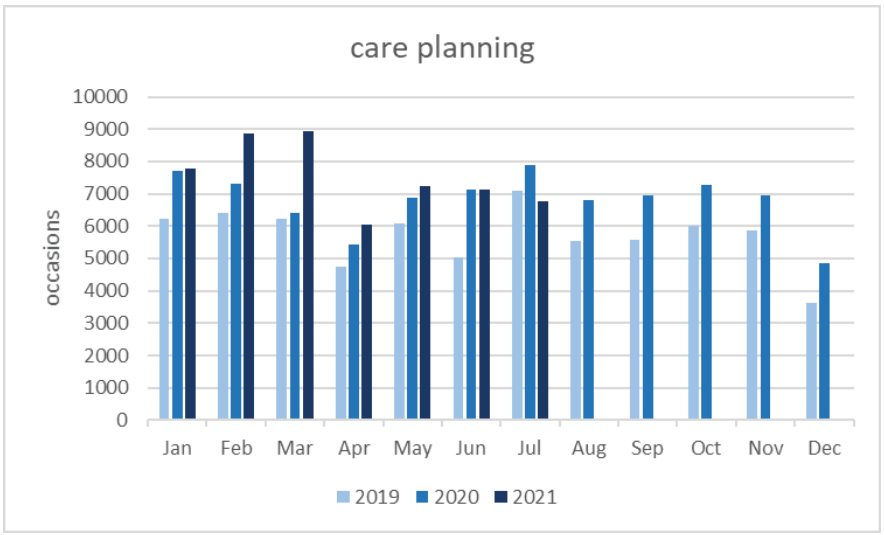
Figure 1. Patients visiting 80 Gold Coast General Practices, 2019 to 2021



Source. Primary Sense

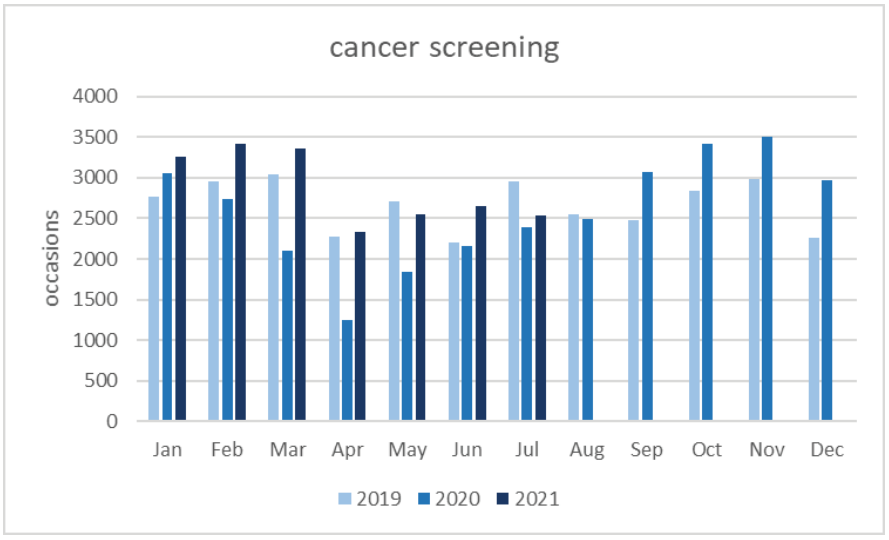
The data extracted from Primary Sense in Figures 2 and 3 shows there was some reduction in routine care for chronic disease management and attendance for cancer screening visits to general practice, due to COVID-19 in Feb -May 2020. Care planning did not reduce to the same extent as cancer screening items as these services were more readily available by telehealth, whereas cancer screening requires a visit or referral letter/pathology request and appears to have been impacted to a greater extent. Cancer screening includes, bowel, breast, cervical and skin. Despite reduced services due to COVID-19 in early 2020, since this time, there have been catch-up periods where general practices have seen increased attendances for these interventions, particularly in 2021. Overall, there are more visits to general practice in 2021 (YTD) than pre pandemic in 2019, reinforcing and supporting the anecdotal higher utilisation of general practice. Early in the pandemic there were concerns of reduced visits for ongoing chronic disease issues. Overall, the data does not suggest that there are emerging concerns of longer-term health issues due to people avoiding routine and preventative care in general practices.

