

# Gold Coast Primary Health Network Needs Assessment 2022



After hours

**phn**  
GOLD COAST

An Australian Government Initiative

# After hours

## Local health needs and service issues

- There is decreasing availability of face-to-face primary care options in after hours, which impacts older people, palliative patients and vulnerable people who find it difficult to travel.
- Highest demand for services is 6pm to 8pm.
- Potential areas of higher geographic need for after hours primary care services are the southern (Coolangatta SA3) and less populated western areas (Mudgeeraba-Tallebudgera SA3), as well as the northern corridor (Ormeau- Oxenford SA3) due to sheer demand.
- Among the top reasons for non-urgent presentations (category 4 and 5) to Emergency Department (ED) in the after hours, most relate to injuries (ankle sprains, wounds, and injuries).
- There are difficulties in recruitment and retention of doctors to deliver primary care services in the after hours.
- Access to support in the after hours for people with mental health concerns is particularly high in the northern corridor (Ormeau-Oxenford SA3).
- RACFs have experienced increasing wait times for after hours doctors and operational issues due to staffing issues.
- Flexible delivery of AODs services outside of usual business hours is a factor in successful completion of treatment.

## Key findings

- The Gold Coast maintains a high level of accessibility to after hours primary care services (43.3 GP after hours attendance per 100 people) compared to the national rate (32.5 GP after hours attendance per 100 people) in 2020-21.
- The Gold Coast rate for after hours attendances to primary care services has decreased in recent years (from 68.8 per 100 people in 2015-16 to 46.3 per 100 people in 2020-21).
- ED and 13 Health data show that early evening, 6pm up to 8pm, has the highest demand.
- Non-urgent ED presentations (category 4 and 5) have increased in recent years. This aligns with the insights from stakeholder consultations that there are growing wait times for GP attendances at home and that some areas cannot be serviced due to the current level of demand.
- Only one general practice in the GCPHN region is open between the overnight hours of 12am to 6am.
- Service providers report that it is difficult to recruit and retain doctors willing to work in the after hours for the remuneration available and this is impacting on the ability to deliver services to meet demand levels.
- The community values having a face-to-face primary care option, particularly older people who had the highest rate of GP attendances in the after hours period.
  - In contrast, 13 Health services are used more frequently by younger families with children aged 0-9.
  - Individuals aged under 15 had the highest rate of presentation to ED after hours.
- People living in areas close to a major hospital are more likely to present to an ED. People living in the higher density areas access after hours GPs services at a higher rate than less densely populated areas. This may be because it is easier from a business perspective for medical deputising services to

deliver services in these areas. As a result, the areas of the Gold Coast to the south and less populated western areas may have reduced access to after hours GP services. The high population growth in the northern corridor and lack of after hours GP clinics in that area highlight this region to be an area of prioritised need.

- Analysis of ED presentations and consultation data indicate that demand for access to mental health support in the after hours has been high for many years in the region. Patients with high levels of distress can attend EDs to seek support, including the Gold Coast Health Crisis Stabilisation Unit. In addition, Gold Coast Health have partnered with Gold Coast Primary Health Network to expand and existing after hours mental health support to a second site. This service is in two location (Mermaid and Southport) and offers support for adults experiencing distress after hours, a time when their usual supports and clinicians may not be available. This service is provided in a friendly place, with easy access to help in an informal, café style environment. Lived experience workers and clinical teams are available so people can feel supported and safe, while they manage their mental health during challenging time and build on their skills for their wellbeing and without having to go to hospital. The northern area of the GCPHN region is now emerging as an area of growing need in terms of mental health support, particularly in the after hours.
- AOD presentations to ED are a regular and resource intensive issue. Local AODs Services that provide flexible hours of delivery are finding good success especially for people with work, carer or other family commitments or where parents and carers are supporting a young person.
- RACFs frequently use after hours home visiting service providers. There are barriers that complicate efficient and effective service delivery, such as:
  - Wait times have grown, which is a problem particularly for palliative patients who may suddenly deteriorate and require additional medication,
  - Limited staffing overnight due to workforce capacity issues, and
  - Operational issues such as entry to facility and access to clinical information.
- New models of care, including private services that directly bill patients for after hours services, are being added to the local service system.

## Overview

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

Within general practice, after hours services are defined for MBS purposes as those provided during:

- Sociable after hours (6pm-11pm on weeknights), and
- Unsociable after hours (11pm-8am on weekdays, hours outside of 8am and 12pm Saturdays, and all day Sunday and public holidays).

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.

## After hours GP attendances

In 2020/2021, the rate of after-hours GP attendances in the GCPHN region was above the national rate (46.5 vs 33.5 per 100 people). The rate of after-hours attendances decreased between 2015 and 2021 in the GCPHN region and nationally.

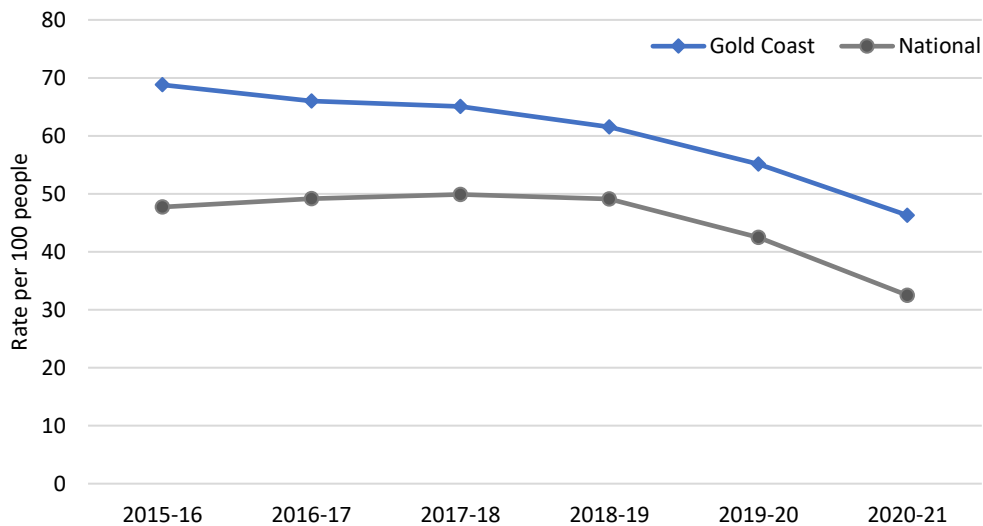
**Table 1. Rate of GP after hours attendances per 100 people, Gold Coast SA3 regions, 2015-16 to 2020-21**

