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After hours

# Needs Assessment

**phn**  
GOLD COAST

An Australian Government Initiative

## ➤ After hours

### Local health needs and service issues

- Amongst all GCPHN Statistical Area Level 3 regions, Coolangatta had the highest rate of lower urgency after-hours emergency department presentations while also having the lowest rate of after-hours general practitioner presentations.
- Increasing rate of non-urgent general practice after-hours services among people aged 80 years and over.
- Lower urgency after-hours Emergency Department presentations increasing above the GCPHN region's population growth rate.
- Limited after-hours mental health services in the GCPHN region, in particular Ormeau-Oxenford Statistical Area Level 3 region.

### Key findings

- The GCPHN region has highest rates of service delivery per 100 people by general practitioners (GPs) in Queensland in 2018-2019.
- Rate of use of Emergency Departments for lower urgency care in the GCPHN region during after-hours in 2018-2019 is the third lowest in Queensland while also being below the national rate, per 1,000 people.
- Non-urgent after-hours services delivered by GPs for people aged 80 years and over was the highest representation in the GCPHN region per 100 people.
- People in the GCPHN region aged 65 and over were more likely to present to general practice during after-hours for care compared to younger age cohorts, this trend is seen nationally.
- People in the GCPHN region aged 65 and over are less likely to present to Emergency Departments in after-hours period for lower urgency, this trend is seen nationally.
- Chronic and acute potentially preventable hospitalisations in the GCPHN region were above the national rate in 2017-2018.

### Overview

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

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

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

## After-hours GP attendances

The rate of after-hours GP attendances per 100 people in the GCPHN region (61.5) in 2018-2019 was above the national rate (49). The rate of after-hours attendances decreased in the GCPHN region from 2015-2016 (68.8) while the national rate has increased from 2015-2016 (47.7) (Table 1).

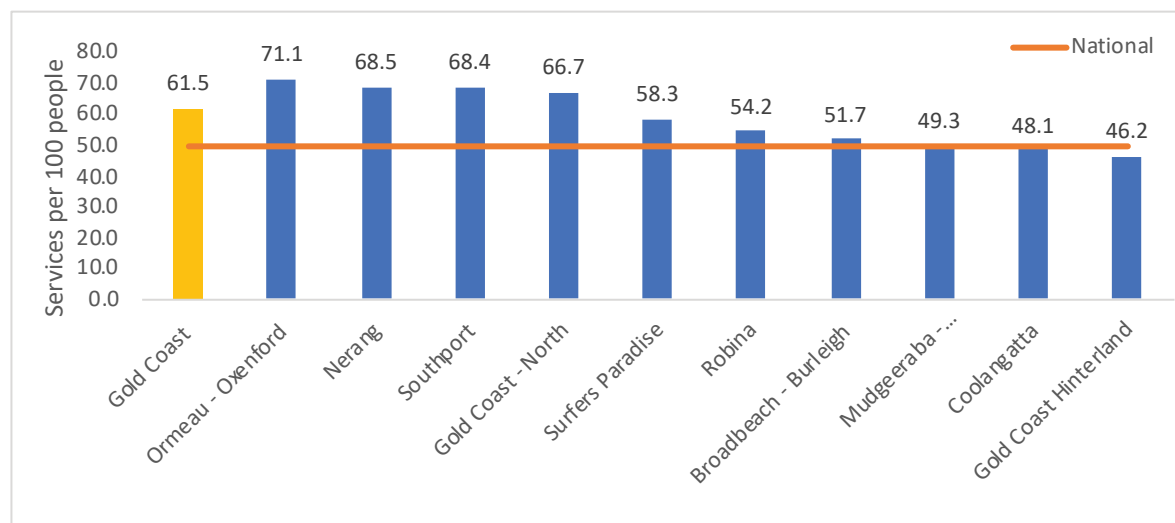
**Table 1. GP subtotal after-hours attendances includes urgent and non-urgent after-hours GP care per 100 people, National, Gold Coast including SA3 regions, 2015-16 to 2017-18**

