

Gold Coast Primary Health Network Needs Assessment 2022



General Practice and Primary Care

phn
GOLD COAST

An Australian Government Initiative

General Practice and Primary Care

Local health needs and service issues

- Care coordination/clinical handover is challenging, particularly to general practice on discharge from hospitals.
- There is a high number of people requiring chronic wound management services in general practice and Residential Aged Care Facilities (RACF).
- My Health Record is not yet embedded to support team-based care.
- Challenges for general practices and pharmacies in adopting digital health include:
 - o New systems that need to be integrated in general practice system and workflow,
 - o Lack of interoperability with new systems,
 - o Initially low uptake of video conferencing under telehealth.
- 7 out of 10 Quality Improvement (PIP QI) measures in the GCPHN region are below the national rate.
- GCPHN's rate of potentially preventable hospitalisations is above the national rate. Top conditions included Urinary tract infections, Iron deficiency anemia, Dental conditions, Cellulitis, and Ear, nose and throat infections.
- Low uptake of free translation services by general practitioners, specialist, pharmacy, and nurse practitioners in the GCPHN region is potentially limiting access and quality of care.

Key findings

There are currently 212 general practices and 855 general practitioners in the GCPHN region.

- 78% of general practices in the GCPHN region have data extraction tools (Primary Sense or CAT Plus).
- 93% of GCPHN general practices that are eligible (accredited or in process of being accredited) are registered for the PIP QI.
- 201 general practices (around 95%) are registered/in process to participate in My Health Record.
- 134 community pharmacies (around 94%) now registered/ in process to participate in My Health Record.
- The rate of GP attendances in the GCPHN region (761 per 100 people) is above the national rate (627 per 100 people).
- The rate of after-hour GP attendances in the GCPHN region (47 per 100 people) is above the national rate (34 per 100 people).

Access

Utilising health services

Between 2016-2017 and 2019-2020, 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 2019-2020. In this same time, the proportion of adults in the GCPHN region who went to the Emergency Department (ED) was below the national average and the third lowest among the 31 PHNs (Table 1).

Table 1. Proportion of adults utilising health services by type, Gold Coast and national, 2019-20

Percentage of adults	Region	2016-17	2017-18	2018-19	2019-20
Who saw a GP in the past 12 months	Gold Coast	77.6%	80.6%	79.5%	80.5%
	National	82.5%	84.3%	82.6%	83.5%
Who were admitted to any hospital in the past 12 months	Gold Coast	14.4%	12.0%	12.3%	13.0%
	National	12.6%	12.5%	13.0%	12.3%
Who went to any ED for their own health in the last 12 months	Gold Coast	16.0%	11.5%	12.9%	13.2%
	National	13.8%	14.3%	13.9%	14.3%
Who saw a GP after hours in the past 12 months	Gold Coast	8.4%	8.8%	10.4%	8.4%
	National	8.4%	8.5%	7.2%	7.2%

Source: My Healthy Communities (2018), Patient experiences in Australia in 2019-2020

In 2020-21, the rate of GP attendances in the GCPHN region was above the national rate (713 vs 627 per 100 people). Both the GCPHN region and national rate of services has increased over the last five years. Gold Coast-North had the highest rate GP attendances (856 per 100 people) while Mudgeeraba – Tallebudgera (685) had the lowest (685 per 100 people).

Table 2: GP attendances per 100 people, Gold Coast SA3 regions, 2015-16 to 2020-21

Region	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
National	607	613	627	631	612	627
Gold Coast SA4	668	677	699	713	697	761
Broadbeach–Burleigh	712	714	723	738	769	791
Coolangatta	674	668	682	692	712	742
Gold Coast–North	747	753	781	797	812	856
Gold Coast Hinterland	642	647	677	694	727	755
Mudgeeraba–Tallebudgera	620	628	640	657	673	685
Nerang	652	677	694	707	725	736
Ormeau–Oxenford	639	654	692	711	738	748
Robina	634	647	675	689	710	738
Southport	693	703	723	735	761	804
Surfers Paradise	631	630	642	649	670	711

Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2013-14 to 2020-2021, AIHW. Note: 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.