Region (SA3)	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
National	47.7	49.2	49.9	49.1	42.5	33.5
Gold Coast (SA4)	68.8	66.0	65.1	61.5	55.1	46.5
Broadbeach – Burleigh	62.6	56.5	53.1	51.7	48.2	38.1
Coolangatta	56.4	54.7	53.2	48.1	42.8	35.6
Gold Coast – North	78.1	75.4	73.5	66.7	60.8	52.4
Gold Coast Hinterland	41.4	43.5	45.0	46.2	44.3	41.4
Mudgeeraba – Tallebudgera	55.8	53.7	51.7	49.3	43.4	35.3
Nerang	80.5	77.4	74.0	68.5	59.4	47.4
Ormeau – Oxenford	68.8	66.0	70.4	71.1	67.4	55.6
Robina	59.5	58.0	57.9	54.2	48.4	37.9
Southport	87.6	84.9	78.5	68.4	62.7	54.0
Surfers Paradise	67.3	63.9	63.6	58.3	51.9	42.6

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. Note: all results are based on the patient's Medicare enrolment postcode, and not where they received the healthcare service. Note times vary depending on type of after-hours care, whether urgent or non-urgent, and for services provided at a place other than a consulting room.

Figure 1 demonstrates the decrease in GP after hours attendances from 2015-16 to 2020-21, nationally and on the Gold Coast. In contrast, a slight increase in non-urgent after hours ED presentations was seen during this time (please refer to after hours ED use section below).

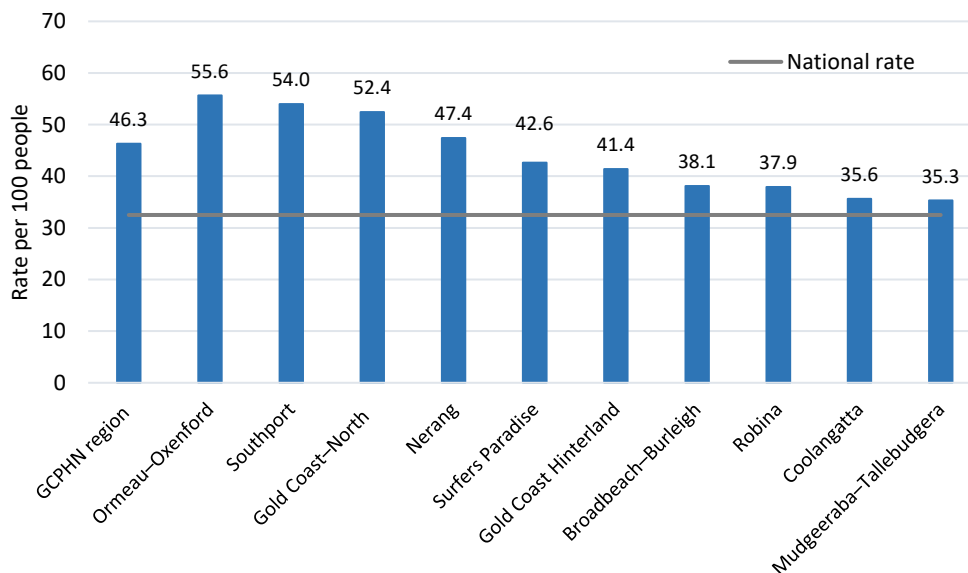
**Figure 1. GP after hours attendances per 100 people, 2015-16 to 2020-21**



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. Note: all results are based on the patient’s Medicare enrolment postcode, and not where they received the healthcare service. Note times vary depending on type of after-hours care, whether urgent or non-urgent, and for services provided at a place other than a consulting room. See After-hours GP (urgent) and After-hours GP (non-urgent) for more information.

All Gold Coast SA3 regions had higher rate of GP attendances in the after hours than the national average rate. Ormeau-Oxenford had the highest rate (56.5 per 100 people), while Mudgeeraba – Tallebudgera had the lowest rate (35.3 per 100 people) (Figure 2).

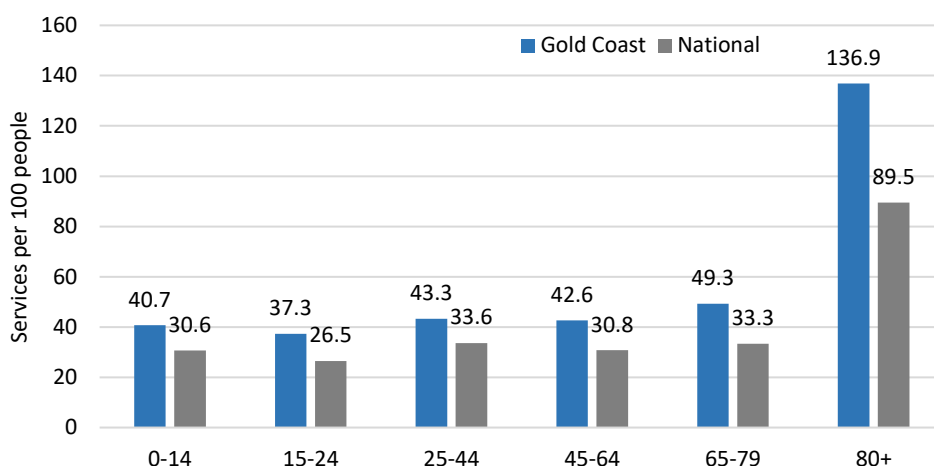
**Figure 2. GP after hours attendances per 100 people, Gold Coast SA3 regions, 2020-2021**



Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2013-14 to 2020-2021. Note: all results are based on the patient’s Medicare enrolment postcode, and not where they received the healthcare service. Note times vary depending on type of after-hours care, whether urgent or non-urgent, and for services provided at a place other than a consulting room.

Among age cohorts that access after hours GP services, rates of service were highest among people aged 80+ years for the GCPHN region (136.9 per 100 people) and nationally (89.5 per 100 people) (Figure 3). The lowest rates were recorded for age group 15-24 (37.3 per 100 people).

**Figure 3. Rate of GP after hours attendances per 100 people by age cohorts, Gold Coast and national, 2020-2021**



Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2013-14 to 2020-21. Note: all results are based on the patient’s Medicare enrolment postcode, and not where they received the healthcare service.

