

PATIENT EXPERIENCE OF THE HEALTHY NORTH COAST PRIMARY CARE ACCESS PROJECT – EARLY FINDINGS

INSIGHTS REPORT 4 – HEALTHY NORTH COAST PRIMARY CARE ACCESS PROJECT EVALUATION

This report was conducted as part of the Evaluation of Healthy North Coast's Primary Care Access Project commissioned by Healthy North Coast and prepared by The George Institute for Global Health

Overview of insights report

Purpose

The purpose of the insights report is to provide early insights during implementation of the Primary Care Access project to inform continuous quality improvement activities and service development. The report provides reflections on implementation, trends and early outcomes which are drawn from available program and service monitoring data and evaluation data. Refer to the Primary Care Access Evaluation plan for an overview of evaluation data sources.

Audience

The report is prepared by The George Institute for Global Health (TGI) and presented to Healthy North Coast Primary Care Access Reference Group. The report is intended to provide updates on the program and inform and guide discussion with the program stakeholders.

Focus of this insights report

The focus of this report is on the emerging findings about the experiences of patients using the funded services.

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Box 1: Summary of insights in this report



Personal contact (health care providers/pharmacists/family/friends) were important sources of information about the service for half of the patient experience survey responders. To further increase use of the service by target cohorts, greater diversity and reach of marketing may be needed as only 7.5% of responders reported seeing marketing material.



Patients were not fully aware of the distinctive features of the service such as availability and costs of onward primary care referrals. This information may need to be more clearly discussed during the calls in order to increase uptake of nurse-facilitated bookings with the integrated booking tool.



The service and integrated booking tool appeared to be valued and trusted by service users. Where the services available via the integrated booking tool were not taken up, this was seen to be influenced by a preference to wait and see how the condition changed, and past prior experience with HealthDirect. This may highlight how prior care experience influences future care utilisation, and the complexity of the changing primary health care environment that can be confusing for patients to navigate.



North Coast Health Connect was seen by interviewees as a new way to access timely GP appointments, as well as helping the caller to assess whether or not it was necessary to seek further medical help at a general practice or emergency department. The triage nurse was seen to be helpful, knowledgeable and highly valued in relation to ability to gauge the seriousness of a health concern and obtain guidance about the next course of action.



Ease of following recommended care likely varied by the type of care recommended; 91% of survey respondents believed it was very easy or easy to follow recommendations from the call, but 45% of outcome survey respondents said they had not followed the recommendations.



While ability to reach a GP through the nurse making a direct integrated booking appointment was perceived as a significant advantage of the service by those people interviewed who were able to secure GP appointments through this mechanism, other patients were unaware of this aspect of the service, particularly its' localised knowledge, and thus declined offers of appointments, believing it would be easier for them to make these themselves (but then failing to do so).



Cost of primary care (including prescription medications) continues to be a barrier to following recommended care for some people, and some users of North Coast Health Connect experience a lack of clarity about costs of GP appointments booked through the service - this lack of clarity was at times a factor in decision-making about what care to seek.

Overview of survey responses and data on patient experience informing this report

This report draws on formative data available as part of program monitoring and evaluation activities, including North Coast Health Connect service data (AMPLAR data); responses to patient experience surveys; responses to patient outcome surveys and qualitative data collected from patients via interviews.

Key characteristics of the data sources and strengths and limitations are outlined below, with further details in the Annexes:

- People completing the **patient experience survey** were similar to all callers from the AMPLAR data base in respect of whether calling on behalf of themselves or others, and Aboriginal and Torres Strait Islander identification (Annex 1).
- Just over 70% of people in both datasets were calling on behalf of themselves, and around 5% of people completing the patient experience survey, and 10% of callers in the AMPLAR database identified as Aboriginal or Torres Strait Islander, with higher levels of missing data on this variable amongst patient experience survey responders.
- Of people responding to the patient experience survey, less than 1 in 3 were speaking about experiences for/on behalf of patients who were in the target age.¹ Further, just over 1 in 5 people under 35 were calling on behalf of someone else – and some of these people may have been calling on behalf of people who were outside the target age range.²
- Challenges in recruiting people who were in the target age group may be indicative of older people possibly having more time and interest in completing surveys than younger people. The under-representation amongst the target groups in the survey data needs to be kept in mind in interpreting the data -and is a significant limitation in understanding the experiences of intended users of the service.
- Qualitative data from **patient interviews** identified experiences with the North Coast Health Connect service. In May 2024, patients who completed the follow-up survey within the previous two weeks and consented for interview were contacted for follow-up and insights into their experience.
- To date, six patient interviews have been conducted. Patients who were interviewed had used the North Coast Health Connect service in the months of April and May 2024. Two patients interviewed were in the priority age group (18-35 years) and two in the priority SA3 regions of Kempsey – Nambucca and Richmond Hinterland. One person had called on behalf of someone else.
- Patient outcome data were derived from a brief telephonic survey conducted by AMPLAR as a follow up call. The survey asked whether users had followed the care that had been recommended to them during the call. Data available comprised survey responses for 76 callers. A strategy to obtain these outcome data in the future is still being developed.