Similarly, the rate of after-hour GP attendances in the GCPHN region (47 per 100 people) in 2020-2021 was above the national rate (34 per 100 people). 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 SA3 region with the highest rate of after-hour GP attendances was Ormeau-Oxenford (56.3 per 100).

Table 3: After-hour GP attendances per 100 people, national, Gold Coast SA3 regions, 2015-16 to 2020-21

Region	2015-16	2016-17	2018-19	2019-20	2020-21	2020-21
National	48	49	49	43	34	627
Gold Coast SA4	69	66	62	55	47	761
Broadbeach – Burleigh	63	57	52	48	38	791
Coolangatta	56	55	48	43	36	742
Gold Coast – North	78	75	67	61	52	856
Gold Coast Hinterland	41	44	46	44	41	755
Mudgeeraba – Tallebudgera	56	54	49	43	35	685
Nerang	80	77	69	59	47	736
Ormeau – Oxenford	69	66	71	67	56	748
Robina	59	58	54	48	38	738
Southport	88	85	68	63	54	804
Surfers Paradise	67	64	58	52	43	711

Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2015-16 to 2020-21, 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 after hours care through telephone services including the Queensland Government's 13 HEALTH, a confidential phone service providing health advice from a registered nurse 24 hours a day, seven days a week at the cost of a local call.

Between July 2021 and June 2022, there was a total of 35,892 calls made to 13 Health by residents of the GCPHN region (accounting for 11.3% of all calls made in Queensland). Of those, 59.3% (n=21,284) of calls were by females, 34.0% (n=12,205) were by males, 6.1% and 0.1% (n=20) of calls were by intersex persons or persons of indeterminate sex. For 6.6% (n=2,383), no information was recorded for sex.

Among callers to 13 Health in the GCPHN region, 3.5% (n=1,260) identified as being of Aboriginal and/or Torres Strait Islander background. Aboriginal and/or Torres Strait Islander people are accessing the service at a higher rate (9 calls per 100 people) compared to calls made by non-indigenous patients (5 calls per 100 people).

Table 4 shows that almost a third of all calls to 13 Health were made by/for children aged 0 to 9.

Table 4. Age groups of people using 13 Health, Gold Coast region, July 2021 to June 2022

Age group	Number	Percent
0-9 years	11,069	30.8%
10-19 years	2,716	7.6%
20-29 years	6,789	18.9%
30-39 years	6,121	17.1%
40-49 years	3,129	8.7%
50-59 years	2,372	6.6%
60-69 years	1,715	4.8%
70-79 years	1,218	3.4%
80+ years	762	2.1%

Source: 13 Health

Ormeau – Oxenford SA3 had the highest rate of people using 13 Health, accounting for 30.5% of all calls (n=10,937), followed by Broadbeach at 13.5% (n=4,848). Pandemic COVID-19, abdominal pain, and chest pain were the leading reasons for calls made to 13 Health by residents of the GCPHN region from July 2021 to June 2022.

The peak time of calls to 13 Health by residents of the GCPHN region were between 4pm to 8pm, with 37% (8,249) of the total calls made during the after hours period (before 8am or after 8pm).

The three leading recommendations made by nurses at 13 Health to Gold Coast residents were to “Seek Emergency Care as Soon as Possible” (n=4,679; 13.2%), “Schedule an appointment to be seen by the doctor within the next 12 hours (same day)” (n=4,124; 11.6%) and “Seek face to face care within 1-4 hours” (n=2,976; 8.4%).

Emergency Department

Emergency care can be accessed in two public hospitals located in the GCPHN region: Gold Coast University Hospital and Robina Hospital. Table 5 shows the numbers of patients presenting to ED in these hospitals from 2016-2017 to 2019-2020. During this time, there has been an increase in the number of presentations in triage categories 2, 4 and 5.

Table 5. Number of patients presenting to public hospital EDs in Gold Coast according to triage category

Triage Category	2016-17	2017-18	2018-19	2019-20	Annual change (%)
Resuscitation (Category 1)	2,835	2,480	2,180	2,094	-26%
Emergency (Category 2)	28,211	29,321	31,093	33,112	17%
Urgent (Category 3)	86,473	87,705	91,146	84,090	-3%
Semi-urgent (Category 4)	43,102	47,655	48,264	59,459	38%
Non-urgent (Category 5)	3,414	3,999	3,911	3,868	13%

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

ED presentations with triage categories 4 and 5, which comprised 35% 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 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 2018-19, the total rate of ED presentations for triage category 4 and 5 (68.0 per 1,000 people) was below the national rate (117.4 per 1,000 people). Similar difference can be seen for rates of ED attendance during in-hours and after-hours (Table 6).