### Urgent after hours GP attendance

An urgent after hours GP attendance is where the patient’s 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.

Urgent after-hours are described as follows:

- Social after-hours include, Monday to Friday 7 am–8am and 6 pm–11 pm, Saturday 7 am–8 am and 12 noon–11 pm, and Sunday/and or public holidays 7 am–11 pm,
- Unsociable hours include, Monday to Friday 11 pm–7 am, Saturday 11 pm–7 am, Sunday/and or public holidays 11 pm-7 am<sup>1</sup>.

In 2020-21, the rate of urgent after hours services per 100 people in the GCPHN region was over 80% higher than the national rate (5.7 vs 2.3 per 100 people). Among Gold Coast SA3 regions, Ormeau-Oxenford had the highest rate of urgent after hours GP attendances (7.3 per 100 people) while Gold Coast Hinterland had the lowest rate (3.0 per 100 people). A decline in urgent after hours attendances in recent years can be seen in Table 2, both nationally and in the GCPHN region.

<sup>1</sup> Australian Institute of Health and Welfare (AIHW) 2021, *Medicare-subsidised GP, allied health and specialist health care across local areas: 2019–20 to 2020–21*, <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2020-21>



**Table 2. Rate of urgent GP after hours attendances per 100 people, Gold Coast SA3 regions, 2015-2016 to 2020-2021**

Region	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
National	7.7	7.2	6.3	4.8	3.3	2.3
Gold Coast (SA4)	22.4	19.9	17.0	12.2	8.4	5.7
Broadbeach - Burleigh	20.8	17.7	14.9	11.0	6.7	4.6
Coolangatta	18.7	18.3	16.0	10.9	5.9	3.4
Gold Coast - North	24.9	21.6	18.6	13.7	10.1	6.4
Gold Coast Hinterland	9.3	9.2	7.8	5.5	4.2	3.0
Mudgeeraba - Tallebudgera	18.4	16.4	14.3	10.5	6.7	4.5
Nerang	25.6	22.1	18.6	13.4	9.4	6.5
Ormeau - Oxenford	28.6	25.2	21.2	14.5	10.3	7.3
Robina	19.1	17.3	15.3	11.2	7.3	5.0
Southport	23.6	20.8	17.4	13.4	10.1	6.6
Surfers Paradise	14.4	13.3	10.4	7.7	5.0	3.6

Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2013-14 to 2020-2021. Note: all results are based on the patient's Medicare enrolment postcode, and not where they received the healthcare service.

## Non urgent after hours GP attendance

Non-urgent after-hours are described as follows:

- At consulting rooms: Monday to Friday before 8 am or after 8 pm, Saturday before 8 am or after 1 pm, and all-day Sunday/and or public holiday,
- At a place other than consulting rooms: Monday to Friday before 8 am or after 6 pm, Saturday before 8 am or after 12 pm, and all day Sunday/and or public holiday.<sup>2</sup>

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

As shown in Table 3, in 2020-21, the rate of non-urgent after hours services in the GCPHN region was higher than the national rate (40.8 vs 31.3 per 100 people). Among SA3 regions, Ormeau-Oxenford (48.38) had the highest rate of non-urgent GP after hours attendances (48.4 per 100 people) while Mudgeeraba - Tallebudgera had the lowest rate (30.8 per 100 people).

<sup>2</sup> Australian Institute of Health and Welfare (AIHW) 2021, *Medicare-subsidised GP, allied health and specialist health care across local areas: 2019-20 to 2020-21*, <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2020-21>

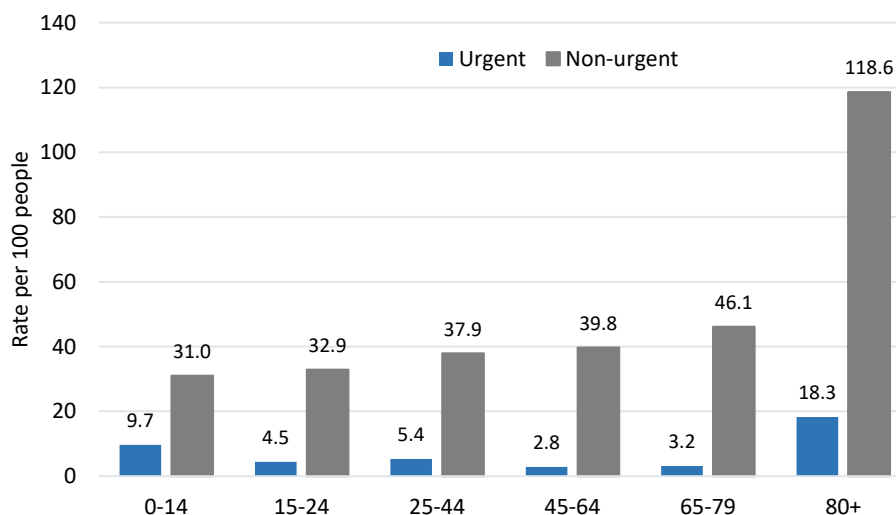
**Table 3. Rate of non-urgent GP after hours attendances per 100 people, Gold Coast SA3 regions, 2015-2016 to 2020-2021**

Region	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
National	40.0	41.9	43.6	44.2	39.8	31.3
Gold Coast (SA4)	46.4	46.1	48.1	49.3	47.9	40.9
Broadbeach-Burleigh	41.8	38.9	38.2	40.7	41.5	33.5
Coolangatta	37.7	36.4	37.2	37.2	37.0	32.2
Gold Coast-North	53.2	53.8	54.9	53.0	50.7	46.0
Gold Coast Hinterland	32.1	34.3	37.2	40.7	40.1	38.4
Mudgeeraba-Tallebudgera	37.4	37.3	37.4	38.9	36.6	30.8
Nerang	54.9	55.3	55.4	55.1	50.0	40.9
Ormeau-Oxenford	40.2	40.8	49.2	56.6	57.0	48.4
Robina	40.4	40.7	42.6	43.0	41.2	32.9
Southport	64.0	64.1	61.1	55.1	52.6	47.3
Surfers Paradise	52.9	50.6	53.2	50.6	46.9	38.9

Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2013-2014 to 2020-2021. Note: all results are based on the patient's Medicare enrolment postcode, and not where they received the healthcare service.

