2021

Unplanned Hospital Care

Needs Assessment

phn GOLD COAST

An Australian Government Initiative

Unplanned Hospital Care

Local health needs and service issues

- Rate of potentially preventable hospitalisations in the GCPHN region is above the national rate, top conditions included:
    - urinary tract infections
    - iron deficiency anaemia
    - chronic obstructive pulmonary disease
    - cellulitis
    - vaccine preventable
- Rate of potentially preventable hospitalisations in the GCPHN region has been increasing since 2012-2013 faster than the population growth rate.
- Lower urgency care (triage category four and five) Emergency Department presentations have been increasing annually above the Gold Coast population growth rate.
- Chronic obstructive pulmonary disease had the most potentially preventable hospitalisation bed days in 2017-2018 in the GCPHN region.

Key findings

- The GCPHN region had the second lowest rate per 1,000 people amongst all Primary Health Networks for lower-urgency (triage category four and five) ED presentations in 2018-2019.
    - It should be considered that people living outside of the GCPHN who utilise hospitals in the GCPHN region are not included in the above dataset.
- Leading potentially preventable hospitalisations (PPH) among residents of the GCPHN region in 2017-2018:
    - urinary tract infections, including pyelonephritis (2,743 PPH leading to 8,960 total bed days).
    - iron deficiency anaemia (2,388 PPH leading to 2,913 total bed days).
    - chronic obstructive pulmonary disorder (2,225 PPH leading to 10,256 total bed days).
    - cellulitis (1,848 PPH leading to 6,229 total bed days).
- Gold Coast Hospital and Health Service had the lowest PPH (proportion of total episodes) of all Queensland Hospital Health Service regions over the three years from 2018-2019 to 2020-2021. In 2018-2019, 7.7 per cent of episodes were potentially preventable (Queensland: 8.8 per cent), in 2019-2020, 7.5 per cent were potentially preventable (Queensland: 8.7 per cent), and 2020-2021, 6.9 per cent were potentially preventable (Queensland: 8.0 per cent).
- Younger residents of the GCPHN region are using 13 Health at a higher rate compared to older residents, leading recommendations made by nurses was to ‘Seek Emergency Care as Soon as Possible’.

Potentially Preventable Hospitalisations

Primary and community healthcare is usually a person's first encounter with the health system and includes a range of activities and servicers, from health promotion and prevention to management and treatment of acute and chronic conditions.

Potentially preventable hospitalisations (PPH) are used as a measure of access to timely, effective and appropriate primary and community healthcare. PPH are specific hospital admissions that could potentially have been avoided through preventative health interventions (such as vaccination), or appropriate individualised disease management (such as treatment of infections or management of chronic conditions) in the community.

Classifying a hospitalisation as "potentially preventable" does not mean that the hospitalisation itself was unnecessary, it means the optimal management at an earlier stage might have been prevented the patient's condition worsening to the point where they needed hospitalisation.

PPHs are grouped into three broad categories:

- vaccine preventable
- acute conditions
- chronic conditions

Prevention of hospitalisations

Primary healthcare interventions that help people avoid hospitalisations for some conditions include:

- reducing and managing risk factors for disease
- vaccination
- oral health checks
- sexual health checks
- antenatal care
- diagnosis and prescribing to manage infections
- lifestyle interventions to reduce the development of chronic conditions
- management of chronic conditions to slow progression and risk of complications, including support for self-management

This care is usually delivered by general practitioners (GPs), medical specialist, dentists, nurses, and allied health professionals and may be accessed through a variety of community settings, including Aboriginal and Community Controlled Health Services.

Factors that affect PPH other than primary care

PPH are a useful tool to identifying and investigating variation in health outcomes between different populations. It is important not to assume that higher rates of PPH always indicate a less effective primary care system. There are other reasons why an area or group of people may have higher rates of PPH – including higher rates of disease, lifestyle factors and other risk, as well as genuine need for hospital services.

Some PPH may not be avoidable, such as those that are chronically ill or elderly patients who have received optimum primary care, or procedures such as tonsillectomies that are an appropriate follow-up to primary care.

Changes in hospital coding standards, admission policies and clinical policies can artificially affect PPH rates – conditions knowns to be impacted include:

- hepatitis B
- iron deficiency anaemia
- angina and some conditions requiring rehabilitation care

Most common type of PPH on the Gold Coast

In 2017-2018, 21,695 residents of the GCPHN region were admitted to hospital for a PPH accounting for 6.6 per cent of all hospital admissions. Overall, the most common reason for hospitalisation was urinary tract infections, including pyelonephritis, but pneumonia and influenza (vaccine-preventable) and chronic obstructive pulmonary disorder (COPD) accounted for the most days of hospital care, reflecting their tendency to affect elderly people who often require more complex or longer-term hospital care.

Age groups affected by PPH

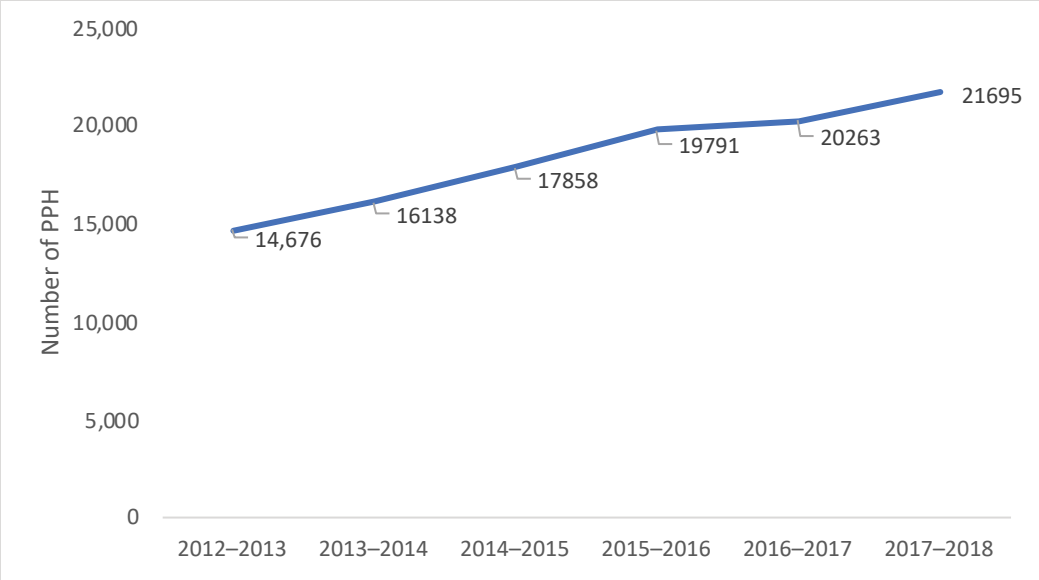
Of the 21,695 admissions of residents in the GCPHN region, 11,229 (52 per cent) were under 65 years of age while 10,466 (48 per cent) were 65 years and over[1]. A wider disparity was observed in bed days (from admission to separation) among the two age cohorts. Of the total 73,247 bed days from PPH among residents of the GCPHN region in 2017-2018, people aged 65 years and under accounted for 35 per cent while people aged 65 years and over accounted for 65 per cent. Across major public hospitals, the average cost to treat acute admitted patients was $4,680 in 2014-2015[2]. There is continuing debate about the 'preventability' of hospital admissions in older people, due to complexity of disease that is often seen in these age groups.