¹ This is calculated as follows - of the 237 people who completed the patient experience survey, 73% (174/237) were calling on behalf of themselves. Of these people, 155 (65% of all respondents) were over 35 years of age.

² Since the patient experience survey elicited the age of the person calling, and the AMPLAR data records the age of the patient, a direct comparison of age distribution between the two data sources was not undertaken for this report. In future analyses, we will be able to link the patient experience data to the AMPLAR data, and this comparison will be undertaken.

Findings – patient experience

The preliminary findings on patient experience presented in this insights report are synthesised below through the lens of Levesque’s framework for access to health care – this is appropriate as the Levesque framework was adopted by the Primary Care Access Project to guide the design and evaluation of the initiative. The framework sees access to health care as a process that depends on five dimensions of accessibility regarding the suppliers (approachability, acceptability, availability, affordability and appropriateness) and five corresponding abilities (ability to perceive, seek, reach, obtain and engage) of patients necessary to gain access to and use the service.

Since the data on which this report is based derive from service users, and predominantly from those responding to the survey/interview, it is important to note that access had already been achieved for the respondents. This means that the experience of intended users who may have been unable to access the service is not identified. Nonetheless, when looking at the findings through the lens of Levesque’s framework of access, we identified several insights that can contribute to offering an improved experience of patient access to primary care through the Primary Care Access Project.

1. Approachability/ ability to perceive

The intended service users’ ability to perceive that the North Coast Health Connect Line existed, and that follow-on primary care appointments were available, was intended to be achieved through the marketing of the service, and through the information provided to the callers at the time of making referrals to onward service in line with patients’ disposition.

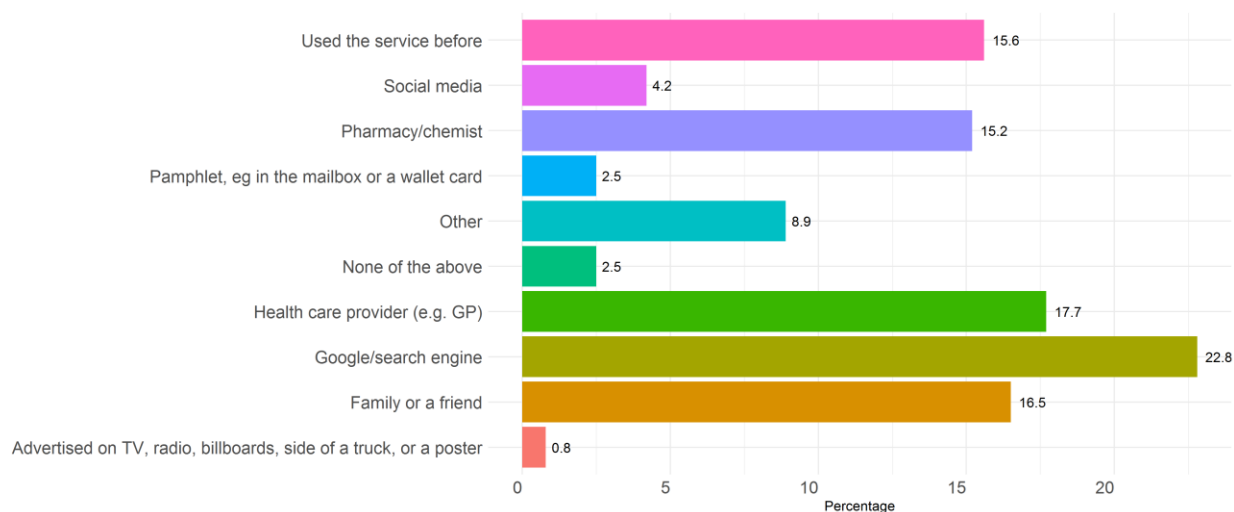


Personal contact (health care providers/pharmacists/family/friends) were important sources of information about the service for half of the patient experience survey responders. To further increase use of the service by target cohorts, greater diversity and reach of marketing may be needed as only 7.5% of responders reported seeing marketing material.



