Gold Coast Primary Health Network

Needs Assessment 2022

Unplanned hospital care

phn GOLD COAST

An Australian Government Initiative

Unplanned Hospital Care

Local health needs and service issues

- Rate of potentially preventable hospitalisations (PPH) in the GCPHN region is above the national rate. Top conditions included:
    - urinary tract infections
    - iron deficiency anaemia
    - dental conditions
    - cellulitis
    - ear, nose and throat infections
- Lower urgency care (triage category 4 and 5) ED presentations have been increasing annually above the Gold Coast population growth rate.
- Chronic obstructive pulmonary disease had the most potentially preventable hospitalisation bed days in 2019-2020 in the GCPHN region.

Key findings

- The GCPHN region had the second lowest rate per 1,000 people amongst all PHNs for lower-urgency (triage category four and five) ED presentations in 2018-2019.
- Leading potentially preventable hospitalisations (PPH) among residents of the GCPHN region in 2019-2020:
    - urinary tract infections, including pyelonephritis (359 PPH per 100,000 people)
    - iron deficiency anaemia (309 PPH per 100,000 people)
    - dental conditions (300 PPH per 100,000 people)
    - cellulitis (243 PPH per 100,000 people)
- Gold Coast Hospital and Health Service (HHS) had the lowest PPH (as a proportion of total episodes) of all Queensland HHSs from 2018-2019 to 2020-2021.
    - In 2018-2019, 7.7% of episodes were potentially preventable (Queensland: 8.8%)
    - In 2019-2020, 7.5% were potentially preventable (Queensland: 8.7%)
    - In 2020-2021, 6.9% were potentially preventable (Queensland: 8.0%)
- Younger residents of the GCPHN region are using 13 Health at a higher rate compared to older residents; the leading recommendation made by nurses was to 'Seek emergency care as soon as possible'.

Potentially preventable hospitalisations

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

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

PPHs are grouped into three broad categories:

- vaccine preventable
- acute conditions
- chronic conditions

Prevention of hospitalisations

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

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

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

Factors that affect PPH other than primary care

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

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

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

- hepatitis B
- iron deficiency anaemia

- angina and some conditions requiring rehabilitation care

Most common type of PPH on the Gold Coast

In 2019-20, 20,359 residents of the GCPHN region were admitted to hospital for a PPH, which accounted for approximately 6.6% of all hospital admissions[1]. Overall, the most common reason for hospitalisation was urinary tract infections, including pyelonephritis. Urinary tract (acute PPH) and chronic obstructive pulmonary disorder (COPD) accounted for the most days of hospital care, reflecting their tendency to affect elderly people who often require more complex or longer-term hospital care.

Age groups affected by PPH

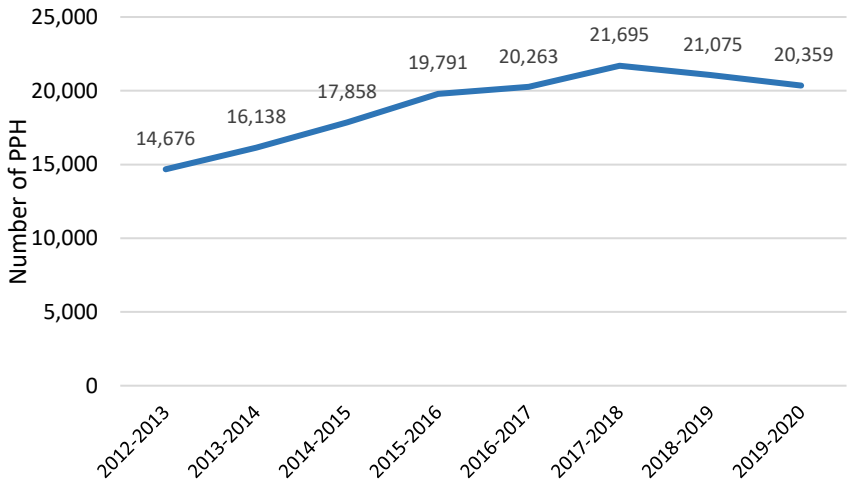
Of the 20,359 admissions of residents in the GCPHN region, 10,324 (50.0%) were under 65 years of age and 10,034 (49%) were 65 years and over[2]. A wider disparity was observed in bed days (from admission to separation) among the two age cohorts.

Of the total 67,351 bed days from PPH among residents of the GCPHN region in 2019-2020, people aged 65 years and under accounted for 35%, and people aged 65 years and over accounted for 65%. Across major public hospitals, the average cost to treat acute admitted patients was $4,680 in 2014-2015[3]. There is continuing debate about the 'preventability' of hospital admissions in older people, due to complexity of disease that is often seen in these age groups.

