

Health System Demand in the North Coast

Identifying and addressing primary care access issues
through a service planning approach.

MAY 2021

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Please note that minor edits were made to this document in November 2021 clarifying the definition of non-urgent presentations.

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Healthy North Coast acknowledges the traditional custodians of the lands across our region and pays respect to the Elders past, present and emerging. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to land, sky and sea. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia’s First Peoples and honour the rich diversity of the world’s oldest living culture.

1. Overview

Healthy North Coast embarked on a Demand Management Strategy in late 2019, initially focused on the Mid North Coast (MNC) Local Health District (LHD). Subsequent data analysis has provided increasing insight into the complexities of whole of system demand across MNC and Northern NSW (NNSW).

This paper presents the rationale for the forthcoming conceptualisation, codesign and procurement processes in the next financial year. These interventions will address concerning increases in health system demand across the North Coast and put in place sustainable solutions that will have a lasting impact on health service quality and efficiency into the future.

Health system usage and other data shows concerning trends across the region. In particular, the data indicates that the ageing population is creating strong demand in primary care while younger generations are utilising low urgency care in hospital EDs at rates above the national average.

Given the extent of demand and the influence of population change in the next decade, incremental quality improvement and adjustment to the current service delivery paradigm in primary care, while needed and worthwhile, is unlikely to achieve the transformational change required to shift the health demand dynamic from reactive to proactive. Pioneering initiatives are needed that trial new models of care that have the potential to achieve financial viability after an initial period of funding.

The intended outcomes of the Demand Management Strategy are to shift the demand dynamic from reactive to proactive and:

- Reduce low urgency ED presentations (triage 4 and 5 without admission) for targeted cohorts – young people and Aboriginal people.
- Increase primary care service utilisation by young people through new service delivery models that acknowledge and overcome current access barriers in primary care.
- Improve patient experience of coordination and care planning for patients over 65 in general practice.

Proposed models of care focus on younger people demand at ED; Aboriginal people (particularly in Kempsey); older person demand in general practice; and a review of clinical service coverage across the footprint.

Solutions are centred on codesigning and commissioning new models of care to:

- Remove barriers to primary care for younger people, both in person and digitally.
- Increase the cultural safety of existing service delivery and address illnesses of the ear nose and throat in young Aboriginal children.
- Increase capacity in general practice via multi-disciplinary evidence-based interventions more closely aligned with the level of patient complexity and expected health outcomes.

New initiatives will be supported by a review of clinical service coverage for the region and the development of a multi-year plan with stakeholders to ensure adequate service delivery across the region.

2. Economic benefits

National health expenditure is growing at a faster rate than GDP, at 7% on average per annum¹. This growth is represented on the North Coast through a steady increase in both Emergency Department presentations and general practice attendances.

The Productivity Commission *Shifting the Dial – 5 Year Productivity Review*² demonstrated how delivering health services more efficiently and effectively is key to fostering a stronger economy. *Shifting the Dial* recommended a number of patient-centred and integrated care initiatives that are closely aligned with Healthy North Coast's Demand Management project areas of focus.

The recommendations included:

- Freeing up innovators through regional commissioning approaches.
- Disseminating best practice and supporting high value care.
- Implementing patient-centred approaches to care, through patient reported experience and outcome measures and other approaches.
- Improving the efficiency of the broader health system through formal collaborations between LHNs and PHNs.

The impact of delivering these reforms was modelled by the Productivity Commission to reduce demand for health services through improved population health outcomes. A healthier population means that people are able to work and support home-based productivity and leisure. The benefit of implementing these initiatives was modelled by the Productivity Commission to drive significant economic returns.

The *Shifting the Dial* recommendations strongly align with the priorities identified for the Demand Management Strategy. Investment into these types of initiatives will generate an estimated return on investment of 3.05, leading to significant financial benefits to the health system within the year of implementation. Conversely, the opportunity cost of not doing so is the loss of benefits.

The *Shifting the Dial* review demonstrates how cumulative investment into innovation, best practice and coordinated care generates optimum returns over twenty years of sustained investment.

¹ Productivity Commission (2017), *Shifting the Dial – 5 Year Productivity Review*. Retrieved from: www.pc.gov.au.

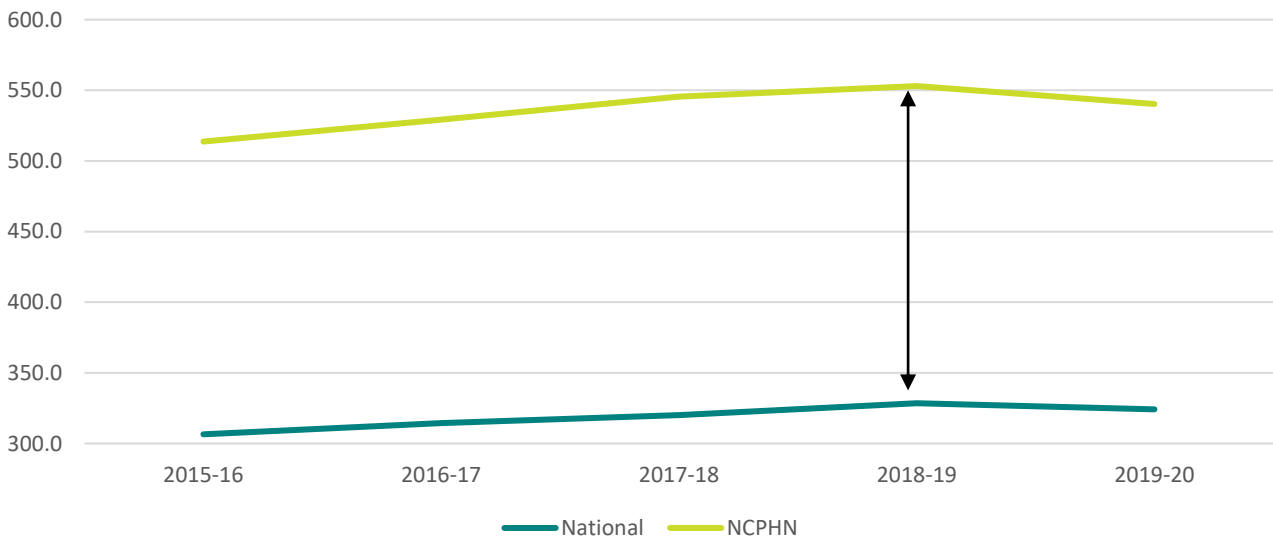
² Ibid.

3. Data / evidence base

For details of the data/evidence base please see Appendices 1-5. In summary:

- ED presentations across the Healthy North Coast region (2015–2020) are trending upwards. On a per capita basis, total ED presentations in the North Coast PHN region were around 68% above the national rate, on average, during 2015–16 to 2019–20 (see Figure 3)³.

Figure 1. Total emergency department presentations per 1,000 population, 2015–16 to 2019–20



- While low urgency presentations are mostly falling or trending downwards (2015–20)⁴, there are a range of problematic trends across the health system in the Healthy North Coast region:
 - Rates of low urgency presentation are among the highest in the country (see Table 1) and are higher than national averages for young people (15–24) (see Table 2)⁵.

Table 1. Rates of low urgency care/1,000 by SA3 compared with national rate

SA3	Rate of triage 4 and 5 /1,000
Kempsey – Nambucca	431.1/1,000*
Clarence Valley	371.2/1,000*
Richmond Valley Hinterland	337.1/1,000*
Richmond Valley Coastal	238.1/1,000

³ Department of Health and AIHW, National Non-admitted Patient Emergency Department Care Database, and Australian Bureau of Statistic (ABS), Estimated Resident Population (ERP) statistics. Retrieved from [Use of emergency departments for lower urgency care: 2015–16 to 2018–19, Data - Australian Institute of Health and Welfare](#) (aihw.gov.au)

⁴ Ibid

⁵ Ibid

SA3	Rate of triage 4 and 5 /1,000
Tweed Valley	217.1/1,000
Coffs Harbour	202.2/1,000
Port Macquarie	162.4/1,000
National rate	117.4/1,000

*These SA3s are in the top five for rates of low urgency care nationally.

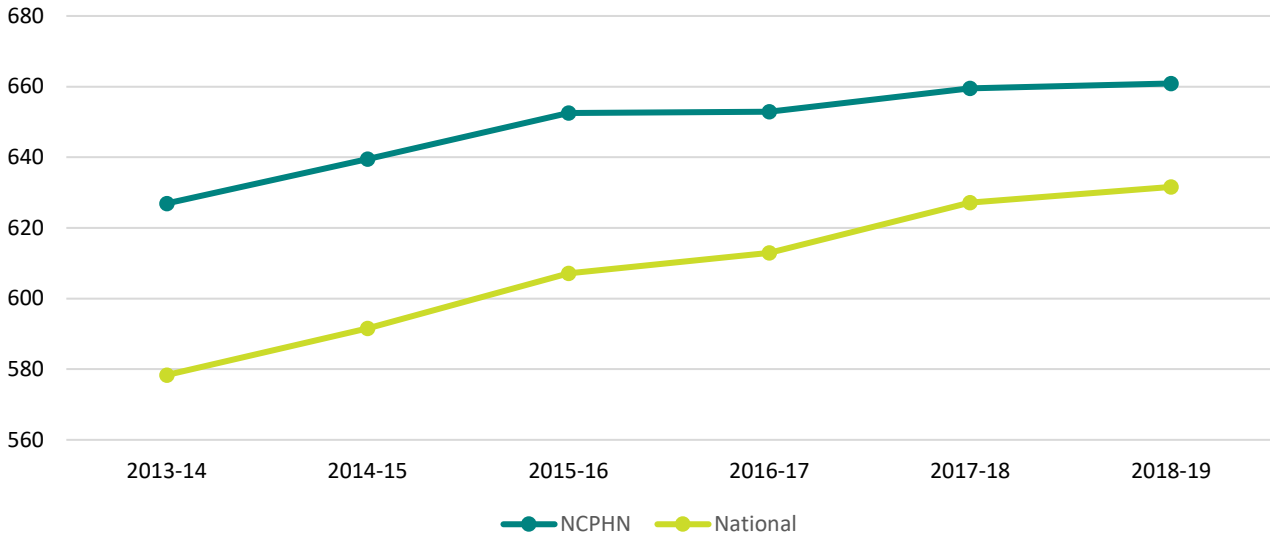
Table 2. Rates of low urgency care /1,000 by age and SA3 compared with national averages