	2018-2019	2017-2018	2016-2017	2015-2016
National	49.0	49.9	49.2	47.7
Gold Coast	61.5	65.1	66	68.8
Broadbeach - Burleigh	51.7	53.1	56.5	62.6
Coolangatta	48.1	53.2	54.7	56.4
Gold Coast - North	66.7	73.5	75.4	78.1
Gold Coast Hinterland	46.2	45	43.5	41.4
Mudgeeraba - Tallebudgera	49.3	51.7	53.7	55.8
Nerang	68.5	74	77.4	80.5
Ormeau - Oxenford	71.1	70.4	66	68.8
Robina	54.2	57.9	58	59.5
Southport	68.4	78.5	84.9	87.6
Surfers Paradise	58.3	63.6	63.9	67.3

Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2013-14 to 2018-19. This data set is a component of the minimum data set. (Please note, all results are based on the patient's Medicare enrolment postcode, not where they received the healthcare service)

Ormeau-Oxenford (71.1) had the highest rate per 100 people for after-hours GP attendances while Gold Coast Hinterland (46.2) had the lowest rate in 2018-2019 (Figure 1).

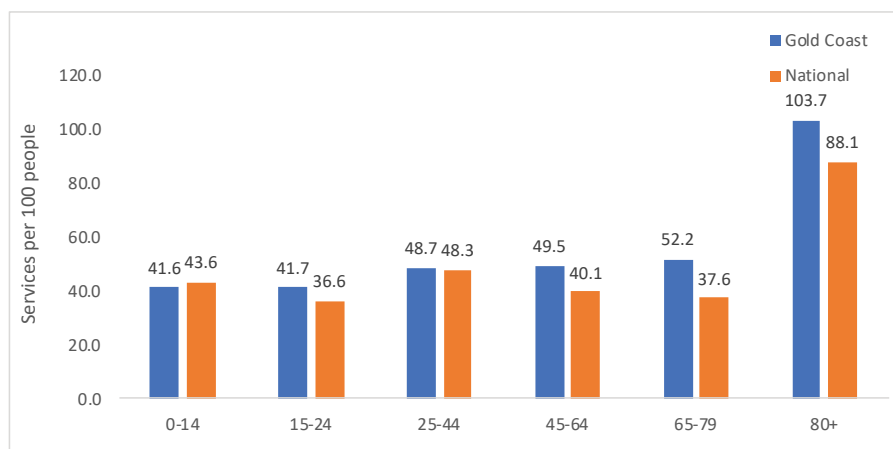
**Figure 1. GP subtotal after-hours attendances includes urgent and non-urgent after-hours GP care per 100 people, National, Gold Coast including SA3 regions, 2018-2019.**



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

Among all age cohorts that access after-hours GP services, rates of service are highest among people aged 80 years and over for both the GCPHN region (103.7) and nationally (88.1) in 2018-2019 per 100 people (Figure 2).

**Figure 2. GP after-hours services per 100 people by age cohorts, National & Gold Coast, 2018-2019**



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

## Urgent after-hours GP attendance

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

The rate of urgent after-hours services per 100 people in the GCPHN region (12.2) in 2018-2019 was over 50 per cent higher compared to the national rate (4.78). Ormeau-Oxenford (14.5) had the highest number of urgent after-hours GP attendances while Gold Coast Hinterland (5.5) had the least number per 100 people in 2018-2019. (Table 2).

**Table 2. GP After-hours (urgent) attendances, services per 100 people, National, Gold Coast including SA3 regions 2015-2016 to 2018-19**

	2018-2019	2017-2018	2016-2017	2015-2016
National	4.78	6.3	7.2	7.7
Gold Coast	12.2	17	19.9	22.4
Broadbeach - Burleigh	11.0	14.9	17.7	20.8
Coolangatta	10.9	16	18.3	18.7
Gold Coast - North	13.7	18.6	21.6	24.9
Gold Coast Hinterland	5.5	7.8	9.2	9.3
Mudgeeraba - Tallebudgera	10.5	14.3	16.4	18.4
Nerang	13.4	18.6	22.1	25.6
Ormeau - Oxenford	14.5	21.2	25.2	28.6
Robina	11.2	15.3	17.3	19.1
Southport	13.4	17.4	20.8	23.6
Surfers Paradise	7.7	10.4	13.3	14.4

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

## Non urgent after-hours GP attendance

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

The rate of non-urgent after-hours services per 100 people in the GCPHN region (49.3) in 2018-2019 was higher compared to the national rate (44.2). Ormeau-Oxenford (56.6) had the highest number of non-urgent GP after-hours attendances while Coolangatta (37.2) had the least number of non-urgent GP after-hours attendances per 100 people in 2018-2019 (Table 3).