Total PPH

Total PPH is a grouping of total acute, total chronic and total vaccine preventable. The GCPHN region's rate of PPH have increased by 39% from 2012-13 to 2019-20, while the growth rate of the Gold Coast population was 20% in the same period[4,5]. Figure 1 highlights the increase of PPH in the GCPHN region from 2012-13 to 2017-18 with a slight decrease from 2017-18 to 2019-20.

Figure 1. Potentially preventable hospitalisations, Gold Coast, 2012-2013 to 2019-2020



[1] Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-2013 to 2017-2018
[2] AIHW (Australian Institute of Health and Welfare) 2022. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2015–16 to 2019–20. Cat. No. HPF XX. Canberra: AIHW.
[3] Hospital Performance: Cost of acute admitted patients in public hospitals from 2012-2013 to 2014-2015
[4] Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-2013 to 2017-2018
[5] Australian Bureau of Statistics. Regional Population Growth, Australia, ABS 3218.0, various editions

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

As seen in Table 1, from 2012-2013 to 2019-2020 the total number of PPH increased by 39%, acute PPH increased by 26%, chronic PPH increased by 39% and vaccine preventable PPH increased by 246%. In the same period, the population growth in the GCPHN region was 20%[6].

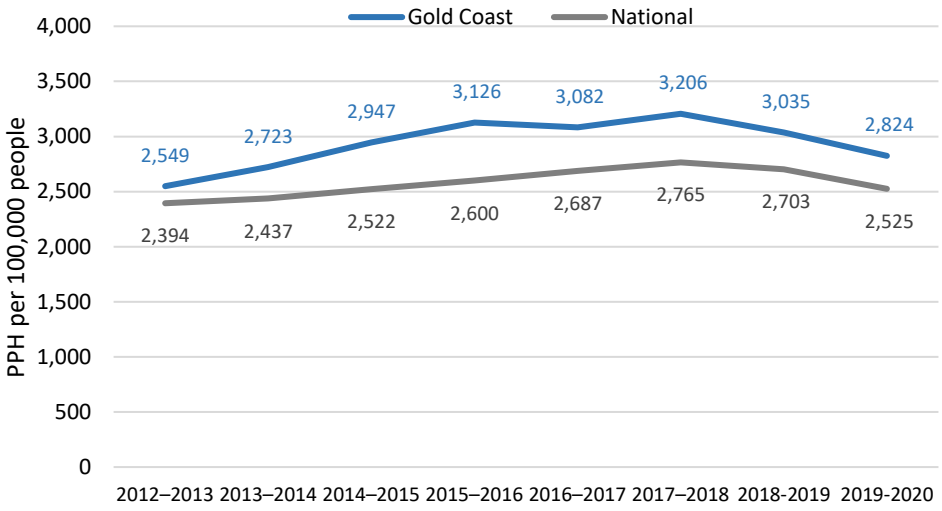
Table 1. Number of PPH and total PPH bed days, Gold Coast, 2012-2013 to 2019-2020

	Number of PPH		Change %	Total PPH bed days		Change %
	2012–13	2019-20		2012–13	2019-20	
Total PPH	14,676	20,359	39%	52,493	67,351	28%
Acute PPH	7,561	9,535	26%	22,291	27,171	22%
Chronic PPH	6,717	9,307	39%	27,855	32,614	17%
Vaccine preventable PPH	485	1,676	246%	2,893	8,788	204%

Source: Disparities in potentially preventable hospitalisations across Australia, Australian Institute of Health and Welfare, 2012-13 to 2019-20

From 2017-18 to 2019-20, both nationally and the Gold Coast has seen a decrease in potentially preventable hospitalisations (Figure 2).

Figure 2. Total PPH per 100,000 people, national and Gold Coast, 2012-13 to 2019-20



Source: Australian Institute of Health and Welfare 2022. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2015–16 to 2019–20. Cat. No. HPF XX. Canberra: AIHW.

Vaccine-preventable conditions

Diseases that can be prevented by vaccination are categories into pneumonia and influenza (vaccine-preventable) and other vaccine preventable conditions. Other vaccine-preventable conditions include:

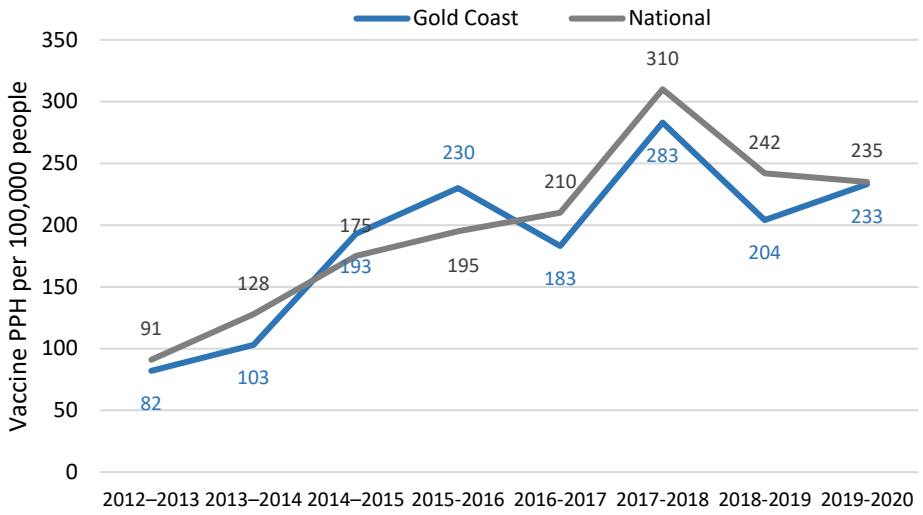
- chicken pox (varicella)
- diphtheria
- haemophilus meningitis
- hepatitis B
- German measles (rubella)
- measles

[6] ABS 3218.0, Regional Population Growth, Australia, various editions

- mumps
- polio
- rotavirus
- tetanus
- whopping cough (pertussis)

Vaccine preventable PPH in the GCPHN region have increased from 82 per 100,000 people (n=465) in 2012-13 to 233 per 100,000 (n=1,676) in 2019-2020, an increase of 260%. There was a peak in 2017-18 which dropped in 2018-20; this could be explained by COVID-19 restrictions reducing exposure to vaccine preventable conditions.

Figure 3. Vaccine PPH per 100,000 people, national and Gold Coast, 2012-13 to 2019-20



Source: AIHW (Australian Institute of Health and Welfare) 2022. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2015–16 to 2019–20. Cat. No. HPF XX. Canberra: AIHW

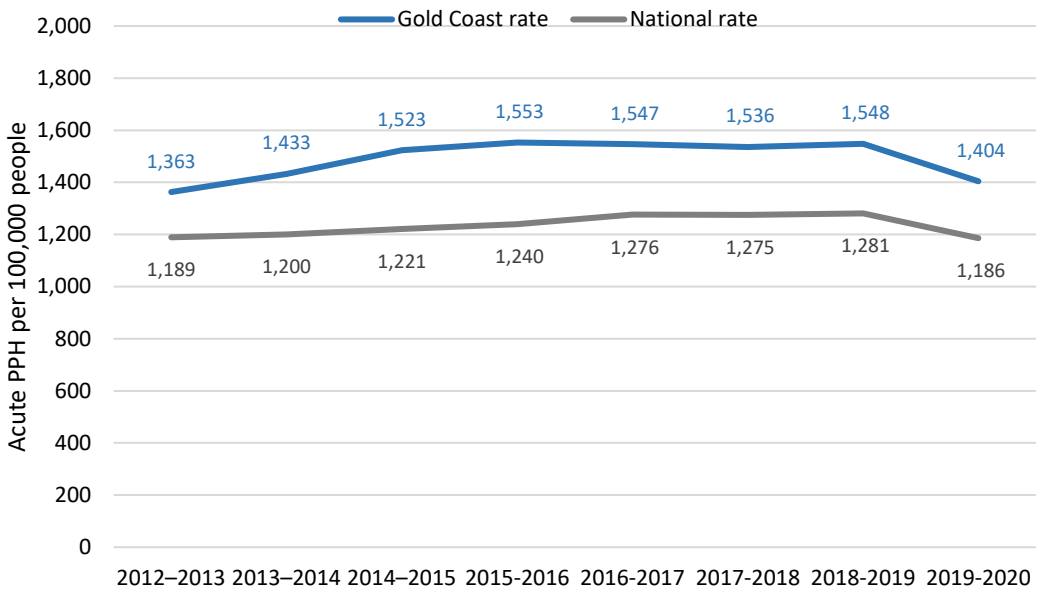
Acute conditions

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

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

The number of acute PPH have increased 26% from 2012-13 to 2019-20. In 2019-20, a total of 9,535 residents (1,404 per 100,000 people) in the GCPHN region were hospitalised for potentially preventable acute conditions, which accounted for 27,171 bed days. Figure 4 shows the steady incline between 2012 and 2019, followed by a decline in acute PPHs for the 2019-20 period which could be attributed to the start of COVID-19 with less people exposed to communicable acute conditions paired with reluctance to present to hospital during the pandemic.