	National	Kempsey– Nambucca	Clarence Valley	Richmond Valley – Hinterland	Richmond Valley – Coastal	Tweed Valley	Coffs Harbour	Port Macquarie
0–14	181.2	545.3	489.3	439.2	279.7	249	274.9	246
15–24	143.5	683.2	571.9	459.6	349.3	329.8	286.9	289
25–44	112	560.3	457.	378.6	309.2	259	226.8	195.3
45–64	84.8	325.1	280.1	266.7	185.5	188.8	148	106.6
65+	79.8	281.3	257	230.2	156.3	145.5	140.9	96.4

- ED presentations are very high among Aboriginal people in the MNC (2018–19), particularly in Kempsey (see Appendix 1, section 1.4 for more detail).
- GP attendances in the Healthy North Coast region are also higher (2015–20) than national averages (Figure 2)⁶.

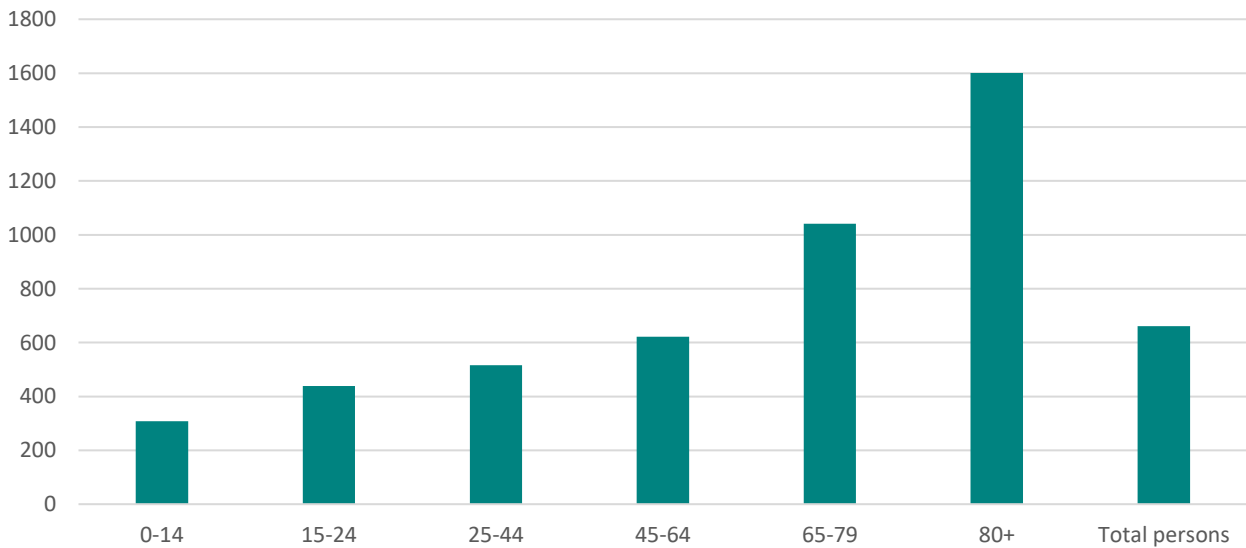
⁶ Department of Health, Medicare Benefits Schedule (MBS) claims data, Australian Prudential Regulation Authority data and Australian Bureau of Statistics (ABS), Estimated Resident Population statistics. Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/data>

Figure 2. Medicare-subsidised GP attendances per 100 people, NCPHN rate versus national rate, 2013–19



- 43% of GP attendances in our region are by people over 65 (see Figure 3)⁷.

Figure 3. GP services per 100 people in the NCPHN region by age of patient, 2018–19



- These trends are not obviously explained by low GP FTE⁸.

While it is widely accepted that the demand for health service increases with an aging population, the unusually large size of the baby boomer ‘bulge’, and its inexorable transition as a cohort into

⁷ Ibid

⁸ Source: Department of Health – National Health Workforce Dataset Retrieved from: <https://hwd.health.gov.au/>

the over 65 age group, means that we experience this as an uncomfortable and urgent increase in health demand on a day-to-day basis at the local level.

Predicted increases in health need and demand by the baby boomer cohort have now materialised, leading to largely reactive and/or adaptive responses.

The baby boomer 'bulge' impacts the Healthy North Coast region through high and increasing levels of ED presentations and high numbers of GP attendance for over 65s. Meanwhile and concurrently, the rate of young people presenting for low urgency care at the ED is also high and very high in some SA3s by national comparison. Aboriginal people are particularly vulnerable to this dynamic. It is reasonable to posit that demand for low urgency care from young people and Aboriginal people may be driven by difficulties accessing a GP and/or the high acceptability of the same day, no fee, no appointment, all-inclusive model of care provided at ED to younger generations.

This confluence of factors driving demand is only expected to worsen over the next 10 years in our region, as the remainder of the baby boomer 'bulge' move into the over 65 cohort and their need for health services increase.

While we must adapt and respond in the present to find more effective ways of accommodating the health needs of the unusually large baby boomer 'bulge', we need to simultaneously ensure that we engage younger generations into primary health care. Not only is the ED a more expensive form of service provision for young people, it is also less likely to result in the development of good health behaviour and a positive life-long journey in primary care with optimal longer-term health outcomes.

New approaches are needed concurrently at both ends of the age and health spectrum. The ongoing application of traditional primary care models can only be expected to result in more uncomfortable and unplanned increases in future demand, as the health needs of younger generations go unmet in primary care, resulting in poor longer-term outcomes when this group themselves are over 65.

This funding represents the opportunity to apply contemporary thinking to the model of care in primary health and to trial new options both in terms of delivery goals and design. In doing so, new models of care would more effectively meet the health needs of the over 65s, increase access to primary care for younger generations, address consumer literacy about their choice of health service and increase cultural safety in primary care services for Aboriginal people.

4. Intended outcomes and models of care

Intended outcomes

The intended outcomes of shifting the demand dynamic from reactive to proactive are to:

- Reduce low urgency ED presentations (triage 4 and 5 without admission) for targeted cohorts – young people and Aboriginal people.

- Increase primary care service utilisation for young people through new service delivery models that acknowledge and overcome current barriers to access for young people.
- Improve patient experience of coordination and care planning in patients over 65 in general practice.

Models of care

New and innovative models of care are needed to transform the health demand dynamic in our region from reactive to proactive. Incremental approaches to modifying the current primary care service delivery paradigm, on their own, are not enough. Similarly, approaches to increasing supply, for example, the introduction of urgent care centres or increasing GP FTE, react to the trend rather than address underlying drivers in the system. To fundamentally change current patterns of demand and improve long term health outcomes, the opportunity to invest in data driven, contemporary models of care with longer term sustainability, are critical.

Younger people demand at the ED

To achieve a transformational shift in the way young people access health services in our region, a concerted effort to increase access to primary care is required. Commissioned models are needed that remove access barriers for young people with low tolerance to appointment-based care, particularly in areas of high social disadvantage. Locating services in alternative settings that young people readily access and/or co-locations with existing services for younger cohorts, particularly the 15–24-year-olds, in high areas of need, could be part of the solution. Presenting issues such as Cellulitis, for example, (one of the top three low urgency care needs at MNC ED for Aboriginal and non-Aboriginal young people) also require consideration of the social determinants of disease⁹.

The use of AI could provide alternative access to health care with a level of immediacy and convenience that may suit younger consumers. During COVID-19 for example, young people accessing Headspace valued the convenience, accessibility and comfort of telehealth, and for some this modality was preferable to in-person support. Young people reported a number of advantages of telehealth, including convenience and comfort. For many, telehealth represented a way to fit their help-seeking into their busy lives and one in 10 young people reported that there was nothing they did not like about telehealth support¹⁰. Face-to-face services are also valued by young people¹¹ as presenting injuries and skin conditions may require in-person assessment.

Concurrent activity using the existing service delivery paradigm in general practice can attempt to increase access to GPs via more refined nurse and reception triage and/or programs to target a

⁹ Australian Safety and Quality Commission, Healthcare Variation Atlas (2021). Retrieved from: <https://www.safetyandquality.gov.au/our-work/healthcare-variation/fourth-atlas-2021/chronic-disease-and-infection-potentially-preventable-hospitalisations/25-cellulitis-hospitalisations>

¹⁰ Headspace National Youth Mental Health Foundation (July 2021), young people's experience of telehealth during COVID-19. Retrieved from: <https://headspace.org.au/assets/Uploads/Telehealth-Client-Experience-FINAL-8-10-20.pdf>

¹¹ Ibid

younger cohort. Similarly, it may be possible to increase access to Practice Nurse led urgent care in general practice following an audit of existing urgent medical care capacity in general practice and a focused community campaign to promote the availability of urgent care and change consumer perceptions about where to seek urgent care. It has to be noted, however, that even with this concurrent activity the MBS billing structure will inadvertently favour older consumers in general practice or those further along the disease continuum who require the more highly remunerated GP attendances.