Figure 2. Care planning in 80 Gold Coast General Practices, 2019 to 2021



Source. Primary Sense

Figure 3. Cancer screening in 80 Gold Coast General Practices, 2019 to 2021



Source. Primary Sense

Digital health

There are lots of new systems that need to be and are being integrated in general practice software and workflows, including telehealth, Q scripts, My Health Record, smart referrals, health pathways and electronic prescribing.

Clinical Information Systems

The future of safe and efficient patient care depends, to a large degree on clinical information systems. Modern healthcare delivery models require the transfer of information between care teams, across disciplines and between care sites. Clinical information systems are vital tools in the delivery of safe and high-quality healthcare and good practice management. Locally in the GCPHN region, 59 per cent (n=123 of 207) of general practices have Best Practice clinical information system installed while 31 per cent (n=64 of 207) have Medical Director installed. The remaining general practices have other clinical information systems installed.

Telehealth services

Since the first case of COVID-19 in Australia was reported, there has been a significant impact on the way healthcare has been delivered throughout general practice. While the volume of visits has remained largely unchanged, what has changed is the way these services are delivered.

Telehealth accounted for roughly 30 per cent of all consultations in 2020 in Australia. Previous research indicated that GPs have been more inclined to use familiar technology to meet their telehealth needs. 97 per cent of GP telehealth consultations have been through phone; These numbers back up previous research findings, suggesting GPs were more comfortable using telephone rather than video. 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.

Potential barriers for GPs to undertake video consultations include:

- negative attitudes and unfamiliarity with video
- 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 general practice
- low confidence with the technology, equipment, and software
- patient preference for teleconference versus video conference
- access to technology to support video conferencing

Potential barriers to patients' use of video consultations:

- negative attitudes and unfamiliarity with video
- GP does not provide and/or advocate for the use of video for consultations
- lack of familiarity, competence, and/or confidence with technology (e.g., elderly persons, culturally and linguistically diverse persons, vision, or hearing-impaired persons)
- availability/cost of equipment (phone, computer, webcam, microphone, headset, internet access etc)

Avant Medical conducted a survey which had over 1,300 responses from members who consult with patients. Just over half of respondents were GPs. The remainder were physicians, surgeons, and other doctors. Interestingly, for 61 per cent of respondents, the technical ability of patients was a barrier to using video telehealth. For 25 per cent of respondents, their personal preference prevented them from using or more frequently using, video telehealth with their patients.

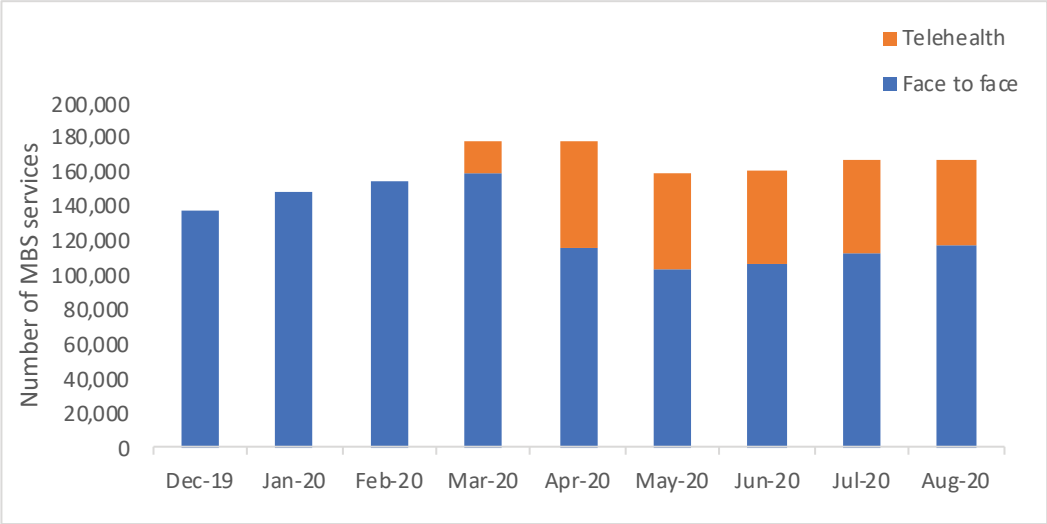
Emerging data identified that younger people are much more likely to use telehealth compared to people aged 45 years and over[1]. This was further supported by headspace report which identified that of 1,348 clients who received a headspace service during 6 to 20 May 2020, 94 per cent agreed that they had a positive experience with headspace while 78 per cent agreed that the telehealth was suitable for their needs[2].