Figure 4 shows that the rate of non-urgent GP after hours services was highest for people aged 80 years and over (118.5 per 100 people) and lowest for children aged under 14 (31.0 per 100 people).

**Figure 4. Urgent and non-urgent after hours GP attendances by age cohort, Gold Coast, 2020-2021**

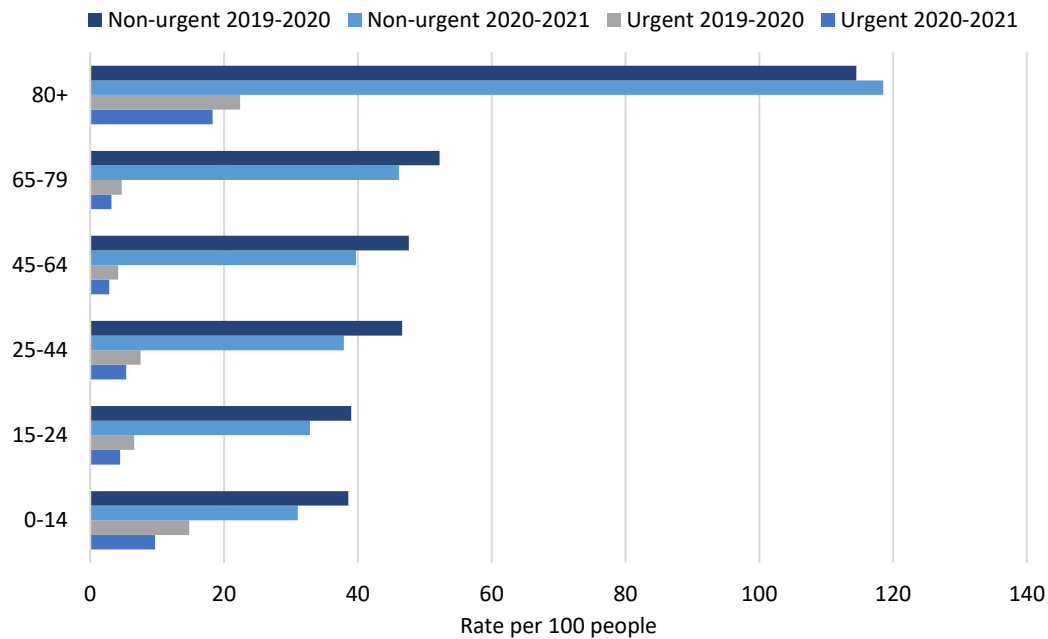


Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2013-14 to 2020-2021. Note times vary depending on type of after-hours care, whether urgent or non-urgent, and for services provided at a place other than a consulting room.

Across most age groups there has been a decrease in non-urgent and urgent after hours services between 2019-2020 and 2020-2021, apart from the 80+ cohort has seen an increase in non-urgent services and a decrease in urgent care over the same time period (Figure 5).



**Figure 5. Urgent and non-urgent after hours GP attendances by age cohort on the Gold Coast, 2019-2020, and 2020-2021**



Source: Medicare-subsidised GP, allied health, and specialist healthcare across local areas: 2013-14 to 2020-2021. Note times vary depending on type of after-hours care, whether urgent or non-urgent, and for services provided at a place other than a consulting room.

## 13 Health

Besides through attending 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 made 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, and for 6.6% (n=2,383), no information was recorded for sex.

Among callers to 13 Health, 92.5% (n=33,192) of patients were neither Aboriginal nor Torres Strait Islander, 3.5% (n=1,260) of callers identified as Aboriginal and/or Torres Strait Islander. Though there is a low number of calls made to 13 Health from people who identify Aboriginal and/or Torres Strait Islander, they are accessing the service at a higher rate of the population (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, 2021-22**

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

Source. 13 Health

In 2021-22, Ormeau – Oxenford SA3 region had the highest rate of people using 13 Health, accounting for 30.5 % of all calls (n=10,937), followed by Broadbeach SA3 at 13.5 % (n=4,848). COVID-19 pandemic, abdominal pain, and chest pain were the leading reasons for calls made to 13 Health.

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

## 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, and 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, and
- 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, located at Tugun, Benowa and Southport. There is also a public hospital located at the Tweed area, New South Wales, that many GCPHN residents report accessing.

Table 5 highlights that in 2019-2020, the rate of lower urgency care in the after hours period for GCPHN residents attending emergency departments was over 50% lower compared to the national rate (32.9 vs 52.0 per 1,000 people).

The rate of people presenting for lower urgency care in the after hours period has slightly increased in the GCPHN region from 2015-2016 (30.5 per 1,000 people) to 2019-2020 (31.9 per 1,000 people). During the same time, the national rate has decreased from 59.8 to 52.0 per 1,000.

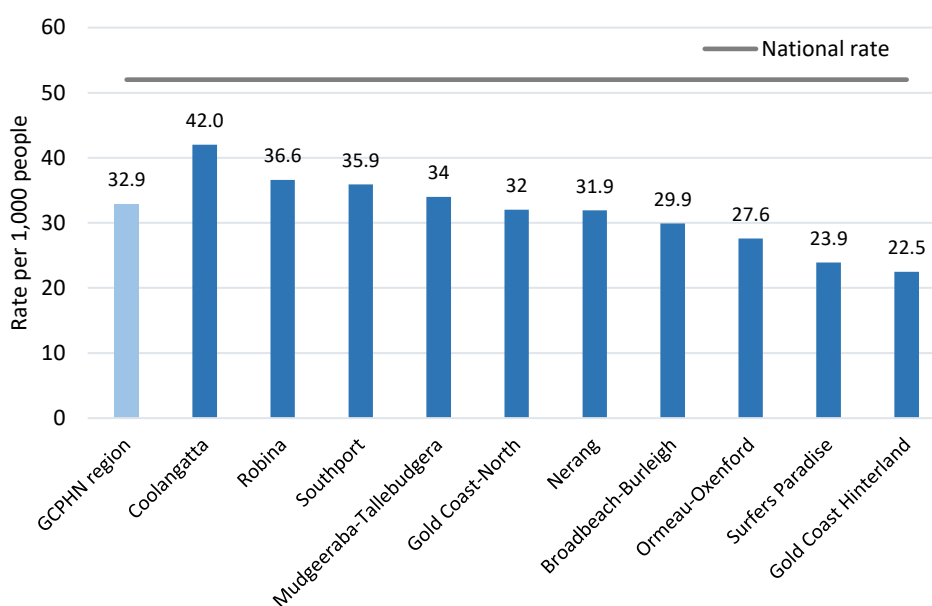
**Table 5. Rate of after hours lower urgency emergency department presentations to public hospitals per 1,000 people, Gold Coast SA3 regions, 2015-2016 to 2019-2020**