Figure 4. Total acute PPH per 100,000 people, national and Gold Coast, 2012-13 to 2019-20



Source: AIHW (Australian Institute of Health and Welfare) 2022. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2015–16 to 2019–20. Cat. No. HPF XX. Canberra: AIHW

Urinary tract infections

Up to half of all women will get a UTI in their lifetime[7] while women are about 50 times more likely to get a UTI than men[8]. One in four women is likely to have a repeat UTI[9]. Prevalence increases with age in men and women[10].

In 2019-2020, urinary tract infections (UTI), including pyelonephritis, was the leading PPH in the GCPHN region, with a rate of 359 per 100,000 people. This is 33% higher compared to the national rate of 270 per 100,000 people.

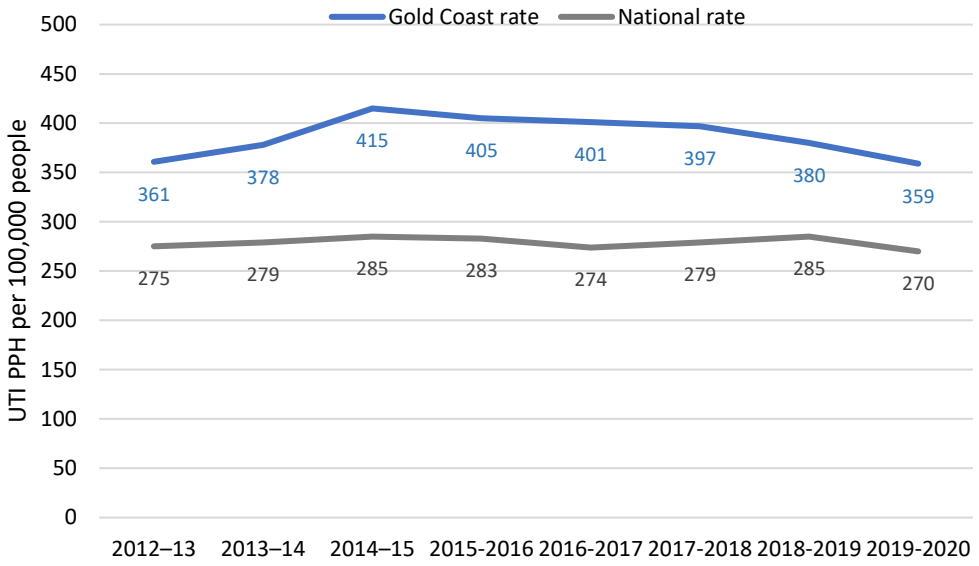
[7] Foxman B 2002. Epidemiology of urinary tract infections: incidence, morbidity, and economic costs. The American Journal of Medicine 113(1):5-13

[8] Zalmanovici Trestioreanu A, Green H, Paul M, Yaphe J & Leibovici L 2010. Antimicrobial agents for treating uncomplicated urinary tract infection in women. Cochrane Database of Systematic Reviews 10.

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

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

Figure 5. Urinary tract infections PPH per 100,000 people, national and Gold Coast, 2012-13 to 2019-20



Source: AIHW (Australian Institute of Health and Welfare) 2022. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2015–16 to 2019–20. Cat. No. HPF XX. Canberra: AIHW

Chronic conditions

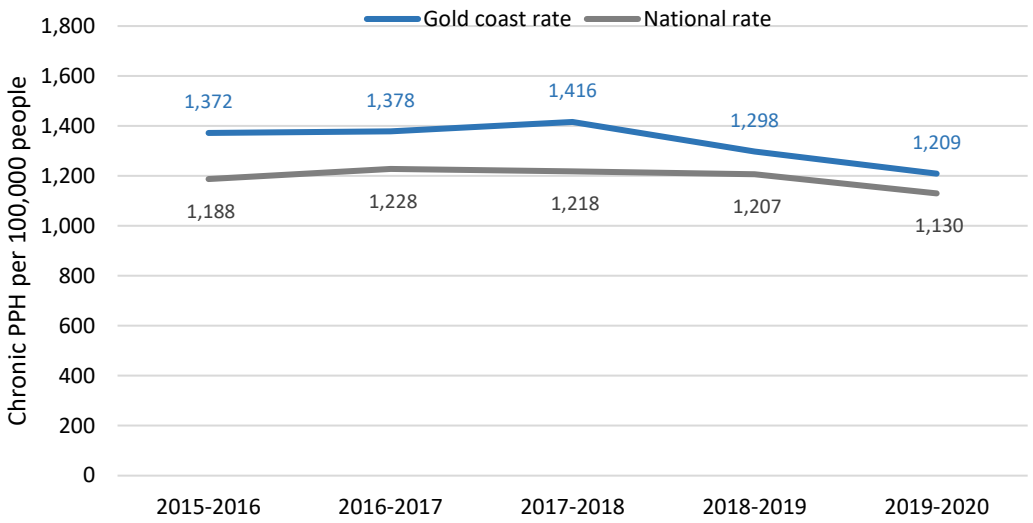
These are conditions that may be preventable through behaviour modification and lifestyle change but can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. They include:

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

The number of chronic PPH have increased by 39% from 2012-2013 to 2019-2020. In 2019-2020, the total chronic PPH rate was 1,209 per 100,000 (n=9,307) in the GCPHN region compared to the national rate of 1,130 per 100,000 people (Figure 6).