1 HOTDOC Telehealth Patient Survey 2020
2 Young people's experience of telehealth during COVID-19, headspace

Locally, analysing data from 81 general practices that submit data to GCPHN through Primary Sense-population health management and clinical audit tool[3]. Telehealth made up 10 per cent (n=17,770) GP consultations of the total 160,052 GP consultations in March 2020. Telehealth increased to 30.1 per cent (n=50,455) GP consultations of the total 167,645 GP in August 2020.

Of the telehealth items being claimed in the GCPHN region, 98 per cent were through telephone items while the remaining 2 per cent were through video conference which is consistent with national trends. As can be seen in Figure 4, telehealth now constitutes a substantial proportion of all consultations.

Figure 4. GP consultations, Gold Coast Primary Sense practices, Dec 19 to Aug 20



Source. GCPHN Primary Sense tool, data extracted from 81 general practices on the Gold Coast.

Upon review through the GCPHN Community Advisory Council consisting of 16 members, it was established that 93.8 per cent of households had at least one individual that utilised a telehealth service within the last 3-4 months. Of these participants, 60 per cent strongly agreed that their health needs were met through using this service while the remaining 40 per cent agreed their health needs were met. Of the participants, 100 per cent 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 Healthcare 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 resulted in 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 agreed that telehealth compliments face-to-face GP visits, however there will always be a need for face-to-face visits with a GP.

3 GCPHN Primary Sense is a highly advanced IT tool that will support general practices to make timely decisions for better healthcare 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.

Secure Messaging

In the GCPHN region 92 per cent of general practices are connected to use secure messaging. The need for a connected healthcare system has never been greater with the impact of COVID-19 highlighting the need for healthcare providers to connect with each other in a safe and secure digital environment.

- Secure messaging is an efficient and timely method for sending and receiving information, which minimises the burden of paper and manual process.
- An increased uptake of secure messaging improves continuity of care for patients, saves time and protects vital health information[4].

Secure messaging system allow healthcare professionals to send health information securely to other healthcare professionals involved in their patients' care. The exchange of health information is typically conducted via the healthcare professional's clinical system. Secure messaging is regarded as a 'point to point' exchange, which is distinct to the 'point to many' exchange used by electronic health records such as the My Health Record.

A review was completed by Australian Digital Health Agency '*Secure Messaging National Scaling Final Report'* Care on the safety and quality benefits of secure messaging. These benefits include how 'point to point' information sharing via secure messaging can enable enhanced models of care. In addition, this review examined the risk of securing messaging use, including when in operation with parallel adjunct information exchange processes, across a range of clinical environments. Of particular focus were environments that had a greater dependence on manual processes, such as fax, telephone, or hand-written information exchange methods.

The overarching themes around the barriers to the expansion of secure messaging can be divided into three main categories:

- Policy and governance
  - inadequate governance over the secure messaging ecosystem
  - inconsistent uptake of industry offers leading to misalignment on standardisation requirements
- Functional and Technical
  - challenges in messaging acknowledgements and accurate addressing to end points
  - negative impacts on clinical workflows and patient care delivery
  - lack of standardisation in adherence to technical standards for payloads
- Adoption and Usability
  - misalignment in secure messaging value proposition across the healthcare industry.
  - challenges in the usability of secure messaging and inconsistent support mechanisms[5]

4 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.

5 Australian Digital health Agency, Deloitte. Secure Messaging National Scaling Report. Sydney: ADHA;2019

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 GPs to dispense electronic prescription.

Emerging service concerns have been identified and potential new workflows will be introduced in both general practices 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 does not get lost in the queue among the paper scripts.

Currently in the GCPHN region, 55 per cent (n=115) of eligible general practices are enabled for electronic prescribing.