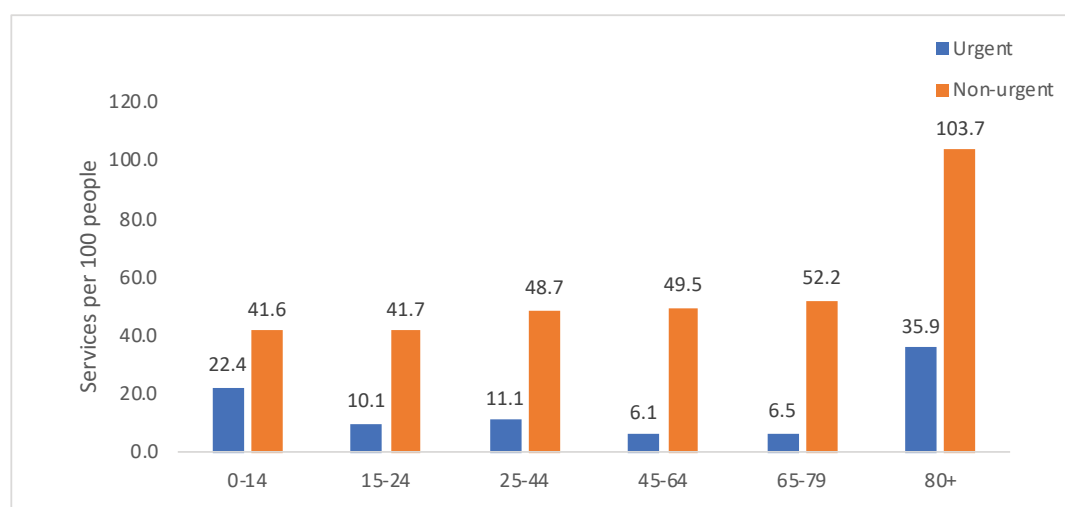
**Table 3. GP After-hours (non-urgent) attendances, services per 100 people, 2015-16 to 2018-19**

	2018-2019	2017-2018	2016-2017	2015-2016
National	44.2	43.6	41.9	40
Gold Coast	49.3	48.1	46.1	46.4
Broadbeach - Burleigh	40.7	38.2	38.9	41.8
Coolangatta	37.2	37.2	36.4	37.7
Gold Coast - North	53.0	54.9	53.8	53.2
Gold Coast Hinterland	40.7	37.2	34.3	32.1
Mudgeeraba - Tallebudgera	38.9	37.4	37.3	37.4
Nerang	55.1	55.4	55.3	54.9
Ormeau - Oxenford	56.6	49.2	40.8	40.2
Robina	43.0	42.6	40.7	40.4
Southport	55.1	61.1	64.1	64
Surfers Paradise	50.6	53.2	50.6	52.9

Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2013-2014 to 2017-2018  
(Please note, all results are based on the patient's Medicare enrolment postcode, not where they received the healthcare service)

Among all age cohorts, the rate of non-urgent after-hours services delivered by GPs per 100 people was highest for people aged 80 years and over (103.7). The age profile of the GCPHN region's population is increasingly becoming older, and this is projected to continue.