Patients were not fully aware of the distinctive features of the service such as availability and costs of onward primary care referrals. This information may need to be more clearly discussed during the calls in order to increase uptake of nurse-facilitated bookings with the integrated booking tool.

From the patient experience survey, the most common way survey respondents heard about North Coast Health Connect was via google or a search engine, followed by a health care provider, and a GP. The patients’ ability to perceive that the service existed relied on their ability to access one or more of the information methods in Figure 1. For survey respondents, this was predominantly through internet/google (22.8%), a health care provider (17.7% - so these are people who already have a regular GP), family or friend referrals (16.5%), or through a pharmacy (15.2%). Relatively few survey respondents (7.5%) indicated that they had heard about the service via advertisements (0.8%), pamphlet (2.5%) or social media (4.2%). This suggests that the service is being found by people who are proactively looking (e.g. google), or are already linked into a GP or pharmacy, and there may be a need for more outreach to reach those not accessing primary care, or who are less proactive. However as indicated above, these data are not representative of all callers.

Figure 1: How survey respondents became aware of North Coast Health Connect

Some 4 in 10 survey respondents had tried to seek health care elsewhere before contacting North Coast Health Connect. This may indicate the need for increased awareness raising about the line. Alternatively, it suggests that a need is being addressed for people who call, since their previous health care seeking attempts had been unsuccessful. This is a similar experience to those contacted for interview, with 4 of the 6 patients interviewed expressing they were unable to get GP appointments for days or weeks. One patient expressed she had phoned multiple GP clinics in the area for an urgent appointment with no success but the triage nurse was able to make her an appointment that day.

The majority of respondents 97.5% (n=231/237) said they found it easy or somewhat easy to get through the North Coast Health Connect service. There were no marked differences by age group in ease of access.

From qualitative data, amongst the 6 patients who were interviewed, two of the service users had used HealthDirect previously and indicated that they were unaware of the differences between HealthDirect and the North Coast Health Connect service. Some interviewees were not aware of the distinctive features of the service - the integrated and free urgent care appointments available via the integrated booking tool, or the pharmacy appointments. Some indicated that they did not take up the offer of a GP booking, preferring to do it themselves and then finding they could not get a timely appointment with their usual GPs.

2. Acceptability / ability to seek

The patients' ability to seek health care through the North Coast Health Connect service relies on the patients feeling safe by doing so, and not facing conflicts with social or cultural beliefs. The service design envisaged that webchat medium would enhance younger people's ability to seek care, as they were believed to be more comfortable using that medium than face to face or telephone consultations. It also envisaged that Aboriginal and Torres Strait Islander people, and people in the priority areas of concern would feel safe using the line, and following advice for recommended care.



The service and integrated booking tool appeared to be valued and trusted by service users. Where the services available via the integrated booking tool were not taken up, this was seen to be influenced by a preference to wait and see how the condition changed, and past prior experience with HealthDirect. This may highlight how prior care experience can influence future care utilisation, and the complexity of the changing primary health care environment that can be confusing for patients to navigate.

Of the people who contacted the service and completed the patient experience survey, only one indicated having accessed a webchat, and of the patients interviewed so far, all had accessed the service via the call line. Thus, we cannot comment on the acceptability of the webchat platform at this stage. Just over one half (55%) of patients who received a service via the North Coast Health Connect line during the study period were 35 years old or younger, whereas those completing the patient experience survey tended to be older.

Overall, 94% of survey respondents felt their concern was understood by the nurse, with slightly lower proportion of younger compared to older callers perceiving that their concern was understood (89% of 18–35-year-olds compared to 95% of callers older than 35 years). Similarly, 82% of younger and 90% of older callers felt that their concern was addressed during the call (overall 89%). The positive experience with the line amongst both older and younger callers is encouraging.

From patient interviews, a common theme was reassurance and trust. Overall patients value the triage service. They felt they received reassurance from the North Coast Health Connect nurses and trusted their advice. All interviewed said they would use the service again. The two interviewees who used integrated appointments would see the recommended GP again.