GCPHN have received feedback that general practices are reluctant to introduce electronic scripts unless they have a close relationship with a local pharmacy and know they have software enabled to receive electronic scripts. Additionally, there is no central system for general practice staff to check what pharmacies are enabled to receive electronic 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 GPs 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 about general practice clinical software incompatibility with other service provider's software.

General Practice electronic data reporting and digital health capability

- 166 general practices provide data via PenCS Clinical audit tool to GCPHN and all of them have a formally signed a data exchange agreement. This includes:
  - 157 general practices receiving quarterly quality improvement (QI) feedback through QI feedback reports focused on improved prevention and management of chronic disease.
- 81 general practices also provide data through Primary Sense (a Gold Coast proof of concept population health management tool).

My Health Record

Healthcare providers authorised by their healthcare organisation can access the My Health Record system to view and add patient health information. Through the My Health Record system healthcare 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 is connected to the internet.

As of June 2021, in the GCPHN region the rate of healthcare providers informed about my Health Record

- 99 per cent of general practices
- 100 per cent of specialist
- 100 per cent pharmacies
- 47 per cent of allied health

Analysing the GCPHN region's primary healthcare providers rate of regular upload to My Health Record (defined as at least one document was uploaded in a quarter), a rate of 20.8 per cent (n=174 of 834 healthcare providers) were regularly uploading in 2020-2021 including:

- 47.6 per cent (n=98 of 206 general practices)
- 49.7 per cent (n=78 of 153 pharmacies)
- 0 of 476 allied health services

Source: Collaborate 01-Jul-20 to 28-Mar-21 and ChilliDB at 31-Mar-21

Translating and Interpreting service

The Translating and Interpreting service (TIS) is an interpreting service provided by the Department of Home Affairs for people who do not speak English and for agencies and business that need to communicate with their non-English speaking clients. The interpreting service aims to provide equitable access to key services for people with limited or no English language proficiency.

Medical Practitioners (defined as GPs, nurse practitioners and approved medical specialist) are eligible for the free interpreting service and access to the Medical Practitioner line when providing services that are:

- Medicare-rebatable
- delivered in private practice
- provided to non-English speakers who are eligible for Medicare

Pharmacies dispense medications that can be dangerous if taken incorrectly and information about medications can be complex. Therefore, it is essential that people can communicate effectively with staff in pharmacies about the medications they are taking, how to take them correctly and any risk or side effects that may be associated. Using interpreters can also protect pharmacists from professional risk.

Analysis of 2019-2020 data from TIS indicates there were a total of 1,007 translation services completed by GPs, specialist, pharmacy, and nurse practitioners in the GCPHN region. Of the 1,007 translation services delivered by TIS, 85 per cent (n=858) were completed by phone while 15 per cent (149) were completed on site.

GPs had the largest usage by phone with 86 per cent (n=742), followed by specialist 12 per cent (n=104). For onsite services, specialist 54 per cent (n=80) had the largest usage followed by GPs 46 per cent (n=69).

Data from the 2016 census identified that there were 9,319 people living in the GCPHN region who did not speak English at home well or not at all[6]. Of the 1,007 TIS translation services that were delivered in the GCPHN region in 2019-2020, 10.8 per cent of people who did not speak English at home well or not at all received translation services offered by TIS (noting one patient may use TIS services multiple times).

Areas within the GCPHN region had high usage of TIS translation services including postcodes 4215 and 4207 while some areas with a high number of people who did not speak English at home well or not at all had low uptake of TIS services including postcode 4217 and 4226. These areas have high numbers of international students living in them.

6 ABS, Census of Population and Housing, 2016, General Community Profile - G13

Service system

Service Type	Number in GCPHN region	Distribution	Capacity
General practice	206	Clinics are generally distributed across the GCPHN region, with the majority located in coastal and central areas. Two general practices are available open 24 hours located at Broadbeach and Pimpama	• 859 GPs in the GCPHN region • 28 general practices deliver speciality services such as skin checks • Average number of GPs per general practice: 4.2 • 85 per cent of general 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 the GCPHN 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	153	Well-distributed across the region	• Medication dispensing • Medication reviews • Medication management • Some screening and health checks • Some vaccination
Emergency departments	5	Southport and Robina (public) Southport, Benowa, and Tugun (private)	• Private health insurance is required to access EDs, a gap payment may also be incurred • Limited integration with general practice data • Residents near borders may also use nearby hospitals such as Tweed, Logan, and Beaudesert