Table 6. Use of emergency departments for lower urgency care per 1,000 people, Gold Coast SA3 regions, 2018-19

Region	All-hours	In-hours	After-hours
National	117.4	61.6	55.8
Gold Coast SA4	68.0	37.1	31.0
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	49.0	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 7 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 7. 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 (2016/17), Gold Coast SA3 regions

	Number of General Practices	Number of GPs	GP attendances (total)	GP attendances after-hours	GP enhanced primary care services	GP Mental Health Services
National			632	57	57	15
Gold Coast SA4	212	855	714	70	70	19
Broadbeach - Burleigh	29	149	738	52	67	19
Coolangatta	19	86	692	48	72	20
Gold Coast - North	22	84	797	67	89	20
Gold Coast Hinterland	7	33	694	46	76	22
Mudgeeraba-Tallebudgera	7	22	657	49	62	18
Nerang	16	74	707	69	63	18
Ormeau - Oxenford	41	181	711	71	68	19
Robina	21	92	689	54	65	18
Southport	28	131	735	68	74	21
Surfers Paradise	20	67	649	58	61	16

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 25/06/2022, 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, and
- 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 March 2022, 91% of general practices in the GCPHN region that 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.

In July 2022, the GCPHN region was below the national rate in seven of the ten PIP QI measures.

Table 8. Quality Improvement measures, July 2022

Quality Improvement Measure		Gold Coast	National
QIM 1	Number of patients who have Type 1 diabetes and who have had an HbA1c measurement result recorded	52.0%	56.9%
	Number of patients who have Type 2 diabetes and who have had an HbA1c measurement result	68.2%	71.0%
	Number of patients who have unspecified, generic, or general diabetes diagnosis and who have had an HbA1c measurement result	58.8%	63.2%
QIM 2	Proportion of patients with a smoking status	67.3%	64.2%
QIM 3	Proportion of patients with a weight classification	25.7%	21.1%
QIM 4	Proportion of patients aged 65 and over who were immunised against influenza	52.0%	59.9%
QIM 5	Proportion of patients with diabetes who were immunised against influenza	48.9%	54.0%
QIM 6	Proportion of patients with COPD who were immunised against influenza	59.9%	63.8%
QIM 7	Proportion of patients with an alcohol consumption status	65.3%	57.1%
QIM 8	Proportion of patients with the necessary risk factors assessed to enable CVD assessment	39.8%	49.8%
QIM 9	Proportion of female patients with an up-to-date cervical screening	36.1%	38.2%
QIM 10	Proportion of patients with diabetes with a blood pressure result	51.3%	54.7%

Source: Practice Incentives Program Quality Improvement Measures: Data update 2021-22.

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. Tables 9 and 10 highlight the results for the GCPHN region in comparison to the national average for these two surveys.

Table 9. Findings from selected items of Patient Experience Survey, 2019 - 2020

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

The findings suggest that residents in the GCPHN region have an overall similar experience with the local primary healthcare system, compared to national results, with some notable differences:

- residents of the GCPHN region were more likely to rate their own health and the care provided to them as good, very good or excellent,
- GCPHN had the highest percentage of adults who felt they waited longer than acceptable to get an appointment with a GP ‘among al 31 PHNs.

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, results in Table 10 show comparable indicators of coordination of healthcare between Gold Coast and nationally. 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 10. Coordination of healthcare for patients aged 45 and over, GCPHN and national, 2014-15

	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.

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"¹. Although most patients get their chronic disease care from a single general practice, the lack of a formal relationship leaves GPs uncertain

¹ Blendon R, Schoen C, DesRoches C, et al. Common concerns amid diverse systems: healthcare experiences in five countries. Health Aff 2003; 22: 106-121.

about the extent of their responsibility for ongoing care and care coordination, particularly in psychosocial care².

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 Australian Government established a taskforce to review all 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 work of the Wound Management Working Group 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%), venous leg ulcers (12%), diabetic foot ulcers (3%) and arterial insufficiency ulcers (1%)^{3,4}.