Our qualitative interviews also found that one of the patients who was recommended to book a GP appointment felt that they could/would self-book the GP appointment as the issue was not urgent – but then found they could not do so as there were no appointments during the recommended care window. Reasons for making the decision to self-book had to do with previous experience with HealthDirect, where they had been recommended a GP that was more than an hour away. This past experience with service use (and lack of distinctiveness from HealthDirect) could influence acceptability of the integrated booking tool. Another patient who turned down the integrated booking offer did so as the advice from the nurse was to see a GP tomorrow or present to emergency if the condition worsened. The patient chose to wait and see and presented to emergency as the issue had worsened.

3. Availability/ ability to reach

The Primary Care Access project aimed to improve people's ability to reach health advice through provision of the 24/7 North Coast Health Connect service, and people's ability to reach same day GP visits where indicated.



North Coast Health Connect was seen by interviewees as a new way to access timely GP appointments, as well as helping the caller to assess whether or not it was necessary to seek further medical help, at a general practice, or ED. The triage nurse was seen to be helpful, knowledgeable and highly valued in relation to ability to gauge the seriousness of a health concern and obtain guidance about the next course of action.



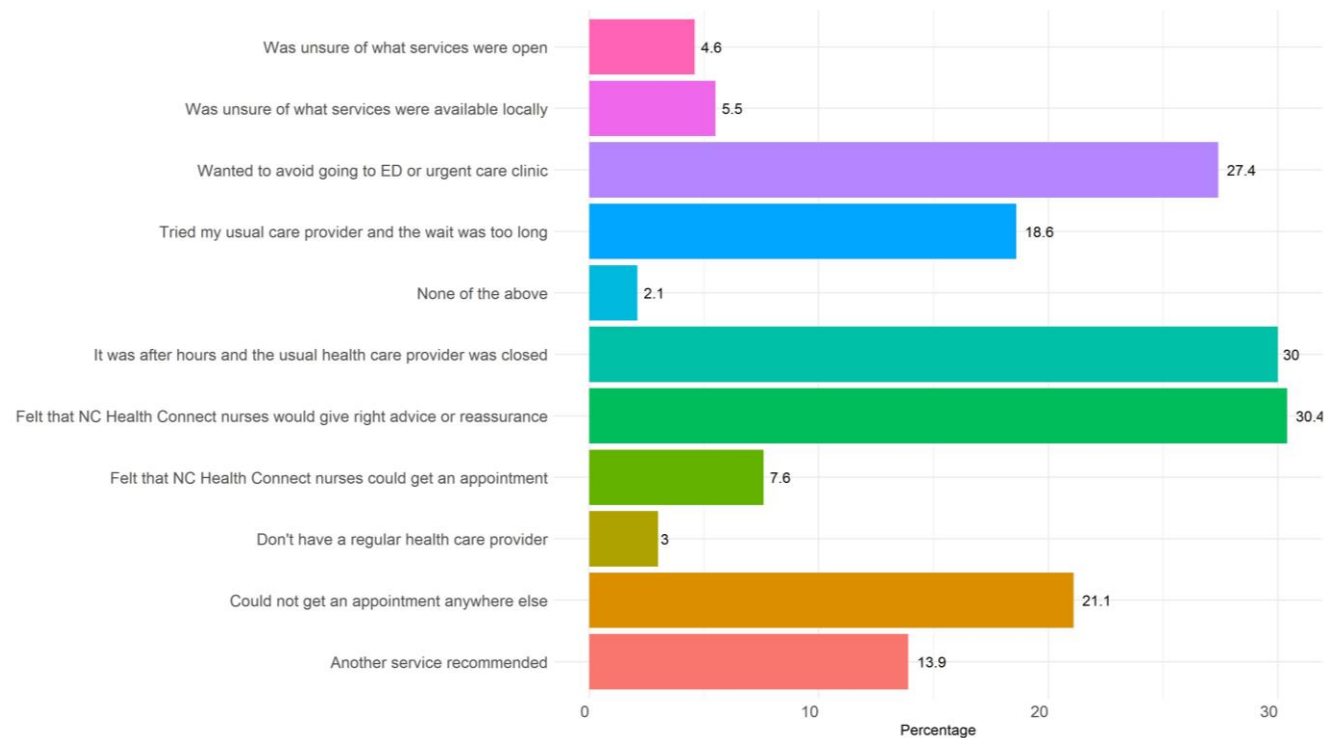
Ease of following recommended care likely varied by the type of care recommended; 91% of survey respondents believed it was very easy or easy to follow recommendations from the call, but 45% of outcome survey respondents said they had not followed the recommendations;



While ability to reach a GP through the nurse making a direct integrated booking was perceived as an important advantage of using the service by those people interviewed who were able to secure GP appointments through this mechanism, other patients were unaware of this aspect of the service, particularly its' localised knowledge, and thus declined offers of appointments, believing it would be easier for them to make these themselves (but then failing to do so).