Online and phone support	4	Phone or online	• Healthdirect • 13 HEALTH – health information and advice • Lifeline Crisis Support service • PalAssist – 24-hour palliative care support and advice line
Allied health services	419 services with 1,230 workers	Services are generally well spread across the region; majority in coastal and central areas	• Many different allied health groups contribute to the care of people in the GCPHN region both individually and as part of multidisciplinary care teams. Allied health can be provided in a community or hospital setting and range from dieticians, physiotherapists, occupational therapists, pharmacists, podiatrists, psychologists, and social workers.
Specialist practices	236 services with 664 workers	Services are generally well spread across the GCPHN region; majority in coastal and central areas	• Many different specialists contribute to the care of people in the region • Specialist can range from cardiology, psychiatry, and oncology etc.

Consultation

Consultation in 2020-2021 identified:

General practice support

- General practice staff report a lack of capacity to focus on CQI activities.
- General practices report that supporting patients with their COVID-19 vaccination requirements can be time consuming and overwhelming.
- The need for development of consistent and appropriate general practice orientation training packages which will support a national standard of training across the sector.
- To support business continuity during COVID-19, provide a suite of resources to support patients with complex care needs, provide increased capacity for QI team to support more general practices with readymade resources. Resources include:
    - Continuous quality improvement template (COVID-19 and wellness strategy templates).
    - Wellness cycle of care toolkit.
    - Education and training – business continuity.
- Access to information about services available in the region, including a "navigation component" is needed because it is difficult for general practices to know what is there and it changes so frequently.
- General practice market competition – attracting new patients.
- Financial sustainability of general practices.
- General practices not incentivised enough to run programs.
- Case conferencing is underutilised, while case conferencing meetings occur in tertiary. settings, GPs are rarely involved.
- Training and staffing needs as accepted as part of doing business in the rapidly changing health environment and consistent access to quality training for general practice staff is important.

Digital health

- Further information on electronic prescriptions and support for general practices.
- Concerns about readiness of pharmacy software to support electronic prescribing.
- My Health Record meaningful use in general practice and use of shared health summaries.
- Practice managers concerned about marketing of national telehealth companies by major pharmacy resulting in patients not consulting or visiting their regular providers.
- Continued promotion of privacy and security information for all staff still required n telehealth.
- Support for pharmacies with the implementation of electronic prescribing
- PCPC members raised questions about carers managing Electronic Prescriptions and the ongoing continuity of care.
- Change in policies and procedures for community support organisation who may help patients access pharmacies and or pick up medications.

- Internal and external feedback about Electronic Prescription education for consumers to generate change in behavior in primary health.
- Active Script List model will see a large responsibility on pharmacies regarding consumer awareness as well as numerous changes occurring in workflow for this stakeholder group could highlight a need for further support.
- Meaningful use and continued education support for My Health Record for Private Specialist practices with many general practices registered for My Health Record incorrectly set up or not using.
- Support for local pharmacies transitioning to use digital health platforms such as AIR and PRODA. This is highlighted through incoming phone calls requesting of support and stakeholder engagement.
- A heavy promotion to utilise My health Record from every health facility is required, this would be supported by private and public bodies working together and driven by patient demand as well.
- PRODA continues to be highlighted as an area of need for education for Private Specialist staff, in particular registering an organisation in PRODA
- More information and clarification to healthcare providers about how each digital health system interacts such as My Health Record, secure messaging, and The Queensland Viewer.
- Electronic dispensing of tokens appears to have not been adopted in all pharmacies, with feedback that some pharmacists are requesting interim prescribing methods of faxing or emails and are stating they cannot dispense tokens. Other issues are regarding how to provide patients with a token for a repeat script.

Specialist

- Private Specialist Managers are interested and require more training and support for everyday use of PRODA to reduce administration work that can be completed online.
    - This may be the same in other Primary Health sectors and could be packaged with digital health information to enhance scope and ability to support sector.

Australian Government

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An Australian Government Initiative

Gold Coast Primary Health Network

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

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