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



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



## After-hours GP attendance expenditure

The Medicare benefits expenditure on after-hours GP attendances per person, age-standardised of seeing a GP was \$52.54 in 2016-2017 compared to the national rate of \$32.43 (Table 4)

**Table 4. After-hours GP expenditure attendances, Medicare Benefits expenditure per person (\$), National, Gold Coast including SA3 regions, 2016-2017 to 2013-2014**

	2016-2017	2015-2016	2014-2015	2013-2014
National	32.43	31.87	27.90	24.34
Gold Coast	52.54	57.08	54.49	49.86
Broadbeach - Burleigh	46.15	53.77	51.33	46.43
Coolangatta	45.56	48.39	47.81	43.15
Gold Coast - North	59.15	64.82	63.14	59.75
Gold Coast Hinterland	35.41	34.37	31.31	28.02
Mudgeeraba - Tallebudgera	44.82	48.28	47.55	41.98
Nerang	60.09	65.06	60.79	54.12
Ormeau - Oxenford	55.37	59.76	54.08	49.13
Robina	45.62	48.89	49.50	46.11
Southport	64.60	68.84	66.72	62.24
Surfers Paradise	48.03	54.91	54.65	50.40

Source: Medicare Benefits Schedule GP and specialist attendances and expenditure in 2016-2017

## 13 HEALTH

Besides general practice, residents in the GCPHN region can also access after-hours 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 of the GCPHN region (11.6 per cent of total calls made in Queensland). Of the 22,592 calls 59 per cent (n=13,321) calls were made by females while 35 per cent (n=7,884) calls were made by males, six 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 Gold Coast residents used 13 HEALTH at a higher rate compared to older residents as can be seen below in Table 5.

**Table 5. 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%

Pimpama had the highest rate of people using 13 HEALTH 6.7 per cent (n=1,503) followed by Southport 6.1 per cent (n=1,379). Predominately, all suburbs in the northern area of the GCPHN region had the highest number of calls made to 13 HEALTH from July 2020 to March 2021.

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 from July 2020 to March 2021.

Below in Table 6, the start time of calls can be seen to 13 HEALTH by residents of the GCPHN region from July 2020 to March 2021. Of the total calls, 37 per cent (n=8,249) were made during after-hours period (before 8 am or after 8 pm).

**Table 6. 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 23 per cent (n=5,145) were informed to “Seek Emergency Care as Soon as Possible”, 20 per cent (n=4,444) “Seek Face to Face Care within 1-4 Hours” and 18 per cent (n=4,045) “Schedule an Appointment to be Seen by the Doctor within the Next 12 Hours (same day)”.

## After-hours Emergency Department use

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

Lower urgency care are ED presentations where the patient:

- had a type of visit to the ED of Emergency presentation
- was assessed as needing semi-urgent (triage category four: should be seen within one hour) or non-urgent care (category five: should be seen within 2 hours).
- did not arrive by ambulance, or police or correctional vehicle
- was not admitted to the hospital, was not referred to another hospital, and did not die

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

Table 7 highlights, the rate of lower urgency care per 1,000 people in after-hours period for public hospitals (31) in the GCPHN region was nearly 50 per cent lower compared to the national rate (55.8) in 2018-19.

The rate of people presenting for lower urgency care in after-hours period per 1,000 people has slightly increased in the GCPHN region from 2015-2016 (29.8) to (31.0) in 2018-2019. The national rate has slightly decreased from 2015-2016 (57.9) to (55.8) in 2018-2019.

**Table 7. After-hours lower urgency Public Hospital Emergency Department presentations per 1,000 people, National, Gold Coast including SA3 regions, 2015-2016 to 2018-2019**