The most common reasons for contacting North Coast Health Connect, as indicated in the patient experience survey, were respondents felt the triage nurse would provide the right advice or reassurance (30.4% of reasons), it was after-hours (30%), they wanted to avoid ED (27.4%), they couldn't get an appointment elsewhere (21.1%) or the wait at their usual GP was too long (18.6%) (Figure 2).

Figure 2: Reasons for contacting North Coast Health Connect (patient experience survey)



From the patient experience survey, 91% of respondents (217/237) indicated that it was very easy or easy to follow the recommended care. However, where that care involved accessing a service provider it was apparent from responses to the surveys, that people did not always access the recommended care, and this was most likely to occur in respect of recommendations to attend a GP.

From the patient outcome survey, less than one half (20/44) of people who were recommended to see a GP, reported that they followed through with seeing a GP. Some 76% (16/21) of people who were told to attend the ED, reported that they had done so (Table 1).

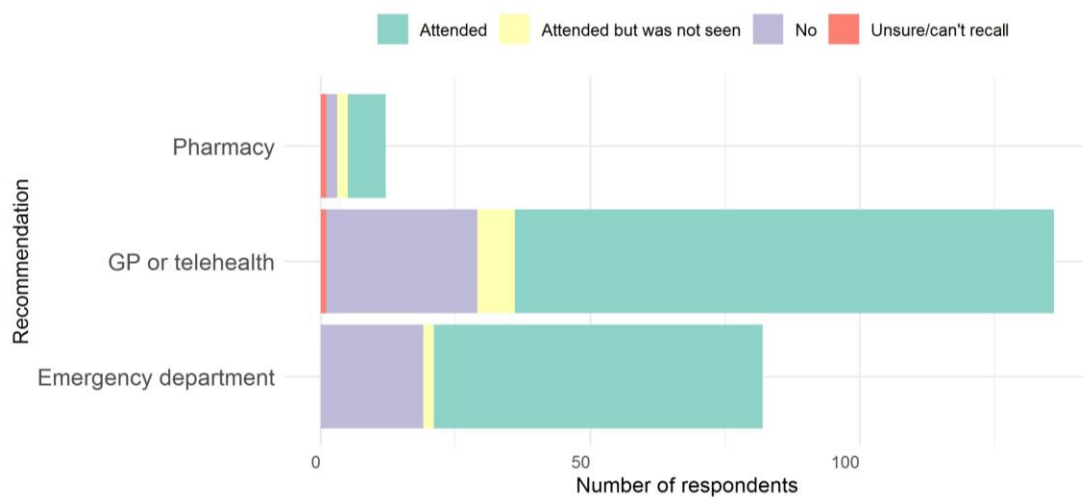
Table 1: Triaged outcome vs following through with the advice (patient outcomes survey)

Triage outcome	Yes		No	
	n	%	N	%
GP booking	20	45.5	24	54.5
Self-care advice	2	66.7	1	33.3
Telehealth appointment	2	100	0	0
Attend ED	16	76.2	5	23.8
Other	2	33.3	4	66.7

The patient experience survey similarly asked people if they had followed recommended care. From the patient outcome survey (n=76), just over one half of people (55% 44/76) said that they followed the recommended care.

Patient experience survey respondents were asked where they were recommended to attend, and where they went (Figure 3).

Figure 3: Patient recommended care and proportion that followed the recommendation (patient experience survey)



A common theme in the qualitative interviews was that of timeliness and urgency. Patients valued the ability to seek immediate advice, and (where offered) urgent appointments. Two of the four patients interviewed who were offered integrated bookings accepted same day appointments and expressed how much they valued this as they could not find appointments themselves. Since most of the patients interviewed (4/6) identified that they were unable to get GP appointments via their usual channels, often experiencing wait times of over two weeks, they were appreciative of being offered GP appointments.