In the GCPHN region hospitalisations for potentially preventable chronic conditions accounted for 32,614 bed days.

Figure 6. Total chronic PPH per 100,000 people, national and Gold Coast, 2015-16 to 2019-20

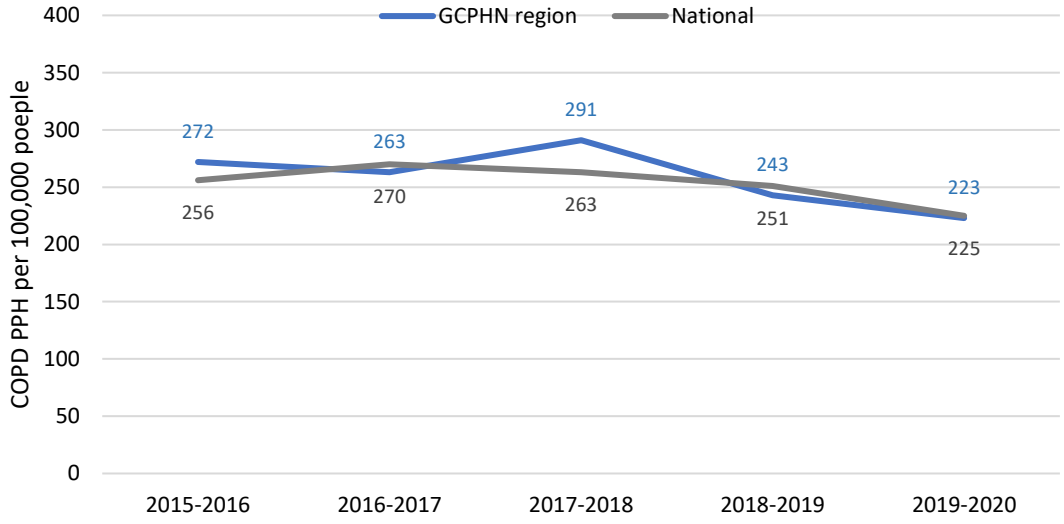


Source: AIHW (Australian Institute of Health and Welfare) 2022. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2015–16 to 2019–20. Cat. No. HPF XX. Canberra: AIHW

COPD

In 2017-2018, COPD was the third leading PPH with a rate of 296 per 100,000 people, which is 11% higher compared to the national rate of 267 per 100,000 people. In 2019-2020, CPOD dropped to the sixth leading PPH in the GCPHN region (223 per 100,000), dropping below the national rate (225 per 100,000).

Figure 7. Chronic obstructive pulmonary disease PPH per 100,000 people, national and Gold Coast, 2015-16 to 2019-20



Source: AIHW (Australian Institute of Health and Welfare) 2022. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2015–16 to 2019–20. Cat. No. HPF XX. Canberra: AIHW

Smoking is the most common risk factor for COPD - although it is worth noting that in 2017-2018, one quarter (26%) of people aged 45 and over with COPD had never smoked cigarettes[11].

Data from GCPHN's PATCAT system[12] shows that as of March 2022, of the 587,244 active patients (having had three visits in the past two years) 2% (n=13,401) had a coded COPD diagnosis. Table 2 highlights risk factors and management recorded for COPD from 174 general practices in the GCPHN region.

Table 2. Active patients with coded COPD diagnosis, risk factors and management recorded, March 2022

	Number	Rate
Total Population	587,244	
Active patients with coded chronic obstructive pulmonary disease diagnosis	13,401	2%
Active patients with COPD and smoking status recorded	13,095	98%
Active patients with COPD and blood pressure recorded	12,049	90%
Active patients with COPD and a GPMP in the last year	8,482	63%
Active patients with COPD and TCA in the last year	8,024	60%

Source. PATCAT

Emergency departments for lower urgency care

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

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

- was assessed as needing semi-urgent (triage category 4) or non-urgent (triage category 5)
- did not arrive by ambulance, or police or correctional vehicle.
- was not admitted to the hospital, was not referred to another hospital and did not die.