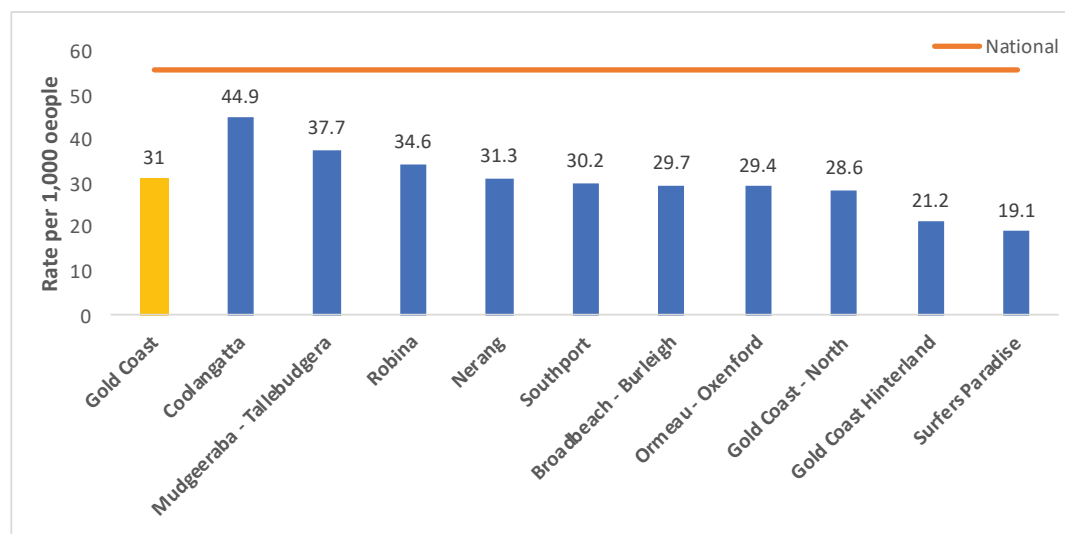
	2018–2019	2017–2018	2016–2017	2015–2016
National	55.8	56	57.1	57.9
Gold Coast	31	31.4	29.8	29.8
Broadbeach - Burleigh	29.7	28.6	27.6	27.8
Coolangatta	44.9	46.5	45.4	45.6
Gold Coast - North	28.6	28.4	27.6	26.2
Gold Coast Hinterland	21.2	20.9	19.6	18.2
Mudgeeraba - Tallebudgera	37.7	36.9	38	37.6
Nerang	31.3	31.6	30.8	31.4
Ormeau - Oxenford	29.4	30.4	27.4	27.2
Robina	34.6	34.8	33	33.8
Southport	30.2	30	27	27.5
Surfers Paradise	19.1	21.1	20.7	20.1

Source: Use of emergency departments for lower urgency care, 2015-16 to 2018-19. This data set is a component of the minimum data set.  
(Please note, all results are based on where the person accessing service lived, not where they received the healthcare service)



Coolangatta (44.9), had the highest number of lower urgency ED presentations per 1,000 people while Surfers Paradise (19.1) had the least in 2018-2019 (Figure 4).

**Figure 4. Use of emergency departments for lower urgency care (after-hours) per 1,000 people, National, Gold Coast including SA3 region, 2018-2019**



Source: Use of emergency departments for lower urgency care, 2015-2016 to 2018-2019.

(Please note, all results are based on where the person accessing service lived, not where they received the healthcare service)

Comparing age groups within the GCPHN region presenting to EDs during after-hours, there was a difference between the age cohorts and a difference between the age cohorts presenting to after-hours GP attendances (Table 8).

Table 8 displays young children (<15 years) and young people (15-24) attended lower urgency care within ED at a higher rate compared to older age cohorts, this trend was seen nationally and in the GCPHN region

**Table 8. Use of Emergency department for lower urgency care, presentations per 1,000 people by age cohort, National, Gold Coast including SA3 regions, 2018-2019**