To increase access to proactive and preventative primary care for young people in our region, it is necessary to commission services that rigorously understand can overcome the primary care access barriers for young people.

Aboriginal health demand at the ED, particularly in Kempsey

For the pattern of service usage by Aboriginal people in Kempsey to improve, service delivery outlets beyond the local Aboriginal Medical Service (AMS) and across the spectrum of intervention must be culturally safe. Transformational change will require collaborative preventative approaches that reduce the incidence of ear, nose throat and skin conditions through, for example:

- Increased routine child health checks.
- Improved environmental factors such as hygiene, second-hand smoke and overcrowding.
- Heathy eating.

This could entail, for example, commissioning an Aboriginal-specific holistic children and parents' health service in Kempsey in collaboration with other providers.

Older people demand in general practice

While we await the results of the Health Care Home trial and acknowledge the imminent implementation of MBS taskforce recommendations, Healthy North Coast has used considerable recent hands-on experience delivering the Winter Strategy (2017–20), to understand demand by older people in general practice. The Winter Strategy was an integrated approach to proactive nurse-led care during the winter months for vulnerable patients. Clinician selection focused this program uniformly each year on a complex elderly cohort.

While qualitatively there were positive indicators in terms of patient and clinician satisfaction, the quantitative evaluation for Winter Strategy was inconclusive in terms of decreasing preventable hospitalisation¹². The program has ceased and will be replaced via the Demand Management project with evidence-based interventions more closely aligned with the level of patient complexity and expected health outcomes.

The program did, however, deliver valuable insights into general practice approaches to supporting vulnerable cohorts. The clinician experience survey taken in 2018, for example, revealed that 75%

¹² Peiris, D., Campain, A., Mulley, J., Angell, B., (2021) Northern NSW Winter Strategy: Evaluation of a program to support people with long term conditions in northern NSW, The George Institute for Global Health. Unpublished.

of respondents (mainly GPs) thought the Winter Strategy triggered more thorough and systematic care planning than they were usually able to provide¹³.

Concurrent initiatives are needed in the primary care space to, for example:

- Shift the focus of chronic disease care planning and coordination to dedicated roles in general practice that take their clinical leadership from GPs, but that are integrally linked to key stakeholders in the aged care delivery network and are empowered to undertake highly skilled care planning and coordination.
- Implement more intensive approaches to patients with moderate chronic disease to prevent or delay their transition to complex disease and further, to introduce systematic approaches to those with mild disease or who are at risk, in order to prevent the development of chronic disease.
- Implement evidence-based approaches to complex elderly patients, such as anticipatory care planning¹⁴.

In terms of proposed models of care and commissioning options, the Healthy North Coast system dynamics model of healthy ageing has been delayed by natural disasters and the COVID-19 vaccine roll out in aged care, but will ultimately identify initiatives for primary care that:

- Optimise funding investment to ensure older persons' services are evidence based and oriented towards improved health and wellbeing outcomes.
- Integrate health, ageing and social services to deliver comprehensive, coordinated and culturally safe services for older people.

5. Appendices

Appendix 1: Data narrative

Appendix 1 details the data narrative of health system demand in our region. Detailed reports on specific data sets can be found in Appendices 2–5, as follows:

- Appendix 2 – Emergency Department presentation in our region 2015–2020
- Appendix 3 – GP services in our region 2013–2019
- Appendix 4 – After-hours services in our region 2013–2019
- Appendix 5 – Hours of presentation at ED, national and local comparisons.

¹³ NSW Health Northern NSW Local Health District, North Coast Primary Health Network, Northern NSW Winter Strategy 2018 interim evaluation report. Retrieved from: <https://hnc.org.au/winter-strategy-2020/wp-content/uploads/2019/05/20190426-WS18-Eval-Report-Long-FINAL.pdf>

¹⁴ Baker, A., Leak, P., Ritchie, L.D., Lee, A.J., Fielding, S. (2012) Anticipatory Care Planning and Integration: A primary care pilot study aimed at reducing hospitalisation. British Journal of General Practice. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/22520788/>

1.1 ED presentations across the Healthy North Coast region (2015–20) are trending upward¹⁵ (full report Appendix 2):

- Growing strongly in Port Macquarie and Kempsey and trending up in Macksville and Coffs Harbour¹⁶.
- Growing strongly in Lismore and Ballina and increasing in Grafton, Maclean and Murwillumbah¹⁷.
- In 2018–19 our region had the highest percentage, nationally, of people presenting to ED (21.8% of the population) and the highest percentage of people admitted to hospital (17.5%)¹⁸.

1.2 While low urgency presentations are mostly falling or trending downwards (2015–20)¹⁹, there are problematic trends in the Healthy North Coast region:

- They are trending up in Port Macquarie and Macksville and increasing slightly in Murwillumbah²⁰.
- They are above the national rate in all areas of the footprint²¹.
- The Kempsey–Nambucca, Clarence Valley and Richmond Valley Hinterland SA3s have three of the five highest rates for low urgency care nationally²².

1.3 In addition, rates of low urgency primary care style presentations are highest among young people:

- Rates are highest for 15–24-year-olds across every SA3 in our footprint, which is at odds with the national trend for rates of presentation for low urgency care being highest among 0–14 year olds²³.

¹⁵ Source: Department and Health and Australian Institute of Health and Welfare, National Non-admitted Patient Emergency Department Care Database and Australian Bureau of Statistics (ABS), Estimated Resident Population statistics. Retrieved from: [Use of emergency departments for lower urgency care: 2015–16 to 2018–19, Data - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

¹⁶ Source: NSW Bureau of Health Information Healthcare Observer Interactive Portal. Retrieved from: https://www.bhi.nsw.gov.au/Healthcare_Observer/_nocache

¹⁷ Ibid

¹⁸ Australian Institute of Health and Welfare, (2020) Patient Experiences in Australia by Small Geographic Areas 2018 -19. Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/patient-experiences-small-geographic-areas-2018-19/contents/summary>

¹⁹ Source: NSW Bureau of Health Information Healthcare Observer Interactive Portal. Retrieved from: https://www.bhi.nsw.gov.au/Healthcare_Observer/_nocache

²⁰ Source: NSW Bureau of Health Information Healthcare Observer Interactive Portal. Retrieved from: https://www.bhi.nsw.gov.au/Healthcare_Observer/_nocache

²¹ Australian Institute of Health and Welfare, (2020), Use of emergency departments for lower urgency care: 2015–16 to 2018–19: Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/use-of-ed-for-lower-urgency-care-2018-19/contents/lower-urgency-care/geographic-variation>

²² Ibid

²³ Ibid

- In the MNC, the highest proportion of low urgency presentations is among younger people (0–34) and is primarily for injury, illness of the ear, nose and throat and illness of the skin (rash, cellulitis and abscess). This is the case for both Aboriginal and non-Aboriginal young people and children²⁴.

1.4 Rates of ED presentations are very high among Aboriginal people in the MNC (2018–19), particularly in Kempsey²⁵:

- Aboriginal and Torres Strait Islander people are 5.7% of the population (MNC) but 12.4% of all acute presentations and 13% of low urgency presentations²⁶.
- Acute and low urgency presentations are highest for young Aboriginal people, 0–34²⁷.
- Acute presentations by Aboriginal children 0–4 account for 22% of acute presentations for that age group across MNC. Similarly, acute presentations by 15–24s and 25–34s account for 20% and 18% respectively²⁸.
- 60% of acute presentations and 54% of low urgency presentations by Aboriginal and Torres Strait Islander people are repeat (three or more presentations in a year)²⁹.
- 44% of acute presentations and 45% of low urgency presentations by Aboriginal and Torres Strait Islander people are to Kempsey Hospital³⁰.

1.5 ED usage is driven by individual self-assessment and personal perceptions of where a health need will be best met including:

- Lack of access to and confidence that primary care can resolve the issue;
- Perceived urgency, anxiety, and the value of reassurance from emergency-based services;
- Views of family, friends, or healthcare professionals;
- Convenience (location, not having to make appointment, and opening hours);
- Individual patient factors (e.g., cost); and
- Perceived need for emergency medical services or hospital care, treatment, or investigations³¹.

²⁴ NSW Health MNC Local Health District Emergency Department data (2018/19).

²⁵ Ibid

²⁶ Ibid

²⁷ Ibid

²⁸ Ibid

²⁹ Ibid

³⁰ Ibid.

³¹ Coster, J.E., Turner, J.K, Bradbury, D., Cantrell, M. A., (2017), Why do people choose emergency and urgent care services? A rapid review utilising a systematic literature search and narrative synthesis, *Academy Emergency Medicine* 2017 September:24(9):1137-1149. Retrieved from: <https://onlinelibrary.wiley.com/doi/full/10.1111/acem.13220>

1.6 Healthy North Coast has higher numbers of older people who are expected to consume more health services as they age.

- Like most developed countries, Australia's population is ageing. This has resulted in a larger proportion of people aged 65 and over³².
- Over the 20 years between 2000 and 2020, the proportion of the population aged 65 years and over increased from 12.4% to 16.3%. This group is projected to increase more rapidly over the next decade, as further cohorts of baby boomers (those born between the years 1946 and 1964) turn 65³³.
- Over the past two decades, the number of people aged 85 years and over has also increased by 117.1%, compared with a total population growth of 34.8% over the same period³⁴.
- More than 20 per cent of the North Coast population were aged over 65 in 2016 (ABS 2016 as cited in NCPHN General Population Needs Assessment, 2018). This is higher than the proportion of older persons in both NSW (18.5%) and Australia (15.7%). It is predicted that by 2036 this proportion will reach 30 per cent (ABS 2016 as cited in NCPHN General Population Needs Assessment, 2018)³⁵.
- In the MNC in 2018-2019, people over 65 accounted for 25% of all low urgency presentations by non-Aboriginal people (2018-19). 39% of these presentations were to Port Macquarie Hospital³⁶.