1 Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-2013 to 2017-2018
2 Hospital Performance: Cost of acute admitted patients in public hospitals from 2012-2013 to 2014-2015

Total PPH

Total PPH is a grouping of total acute, total chronic and total vaccine preventable. The GCPHN region's rate of PPH have increased 48 per cent from 2012-2013 to 2017-2018 while the growth rate of the Gold Coast population was 14.4 per cent in the same period[3][4]. Figure 1 highlights the increase of PPH in the GCPHN from 2012-2013 to 2017-2018.

Figure 1. Potentially Preventable hospitalisations, Gold Coast, 2012-2013 to 2017-2018



Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-2013 to 2017-2018. This data set is a component of the minimum data set.

From 2012-2013 to 2017-2018 the total number of PPH increased by 48 per cent, acute PPH increased by 30 per cent, chronic PPH increased by 50 per cent and vaccine preventable PPH increased by 304 per cent. In the same period, the population growth in the GCPHN region was 14.4 per cent[5]

Table 1. Number of PPH and total PPH bed days, Gold Coast, 2012-2013 to 2017-2018

	Number of PPH		Change %	Total PPH bed days		Change %
	2012 - 2013	2017 - 2018		2012 - 2013	2017 - 2018	
Total PPH	14,676	21,695	48%	52,493	73,247	40%
Acute PPH	7,561	9,866	30%	22,291	28,484	28%
Chronic PPH	6,717	10,076	50%	27,855	34,538	24%
Vaccine preventable PPH	485	1,960	304%	2,893	11,754	306%

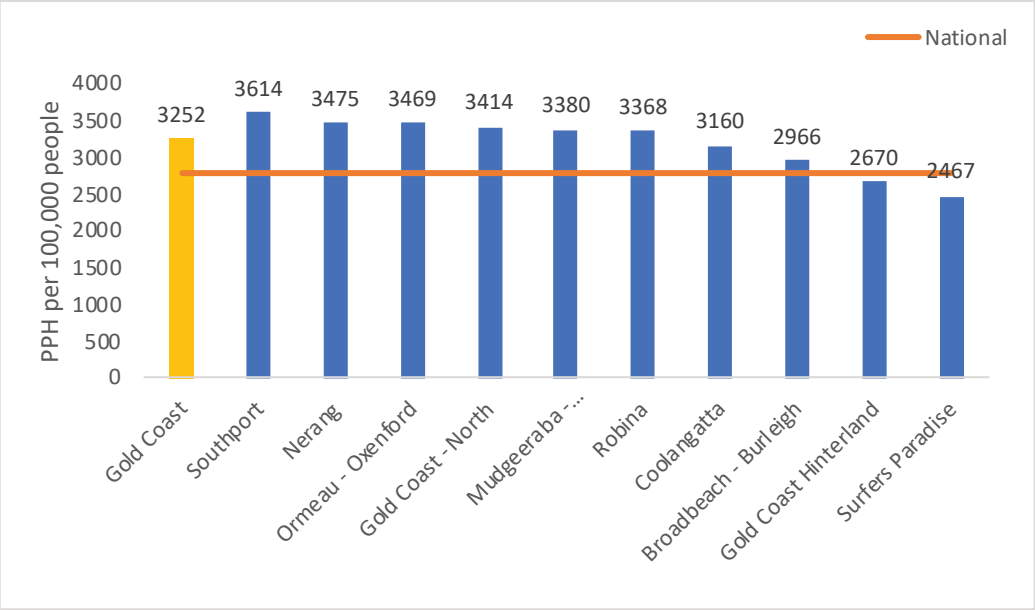
Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-13 to 2017-18

Two Gold Coast Statistical Area Level 3 (SA3) regions were below the national rate in 2017-2018 for the total number per 100,000 people for PPH. Figure 2 shows Southport (3,614) had the highest number off PPH per 100,000 people among the Gold Coast SA3 regions in 2017-2018.

3 Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-2013 to 2017-2018
4 Source: ABS 3218.0, Regional Population Growth, Australia, various editions
5 Source: ABS 3218.0, Regional Population Growth, Australia, various editions

There is evidence that health and illness are not distributed equally within the Australian population. Variations in health status generally follow a gradient, with overall health tending to improve with improvements in socioeconomic status, with the SA3 regions having the highest number of PPH also having the lowest Socio-Economic Indexes for Areas (SEIFA) score in the GCPHN region[6],[7].

Figure 2. Total potentially preventable hospitalisations per 100,000 people, National, GCPHN including SA3 regions, 2017-2018



Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-13 to 2017-18.