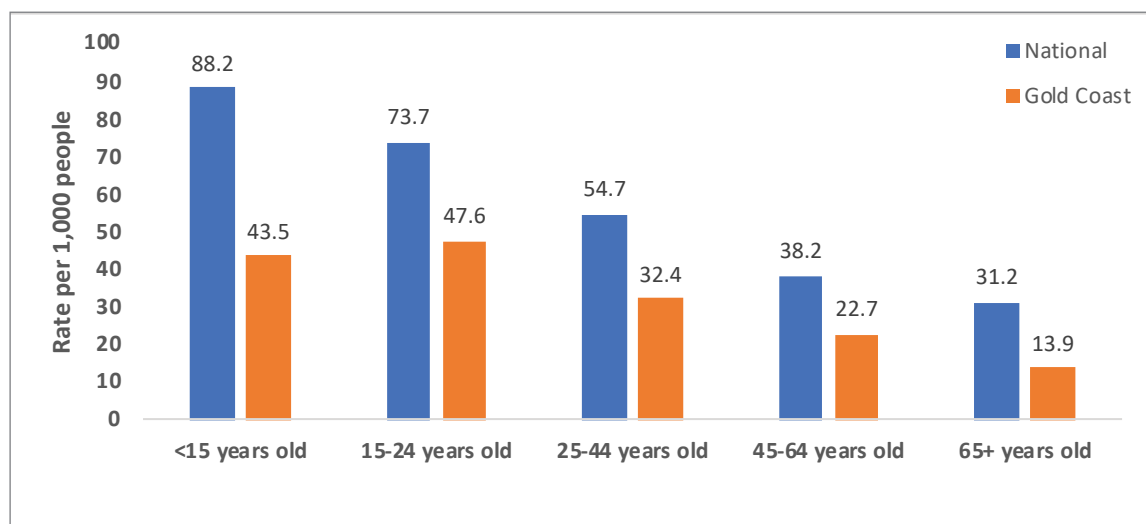
	<15 years old	15-24 years old	25-44 years old	45-64 years old	65+ years old
National	88.2	73.7	54.7	38.2	31.2
Gold Coast	43.5	47.6	32.4	22.7	13.9
Broadbeach - Burleigh	43.4	49.8	32.8	22.3	11.9
Coolangatta	52	76.4	53.3	37.1	20.8
Gold Coast - North	45.8	46.7	31.8	22.5	12.8
Gold Coast Hinterland	34.8	33.2	25.9	15.5	6
Mudgeeraba - Tallebudgera	40.9	55.3	42.5	28.6	24.7
Nerang	41.8	52.7	30.9	22.6	14.9
Ormeau - Oxenford	43.4	45	26.9	17.3	9.7
Robina	42.1	49.7	36.6	26.9	20.6
Southport	48.3	40.1	31.2	23.4	12.3
Surfers Paradise	32.2	27	22.4	12.9	8.7

Source: Use of emergency departments for lower urgency care by Statistical Area Level 3 (SA3), 2015-16 to 2018-19

(Please note, all results are based on where the person accessing service lived, not where they received the healthcare service)

Older people aged 65 and over are more likely to present to a general practice in after-hours for care compared to younger age cohorts nationally and in the GCPHN region in 2017-2018. People aged 65 and over are less likely to present to EDs in after-hours period for lower urgency care, this trend is seen nationally and in the GCPHN region (Figure 5).

**Figure 5. Use of Emergency Department for lower urgency care, (after-hours) presentations per 1,000 people by age cohorts, National and Gold Coast, 2018-2019**



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

## Mental health

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

Males had a higher number of mental-health related ED presentations than females in 2018-2019 (representing 52.3 per cent and 47.7 per cent respectively) but were more equally represented in all ED presentations (49.9 per cent and 50.1 per cent respectively). The population-rate of mental health-related ED presentations for males was higher than the rate for females (127.1 and 113.9 per 10,000 population respectively)<sup>3</sup>.

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

Data on mental health-related presentations by principal diagnosis is based on the broad categories within the Mental and behaviour disorders chapter of the ICD-10-AM. More than 76 per cent of mental health related ED presentations in Australian EDs were classified by four principal diagnoses grouping in 2018-2019, which mirrored rates in the GCPHN region:

- mental and behavioural disorders due to psychoactive substance use (F10–F19); (28.4 per cent).
- neurotic, stress-related and somatoform disorders (F40–F49), (25.4 per cent).
- Schizophrenia, schizotypal and delusional disorders (F20–F29), (11.5 per cent).
- mood (affective) disorders (F30–F39), (10.7 per cent).

The arrival mode records the transport mode of arrival to the emergency department. Almost half of mental health-related ED presentations in 2018-2019 arrived via ambulance, (48.1 per cent). This was almost double the proportion of all ED presentations that arrived by ambulance (25.9 per cent).

In the GCPHN region, just under 40 per cent of mental health-related ED presentations were during the after-hours period. Among residents of the GCPHN region, there was a total of 6,778 mental health-related ED presentations in 2017-2018. Ormeau-Oxenford Statistical Area Level 3 (SA3) region had the highest number of mental health-related ED presentations with 1,146 presentations followed by Gold Coast-North with 1,019.