1.7 GP attendances in the Healthy North Coast region are also high (2015-20)³⁷ (full report Appendix 3):

- In 2013-2019, GP Attendances per 1,000 people increased in the NCPHN and nationally. Over this period, GP attendances per 100 people in the NCPHN were 6.7% higher, on average, than the corresponding national rate³⁸.
- While the gap between the NCPHN rate and the national rate appears to be closing slightly, a significant difference remains (see Appendix 3 for more detail)³⁹.

³² Australian Bureau of Statistics, (2019), 3101.0 - Australian Demographic Statistics, 20 Years of Population Change. Retrieved from: [https://www.abs.gov.au/ausstats/abs@.nsf/0/1CD2B1952AFC5E7ACA257298000F2E76#:~:text=In%20the%2020%20years%20between,people\)%20in%20the%20previous%20year.](https://www.abs.gov.au/ausstats/abs@.nsf/0/1CD2B1952AFC5E7ACA257298000F2E76#:~:text=In%20the%2020%20years%20between,people)%20in%20the%20previous%20year.)

³³ Ibid

³⁴ Ibid

³⁵ North Coast Primary Health Network, General Population Needs Assessment (2018).

³⁶ NSW Health Mid North Coast Local Health District Emergency Department data (2018-19).

³⁷ Source: Department of Health, Medicare Benefits Schedule (MBS) claims data, Australian Prudential Regulation Authority data and Australian Bureau of Statistics (ABS), Estimated Resident Population statistics. Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/data>

³⁸ Ibid

³⁹ Ibid

- The population percentage who saw a GP (2018–19) in Healthy North Coast was the second highest nationally (85.7% North Coast, 86% highest) and the percentage who saw a GP 12 or more times in a year (2018–19) was the highest (16.8%)⁴⁰.
- The population percentage who saw a GP for urgent medical care (2018–19) was ranked eighth (11.1% North Coast, 14% highest)⁴¹.

1.8 While GP attendances in our region are high compared with the rest of the country, there is a vast difference in age cohorts gaining access⁴² (Appendix 3):

- GP services per 100 people in the NCPHN region increased by around 5% in trend terms between 2013–2019. For most of this period, the growth rate for the number of patients seeing a GP exceeded the population growth rate for the region⁴³.
- In 2018–19, persons aged 65 years and over accounted for around 43% of total GP services in the NCPHN Region⁴⁴.
- Persons aged 65 years and over were 1.6 times more likely to attend a GP than middle-aged adults (45–64 years), 2.7 times more likely than people aged 25–44 years, and 2.8 times more likely than children and young people⁴⁵.
- Persons aged 80 years and over are the most frequent users of GP services on a per capita basis⁴⁶.
- This data is supported in GP focus group examining the MNC data where a participant concluded that “General Practice is really geared to older people with chronic disease”.
- Higher levels of remuneration for care planning focused on this group may be a perverse incentive for GPs to see more older people, but it may represent the increased demand we can expect from the baby boomer ‘bulge’ entering the over 65 cohort.

⁴⁰ Australian Institute of Health and Welfare, (2020), Use of emergency departments for lower urgency care: 2015–16 to 2018–19: Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/use-of-ed-for-lower-urgency-care-2018-19/contents/lower-urgency-care/geographic-variation>

⁴¹ Ibid

⁴² Source: Department of Health, Medicare Benefits Schedule (MBS) claims data, Australian Prudential Regulation Authority data and Australian Bureau of Statistics (ABS), Estimated Resident Population statistics. Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/data>

⁴³ Ibid

⁴⁴ Ibid

⁴⁵ Ibid

⁴⁶ Ibid

1.9 After hours usage of GPs is comparatively low and has decreased, but the peak of ED presentations occur in the hospitable hours

- 4.4% of the Healthy North Coast population saw a GP after hours (2018–19, ranked second lowest nationally, lowest 2.6%, highest 10.1%)⁴⁷.
- GP after hours attendances in the Healthy North Coast region rose sharply from 2013–14 to 2016–17 and then dropped sharply to 2018–19 to current levels (see Appendix 4 for full report)⁴⁸.
- It should be noted that, the hour of ED presentation follows the same pattern in our regions as the pattern nationally. This is that ED presentations are much higher in the hospitable hours than after hours. While increased after hours service in primary care would undoubtedly be worthwhile, it is in-hours use, particularly for low urgency care, that is of immediate concern (see Appendix 5 for more detail)⁴⁹.

1.10 In addition, some issues with access to GPs in the Healthy North Coast region have also been documented:

- 23.8% reported waiting longer than acceptable for an appointment (2018–19 North Coast ranked sixth highest of 31 PHNs nationally, the highest ranked - 31.3%)⁵⁰.
- 32% could not access their preferred GP (2018–19 North Coast ranked eighth highest nationally, highest 33.1%)⁵¹.

1.11 These trends are not obviously explained by low GP FTE:

- Healthy North Coast GP FTE is above the national average per thousand (1.09/1,000 in 2019) in all SA3s except for Richmond Valley (0.86/1,000), Kyogle (1.01/1,000) and Clarence Valley (1.05/1,000)⁵², all in lower socioeconomic areas of the Northern NSW hinterland where the business model is less attractive.

⁴⁷ Australian Institute of Health and Welfare, (2020), Use of emergency departments for lower urgency care: 2015–16 to 2018–19: Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/use-of-ed-for-lower-urgency-care-2018-19/contents/lower-urgency-care/geographic-variation>

⁴⁸Source: Department of Health, Medicare Benefits Schedule (MBS) claims data, Australian Prudential Regulation Authority data and Australian Bureau of Statistics (ABS), Estimated Resident Population statistics. Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/data>

⁴⁹Australian Institute of Health and Welfare, (2020), Use of emergency departments for lower urgency care: 2015–16 to 2018–19. Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/use-of-ed-for-lower-urgency-care-2018-19/contents/triage-category-4-and-5>

⁵⁰ Australian Institute of Health and Welfare, (2020) Patient Experiences in Australia by Small Geographic Areas 2018 -19. Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/patient-experiences-small-geographic-areas-2018-19/contents/summary>

⁵¹ Ibid

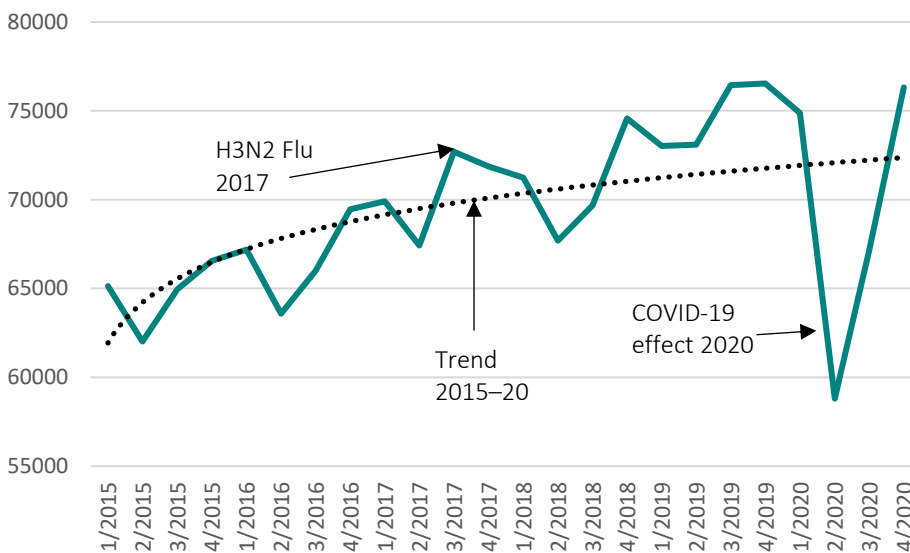
⁵²Source: Department of Health – National Health Workforce Dataset Retrieved from: <https://hwd.health.gov.au/>

Appendix 2: Emergency department presentations NCPHN 2015–20

2.1 ED presentations show a steady upward trend⁵³:

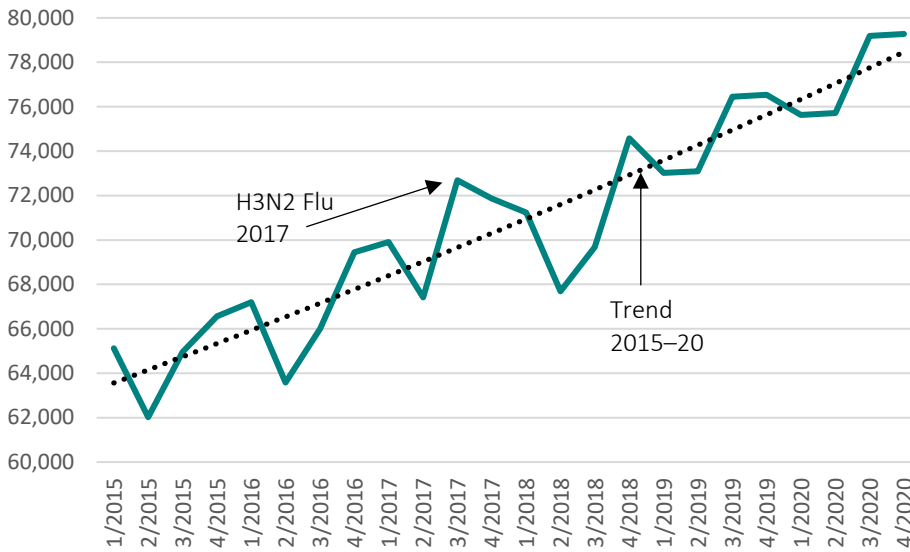
- ED presentations at NCPHN hospitals display a strong seasonal pattern, with presentations generally increasing during the cooler months then declining during the warmer months.
- In trend terms, ED presentations showed a positive trend in 2015–20 (Fig. 6).
- COVID-19 had a significant negative impact on ED presentations in the 2nd quarter of 2020, dampening the prevailing upward trend (Fig. 4).
- The impact was, however, short lived, with ED presentations recovering strongly in the second half of 2020.
- ED presentations in 2020 would have been around 6,000 higher in trend terms had COVID-19 not occurred (Figs. 4 and 5).