6 Kawachi I, Subramanian SV & Almeida-Filho N 2002. A glossary for health inequalities. Journal of Epidemiology and Community Health 56:647–52

7 Source: Australian Bureau of Statistics, Socio-Economic Indexes for Australia (SEIFA), 2016., 2033.0.55.001

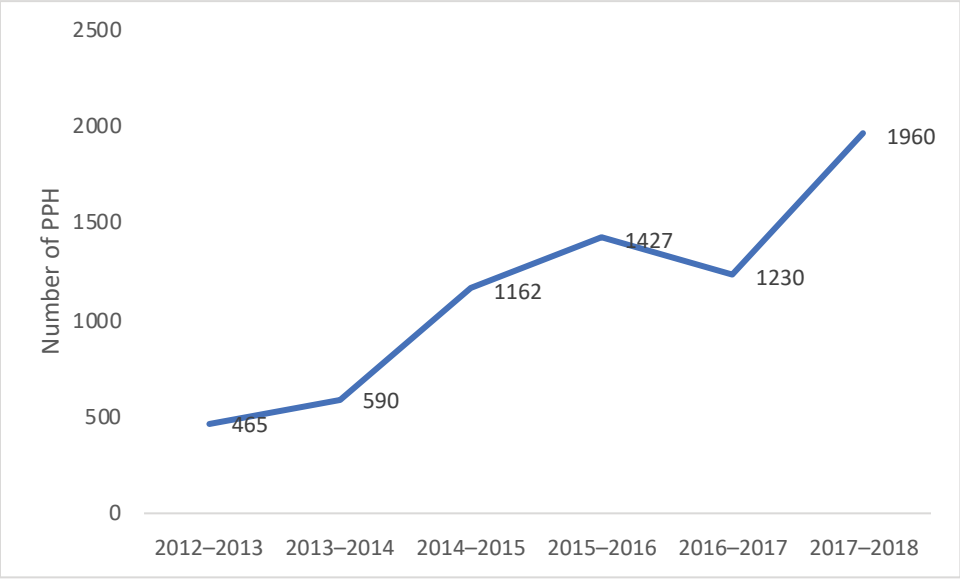
Vaccine-preventable conditions

These are disease that can be prevented by vaccination. These are grouped as pneumonia and influenza (vaccine-preventable) and other vaccine preventable conditions. Other vaccine-preventable conditions include:

- chicken pox (varicella)
- diphtheria
- haemophilus meningitis
- hepatitis B
- German measles (rubella)
- measles
- mumps
- polio
- rotavirus
- tetanus
- whopping cough (pertussis)

Vaccine preventable PPH in the GCPHN region have increased from 465 in 2012-2013 to 1,960 in 2017-2018, an increase of 322 per cent which can be seen in Figure 3.

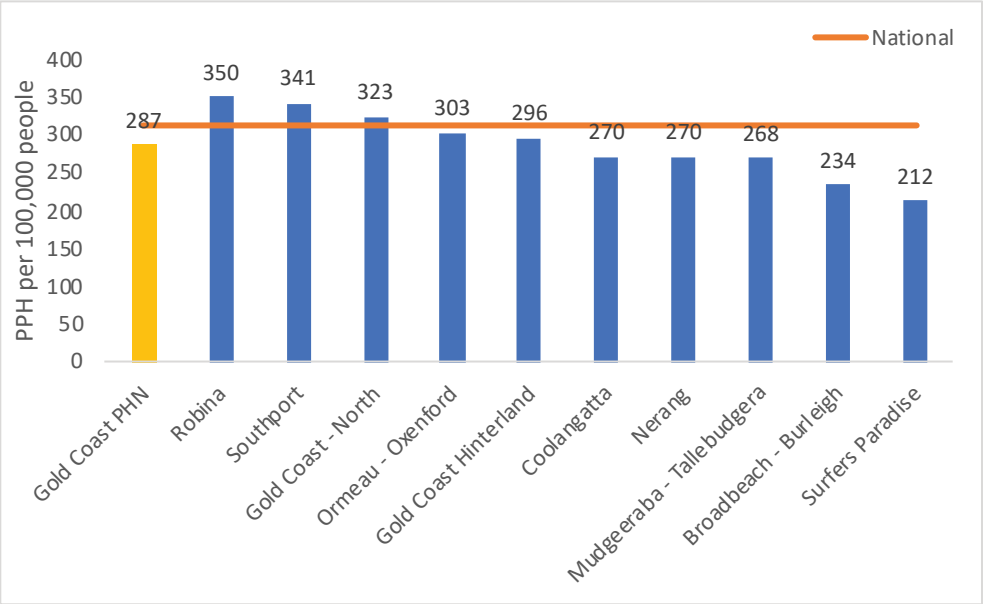
Figure 3. Total vaccine preventable PPHs among Gold Coast residents, 2012-2013 to 2017-2018



Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-13 to 2017-18

Observing the SA3 regions in the GCPHN region, three were above the national rate of 313 vaccine PPH per 100,000 people in 2017-2018 including Robina (350), Southport (341) and Gold Coast-North (323) which is highlighted in Figure 4.

Figure 4. Total vaccine preventable hospitalisations per 100,000 people, National, Gold coast PHN including SA3 regions, 2017-2018



Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-2013 to 2017-2018. This data set is a component of the minimum data set.

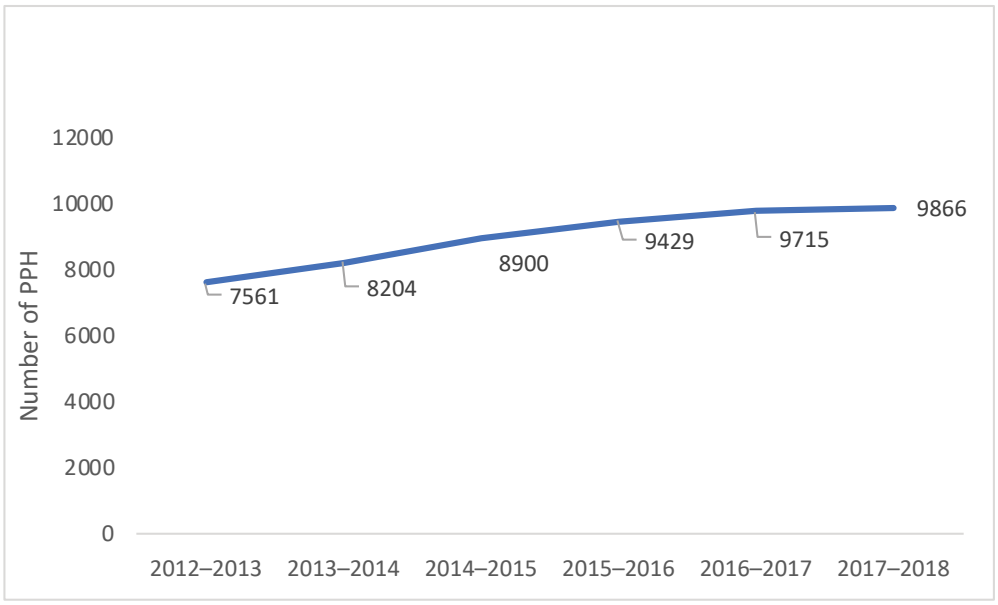
Acute conditions

These are conditions that theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) were received. They included:

- cellulitis
- convulsions and epilepsy
- dental conditions
- ear, nose, and throat infections
- eclampsia
- gangrene
- pelvic inflammatory disease
- performed/bleeding ulcer
- pneumonia (not vaccine-preventable)
- urinary tract infections (including kidney infections)

The number of acute PPH have increased 30 per cent from 2012-2013 to 2017-2018. In 2017-2018, a total of 9,866 residents in the GCPHN region were hospitalised for potentially preventable acute conditions which accounted for 28,484 bed days. Figure 5 show the increase over the past six years.

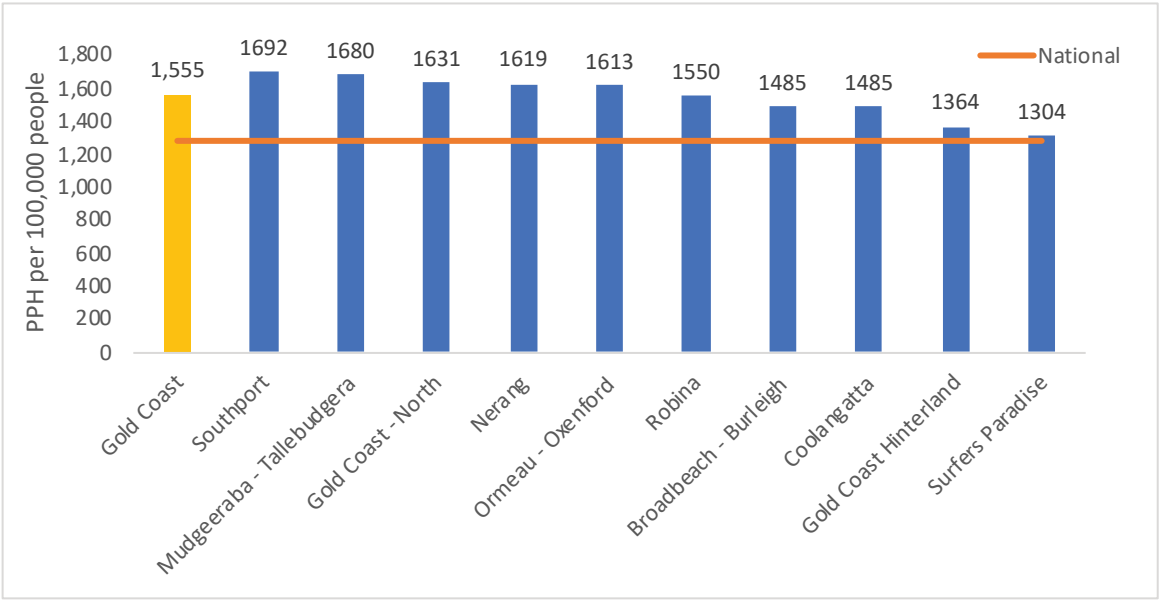
Figure 5. Total acute potentially preventable hospitalisations, Gold Coast, 2012-2013 to 2017-2018



Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-13 to 2017-18

Rates in all of the SA3 regions within the GPCHN region were above the national rate of 1,286 acute PPH per 100,000 people in 2017-2018. Southport SA3 region had the highest number of acute PPH in 2017-2018 with 1,692 per 100,000 people.

Figure 6. Total acute potentially preventable hospitalisations per 100,000 people, National, Gold Coast including SA3 regions, 2017-2018



Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-13 to 2017-18

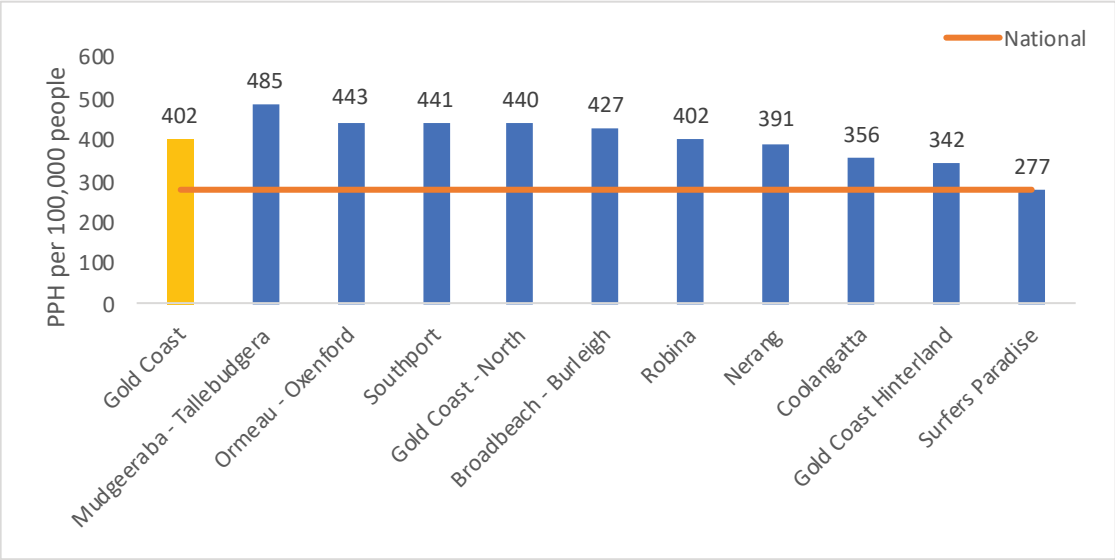
Urinary tract infections

In 2017-2018, urinary tract infections (UTI), including pyelonephritis, was the leading PPH per 100,000 people in the GCPHN region with 402 per 100,000 people. This is 43 per cent higher compared to the national rate of 282 per 100,000 people. In the GCPHN region in 2012-2013, the rate of UTIs, including pyelonephritis, PPH was 361, in 2017-2018 it increased by 11 per cent to 402. In total there was 2,743 PPH for UTI in 2017-2018 in the GCPHN region.