Approximately 450,000 Australians currently live with a chronic wound, directly costing the Australian healthcare system around AUD \$3 billion per year⁵. 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 billion⁶.

According to the Bettering the Evaluation and Care of Health (BEACH) program, in 2010-11, 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 nurses⁷.

Wound management in RACF

Chronic wounds also represent a major health burden in RACFs, with residents often entering RACF with one or more chronic conditions and complex wounds⁸. The elderly in general are at increased risk

²Oldroyd J, Proudfoot J, Infante FA, et al. Providing healthcare for people with chronic illness: the views of Australian GPs. *Med J Aust* 2003; 179: 30-33.

³Graves, N and Zheng, H. The prevalence and incidence of chronic wounds: a literature review. *Wound practice & research: Journal of the Wound Management Association*. 2014. Vol. 22, 1. 4.

⁴Graves, N and Zheng, H. Modelling the direct healthcare costs of chronic wounds in Australia. *Wound Practice & Research: Journal of the Australian Wound Management Association*. 2014. Vol. 22, 1. 20-4, 6-33.

⁵Pacella R, and the AusHSI chronic wounds team. Issues Paper: Chronic Wounds in Australia. Brisbane: Australian Centre for Health Service Innovation (Aus HSI), 2017. Available from: <https://www.aushsi.org.au/news/chronic-wounds-solutions-forum/> [Accessed 30 August 2019]

⁶Graves, N and Zheng, H. Modelling the direct healthcare costs of chronic wounds in Australia. *Wound Practice & Research: Journal of the Australian Wound Management Association*. 2014. Vol. 22, 1. 20-4, 6-33.

⁷Britt, H, et al. *General practice activity in Australia 2010-2011*. General practice series no. 29. Sydney: Sydney University Press, 2011.

⁸Jaul, E, et al. An overview of co-morbidities and the development of pressure ulcers among older adults. *BMC Geriatrics*. 2018. Vol. 18, 305. <https://doi.org/10.1186/s12877-018-0997-7>.

of impaired skin integrity due to age related changes to the skin, frailty, malnutrition, incontinence, immobility, and impaired cognition⁹.

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%) from public hospitals and 48,706 (49.4%) from private hospitals.

COVID-19 response

Access to COVID-19 vaccine

Everyone in Australia aged five years and over is eligible for a free COVID-19 vaccination. Gold Coast residents can receive a COVID-19 vaccination at:

- Selected general practices (n=172)
- Selected community pharmacies
- Aboriginal Controlled Community Health Services
- Aged care in-reach

Access to care if COVID-19 positive

Most people will not get very sick and can manage their symptoms at home, similarly to many other mild viruses. If individuals do need help with their symptoms or looking after themselves, they may contact the national Coronavirus helpline who will assist by connecting the individual to a health professional or hospital care if required.

Medicines for COVID-19 (including antiviral medicines) are available for people at high risk of developing severe illness. If an individual tests positive, they should contact their doctor for advice about eligibility. If the doctor recommends oral antiviral treatments, the individual will need a prescription from their doctor for collection of the medications at a local pharmacy.

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:

- Providing direct support when requested, particularly relating to COVID-19 vaccine supplies.
- Distribution of COVID-19 updates continued to support access to critical information relating to both the COVID-19 vaccine program and COVID-19 pandemic response.

⁹Pagan, M, et al. *Wound programs in residential aged care: a systematic review*. Wound Practice and Research. 2015. Vol. 23, 2. pg. 52-60.

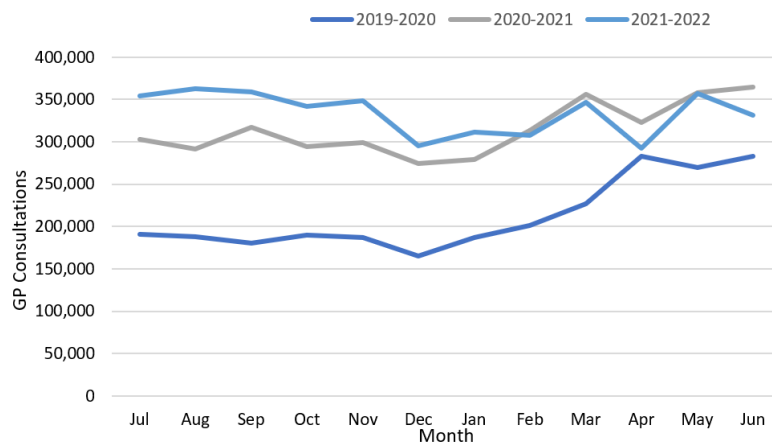
- Coordinating respirator fit testing for P2/N95 mask for Gold Coast general practice staff.
- Personal protective equipment distribution for general practice staff.