For the patients interviewed, the triage nurse was seen to be helpful, knowledgeable and highly valued. Patients expressed that they felt reassured by the triage nurse and value the point of contact as an initial advice-giver to gauge the urgency of the issue. Others value the nurse as an alternative avenue when they are unable to see their GP due to weeks long waits for appointments. One patient prior to phoning North Coast Health Connect, had phoned several local GP clinics with an urgent health concern and experienced a lack of concern from practice managers/ reception staff who would/could not accommodate a same day or next day appointment. Upon calling the triage nurse she experienced empathy and reassurance of the urgency of the issue and was booked a same day appointment with a Primary Care Access/ North Coast Health Connect GP 15 minutes away.

“I needed pathology and antibiotics so it was really important I did get seen and it wouldn’t have been beneficial to wait the month to see my doctor. I needed help sooner than that.”

“It was really efficient. It was really good. She made sure I got an appointment really close to home, on the same day, it was exactly what I would have wanted but I wasn’t able to find that appointment myself. So she basically just did what I was trying to do”

4. Affordability/ ability to pay

The calls to the North Coast Health Connect service are free and patients do not incur costs. The costs of ED in public sector hospitals are also no cost to patients at the point of delivery – although there may be costs for travel and time spent (potentially away from work or needing to pay for childcare) during wait times at hospitals. Limited bulk billing in the region suggests that there would be out of pocket costs incurred for GP visits, although if these were eligible as no cost urgent care visits, there should not be a cost involved.



Cost of primary care (including prescription medications) continues to be a barrier to following recommended care for some people, and some users of North Coast Health Connect experience a lack of clarity about costs of GP appointments - this lack of clarity was seen to be a factor in decision-making about what care to seek.

Of the patients interviewed to date, all were aware that the North Coast Health Connect line is a free service, but none were aware that integrated bookings made through North Coast Health Connect are bulk-billed with no out of pocket costs.

One patient interviewed said that they didn't accept the booking offer from the nurse as they assumed they would need to pay and would need to travel long distances given their rural location. Another thought the recommended GP she saw bulked-billed her because she was a student.

"[it is hard] to find a provider that bulk bills and one other time I called either North Coast Health Connect or Health Direct line service, and they suggested they could make me an appointment that was an hours drive and realistically when you have two kids, an hours drive for a doctors appointment that's a huge commitment for your day, and am I going to be back to meet the other one when he gets home from school."

"[the nurse] didn't really give me any of the details... The admin weren't sure if I had to pay and then [the doctor] came out and told them to bulk bill"

Interviews suggested that patients are not aware that the integrated booking service is free, and at times have not taken appointments due to assumed costs.

Around one third of patients who attended ED as recommended reported incurring one or more out of the specified cost types in relation to care for their health concern – most commonly prescription medications (24% of cost types), followed by appointment fees (8% of cost types) (Table 2).

Table 2: Reported out of pocket costs for care received among patients who attended the recommended GP and ED (patient experience survey)

Out of pocket cost items	Who attended the GP as recommended n= 100		Who attended ED as recommended n= 61	
	n	%	n	%
Appointment fees (e.g. GP/specialist)	15	15	5	8.2
Travel (e.g. bus, taxi)	1	1	3	4.9
Prescription medications	44	44	15	24.6
Over the counter medication from the chemist/pharmacy	15	15	5	8.2
Tests or scans (e.g. X-ray, blood test)	3	3	1	1.6
Had to pay for child care/baby sitter to attend the appointment	0	0	0	0.0
Mobile internet data fees or credit needed for telehealth	0	0	1	1.6
Had to take unpaid time off work	1	1	2	3.3
Other	2	2	1	1.6
None of the above	33	33	37	60.7

Percentages add up to more than 100 due to multiple response

For those recommended to go to GPs, and who attended GPs, around two thirds reported incurring one or more of the specified cost types related to their health concern. Similarly to ED visits, prescription medication was the most commonly reported cost type (44%), followed by appointment fees (15% of cost types).

While it is to be expected that GP care would entail more out of pocket costs than ED care since ED care in the public sector is typically at no cost to patients, the different cost types associated with each provider suggests that people may be reporting costs related to the health concern as a whole (they may have seen a number of providers), rather than costs associated with a single visit.

From the patient experience survey, around one third of respondents indicated that one or more of the specified cost types would limit them from accessing the health care or treatments they may need in the future. The most commonly mentioned cost type that would limit future access was appointment fees for GPs or specialists (25.7% of reasons), followed by tests or scans (8% of reasons), and taking unpaid time off work (8% of reasons).