Up to half of all women will get a UTI in their lifetime[8] while women are about 50 times more likely to get a UTI than men[9]. One in four women is likely to have a repeat UTI[10]. Prevalence increases with age in men and women[11].

Examining UTI data at an SA3 level for the GCPHN regionMudgeeraba – Tallebudgera (485) region had the highest rate per 100,000 people while Surfers Paradise (277) had the lowest in 2017-2018.

Figure 7. Urinary tract infections hospitalisations per 100,000 people, National, Gold Coast including SA3 regions, 2017-2018



Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-2013 to 2017-2018

8 Foxman B 2002. Epidemiology of urinary tract infections: incidence, morbidity, and economic costs. The American Journal of Medicine 113(1):5-13

9 Zalmanovici Trestioreanu A, Green H, Paul M, Yaphe J & Leibovici L 2010. Antimicrobial agents for treating uncomplicated urinary tract infection in women. Cochrane Database of Systematic Reviews 10. doi: 10.1002/14651858.CD007182.pub2.

10 Franco AV 2005. Recurrent urinary tract infections. Best Practice & Research: Clinical Obstetrics & Gynaecology 19(6):861-73.

11 RACGP (The Royal Australian College of General Practitioners) 'Silver Book' National Taskforce 2006. Medical care of older persons in residential aged care facilities (4th edition). Melbourne: The Royal Australian College of General Practitioners.

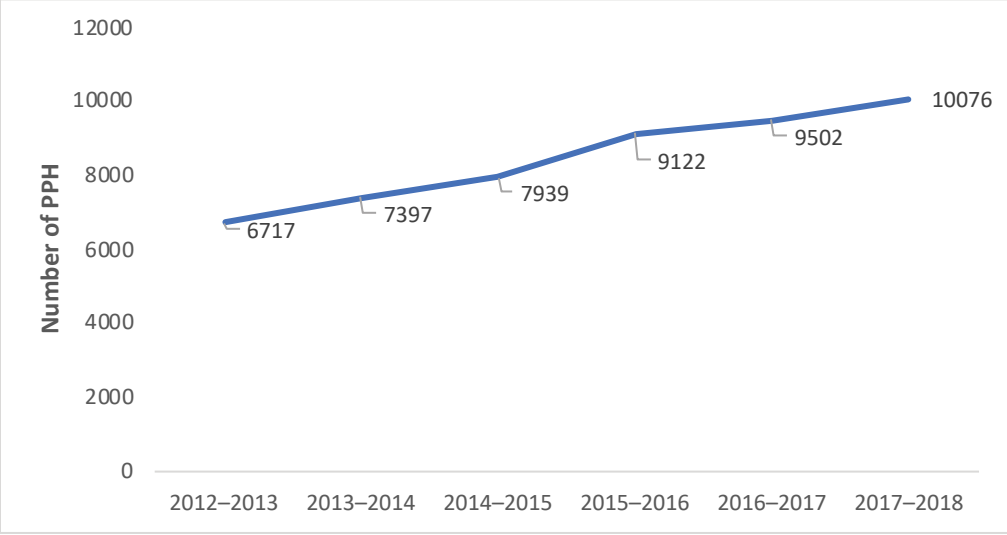
Chronic conditions

These are conditions that may be preventable through behaviour modification and lifestyle change but can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. They include:

- angina
- asthma
- bronchiectasis
- chronic obstructive pulmonary disease (COPD)
- congestive cardiac failure
- diabetes complications
- hypertension
- iron deficiency anaemia
- nutritional deficiencies
- rheumatic heart disease

The number of chronic PPH have increased 50 per cent from 2012-2013 to 2017-2018. In 2017-2018, a total of 10,076 residents in the GCPHN region were hospitalised for potentially preventable chronic conditions which accounted for 34,538 bed days.

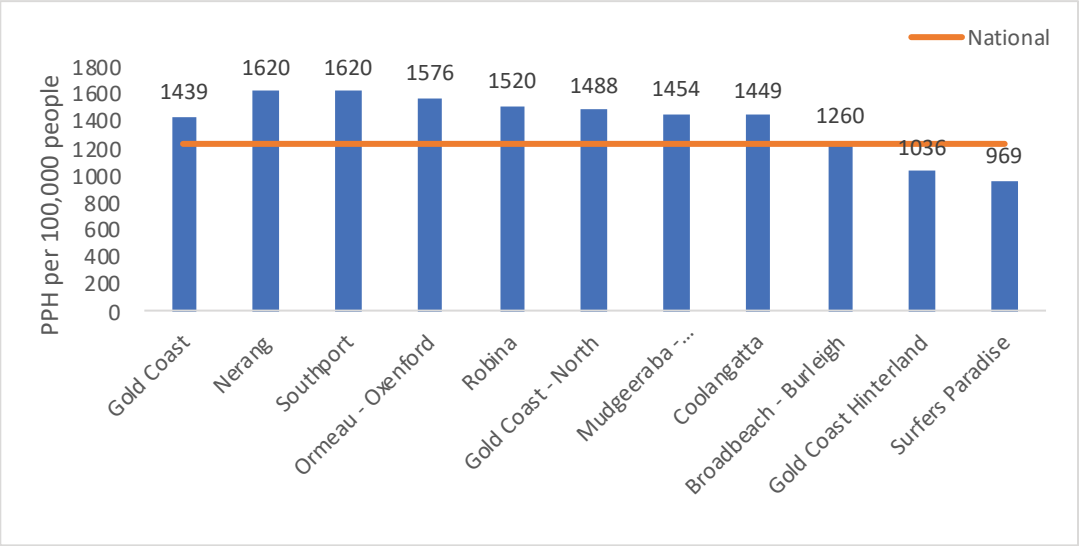
Figure 8. Total chronic potentially preventable hospitalisation, Gold Coast, 2012-13 to 2017-18



Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-13 to 2017-18. This data set is a component of the minimum data set.