Services in general practices during COVID-19

The lockdown period prompted an unexpected and rapid implementation of telehealth services in general practice. In 2021, there was a 25.6% increase in total consultations (face-to-face and telehealth) compared to 2020 amongst a sample of 159 general practices submitting data through Primary Sense (Figure 1).

It remains 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.

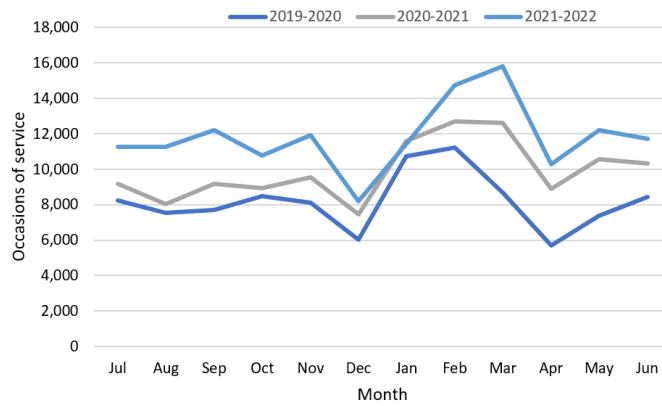
Figure 1. GP Consultations including face to face and telehealth, 159 Gold Coast general practices, 2019-20 to 2021-22



Source. Primary Sense

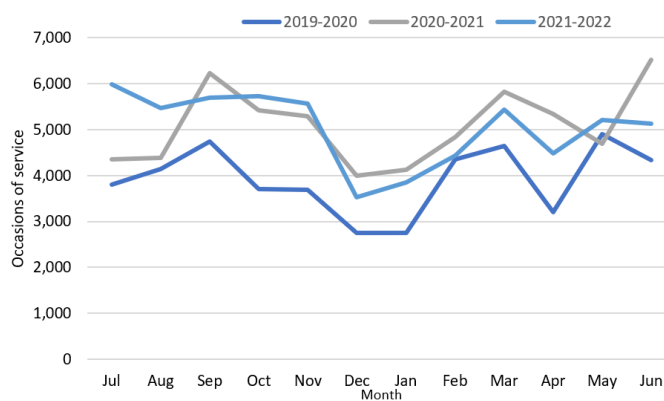
The data extracted from Primary Sense show there was some reduction in routine care for chronic disease management and attendance for cancer screening visits to general practice in 2019-2020 due to COVID-19. Care planning did not reduce to the same extent as cancer screening items as these services were 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, since this time, there have been catch-up periods where general practices have seen increased attendances for these interventions, as seen in Figures 2 and 3. Overall, there are more visits to general practice in 2021-2022 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, 159 Gold Coast general practices, 2019-20 to 2021-22



Source. Primary Sense

Figure 3. Cancer screening, 159 Gold Coast general practices, 2019-20 to 2021-22



Source. Primary Sense

Bulk Billing

An increasing number of GPs across Australia are opting to charge a fee instead of bulk billing their patients which may deter patients due to increasing cost. In 2021-22, the national bulk billing rate was 82.2% while the Queensland rate was 80.7%. HealthEd, a private education company for doctors, surveyed 477 GPs in August 2022 and found that 22% had recently changed their billing model. Of those that changed their billing, 33% moved from bulk billing to mixed billing, and 67% changed from mixed billing to private billing. Rising costs was the reason for the switch given by 77% of GPs, while 17% cited Medicare cuts and 6% attributed the change to COVID-related costs.

Gold Coast data show in September 2022, 44% (n=92) of general practices' billing system is bulk billing, while 47% use (n=99) mixed billing and 9% (n=19) private billing.