The Australian Bureau of Statistics Patient Experience Survey found that 14.7% of respondents aged 15 and over who visited ED for any reason though their care could have been managed by a GP[13].

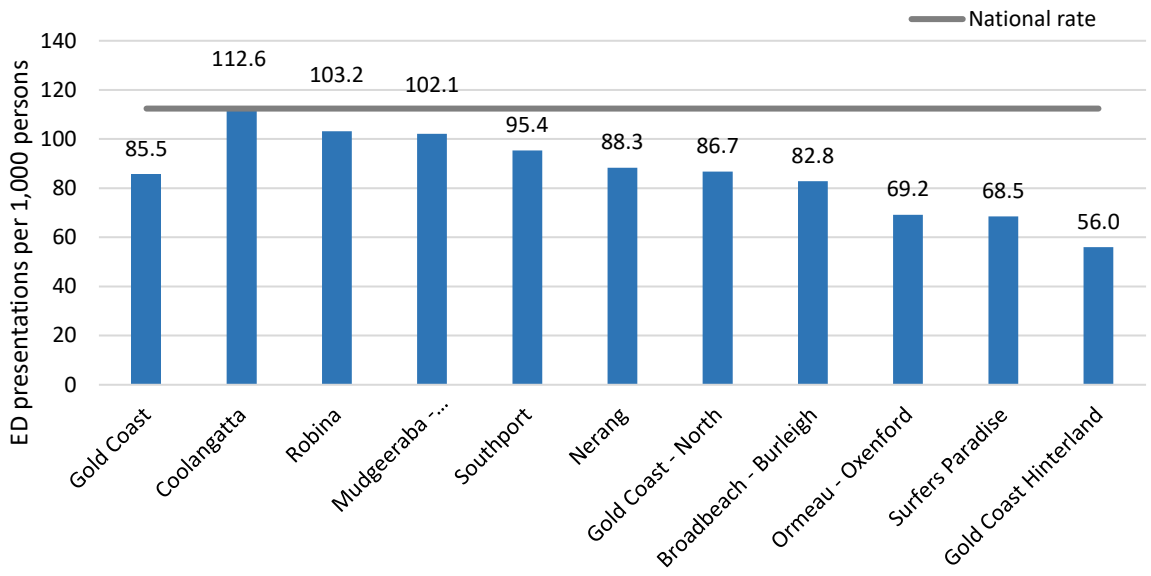
Analysing local data, all SA3s in the GCPHN region were below the national rate of 112.4 per 1,000 people for all hours lower urgency ED presentations, except for Coolangatta (112.6 per 1,000 people). A reason for this may be the limited after-hours services available in this region. The data in the report is mapped to the patients address meaning a patient living in Coolangatta SA3 region who visited Tweed Heads ED would be included.

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

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

[13] Patient Experiences in Australia: Summary of Findings, Australian Bureau of Statistics, 2020-21

Figure 8. Lower urgency ED presentations per 1,000 persons, Gold Coast SA3 regions, 2019-20



Source: Australian Institute of Health and Welfare (AIHW) analysis of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD), 2015–16, 2016–17, 2017–18, 2018–19 and 2019-20

In 2019-20, Coolangatta had the highest rate of lower urgency ED presentations (112.6 per 1,000 people), and Ormeau-Oxenford region had the highest total number of lower urgency ED presentations. This mirrors the Ormeau-Oxenford SA3 having the largest population in the GCPHN region (n=6,383). Table 3 shows the total number of lower urgency ED presentations for in and after hours in 2019-2020.

Table 3. Total number of in hours and after hour's lower urgency ED presentations, Gold Coast SA3 regions, 2019-2020

Region	In-hours lower urgency ED presentations	After-hours lower urgency ED presentations	Lower urgency ED presentations – total
Gold Coast SA4	55,016	20,358	34,657
Broadbeach - Burleigh	3,518	1,990	5,508
Coolangatta	4,117	2,445	6,562
Gold Coast - North	3,922	2,298	6,220
Gold Coast Hinterland	677	455	1,132
Mudgeeraba - Tallebudgera	2,482	1,238	3,720
Nerang	4,062	2,295	6,357
Ormeau - Oxenford	6,383	4,242	10,625
Robina	3,650	2,009	5,659
Southport	3,786	2,282	6,068
Surfers Paradise	2,064	1,107	3,171

Source: Australian Institute of Health and Welfare (AIHW) analysis of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD), 2015–16, 2016–17, 2017–18, 2018–19 and 2019-20

The rate of lower urgency ED presentations from residents in the GCPHN region increased by 46% from 37,738 in 2015-16 to 55,016 in 2019-20, which is above the population growth rate.