Region	2015-16	2016-17	2017-18	2018-19	2019-20
National	59.8	57.9	56.9	56.9	52.0
Gold Coast (SA4)	30.5	30.5	32.2	31.9	32.9
Broadbeach-Burleigh	27.7	27.4	28.4	29.6	29.9
Coolangatta	45.3	45.1	46.2	44.5	42.0
Gold Coast-North	26.0	27.4	28.3	28.4	32.0
Gold Coast Hinterland	18.1	19.4	20.7	21.0	22.5
Mudgeeraba-Tallebudgera	37.5	37.6	36.7	37.4	34.0
Nerang	31.3	30.6	31.4	31.2	31.9
Ormeau-Oxenford	26.4	26.5	29.4	28.6	27.6
Robina	33.6	32.7	34.4	34.4	36.6
Southport	27.3	26.7	29.9	30.1	35.9
Surfers Paradise	19.8	20.4	21.0	18.9	23.9

Source: Use of emergency departments for lower urgency care, 2015-16 to 2019-2020. This data set is a component of the minimum data set. Note: all results are based on where the person accessing service lived, and not where they received the healthcare service.

In 2019-20, Coolangatta had the highest rate of lower urgency ED presentations (42.0 per 1,000 people) while Gold Coast Hinterland had the lowest rate (22.5 per 1,000 people) (Figure 6).

**Figure 6. Rate of lower urgency emergency departments presentations (after hours) per 1,000 people, Gold Coast SA3 regions, 2019-2020**



Source: Use of emergency departments for lower urgency care, 2019-2020. Note: all results are based on where the person accessing service lived, not where they received the healthcare service).

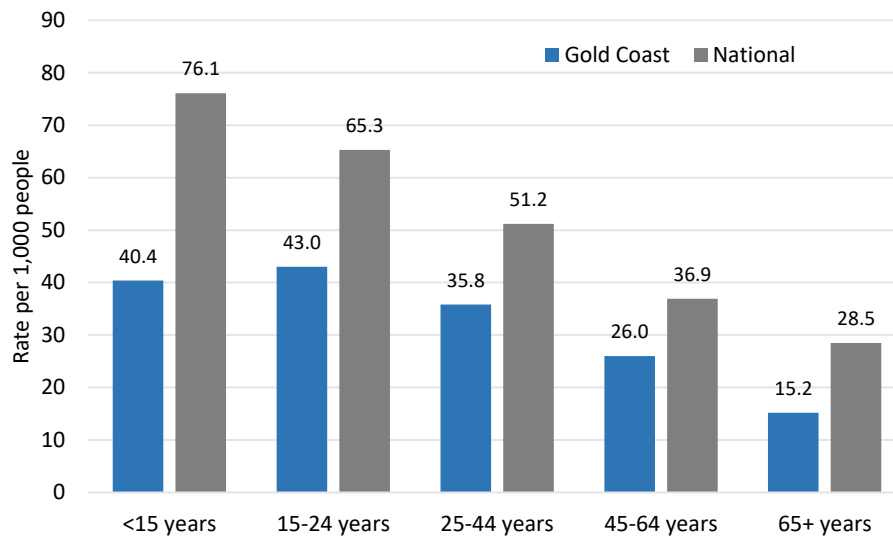
Table 6 shows rates of EDs presentations during after hours for different age groups. Children and young people (15-24 years) attended lower urgency ED care at a higher rate than older age cohorts (Table 6 and Figure 7); this trend was seen in GCPHN and nationally. In contrast, people aged 65+ were more likely to present to general practice in the after hours compared to younger cohorts (Figure 4).

**Table 6. Rate of lower urgency emergency departments presentations (after hours) per 1,000 people by age groups, Gold Coast SA3 regions, 2019-2020**

	<15 years	15-24 years	25-44 years	45-64 years	65+ years
National	76.1	65.3	51.2	36.9	28.5
Gold Coast (SA4)	40.4	43.0	35.8	26.0	15.2
Broadbeach-Burleigh	35.2	46.5	37.2	24.8	12.6
Coolangatta	43.4	68.5	53.1	37.5	17.8
Gold Coast-North	47.2	47.7	38.3	28	13.9
Gold Coast Hinterland	34.3	26.3	34.7	16.1	7.6
Mudgeeraba Tallebudgera	35.9	43.5	37.7	30.9	21.8
Nerang	41.3	42.3	36.2	25.4	15.5
Ormeau-Oxenford	38.9	36.3	27.1	18.8	11.2
Robina	41.5	42.9	42.2	32.6	22.5
Southport	48.2	44.9	39.6	30.2	19.1
Surfers Paradise	34.0	33.1	26.8	20.5	12.2

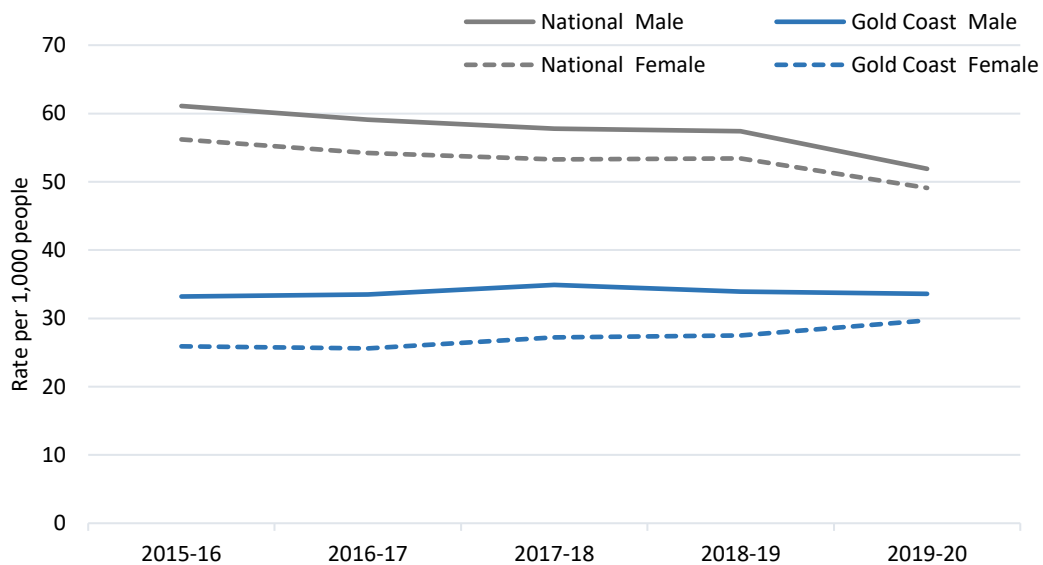
Source: Use of emergency departments for lower urgency care by Statistical Area Level 3 (SA3), 2015-16 to 2019-2020. Note: all results are based on where the person accessing service lived, and not where they received the healthcare service.