Figure 4. ED presentations at NCPHN hospitals, 2015–20



⁵³ Source: Department and Health and Australian Institute of Health and Welfare, National Non-admitted Patient Emergency Department Care Database and Australian Bureau of Statistics (ABS), Estimated Resident Population statistics. Retrieved from: [Use of emergency departments for lower urgency care: 2015–16 to 2018–19, Data - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/emergency-departments-for-lower-urgency-care-2015-16-to-2018-19)

Figure 5. ED presentations at NCPHN hospitals with COVID-19 effect removed, 2015–20



2.2 Non-urgent ED presentations have fallen significantly:

Non-Urgent ED presentations are cases of Triage category 5, of people who have a less urgent condition who need treatment within two hours. Patients in this category typically have minor illnesses or symptoms that may have been present for more than a week, such as rashes or minor aches and pains.

- Non-urgent ED presentations trended upward in 2015–2017, before falling away in 2018 (Fig. 6).
- As a percentage of total ED presentations, non-urgent ED presentations are showing a strong downward trend during 2015–20 (Fig. 7).

Figure 6. Non-urgent ED presentations at NCPHN hospitals, 2015–20

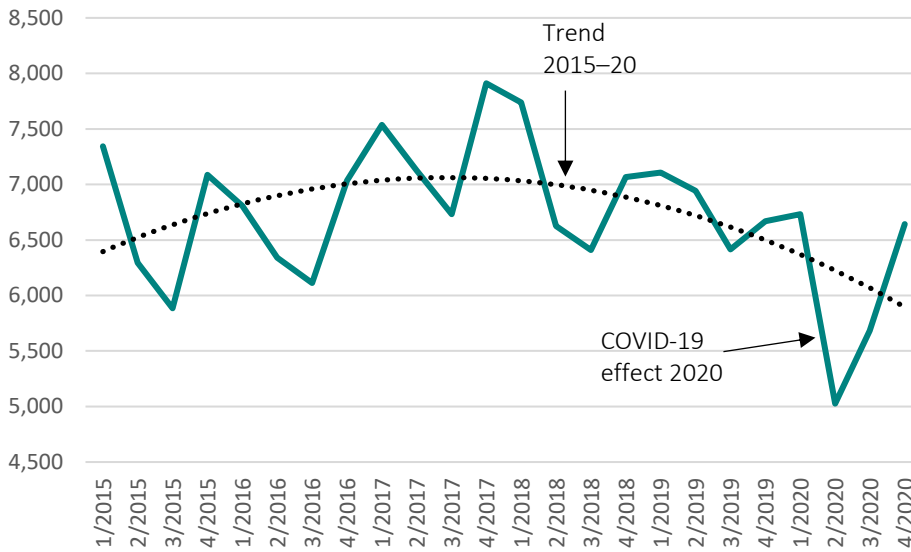
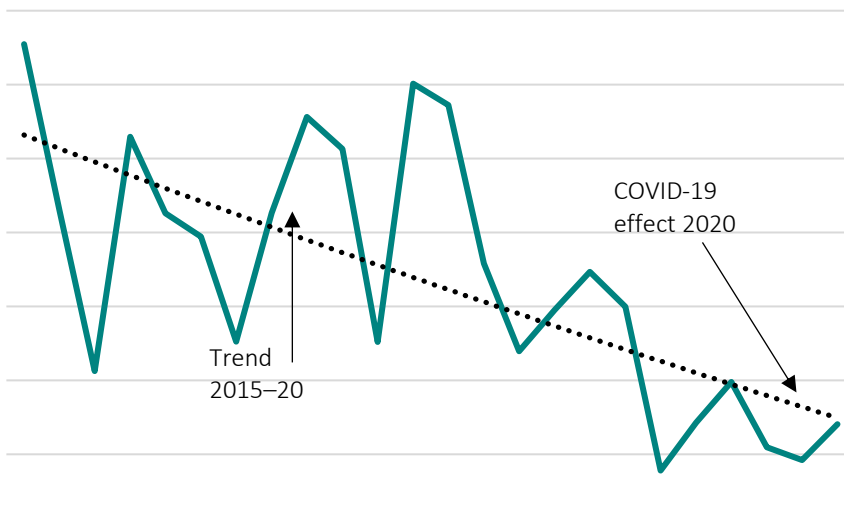


Figure 7. Non-urgent ED presentations as a percentage of total ED presentations at NCPHN hospitals, 2015–20

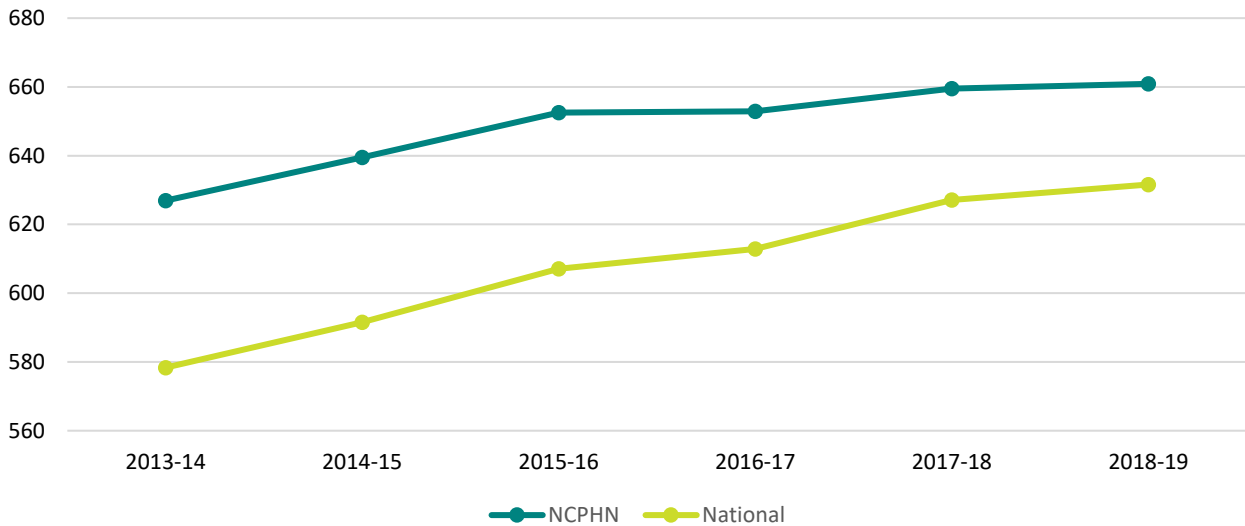


Appendix 3: Time series analysis of Medicare-subsidised GP services in the NCPHN region

3.1 ED presentations show a steady upward trend⁵⁴:

- In 2013-2019, GP attendances per 1,000 people increased in the NCPHN and nationally.
- Over this period, GP attendances per 100 people in the NCPHN were 6.7% higher, on average, than the corresponding national rate (Figure 8).
- While the gap between the NCPHN rate and the national rate appears to be closing slightly, a significant difference remains.

Figure 8. Medicare-subsidised GP attendances per 100 people, NCPHN rate versus national rate, 2013–19

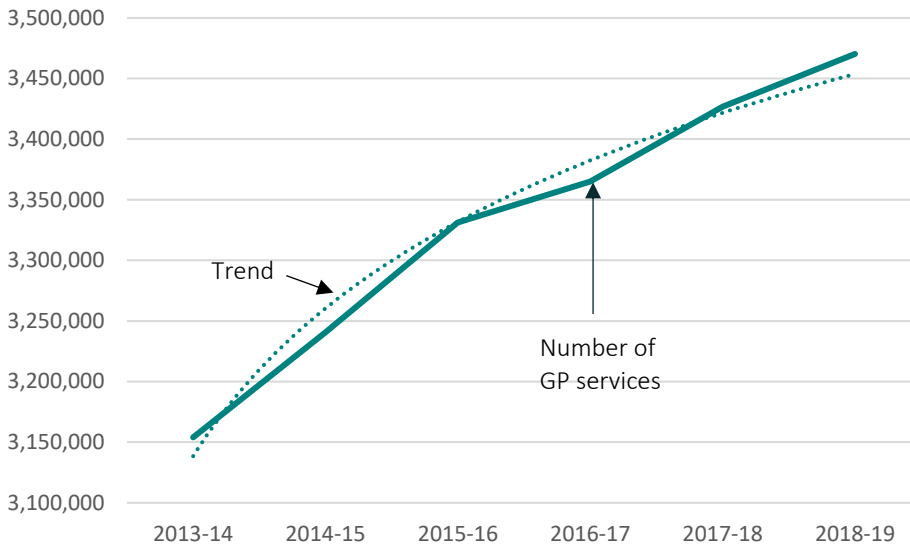


3.2 The number of GP services in the NCPHN region increased during 2013–19 (Figure 11).

- The number of GP services showed a strong positive trend during the period, increasing by around 10% in trend terms (Figure 9).