5. Appropriateness/ ability to engage

The data to date suggest that a triage line could lead to increased empowerment by giving patients the opportunity to make informed decisions about what health care to access and ask for clarification about their health issue. The findings from further interviews, and in particular from the yarning with Aboriginal and Torres Strait Islander people will yield further insights regarding how and why the target groups experience the service on this dimension of access.

Concluding remarks

Patients who reach North Coast Health Connect and have completed the survey are finding North Coast Health Connect approachable, accessible, available, affordable and appropriate. Callers perceive that recommendations provided to them are easy to follow and there is trust in the triage nurses' advice. However, there are noticeable gaps with nearly half reporting they did not follow recommended advice. This may be because of a lack of awareness of free integrated bookings, knowledge that finding timely bookings with a trusted provider is difficult and they perceive this task easier to do themselves in their own time. There is a lack of understanding and awareness about the integrated booking service, the partnered providers and the fact that urgent appointments incur no out-of-pocket costs. When offering integrated bookings, nurses could inform patients that they have partnered providers in the area who will provide the booked urgent care appointment at no cost to the patient. Decisions regarding whether or not to advertise this more widely through marketing strategies need to take into account for whom cost of GP appointments is likely to be a barrier to use and consider targeting/audience segmentation. Relatedly, personal contact was the most common way patients became aware of North Coast Health Connect. Greater diversity and reach of marketing may be needed to increase use by target cohorts. Overall, greater focus on reaching people who are within the target cohorts (young people, Aboriginal and Torres Strait Islander people, and those in the priority areas of concern) and understanding their experience is merited.

Annexes

Annex 1a: Data sources used in this report - overview

Data sources used in this insights report comprised the following:

1. North Coast Health Connect service data - these are routine data collected by Amplar Health for North Coast Health Connect service and triage encounters. Formative data covering the period January 2024 until 31 May 2024 were extracted and provided in aggregate form to Healthy North Coast and TGI for monitoring and use in this insights report.
2. Patient and Consumer Experience survey data – this is information collated by the TGI evaluation team, relating to patient experience with the North Coast Health Connect triage service. Patients who used the service were sent a text message from Amplar Health to complete a short follow-up survey. Data covering the period January 2024 until 31 May 2024 are provided. This reflects the first five months of survey data collection.
3. Patient and consumer experience interview data – this is information collated by the TGI evaluation team, relating to patient experience with the North Coast Health Connect triage service. Patients who completed the follow-up survey and consented for interview were contacted by TGI. Questions covered are provided in the appendices. Data provided reflects experiences of patients who used the service between mid-April and mid-May 2024.
4. Patient outcome data – this is information collected by Amplar Health for patient follow-up of NCHC triage encounters.

Annex 1b: Characteristics of patient experience survey respondents

Age group of survey respondents:-Was your most recent contact to North Coast Health Connect in relation to yourself or someone else?- response by callers age groups

Age of callers	Yourself		Someone else	
	n	%	n	%
18-35 years	10	5.7	17	27.0
>35 years	155	89.1	43	68.3
Missing	9	5.2	3	4.8
Mean (SD) age	60.18 (13.9)		49.13 (18.59)	
Median (IQR) age	63.0 (52.0, 70.0)		43.5 (34.75, 60.0)	

For comparison, the age distribution of the AMPLAR callers is provided below. The survey respondents are biased towards the older age groups.

Age distribution of the AMPLAR patients

Age	n*	%
0-18	3019	27.3
19-35	2662	24.0
36-50	1975	17.8
51-65	1765	15.9
65+	1654	14.9
Total	11075	100