**Figure 7. Rate of after hours lower urgency emergency departments presentations, by age groups, Gold Coast and national, 2019-2020**



Source: Use of emergency departments for lower urgency care by Statistical Area Level 3 (SA3), 2015–16 to 2019-2020. Note: all results are based on where the person accessing service lived, and not where they received the healthcare service.

**Figure 8. ED presentations after hours lower urgency care per 1000 people by gender from 2015-2016 to 2019-2020 (AIHW)**



Source: Use of emergency departments for lower urgency care by Statistical Area Level 3 (SA3), 2015–16 to 2019-2020. Note: all results are based on where the person accessing service lived, and not where they received the healthcare service.

The top ten reasons/diagnoses for presentations to ED after hours for lower urgency care (triage category 4 and 5) to Gold Coast public hospitals are shown in Table 7.

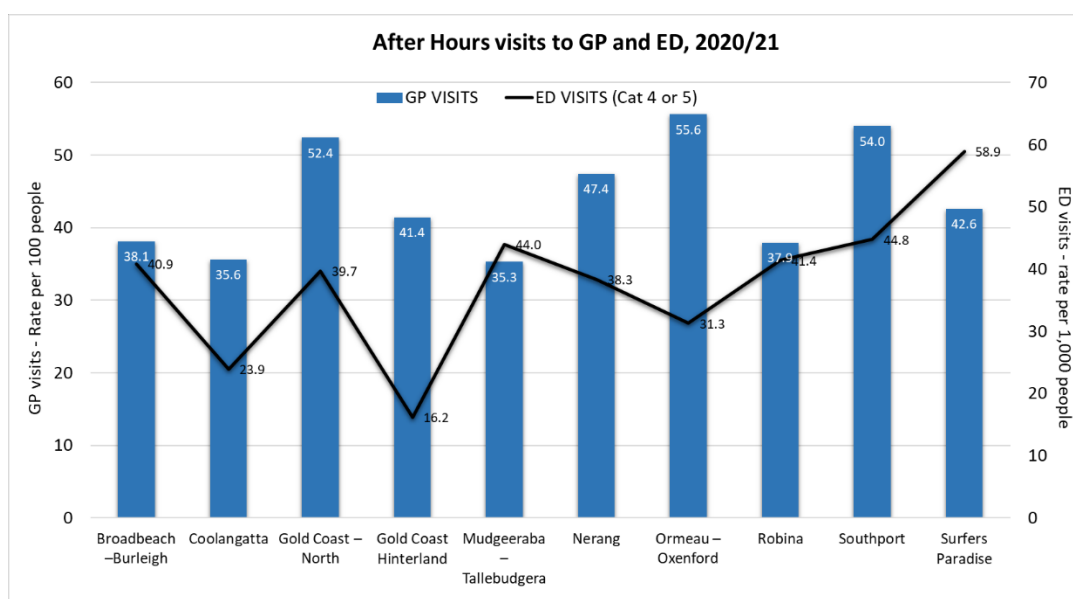
**Table 7. Top 10 reasons / diagnosis for lower urgency care presentations in afterhours to Gold Coast Emergency Department, 2021/22**

Reasons / diagnosis for presentations after hours	Number	Percent
Sprain and strain of ankle, part unspecified	616	3.1%
Other and unspecified abdominal pain	425	2.1%
Open wound of unspecified body region	412	2.0%
Open wound of finger(s) without damage to nail	341	1.7%
Unspecified injury of head	299	1.5%
Injury, unspecified	295	1.5%
Emergency use of U07.1	283	1.4%
Unspecified dorsalgia, site unspecified	239	1.2%
Pain in limb, ankle and foot	231	1.1%
Open wound of other parts of head	228	1.1%

Source. Gold Coast Hospital and Health Service, 2022

Figure 9 compares the rates of GP visits and lower urgency ED visits in the after hours period across Gold Coast SA3 regions. Ormeau-Oxenford, Gold Coast Hinterland and Nerang had high rates of visits to the GP and low rates of ED visits, suggesting the potential for the greater accessibility of primary health care providers in the after hours leading to reduced presentations to ED for lower urgency health concerns. However, this association is not seen across all regions, and thus warrants further investigation to better understand the relationship between the availability and accessibility of health care providers and patterns of engagement at a regional level.

Figure 9. After hours visits to Gold Coast General Practices and Emergency Department presentation, 2020/21





## 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>3</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>4</sup>.

In 2019-2020, males had a higher number of mental-health related ED presentations than females in 2019-2020 (53% and 47% of all presentations, respectively) but were more equally represented in all ED presentations (49.9% and 50.1%, respectively). The rate of mental health-related ED presentations for males was higher than the rate for females (127.9 and 115.4 per 10,000 population, respectively)<sup>5</sup>.

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% of mental-health related ED presentations in Australian EDs were classified by four principal diagnoses grouping in 2019-2020:

- mental and behavioural disorders due to psychoactive substance use (F10–F19) (28.1%),
- neurotic, stress-related and somatoform disorders (F40–F49) (27%),
- Schizophrenia, schizotypal and delusional disorders (F20–F29) (11.9%), and
- mood (affective) disorders (F30–F39) (9.7%).

The arrival mode records the transport mode of arrival to the emergency department. Just over half of mental health-related ED presentations in 2019-2020 arrived via ambulance (50.5%). This was almost double the proportion of all ED presentations that arrived by ambulance (26.9%).