Two of the ten SA3 regions in the GCPHN region were below the national rate of 1,233 chronic PPH per 100,000 people in 2017-2018. Nerang SA3 region had the highest number of chronic PPH in 2017-2018 with 1,620 per 100,000 people.

Figure 9. Total chronic PPH per 100,000 people, National, Gold Coast including SA3 regions, 2017-2018



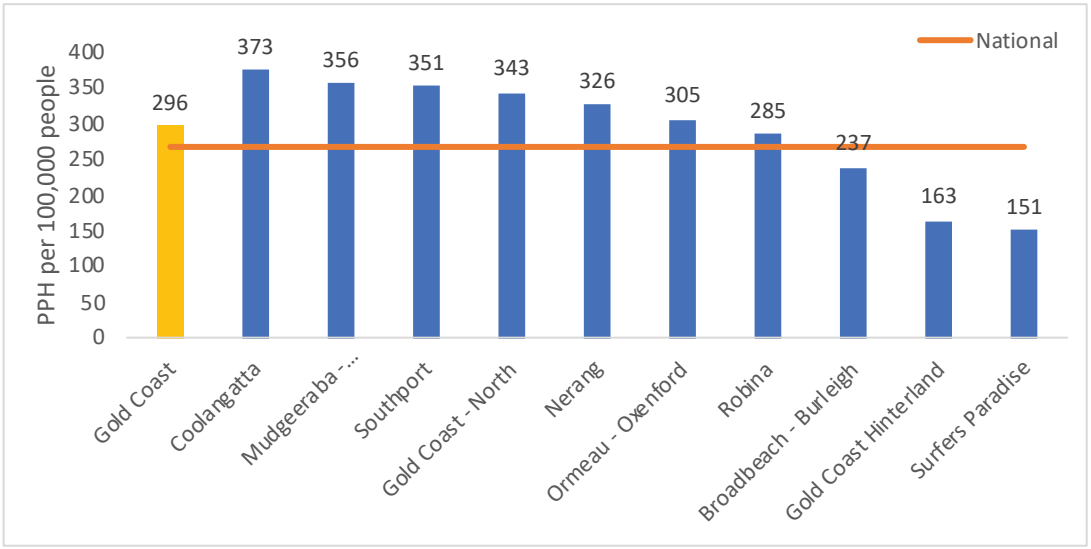
Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-2013 to 2017-2018

COPD

In 2017-2018, COPD was the third leading PPH per 100,000 people with 296 per 100,000 people which is 11 per cent higher compared to the national rate of 267 per 100,000 people. In total there were 2,225 PPH for COPD in 2017-18 on the Gold Coast.

Examining COPD PPH data at an SA3 level for the GCPHN region, Coolangatta (373) had the highest rate per 100,000 people while Surfers Paradise (151) had the lowest.

Figure 10. Chronic obstructive pulmonary disease preventable hospitalisations per 100,000 people, National, Gold Coast including SA3 regions, 2017-18



Source. Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-13 to 2017-18

Smoking is the most common risk factor for COPD - although it is worth noting that in 2017-2018, one quarter (26 per cent) of people aged 45 and over with COPD had never smoked cigarettes[12].

Data from GCPHN's PATCAT system[13] shows that as of March 2021, of the 556,828 active patients (three visits in the past two years) 2.3 per cent (n=13, 220) had a coded COPD diagnosis. Table 2 highlights risk factors and management recorded for COPD from 158 general practices in the GCPHN region.

Table 2. Active patients with coded COPD diagnosis, risk factors and management recorded, March 2021

	Number	Rate
Total Population	566,828	
Active patients with coded chronic obstructive pulmonary disease diagnosis	13,220	2.3%
Active patients with COPD and smoking status recorded	12,937	98%
Active patients with COPD and blood pressure recorded	12,042	91%
Active patients with COPD and a GPMP in the last year	4,471	34%
Active patients with COPD and TCA in the last year	3,996	30%

Source. PATCAT

Emergency departments for lower urgency care

Many people present to an Emergency Department (ED) for health conditions that may be managed more appropriately and effectively in a different healthcare setting, such as through their GP. Understanding who uses emergency care services can inform healthcare planning, coordination, and delivery to ensure that people receive the right care, in the right place, at the right time.

Lower urgency care is defined as presentations at formal public hospital EDs where the person:

- was assessed as needing semi-urgent (triage category four) or non-urgent (triage category five).
- 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.

The Australian Bureau of Statistics patient experience survey found that 16.8 per cent of respondents aged 15 and over who visited ED for any reason though their care could have been managed by a GP[14].