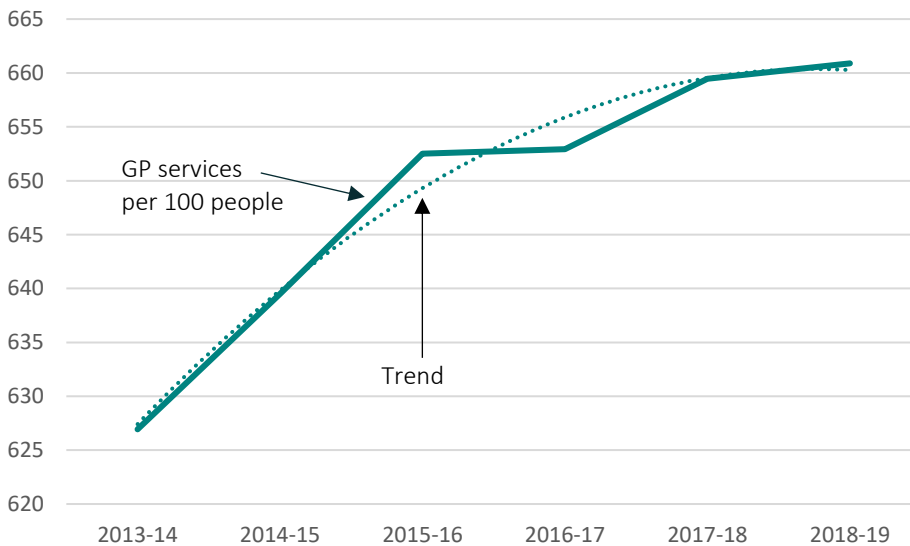
⁵⁴ Source: Department of Health, Medicare Benefits Schedule (MBS) claims data, Australian Prudential Regulation Authority data and Australian Bureau of Statistics (ABS), Estimated Resident Population statistics. Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/data>

Figure 9. Number of GP services in the NCPHN region, 2013–19



- GP services per 100 people in the NCPHN region showed a similar upward trend over the six-year period (Figure 10).
- Between 2013-2019, GP attendances per 100 people increased by around 5% in trend terms.

Figure 10. GP services per 100 people in the NCPHN region, 2013–19



GP services by age of patient

3.3 In general, people use GP services more frequently as they grow older (Figures 11 and 12):

- In 2018–19, persons aged 65 years and over accounted for around 43% of total GP services in the NCPHN region.
- Persons aged 65 years and over were 1.6 times more likely to attend a GP than middle-aged adults (45–64 years), 2.7 times more likely than people aged 25–44 years, and 2.8 times more likely than children and young people.
- Persons aged 80 years and over are the most frequent users of GP services on a per capita basis.

Figure 11. Number of GP services in the NCPHN region by age of patient, 2018–19

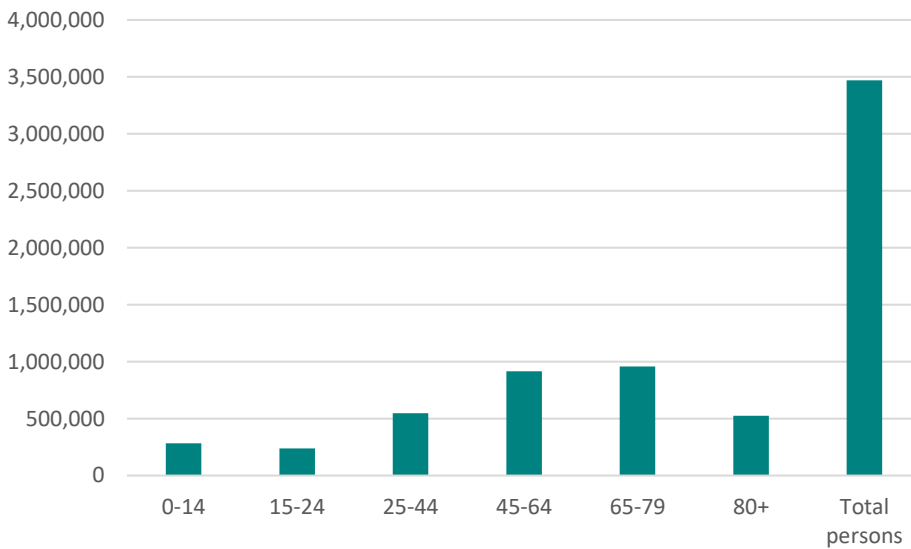
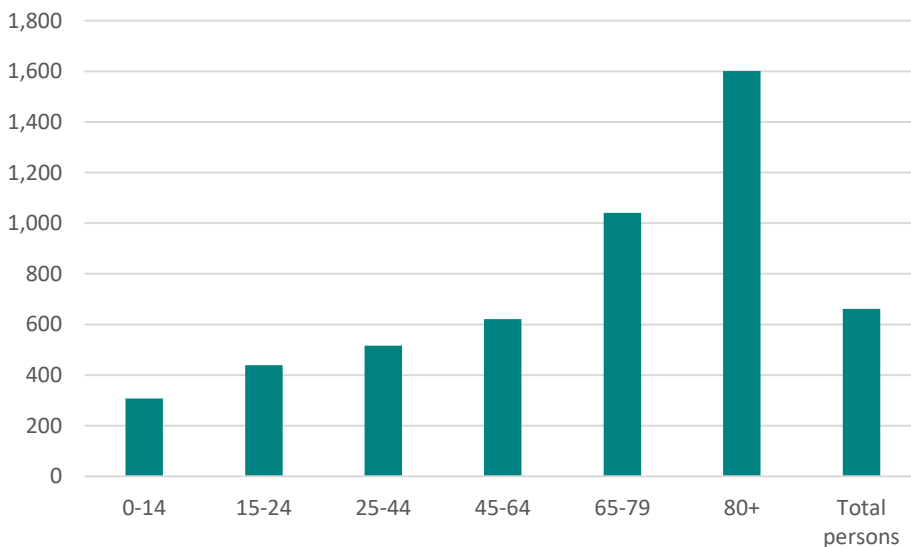


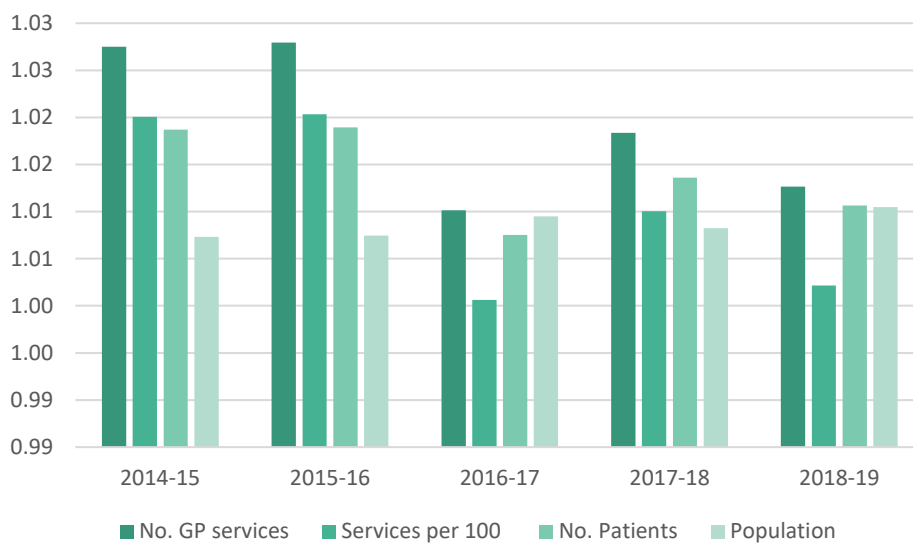
Figure 12. GP services per 100 people in the NCPHN region by age of patient, 2018–19



3.4 In 2014–19, the population growth rate in the NCPHN region hovered around one percent per annum (Figure 13).

- During this period, the growth rate for the number of GP services for the NCPHN region exceeded the population growth rate for the region.
- For most of this period, the growth rate for the number of patients seeing a GP also exceeded the population growth rate for the region.

Figure 13. Annual growth rate in GP services in the NCPHN region, 2014–19



Appendix 4: After hours GP in the NCPHN region

4.1 Total after hours GP services⁵⁵

- Between 2013–17, total after hours GP services in the NCPHN region rose sharply reaching 104,000 in 2016–17 (Figure 14).
 - By 2018–19, total after hours GP services had declined to around 95,000, a fall of 9% during 2016–19.
- Older persons are frequent users of after hours GP services compared to other age groups.
 - In 2018–19, persons aged 80 years and over were almost twice as likely to use after hours GP services than other age groups (Figure 15 and 16).