Table 4. Total number of lower urgency ED presentations, Gold Coast, 2015-16 to 2019-20

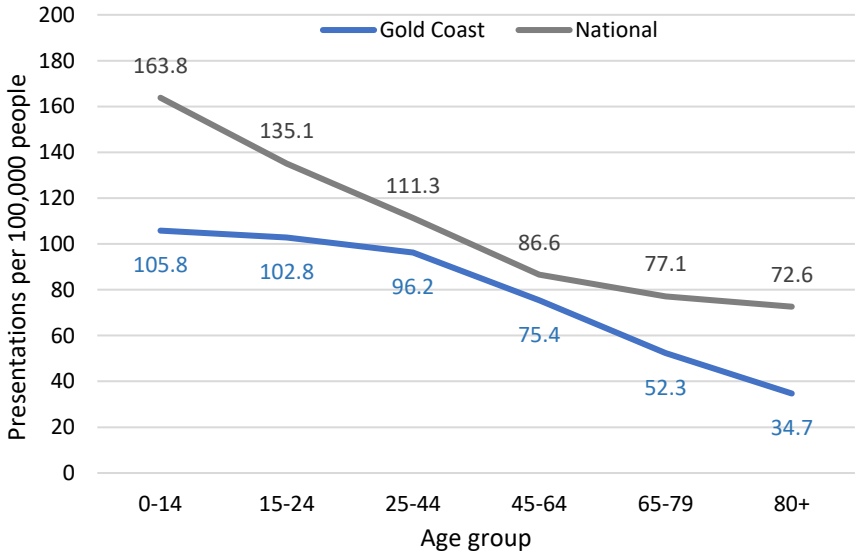
	2015–16	2016–17	2017–18	2018–19	2019-20	Increase from 2015-16 to 2019-20
0-14	8,846	9,443	11,466	11,629	12,345	40%
15-24	7,495	7,387	7,721	7,585	8,434	13%
25-44	11,416	11,258	11,670	11,709	16,994	49%
45-64	7,057	7,011	7,399	7,789	12,046	71%
65-79	2,406	2,597	2,917	2,925	4,286	78%
80+	519	640	661	684	911	76%
All persons	37,738	38,336	41,834	42,321	55,016	46%
Females	16,923	17,207	18,985	19,381	27,396	62%
Males	20,813	21,127	22,842	22,938	27,617	33%

Source: Australian Institute of Health and Welfare (AIHW) analysis of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD), 2015–16, 2016–17, 2017–18, 2018–19 and 2019-20

Higher rates among children and young people

Under half of all lower urgency ED presentations (n=20,779; 38%) were for people aged under 25, which is comparable to national figures. Children aged 14 and under accounted for 22% of all lower urgency ED presentations and had the highest presentation rate (105 per 1,000 people) in the region, while people aged 65+ accounted for 9% of lower urgency ED presentations (at a rate of 48 per 1,000 people).

Figure 9. Lower urgency ED presentations per 1,000 people, by age group, national and Gold Coast, 2019-2020



Source: Australian Institute of Health and Welfare (AIHW) analysis of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD), 2015–16, 2016–17, 2017–18, 2018–19 and 2019-20

Lower urgency ED presentations after-hours

The rate of people presenting for lower urgency care in 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 slightly decreased from 59.8 to 52.0 per 1,000.

37% of all lower urgency ED presentations occurred during a period when general practices and other alternative health services are usually closed. People aged under 65 were more likely to present to ED after hours (37% of presentations in this age group) than people aged 65 and over (31% of presentations for this age group).

Reason for lower urgency ED presentations

The most common presentations to ED for lower urgency care amongst GCPHN residents was sprain and strain of ankle, open wound, unspecified injury of head and fracture of lower end of radius. Of all lower urgency ED presentations in the GCPHN region, the arrival mode for 90% of presentations was walked in/public or private transport, with 9% arriving by ambulance.

13 Health

Besides general practice, residents in the GCPHN region can also access 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% (n=20) of calls were by intersex persons or persons of indeterminate sex, and the remained had no information about sex.

3.5% (n=1,260) of callers to 13 Health identified as Aboriginal and/or Torres Strait Islander. Aboriginal and/or Torres Strait Islander people 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 5 shows that almost a third of all calls to 13 Health were made by/for children aged 0 to 9.