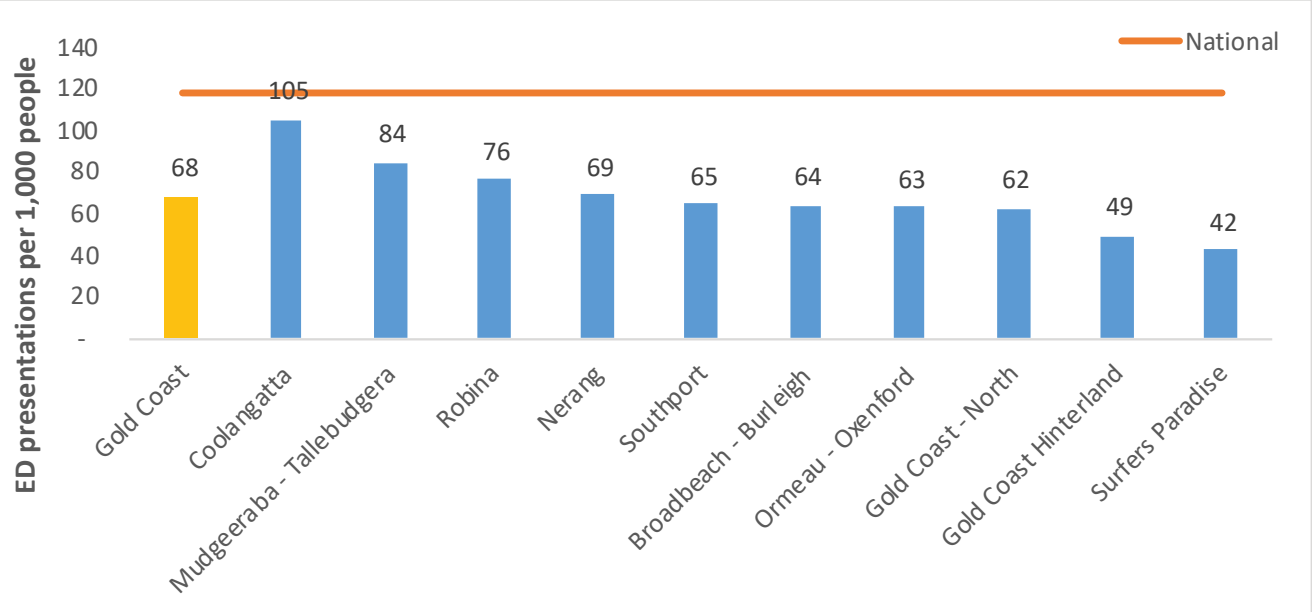
Analysing local data, all SA3s in the GCPHN region were below the national rate of 117 per 1,000 people for all hours lower urgency ED presentations. Coolangatta (105) had the highest rate of lower urgency ED presentations per 1,000 people. A reason for this may be the limited after-hours services available in this region. The data in the report is mapped to the patients address meaning a patient living in Coolangatta SA3 region who visited Tweed Heads ED would be included.

12 AIHW 2019d. Chronic obstructive pulmonary disease (COPD), associated comorbidities and risk factors. Cat. no. ACM 40. Canberra: AIHW

13 PAT CAT is a web-based interface that aggregates de-identified General Practice data for population health management and research programs

14 Patient Experiences in Australia: Summary of Findings, Australian Bureau of Statistics, 2019-20

Figure 11. All hour's lower urgency ED presentations per 1,000 persons, National and GCPHN including SA3 regions, 2018-19



Source: AIHW analysis of the NNAPEDCD, 2018–19.

While Coolangatta did have the highest rate per 1,000 persons of lower urgency ED presentations, Ormeau-Oxenford region had the highest total number of lower urgency ED presentations in 2018-2019. This mirrors the Oremeau-Oxenford SA3 having the largest population in the GCPHN region. Table 3 shows the total number of lower urgency ED presentations for in and after hours in 2018-2019.

Table 3. Total number of in hours and after hour's lower urgency ED presentations, Gold Coast SA3 regions, 2018-19

SA3 name	Total number lower urgency ED	Number in-hours lower urgency ED	Number after-hours lower urgency ED
Gold Coast	42321	23051	19270
Broadbeach - Burleigh	4,206	2,256	1,950
Coolangatta	5,963	3,420	2,543
Gold Coast - North	4,353	2,348	2,005
Gold Coast Hinterland	966	548	418
Mudgeeraba - Tallebudgera	3,006	1,662	1,344
Nerang	4,885	2,655	2,230
Ormeau - Oxenford	8,905	4,736	4,169
Robina	4,073	2,213	1,860
Southport	4,076	2,180	1,896
Surfers Paradise	1,893	1,036	857

Source: AIHW analysis of the NNAPEDCD, 2018–19.

The rate of lower urgency ED presentations from residents in the GCPHN region increased 12 per cent from 37,738 in 2015-2016 to 42,321 in 2018-2019 which is above the population growth rate. People aged 80+ had the lowest total number of lower urgency ED presentations, they did have the highest increase of 32 per cent from 2014-2015 (519) to 2018-2019 (684) followed by people aged 0-14 which increased by 31 per cent.

Table 4. Total number of lower urgency ED presentations, Gold Coast, 2015-2016 to 2018-2019

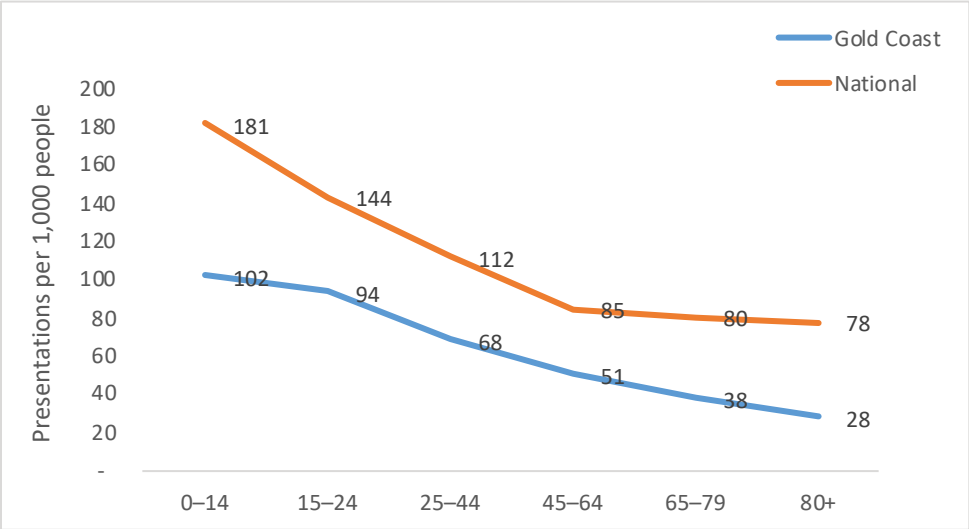
	2018–2019	2017–2018	2016–2017	2015–2016	Percentage increase from 2014-2015 to 2018-2019
0-14	11,629	11,466	9,443	8,846	31%
0-64	38,712	38,256	35,099	34,814	11%
15-24	7,585	7,721	7,387	7,495	1%
25-44	11,709	11,670	11,258	11,416	3%
45-64	7,789	7,399	7,011	7,057	10%
65+	3,609	3,578	3,237	2,925	23%
65-79	2,925	2,917	2,597	2,406	22%
80+	684	661	640	519	32%
All persons	42,321	41,834	38,336	37,738	12%
Females	19,381	18,985	17,207	16,923	15%
Males	22,938	22,842	21,127	20,813	10%

Source: AIHW analysis of the NNAPEDCD, 2018-2019.