¹⁰ Medical Benefits Schedule (MBS) quarterly statistics – year to date dashboard (health.gov.au)

¹¹ HealthEd webcast survey, 2 August 2022

Digital health

Several new systems 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, 66% (n=139 of 212) of general practices have Best Practice clinical information system installed, and 26% (n=56 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% of all consultations in 2020 in Australia, with 97% of those occurring over the telephone. Previous research indicated that GPs have been more inclined to use familiar technology to meet their telehealth needs. 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 technology,
- view that the time taken to set up a video consultation will interfere of the time available to attend the patient,
- 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, and
- limited access to technology to support video conferencing.

Potential barriers to patients' use of video consultations include:

- negative attitudes and unfamiliarity with video technology,
- 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), and
- availability/cost of equipment (phone, computer, webcam, microphone, headset, internet access etc.).

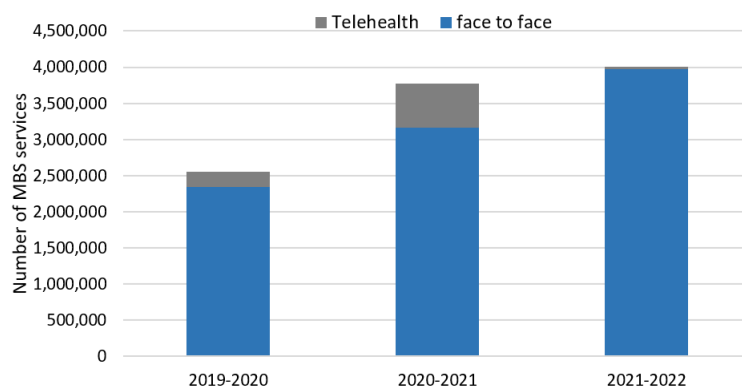
Avant Medical conducted a survey which had over 1,300 responses from health practitioners (just over half of respondents were GPs, and the remainder were physicians, surgeons, and other doctors). Interestingly, for 61% of respondents, the technical ability of patients was a barrier to using video telehealth. For 25% of respondents, their personal preference prevented them from using or more frequently using video telehealth with their patients.

Younger people are much more likely to use telehealth compared to people aged 45 years and over¹². 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 % agreed that they had a positive experience with headspace while 78 % agreed that the telehealth was suitable for their needs¹³.

Locally, analysing data from 159 general practices that submit data to GCPHN through Primary Sense- population health management and clinical audit tool¹⁴. Telehealth made up 16% (n=613,098) GP consultations between July 2020 – June 2021. Telehealth has since decreased to 1% (n=37,062) of GP consultations for the July 2021- June 2022 period.

Of the telehealth items being claimed in the GCPHN region, 98% were through telephone items while the remaining 2% were through video conference which is consistent with national trends. As can be seen in Figure 4 telehealth consultations increased significantly in 2020-2021.

Figure 4. GP consultations (face to face and telehealth), 159 Gold Coast general practices, 2019-20 to 2021-22



Source. Primary Sense

¹² HOTDOC Telehealth Patient Survey 2020

¹³ Young people’s experience of telehealth during COVID-19, headspace

¹⁴ Primary Sense is a clinical decision support, population health management and data extraction tool. Primary Sense analyses and manages general practice data in a confidential and safe way. Primary Sense is installed 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 the Primary Sense desktop 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, 159 Gold Coast General Practices submit data to the Primary Sense tool and this data is coded by the Clinician at the point of information input.

In June 2021, the GCPHN Community Advisory Council consisting of 16 members, completed a survey on their use of telehealth services. It was established that 93.8% of households had at least one individual that utilised a telehealth service within the last 3-4 months. Of these participants, 60% strongly agreed that their health needs were met through using this service while the remaining 40% agreed their health needs were met. Of the participants, 100% stated they would utilise the service again. One participant stated it was a “terrific experience and an efficient use of my time”.

Feedback from the GCPHN Primary 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.

Secure Messaging

In the GCPHN region, 92% 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 information¹⁵.

Secure messaging systems 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 completed by Australian Digital Health Agency 'Secure Messaging National Scaling Final Report' Care on the safety and quality benefits of secure messaging found that the '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
 - o inadequate governance over the secure messaging ecosystem,
 - o inconsistent uptake of industry offers leading to misalignment on standardisation requirements.