Table 9 highlights the rate per 10,000 of mental health-related ED presentations, Southport and Gold Coast-North had the highest number of mental health-related ED presentations in the past four years per 10,000 people.

**Table 9. Emergency department mental health-related presentations in public hospitals per 10,000 people, National, Queensland Gold Coast including SA3 regions, 2014-2015 to 2017-2018**

	2017-2018	2016-2017	2015-2016	2014-2015
<b>National</b>	116	114	114	108
<b>Queensland</b>	115	115	119	116
<b>Broadbeach - Burleigh</b>	113	109	107	104
<b>Coolangatta</b>	130	116	117	124
<b>Gold Coast - North</b>	147	142	135	126
<b>Gold Coast Hinterland</b>	72	79	73	73
<b>Mudgeeraba - Tallebudgera</b>	89	85	79	70
<b>Nerang</b>	98	97	101	99
<b>Ormeau - Oxenford</b>	86	87	81	76
<b>Robina</b>	116	112	100	95
<b>Southport</b>	155	160	166	150
<b>Surfers Paradise</b>	101	114	130	119

Source: Data provided by state and territory health authorities (2004–2005 to 2013–2014); National Non-admitted Patient Emergency Department Care Database (2014–2015 onwards). Data mapped to patient's residential postcode. This data set is a component of the minimum data set.

In 2017–2018, the highest proportion of mental health-related ED presentations was among patients aged 18–64 (77.3 per cent) followed by those aged 65+ (11.8 per cent) in the GCPHN region. This is likely to be influenced by the typical age of onset of many mental disorders (Table 10). Aboriginal and Torres Strait Islander people, who represent about 1.8 per cent of the Gold Coast population, accounted for 3.7 per cent of mental health-related ED presentations. Nationally, the rate of mental health-related ED presentations for Indigenous Australians was more than four times that for other Australians (455.9 and 106.8 per 10,000 population respectively).

**Table 10. Mental health-related emergency department presentation in public hospitals, by patient demographic characteristics (per cent), Gold Coast, 2014–2015 to 2017–2018**

Age	2017–2018	2016–2017	2015–2016	2014–2015
0–4	0.4%	0.3%	0.3%	0.2%
5–11	1.5%	1.6%	1.5%	1.4%
12–17	9.0%	9.1%	8.8%	8.6%
18–64	77.3%	78.0%	80.4%	80.8%
65+	11.8%	11.0%	9.0%	8.9%

Source: Data provided by state and territory health authorities (2004–2005 to 2013–2014); National Non-admitted Patient Emergency Department Care Database (2014–2015 onwards). Data mapped to patient's postcode.

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

- mental health support
- general health
- social

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

Many of the attendees of the service are from surrounding suburbs with limited attendees from Ormeau-Oxenford SA3 region which has been highlighted above as a GCPHN region with the highest number of mental health-related ED presentations. The uptake of this service reflects the need for additional after-hour services in the GCPHN region.