Table 5. Age groups of people using 13 Health, Gold Coast region, July 2021 to June 2022

Age group	Number	Rate
0-9	11,069	30.8%
10 to 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: 13Health

Ormeau – Oxenford SA3 had the highest rate of people using 13 Health, accounting for 30.5 % of all calls

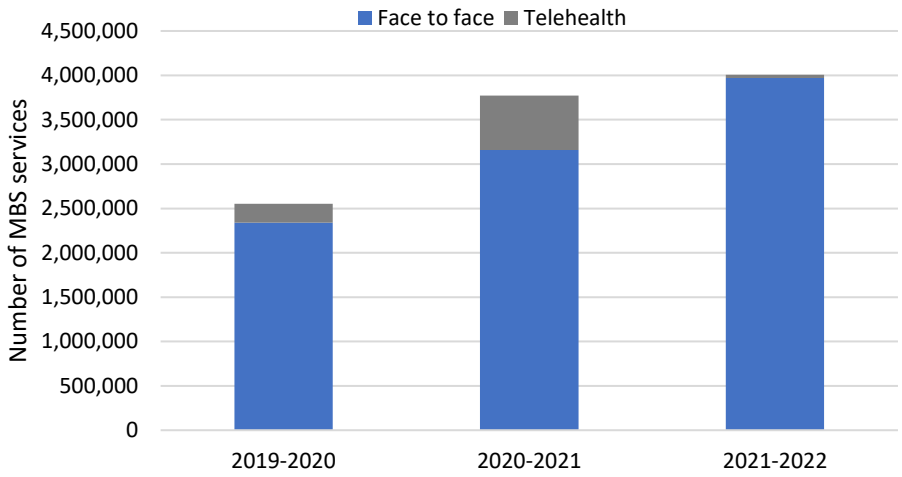
(n=10,937), followed by Broadbeach at 13.5 % (n=4,848). Pandemic COVID-19, abdominal pain, and chest pain were the leading reasons for calls made to 13 Health by residents of the GCPHN region from July 2021 to June 2022.
The peak time of calls to 13 Health by residents of the GCPHN region were between 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 13.2% (n=4,679) were informed to "*Seek emergency care as soon as possible",* 11.6% (n=4,124) "*Schedule an appointment to be seen by the doctor within the next 12 hours (same day*)" and 8.4% (n=2,976) "*Seek face to face care within 1-4 hours*".

COVID-19 and general practice attendance

Even during the disruptive lockdown period that prompted an unexpected and rapid implementation of telehealth services in general practices, there was a 94.1% increase in total consultations (face to face and telehealth) in 2021 compared to 2019 (Figure 10).

Figure 10. Consultations (telehealth and face to face) in 159 practices in GCPHN region, 2019-20 to 2021-22



Source: Primary Sense

Service system

Services	Number in the GCPHN region	Distribution	Capacity discussion
General practice	212	Clinics are generally distributed across the GCPHN region with the majority located in coastal and central areas.	• 855 GPs in the GCPHN region. • 28 practices deliver speciality services such as skin checks. • Average number of GPs per general practice: 4.0. • 85% of general practices are accredited or currently working towards accreditation.
Medical deputising services	4	In-home and after-hour visits from a doctor. Available across most of GCPHN region with hinterland areas less well serviced	• All consultations are bulk billed for Medicare and DVA card holders. • Depending on the provider, appointments requested by phone or online.
Online and phone support	4	Phone or online	• Healthdirect • 13 HEALTH – health information and advice • Lifeline crisis support service • PalAssist – 24-hour palliative care support and advice line
Pharmacy	143	Well distributed across the GCPHN region	• Medication dispensing • Medication reviews • Medication management • Some screening and health checks • Some vaccination

Hospitals	5	Southport and Robina (public) Southport, Benowa, and Tugun (private)	• Private health insurance is required to access EDs, a gap payment may also be incurred. • Limited integration with general practice data. • Residents near borders may also use nearby hospitals such as Tweed, Logan, and Beaudesert.

Consultation

Primary Care Partnership Council

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

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

Community Advisory Council

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

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

Clinical Council

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

- Lower urgency ED presentations increased slightly in past years, but the general practice services increased a lot more.
- New models of care are required to address potentially preventable hospitalisations.
- Significant increase in managing iron infusions in general practice in recent years may not be reflected in data. Some GPs still hesitant to do iron infusions but it is now widely available in the Gold Coast.
- Pharmacies are seeing less after-hours doctor scripts particularly home visiting services.
- Increased ED attendances could relate to drops in private health insurance, and even with private cover, out of pocket costs are high so many go to public system.
- Consumers get lost in primary system – go to a GP, then radiology, then few doctors can do plaster etc., whereas ED is a one stop shop (even if you must wait a while).
- COPD has highest PPH bed rates – look at smoking to address (note Gold Coast has relatively low rates of smoking).
- Lower than average immunisation rate of flu on the Gold Coast – links to high potentially preventable hospitalisations.
- 13 Health – look at younger cohort of kids, why they are going to ED.
- Aging population - increased utilisation of services and drop in private health insurance – leads to more PPHs.

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

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