In the GCPHN region, there was a total of 6,586 mental health-related ED presentations in 2019-2020. Of those, just under 40% were during the after hours period. Ormeau-Oxenford SA3 region had the highest number of mental health-related ED presentations (n=1,222), followed by Southport (n=988).

Table 8 shows the rate per 10,000 of mental health-related ED presentations. Southport and Gold Coast-North SA3 regions had the highest rate of mental health-related ED presentations in the past four years.

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<sup>3</sup> 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

<sup>4</sup> International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australia Modification 10th Edition

<sup>5</sup> National Non-admitted Patient Emergency Department Care Database.

**Table 8. Rate of emergency department mental health-related presentations in public hospitals per 10,000 people, Gold Coast SA3 regions, 2014-2015 to 2019-2020**

Region	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
National	107.8	115.8	113.6	115.8	120.5	121.6
Queensland	115.7	118.6	115.0	114.9	118.0	128.3
Broadbeach-Burleigh	104.5	107.1	109.2	113.1	114.0	100.6
Coolangatta	124.2	117.7	115.9	130.0	130.1	115.0
Gold Coast-North	126.1	135.7	142.7	147.1	150.9	128.2
Gold Coast Hinterland	73.3	73.0	79.6	72.0	75.1	94.7
Mudgeeraba-Tallebudgera	69.9	79.4	85.4	89.0	84.7	68.0
Nerang	99.3	101.6	97.4	97.5	108.9	80.0
Ormeau-Oxenford	76.4	81.8	87.4	86.4	86.3	81.6
Robina	94.7	100.0	112.1	116.1	106.6	98.4
Southport	150.5	166.9	160.0	154.7	166.1	156.2
Surfers Paradise	119.7	130.8	114.7	101.4	111.8	129.0

Source: Mental health services provided in emergency departments 2019-2020 by National, state, and SA3 regions. Data are mapped to patient's residential postcode. This data set is a component of the minimum data set.

In 2019 to 2020, the highest proportion of mental health-related ED presentations was among patients aged 18–64 (79.4%), followed by patients aged 65+ (12.0%) in the GCPHN region. Aboriginal and Torres Strait Islander people, who represent about 1.8% of the Gold Coast population, accounted for 4.4% of mental health-related ED presentations. Nationally, the rate of mental health-related ED presentations for Indigenous Australians was more than 4-times higher than for other Australians (480.9 and 107.9 per 10,000 population, respectively).

**Table 9: Distribution of health-related emergency department presentation in public hospitals, by age group, Gold Coast, 2014-2015 to 2019-2020**

Age group	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
0-4	0.2%	0.3%	0.3%	0.4%	0.3%	0.2%
5 to 11	1.4%	1.5%	1.6%	1.5%	1.5%	1.3%
12 to 17	8.6%	8.8%	9.1%	9.0%	9.5%	7.1%
18-64	80.8%	80.4%	78.0%	77.3%	77.9%	79.4%
65+	8.9%	9.0%	11.0%	11.8%	10.9%	12.0%

Source: State and territory health authorities (2004–05 to 2013–14); National Non-admitted Patient Emergency Department Care Database (2014–15 onwards). Data are mapped to patient's postcode.

## After hours mental health (Safe Space)

The After-Hours Safe Space service is a low to moderate intensity community-based service, with sites situated in both Mermaid Beach and Southport. The service provides a place for mental health consumers to go to when they need support outside of business hours, or when access to their usual support may not be available. The service provides a warm and welcoming café style environment where consumers can walk in and access face-to-face supports from lived experience workers, with further support available from a specialised mental health clinician if needed.

The Mermaid Beach site has successfully been operational since 2018. This initial service funded by the Gold Coast Primary Health Network (GCPHN) saw the successful commissioning of a non-government provider who has since also been commissioned to operate the second site, being a codesign between GCPHN and the Gold Coast Health (GCH). Queensland Health provided funding across the state to implement After Hours Safe spaces, and Gold Coast Health secured funding for a community based safe space (as opposed to a hospital-based service) for the Gold Coast catchment. This provided the opportunity for a working co-design between the GCPHN and GCH for a regional model based on the existing Mermaid Beach non-government model, with the new service being situated in Southport and refined with operating hours, procedures etc. The Mermaid Beach service remains operational with some changes to align with the Southport site. Both are operational 7 days a week (6pm to 9pm Monday - Friday, 12pm to 8pm Saturday - Sunday).

In 2021-22, across the two sites there was a total of 2,099 service contacts (1,523 at Mermaid Beach location and 576 at Southport):

- Most popular times both services are accessed is between 6pm-8pm Monday – Friday, and between 12pm-5pm on the weekend;
- A small percentage of people accessing the service are consumers with access to NDIS supports (Mermaid Beach 2.5%, Southport 3.5%);
- Around a third of people attending the service reported an improvement in mood after attending the service for supports;
- Around 45% of clients reported that attending the afterhours service provided an alternative to seeking supports through the Emergency Department.

The service has improved linkages with other external support services which has now seen many homeless clients no longer attending the service as they linked into suitable alternative services.

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-hours services across the wider GCPHN region.

## Alcohol and other drugs

ED presentations relating to mental and behavioral disorders due to alcohol and other drugs accounted for over 2,000 presentations to ED in the 2021-22 financial year. The majority, almost 1,400 of these occur in the after hours period. Presentations relating to the use of alcohol accounted for almost 70% of the AOD presentations in the after hours. Please note that people who present primarily for an injury incurred while intoxicated may not be reflected in these numbers<sup>6</sup>.

Data sourced from 153 general practices in the GCPHN region via Primary Sense™ indicated that in 2021, around 5,500 presentations were due to alcohol or other drug issues. Alcohol was identified as a health concern more frequently compared to other drugs.

GCPHN currently funds two providers to deliver services to support people to cease/reduce use of alcohol and other drugs. In reviews undertaken both have identified the need for after hours service provision in order to optimize patient engagement and successful completion of treatment. This is particularly important to allow parents and carers who are supporting young people, or for people with work, care or other family responsibilities.