## Service system

Services	Number in the GCPHN region	Distribution	Capacity discussion
General Practice	206	<p>Clinics are generally distributed across the GCPHN region, with the majority located in coastal and central areas.</p> <ul style="list-style-type: none"> <li>Extended hours Monday-Friday 11pm to 8am: 10</li> <li>Extended hours Monday-Friday to 10PM: 22</li> <li>Extended hours Saturdays after 12 noon: 67</li> <li>Extended hours Sundays: 60</li> <li>Extended hours public holidays: 50</li> </ul>	<ul style="list-style-type: none"> <li>859 GPs in the GCPHN region</li> <li>28 practices deliver speciality services such as skin checks</li> <li>Average number of GPs per general practice: 4.2</li> <li>85 per cent of general practices are accredited or currently working towards accreditation</li> </ul>
Medical Deputising Services	4	<p>In home and after-hour visits from doctor</p> <p>Available across most of GCPHN region with hinterland areas less well serviced</p>	<ul style="list-style-type: none"> <li>All consultations are bulk billed for Medicare and DVA card holders</li> <li>Depending on the provider, appointments requested by phone or online</li> </ul>
Pharmacy	153	<p>Well distributed across the GCPHN region</p> <ul style="list-style-type: none"> <li>Extended hours Monday-Friday 11pm to 8am: 1</li> <li>Extended hours Monday-Friday to 10PM: 6</li> <li>Extended hours Saturdays after 12 noon: 21</li> <li>Extended hours Sundays: 18</li> <li>Extended hours public holidays: 15</li> </ul>	<ul style="list-style-type: none"> <li>Medication dispensing</li> <li>Medication reviews</li> <li>Medication management</li> <li>Some screening and health checks</li> </ul>
Emergency Departments	5	<p>Southport and Robina (public)</p> <p>Southport, Benowa and Tugun (private)</p>	<ul style="list-style-type: none"> <li>Private health insurance is required to access private E.Ds. A gap payment may also be incurred.</li> <li>Limited integration with general practice data</li> <li>Residents near borders may also use nearby hospitals such as Tweed, Logan, and Beaudesert</li> </ul>
Online and phone support	4	Phone or online	<ul style="list-style-type: none"> <li>Healthdirect</li> <li>13 HEALTH – health information and advice</li> <li>Lifeline crisis support service</li> <li>PalAssist – 24-hour palliative care support and advice line</li> </ul>
Plus Social service funded by GCPHN	1 which offers after-hours safe space as well as clinical care coordination.	Mermaid Beach	<ul style="list-style-type: none"> <li>Operating under a COVID-safe plan which limits how many people can be in the space</li> </ul>

## Consultation

- Feedback from the GCPHN Clinical Council was that there is a perception among service providers that quality of after-hours service providers is variable, and they may frequently refer people to EDs where not necessary to do so (2017).
- The Clinical Council also noted the foreshadowed national level changes such as after-hours MBS items and abolition of the Aged Care Practice Incentive Payment, there are concerns that there will be a significant reduction in accessibility in the after-hours and at RACFs (2017 and 2018).
- It is believed that people will continue to use medical deputising services because it is flexible and there is limited cost to patient, however proposed changes to Commonwealth funding for these arrangements likely to impact provision of services (PHCIC September 2017).
- Urgency of situation and GPs 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. Most respondents stated they would continue to present to ED even if they could have seen their GP within 24 hours— this was due to perceptions of quality, GP skills and services available within the ED (e.g., scans).
- Support for integrated care delivered to RACFs in after-hours acknowledged as very important with some services (e.g., palliative care services) having difficulty in servicing demand (PHCIC September 2017).
- Use of medical deputising services in RACFs “dilutes relationships” making consistency of quality more difficult (PHCIC September 2017).
- It can be challenging for GPs to visit RACF residents as accessibility to RACF staff to accompany them on visits is often difficult and patient information is not always easily accessible (2018 consultation with MDS).

### **GCPHN Community Advisory Council provided the following feedback October 2017):**

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



## Service provider's consultation

- After Hours Safe Space in Mermaid Beach, most visitors identify as homeless or at risk of homelessness.
- The needs of this cohort seem to become most evident in the afterhours periods when the designated homeless services are closed.
- After hours practical assistance (food, money, hygiene, accommodation) as well as specialty mental-health support for this cohort is needed.
- There is a lack of mental health support for people who are mute/non-verbal and 25+yrs and seeking assistance after midnight.
- Both Lifeline and Beyond Blue chat lines shut down at midnight, even if the person is mid-conversation.
- This cohort is unlikely to use hospital or emergency services when in crisis due to communication challenges.
- Once the after-hours service at Mermaid Beach closes of an evening, this cohort has no easy way of seeking mental health assistance.

## Consultation and feedback from stakeholders and community

- Numerous National Disability Insurance Scheme participants are accessing after hours mental health services who have behaviours or needs that can be a challenge to manage. These visitors need support workers to be in attendance so that staff are able to attend all visitors effectively.



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## **Gold Coast Primary Health Network**

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

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