Higher rates among children and young people

Close to half of all lower urgency ED presentations (45 per cent or 19,214) were for people aged under 25 in the GCPHN region which is comparable to national figures. Children 14 and under, represented 27 per cent (or 11,629) of all lower urgency ED presentations and had the highest presentation rate (102 per 1,000 people) in the region. While people aged 65+ accounted for nine per cent of lower urgency ED presentations (3,609 presentations, at a rate of 35.5 per 1,000 people. Please note, the below data does not classify a lower urgency ED presentation if the patient arrived by ambulance and is triaged as level four or five.

Figure 12. Lower urgency ED presentations per 1,000 people, by age group, National and Gold Coast, 2018-2019



Source: AIHW analysis of the NNAPEDCD, 2018–2019.

Lower urgency ED presentations after-hours

Just under half (46 per cent) of all lower urgency ED presentations occurred during a period when general practices and other alternative health services are usually closed. People aged under 65 were more likely to present to ED after hours (46 per cent of presentations in this age group) than people aged 65 and over (39 per cent of presentations for this age group).

Reason for lower urgency ED presentations

The most common presentations to ED for lower urgency care amongst GCPHN residents was sprain and strain of ankle, open wound, unspecified injury of head and fracture of lower end of radius. Of all lower urgency ED presentations in the GCPHN region, the arrival mode for 90 per cent of presentations was walked in/public or private transport with nine per cent arriving by ambulance.

13 Health

Besides general practice, residents of 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 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, six per cent (n=1,372) calls were not stated and 0.1 per cent (n=15) were intersex or indeterminate.

Younger residents of the GCPHN region 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%

The three leading recommendations made by nurses at 13 Health to residents of the GCPHN region 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)”

COVID-19 and general practice attendance

Even 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 Table 6.

Table 6. Consultations in 80 Primary Sense practices in GCPHN region in 2019 and 2020

	2019	2020	Percentage change from 2019 to 2020
Jan	150,495	174,230	15.8%
Feb	156,259	174,598	11.7%
Mar	170,942	197,532	15.6%
Apr	165,679	198,127	19.6%
May	193,626	190,654	-1.5%
Jun	167,903	198,889	18.5%
Jul	185,492	203,357	9.6%
Aug	185,911	195,928	5.4%
Sep	174,674	199,023	13.9%
Oct	182,655	196,540	7.6%
Nov	173,291	195,802	13.0%
Dec	152,964	177,518	16.1%
Total	2,059,891	2,302,198	11.8%

Source. Primary Sense, one visit per person per day

Service system

Services	Number in the GCPHN region	Distribution	Capacity discussion
General practice	206	Clinics are generally distributed across the the GCPHN region with the majority located in coastal and central areas.	• 859 GPs in the GCPHN region • 28 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 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
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
Pharmacy	153	Well distributed across the GCPHN region	• Medication dispensing • Medication reviews • Medication management • Some screening and health checks • Some vaccination
Hospitals	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

Consultation

Primary Care Partnership Council

In July 2021, GCPHN utilised the Primary Care Partnership Council as an engagement mechanism to discuss emerging issues relating to unplanned hospital care in the GCPHN region. Key issues and themes raised include:

- Dementia clients being admitted to hospital for review of medication, due to COVID-19 families unable to visit, patients getting really agitated leading to more medication etc.
- Cost is a factor for many people from culturally and linguistically diverse background, bulk billing not always an option with GPs so easy to go to Hospital.
- For some, safer to be seen where not known e.g., a doctor starts to bulk bill and was not expected, confronting and embarrassing.
- People do have a preference to wait at home rather than go to hospital especially with COVID-19.

Community Advisory Council

In July 2021, GCPHN utilised the Community Advisory Council as an engagement mechanism to discuss emerging issues relating to unplanned hospital care in the GCPHN region. Key issues and themes raised include:

- Lack of preventative healthcare and early intervention initiatives.
- Cost of healthcare, people go to the hospital because it's perceived as free and everyone knows where the hospital is whereas bulk billing Doctors surgeries are not as well-known and even then, a first time visit will cost.
- Factors effecting PPH should focus on rehabilitation, there is limited, or no rehabilitation offered at the early and mid-stages of recovery.
- Together with the cost to low-income families of multiple family members needing medical treatment that can't be handled by GP clinics.
- Consultation time constraints of patients with co-morbidities needing multiple appointments with their GP's leading to higher cost.
- The cost of private health cover and the gap payments that keep escalating due the widening gap between government rebates to doctors and costs of a service provision.

Clinical Council

In August 2021, GCPHN utilised the Clinical Council as an engagement mechanism to discuss emerging issues relating to unplanned hospital care in the GCPHN region. Key issues and themes raised include:

- Category four and five emergency department presentations increased slightly in past years, but also the general practice services increased – a lot more.
- New models of care required to address potentially preventable hospitalisations.
- Significant increase in managing iron infusions in general practice in recent years, may not be reflected in data. Some GPs still hesitant to do iron infusions but it is now widely available in the Gold Coast.

- Pharmacies are seeing less after-hours doctor scripts particularly home visiting services.
- Increased emergency department attendances could relate to drops in private health insurance, and even if you do have private – out of pocket costs are high so many go to public system.
- Consumers get lost in primary system – go to a GP, then radiology, then few doctors can do plaster etc. ED is a one stop shop. Get x-ray, plaster etc. done in one go. Even if you must wait for a while – get everything done.
- COPD has highest PPH bed rates – look at smoking to address (note Gold Coast has relatively low rates of smoking).
- Lower than average immunisation rate of flu on the Gold Coast – links to high potentially preventable hospitalisations.
- 13 health – look at younger cohort of kids, why they are going to emergency department.
- Aging population - increased utilisation of services and drop in private health insurance – leads to more PPHs.

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."

Level 1, 14 Edgewater Court, Robina 4226 | PO Box 3576 Robina Town Centre QLD 4230

P: 07 5635 2455 | F: 07 5635 2466 | E: info@gcphn.com.au | www.gcphn.org.au

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