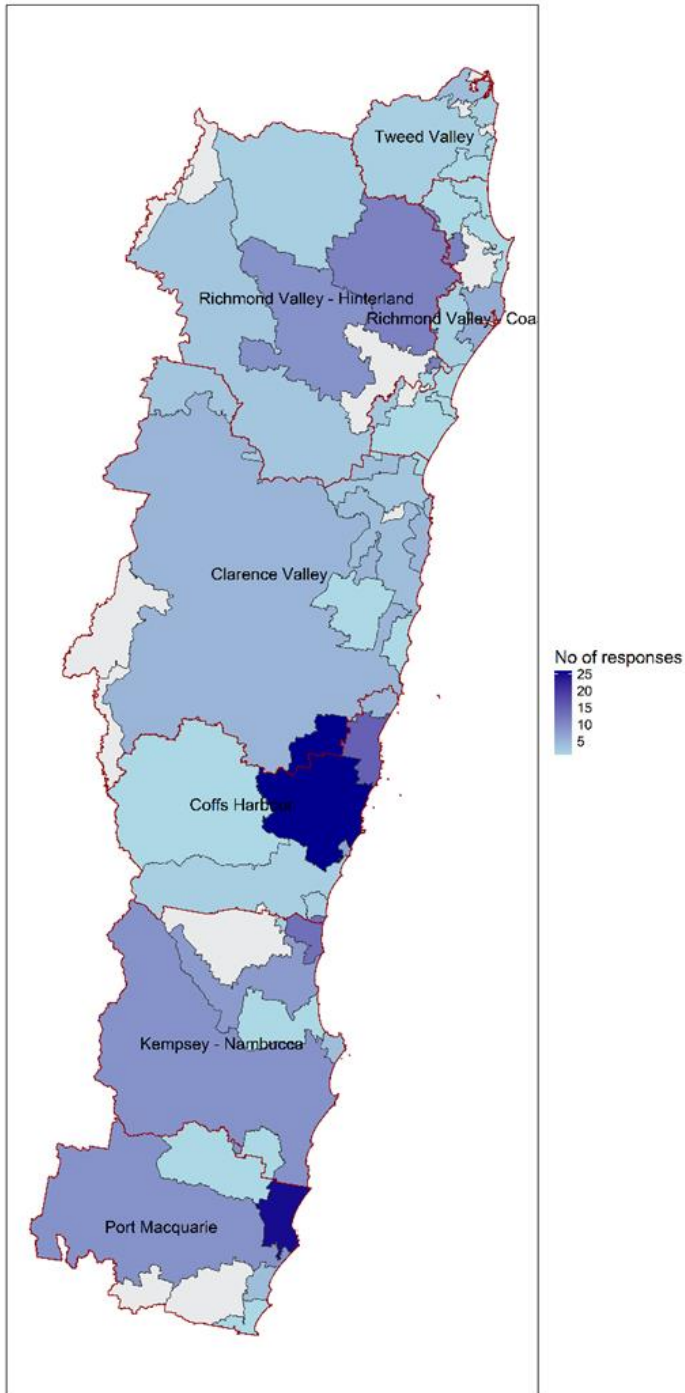
*Age was missing for 3,549 patients

Other characteristics of survey responders and AMPLAR callers

Characteristics	Patient Experience Survey respondents N=237		Ampliar callers N=14,624	
Aboriginal or Torres Strait Islander status				
Aboriginal	11	4.6	1051	9.5
Neither Aboriginal or Torres Strait Islander	197	83.1	8861	80.0
Prefer not to say	8	3.4	877	7.9
Missing	21	8.9	290	2.6
Call on behalf of*				
Themselves	174	73.4	8237	72.6
Someone else	63	26.6	3111	27.4

Geographic distribution of survey respondents

Number of survey respondents to the patient experience survey by postal area



Annex 2: Characteristics of patients interviewed – qualitative interviews

Characteristic	Number
Age	2 x 18-34 2 x 35-49 0 x 50-69 2 x >70
Gender	4 x female 1 x male 1 x female caller on behalf of male patient
Priority region	2 x Yes 4 x No
Recommended service	4 x GP 1 x Emergency 1 x no recommendation
Service used as recommended	4 x yes 2 x no

Annex 3: Patient and consumer experience interview guide

1. Describe where on the North Coast you live and what it's like getting health care there?
2. Can you tell me a bit about your experience with the phone/chat service and why you used it? (*prompt: time/ day; location; ease of use; experience with other call services*)
3. Can you tell us a bit about what the nurse recommended for you to do? What did you think at the time about what they suggested? (*prompt: reassurance/ concern understood; easy/ difficult to follow recommendation; extra support ie booking appointment; wait time/ travel time; costs*)
4. What were the benefits of using NCHC? Have you/ would you use the service again? Why/ why not?
5. If NCHC did not exist, how would you have sought help? (*prompt: other services available if any eg ED, GP, pharmacy*)
6. Since using NCHC, has there been any changes in how you seek health care now or will do in the future? (*prompt: more awareness of local services; start with NCHC; start with recommended GP/ somewhere else*)
7. Do you have any suggestions for improving the process for getting health care/ GP access when you need it through NCHC? (*prompt: what would be most helpful; urgent appointment; within certain distance*)
8. Is there anything else you'd like to tell us about your experience with NCHC?

Annex 4: Levesque conceptual framework for healthcare access