⁵⁵ Source: Department of Health, Medicare Benefits Schedule (MBS) claims data, Australian Prudential Regulation Authority data and Australian Bureau of Statistics (ABS), Estimated Resident Population statistics. Retrieved from: <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/data>

Figure 14. Total after hours GP services in the NCPHN, 2013–19

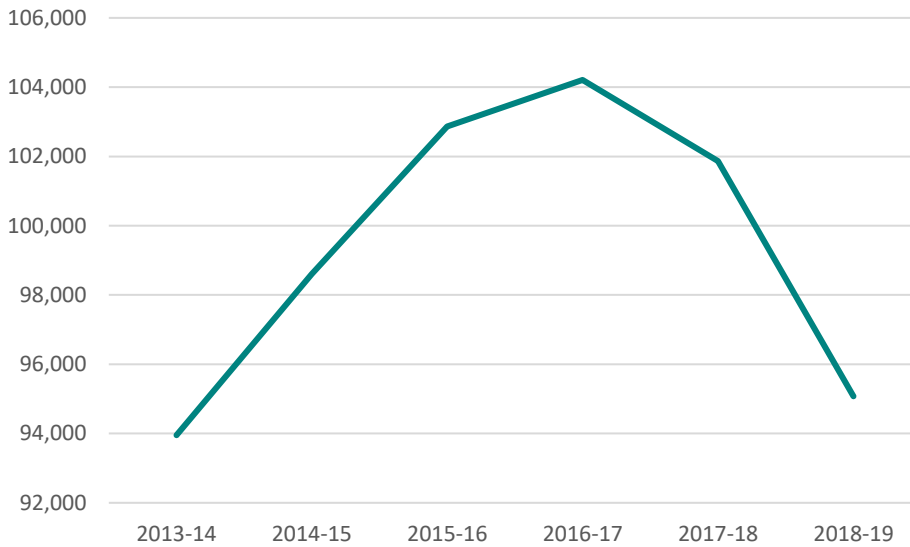


Figure 15. Total after hours GP services per 100 people in the NCPHN region, 2013–19

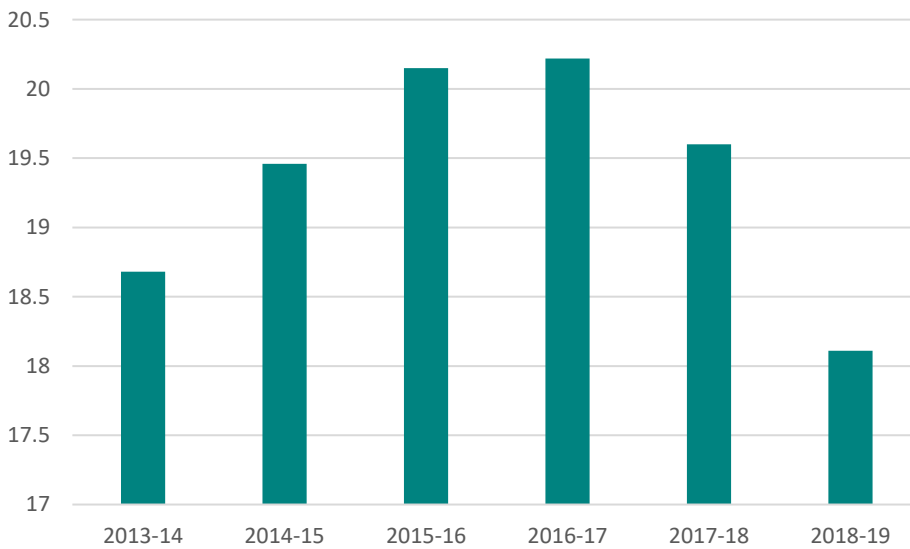
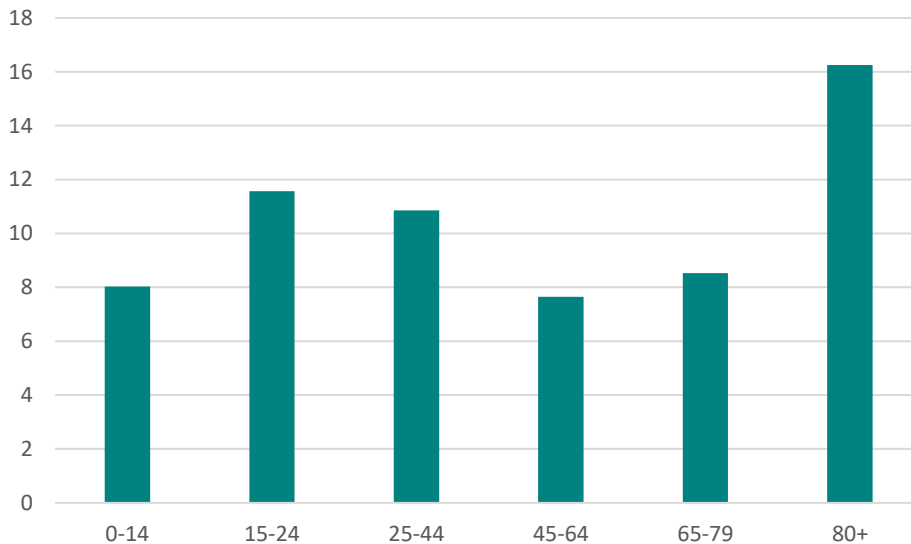


Figure 16. Percentage of people in the NCPHN who had an after hours GP service by age, 2018–19



4.2 Urgent versus non-urgent after hours GP services

- In 2018–19, persons aged 25–44 years and 80 years and over were the largest users of urgent after hours GP services in the NCPHN, each accounting for around 20% of urgent services, respectively (Figure 17).
- After hours GP services are primarily used for non-urgent health care.
- In 2018–19, there were 83,866 non-urgent after hours GP services and 11,209 urgent after hours GP services in the NCPHN region (Figure 18).
 - Nine out of 10 after hours GP services were classified as non-urgent.

Figure 17. Number of urgent after hours GP services by age in the NCPHN, 2018–19

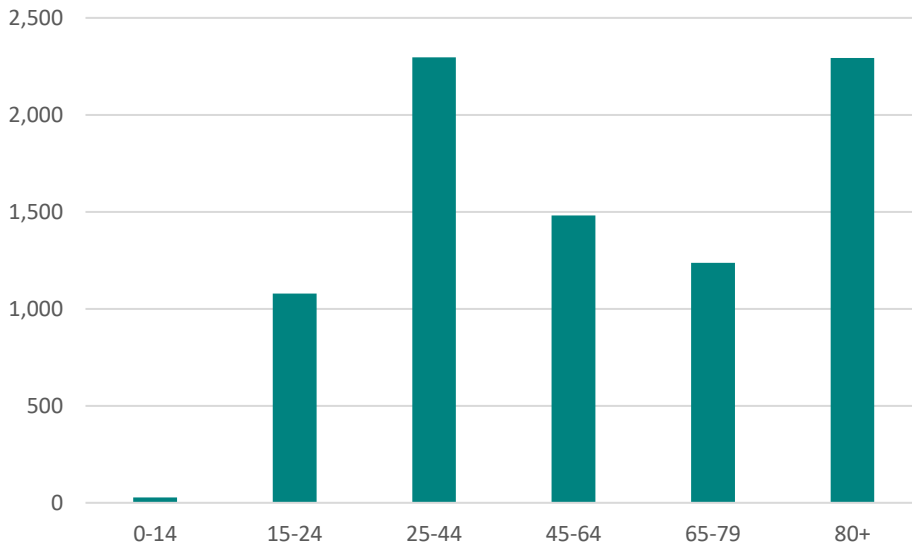
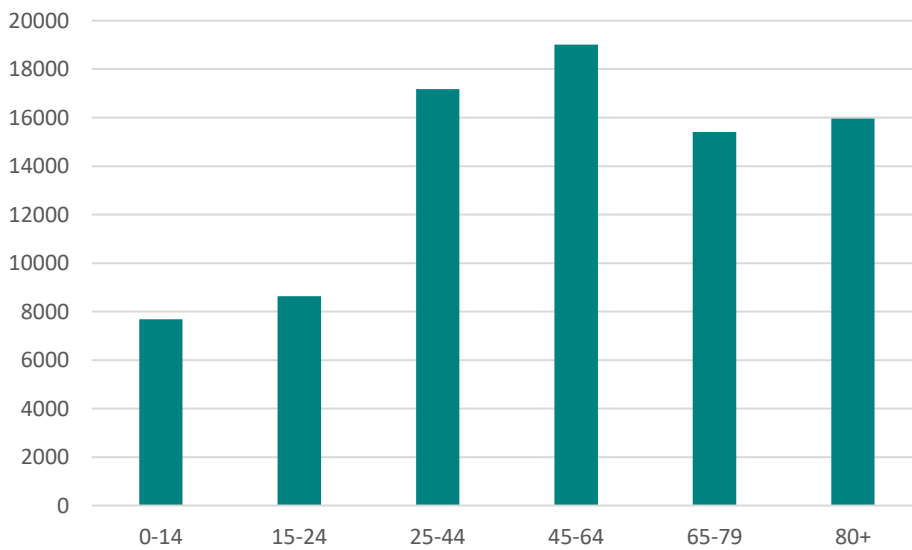


Figure 18. Number of non-urgent after hours GP services by age in the NCPHN, 2018–19