¹⁵National 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.

- 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 mechanisms¹⁶.

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 practices 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, 80% (n=166 of 207) 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.

¹⁶ Australian Digital health Agency, Deloitte. Secure Messaging National Scaling Report. Sydney: ADHA;2019

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 shows some concern about general practice clinical software incompatibility with other service provider's software.

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.

In September 2022, 100% of general practices, specialists and pharmacies in the GCPHN region were informed about my Health Record.

In 2021-22, 22.5% of GCPHN region's primary healthcare providers (n=192 of 855) were regularly uploading rate of regular upload to My Health Record (defined as at least one document was uploaded in a quarter), including:

- 59.6% (n=127 of 213 general practices)
- 41.4% (n=65 of 157 pharmacies)
- 0 of 476 allied health services

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 (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, and
- 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% (n=858) were completed by phone while 15% (149) were completed on site.

GPs had the largest usage by phone with 86% (n=742), followed by specialist 12% (n=104). For onsite services, specialist 54% (n=80) had the largest usage followed by GPs 46% (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 all¹⁷. Of the 1,007 TIS translation services that were delivered in the GCPHN region in 2019-20, 10.8% 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 with high usage of TIS translation services included postcodes 4215 (suburbs Southport and Labrador) and 4207 (suburbs such as Beenleigh, Yatala, Logan...). On the other hand, 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 – such as postcode 4217 (suburbs Surfers Paradise, Benowa, Bundall, Main Beach) and 4226 (suburbs Robina, Merrimac, Clear Island Water). These areas have high numbers of international students living in them.

¹⁷ ABS, Census of Population and Housing, 2016, General Community Profile - G13

Service system

Service Type	Number in GCPHN region	Distribution	Capacity
General practice	212	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	<ul style="list-style-type: none"> 855 GPs in the GCPHN region 28 general practices deliver speciality services such as skin checks Average number of GPs per general practice: 4.0 91% 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	<ul style="list-style-type: none"> All consultations are bulk billed for Medicare and DVA card holders. Depending on the provider, appointments requested by phone or online.
Pharmacy	143	Well-distributed across the region	<ul style="list-style-type: none"> Medication dispensing Medication reviews Medication management Some screening and health checks Some vaccination
Emergency departments	6	Southport and Robina (public) Southport, Benowa, Robina and Tugun (private)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Healthdirect 13 HEALTH – health information and advice Lifeline crisis support service PalAssist – 24-hour palliative care support and advice line
Allied health services	423 services with 1,247 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 dietitians, physiotherapists, occupational therapists, pharmacists, podiatrists, psychologists, and social workers.

Specialist practices	233 services with 689 workers	Services are generally well spread across the GCPHN region; majority in coastal and central areas	<ul style="list-style-type: none"> • Many different specialists contribute to the care of people in the region. • Specialist can range from cardiology, psychiatry, and oncology etc.
----------------------	-------------------------------	---	---

Consultations (2021-22)

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.
- There is a need for development of consistent and appropriate general practice orientation training packages which will support a national standard of training across the sector.
- 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.
- Financial sustainability of general practices is threatened.
- Case conferencing is underutilised, while case conferencing meetings occur in tertiary settings, GPs are rarely involved.
- Training and staffing needs are 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 are needed.
- There are concerns about readiness of pharmacy software to support electronic prescribing.
- My Health Record meaningful use in general practice and use of shared health summaries.
- Continued promotion of privacy and security information for all staff still required in telehealth.
- Support for pharmacies is needed 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 is needed to generate change in behaviour 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 is challenging 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 is needed. 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 need to 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 is needed 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.

Specialists

- 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



An Australian Government Initiative

“Building one world class health system for the Gold Coast.”

Gold Coast Primary Health Network
Primary Care Gold Coast Limited (ABN 47 152 953 092), trading as Gold Coast Primary Health Network.
All rights reserved. Content is correct at time of publication.

Level 1, 14 Edgewater Court Robina QLD 4226 | PO Box 3576, Robina Town Centre QLD 4230
P 07 5635 2455 | E info@gcphn.com.au | W www.gcphn.org.au

Gold Coast Primary Health Network (GCPHN) gratefully acknowledges the financial and other support from the Australian Government Department of Health.



Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.