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<sup>6</sup> Gold Coast Hospital and Health 2021/22 ED presentations

## Service system

Services	Number in the GCPHN region	Distribution	Capacity discussion
General Practice	212	<p>Clinics are generally distributed across the GCPHN region, with the majority located in coastal and central areas.</p> <p>Numbers of general practices open during extended hours:</p> <ul style="list-style-type: none"> <li>Extended hours Monday-Friday 11pm to 8am: 10</li> <li>Extended hours Monday-Friday to 10PM: 14</li> <li>Extended hours Saturdays after 12 noon: 64</li> <li>Extended hours Sundays: 54</li> <li>Extended hours public holidays: 50</li> </ul> <p>There is <b>one</b> practice open between the hours of 11pm and 6am.</p>	<ul style="list-style-type: none"> <li>855 GPs in the GCPHN region.</li> <li>32 practices deliver speciality services such as skin checks.</li> <li>Average number of GPs per general practice is 4.0.</li> <li>87% 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 can be requested by phone or online.</li> </ul>
Pharmacy	131	<p>Pharmacies with extended hours are 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	6	Southport and Robina (public)	<ul style="list-style-type: none"> <li>Private health insurance is required to access private EDs. A gap payment may also be incurred.</li> </ul>

		Southport, Robina, Benowa and Tugun (private)	<ul style="list-style-type: none"> <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>
Crisis stabilisation unit	1	Robina	For people who are experiencing a current mental health crisis. Referral from ED or 1300MHcall.
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> <li>• Medinet</li> </ul>
After hours safe space (community based mental health service)	2	<ul style="list-style-type: none"> <li>• Mermaid Beach and Southport sites:</li> <li>• 6pm – 9pm Monday to Friday</li> <li>• 12pm – 8pm Saturday and Sunday</li> </ul>	<ul style="list-style-type: none"> <li>• Walk-in: no referral or appointment required.</li> <li>• Capacity of approx. 15 people at any one time.</li> <li>• Operates under a COVID-safe plan as required, which limits how many people can attend at one time.</li> </ul>
AODs withdrawal services with after hours delivery		<ul style="list-style-type: none"> <li>• 2</li> </ul>	Accessibility enhanced by availability of outside of hours appointments.
WiSE	1	<ul style="list-style-type: none"> <li>• Robina</li> </ul>	Private fee for service walk-in emergency clinic opened in September 2022.
Urgent Care Clinics	TBA	<ul style="list-style-type: none"> <li>• TBA</li> </ul>	Both the State and Federal Governments have made announcements regarding establishment of urgent care clinics and/or satellite hospital facilities. However, we await more details.



## Consultation

### Community facing survey (June 2022)

An online community survey received 44 responses from community members residing in the GCPHN region.

#### Survey findings

- The majority of respondents had awareness of multiple after hours services available.
- Method of awareness either an online search or through word of mouth.
- 33% of respondents accessed after hours services multiple times in the previous 12 months.
- The majority of people opted for face-to-face services in the after hours period, with 38% of people seeing an after hours GP at a clinic and 34% seeing a home visiting doctor.
- 56% of people accessing the services were accessing on behalf of someone else.
- Predominant reasons for using after hours services:
  - did not perceive their health issue as an emergency
  - to avoid long wait times in ED
  - their GP was not available
  - inability to travel
  - to get a prescription
  - potentially having COVID 19
- The majority of respondents had a positive experience engaging with after hours services.
- Some comments on what would make the services improve: a need for more staff to meet the demands of the GCPHN region; not enough services that take walk-ins after hours; long wait times for house home call doctors; and a need for more after hours pharmacies.
- There is a great need for more face-to-face clinics, and an increased workforce.

### Consultation with medical deputising services (July 2022)

GCPHN consulted with three medical deputising services that service the GCPHN region. Medical deputising services provide urgent and non-urgent primary health care to patients either at home or at RACFs and are often referred to as house call doctors.

#### Most common reasons for call outs

- Mothers calling for their young children often needing reassurance
- Rash, abdominal pain, cough, injuries, and medical certificates
- Lack of access to regular GP including during hours

#### Major challenges that deputising services are currently facing

- Work force issues, particularly the inability to retain or attract workers was cited by some providers.
- Previous changes to MBS items that impacted the financial incentive to work in the after hours space.
- Limited capability to service hinterland areas, and the region south of Burleigh.

- There is not enough after hours GP clinics in the GCPHN region to service the population. Many clinics are open 'after hours' but are closing at 8pm leaving a gap with those open in the later hours of the night or early hours in the morning.

#### RACF specific challenges for deputising services

- Impacts of COVID 19 on accessibility to servicing RACFs creating barriers with inconsistent requirements of entry (PPE, RAT tests) therefore increasing time before treating patient and getting to the next appointment.
- Logistical issues such as gaining access to the facility, this is a time consuming process which impacts on the financial viability of these visits.
- Further barriers for RACFs are lack of availability of staff to show the Doctor where to go or provide a handover to ensure the patient is assessed properly. This can often lead to unnecessary hospitalisations.

### Consultation with general practices in the Hinterland area (July 2022)

#### Current arrangements in place for servicing their patients after hours

- Practices in the Gold Coast Hinterland have arrangements with alternative providers (deputising/telehealth). However, face-to-face services are limited which may lead to hospitalisations.
- Though these practices do have capacity to see the patient the following morning if needed.
- Most residents requiring face to face attendance are presenting to ED.

#### Challenges for Hinterland practices

- After hours telehealth is not a replacement for house call doctors or clinic open after hours.
- Older residents in the Hinterland cannot easily access pharmacies or their medication.
- The lack of workforce is hindering the practices' ability to provide longer opening hours.

### Consultation with RACFs (September 2022)

- Most common times for call bells and falls in facilities is between 5pm-9pm.
- Both the Regional Assessment Service (RAS) and the Specialist Palliative Care in Aged Care (SPACE) team help the RACFs to prevent hospitalisations and provide a "great advisory service". Having their input reduces need for after hours interventions.
- At times there can be a long wait for an after hours provider to attend. This is particularly a problem if a person is palliative and deteriorates quickly, necessitating additional medication.
- Due to decreasing availability of bulk billing GPs, residents may not seek services in a timely way from usual GP. This makes the facility more reliant on after hours services.
- Common reasons for hospitalisation are infections, pneumonia, minor falls for a check-up and monitor.
- Barriers to after hours care for residents are often internal operational issues such as, rostering staff over the peak period of 5pm-9pm, and lack of staff availability to ensure that deputising services have access to the building and provide appropriate clinician information once they arrive.

## GCPHN Community Advisory Council (CAC) (1 July 2022)

- There are longer wait times for home visiting medical deputising services than there have been in the past.
- After hours medical deputising services not servicing Hinterland areas.
- 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.



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