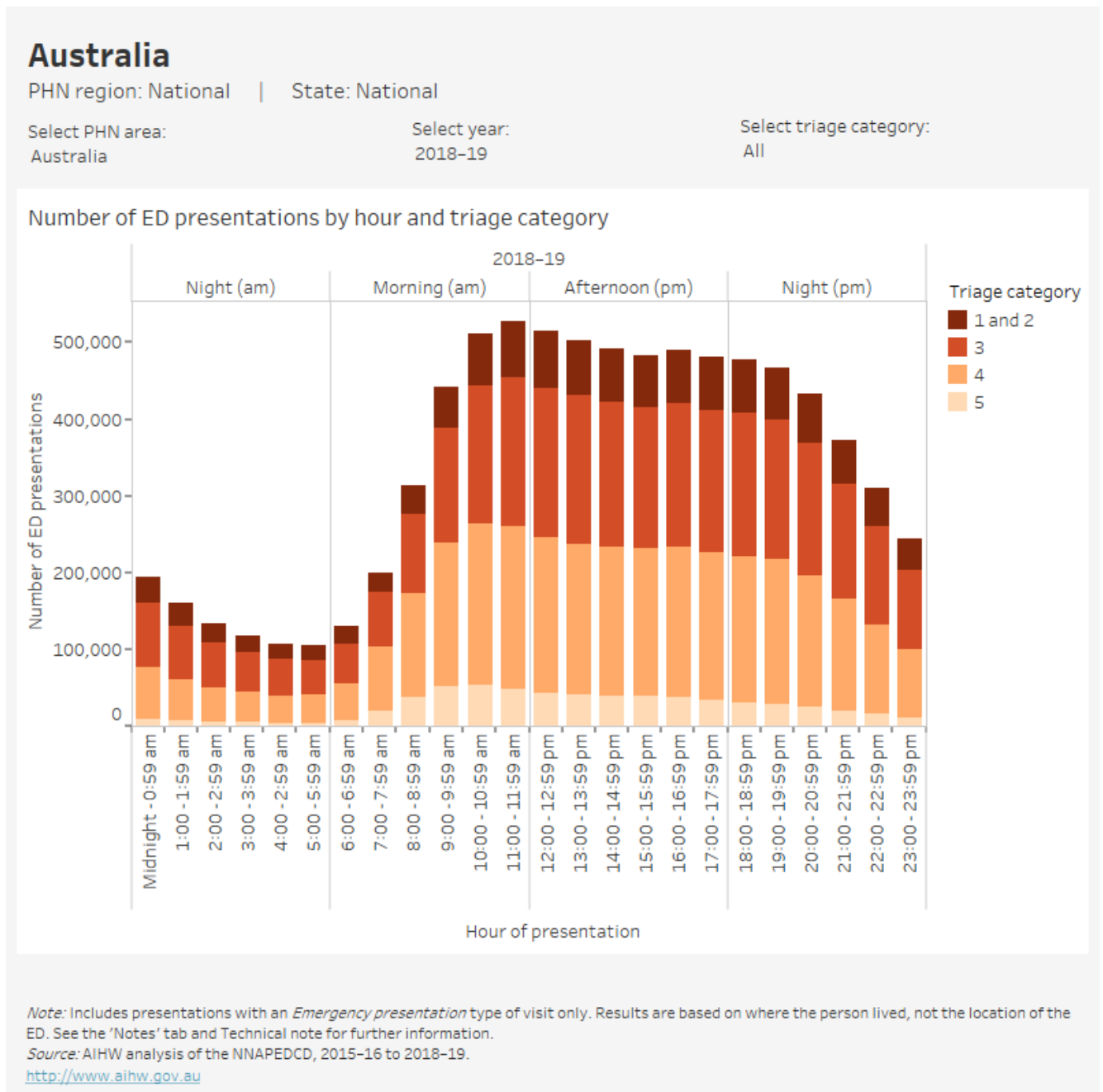


Appendix 5: Comparison of national, Healthy North Coast region, and MNC region ED presentations by hour and triage category

The pattern of ED presentations by hour is similar across national, regional and local data. Presentations across all triage categories peak in the morning, remain high in the afternoon and tail off as the evening progresses. Figure 19 shows the national trend and can be compared with Figure 20 which shows the same data visualised for the North Coast PHN. Figure 21 shows the time of presentation by hour and facility using local ED data shared by the Mid North Coast Local Hospital District.

After hours presentations from 8pm to midnight are worthy of attention. For the purposes of addressing concerning health system demand in our area, however, day-time or hospitable hours presentations when primary care is open are the key consideration.

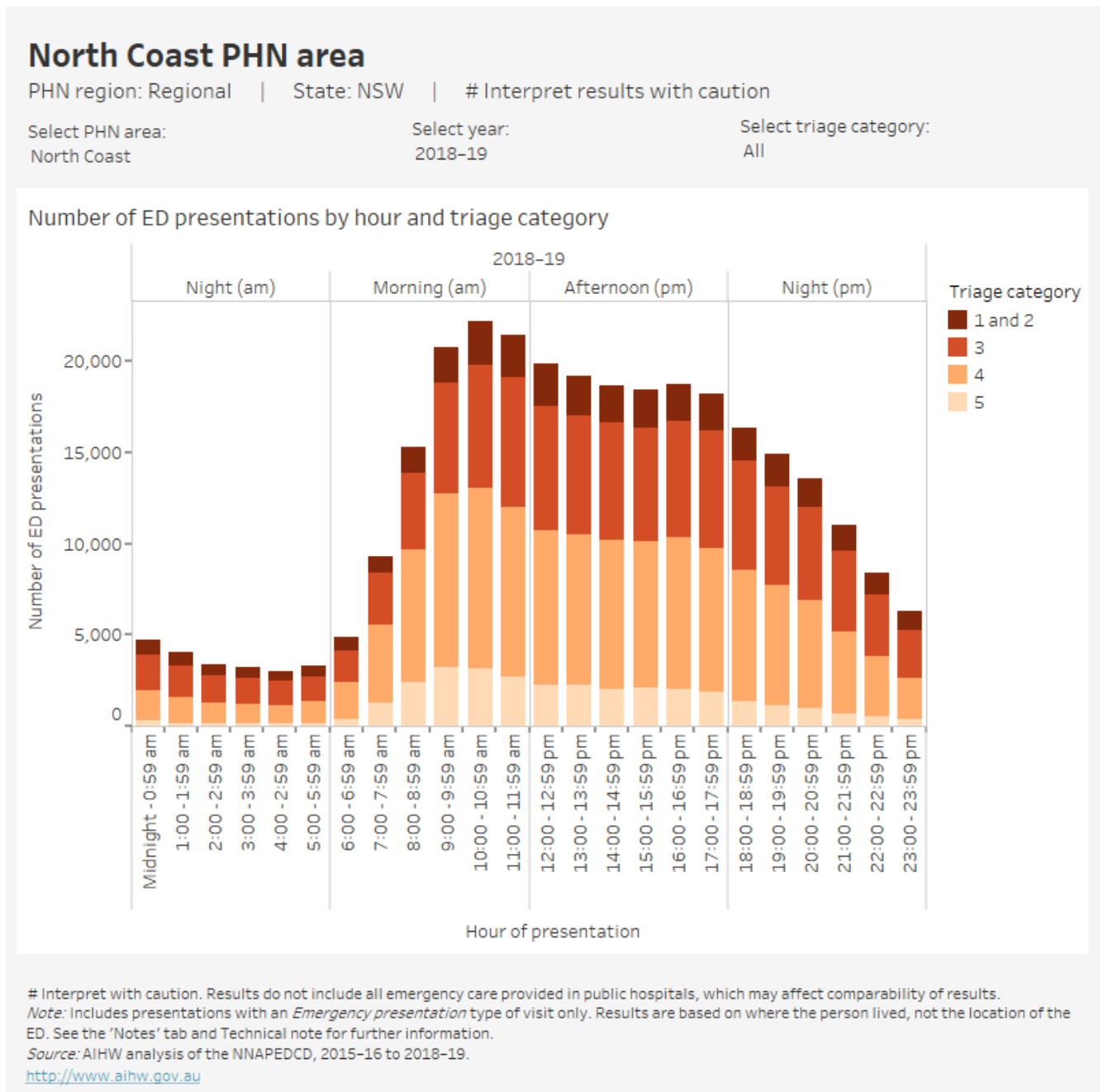
Figure 19. National number of ED presentations by hour and triage category



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⁵⁶ <https://www.aihw.gov.au/reports/primary-health-care/use-of-ed-for-lower-urgency-care-2018-19/contents/triage-category-4-and-5>

Figure 20. North Coast PHN area number of ED presentations by hour and triage category

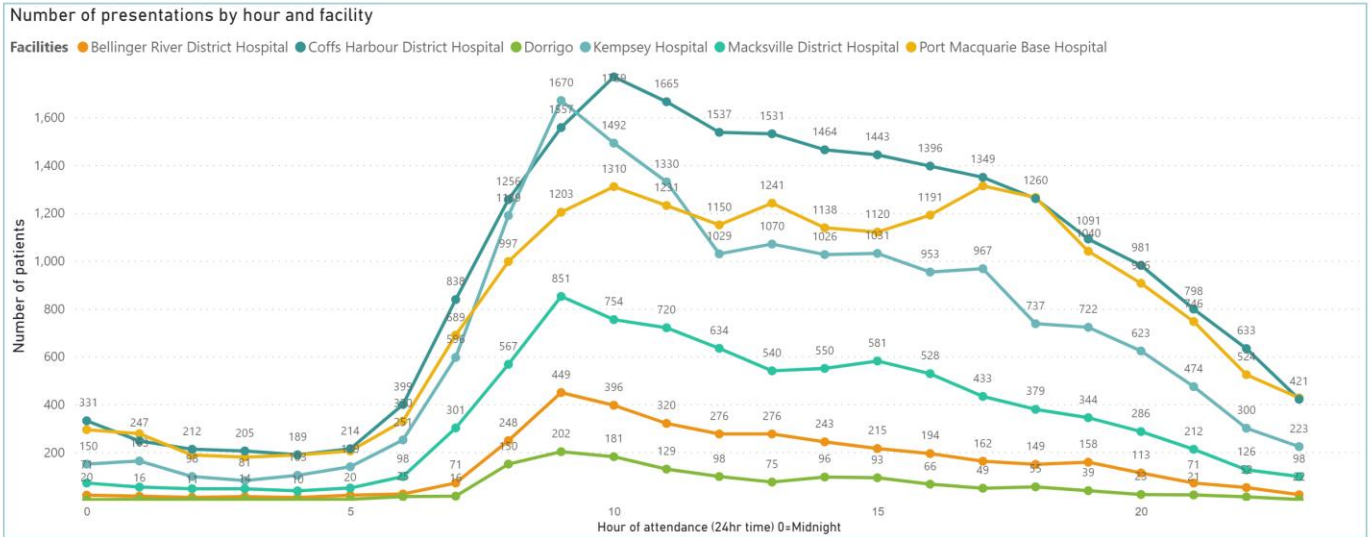


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⁵⁷ Ibid

Figure 21. Mid North Coast number of ED presentations by hour and facility

MNC LHD 18/19 presentation data



Filters

Age Range:

Triage Category:

Pts with 3 or more Pres ...:

58

⁵⁸ NSW Health MNC Local Health District Emergency Department data (2018/19)