



Australian Healthcare and Hospitals Association

General Practice in Western New South Wales

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TABLE OF CONTENTS

GENERAL PRACTICE IN WESTERN NEW SOUTH WALES	5
Number of practices and GPs	5
Distribution across sub-regions	5
Ownership structure	7
Accreditation	7
Practice incentive payments	7
NEW MODELS OF GENERAL PRACTICE: HEALTH CARE HOMES	9
PATIENT ACCESS TO CARE	9
Operating hours, and after hours services	9
Services offered	10
Telehealth	11
Services for Aboriginal and Torres Strait Islander people	12
Services for the elderly	13
Patients who speak languages other than English.....	13
Patients with disability	13
Health literacy	14
Patient activation levels.....	14
CLINICAL SERVICES AND CARE FOR PATIENTS	15
Chronic disease.....	15
RECORDING AND MONITORING OF PATIENT RECORDS	16
Practice population.....	16
Use of My Health Record	17
Use of electronic medical records.....	18
FINANCIAL STATUS OF PRACTICES	19
Bulk-billing	19
Financial sustainability.....	20
PEOPLE WORKING IN GENERAL PRACTICE.....	20
General practitioners	20
Registrars	20
Other staff	20
Workforce shortage	21
MANAGING RELATIONSHIPS	22
Patient experience	22
Professional development	22
Quality improvement.....	23
Engagement with WNSW PHN	23

GENERAL PRACTICE IN WESTERN NEW SOUTH WALES

EXECUTIVE SUMMARY

There are 108 general practices in the WNSW PHN region, of which 20 are Aboriginal Medical Services. The number of practices has increased since 2014, but the number of practitioners has decreased slightly. There are slightly fewer GPs across WNSW PHN than in Australia and NSW generally with marked differences in the more remote areas in the region. Practices are largely owned by GPs or GP groups, about a third of whom are sole practitioners.

Practices are mostly accredited, and actively participate in the practice incentive payment (PIP) program. Knowledge about proposed changes to the PIP program was variable, with just under a third of practices surveyed indicating they were not confident they would be able to meet the requirements of the new program.

Just over two-thirds of practices surveyed report having knowledge about, and confidence in, their readiness to implement the Health Care Homes program; however 30% do not consider there is a strong alignment between their current service model and the Health Care Homes model.

Care planning, health assessments, mental health plans and skin checks are widely offered. Health assessments are offered in particular for Aboriginal and Torres Strait Islander patients and older patients. The use of telehealth depends on internet speeds and specialist availability; however there are a range of telehealth services offered, notably for endocrinology, mental health and pain management.

Aboriginal and Torres Strait Islander people have access to Aboriginal Medical Services and general practices which receive PIP to support their care. Maari Ma Health Aboriginal Corporation and Bila Muuji Aboriginal Health Service work together as a consortium, Marrabinya, to deliver the Integrated Team Care program in WNSW PHN region.

Fewer people access after-hours GP services in WNSW PHN than nationally. Remoteness and workforce shortage contribute to after-hours service gaps.

There are fewer GP attendances per patient in residential aged care facilities than recorded nationally, although about 85% of practices surveyed provide services in these facilities. There is no available data on GP services provided to people with disability.

While education data suggest that health literacy may be an issue for some people in the region, general practices report that most of their patients have reasonable health literacy. Patients with chronic conditions were described as more likely to have problems with health literacy. There is no information available on how general practices support people with health literacy issues, however practices indicated there was a high level of need to support patients with chronic conditions to improve their health literacy. Around a third of patients with chronic conditions have a low patient activation level, as reported by their GP.

There are two programs aimed at improving support for people with chronic disease. A program administered by the Outback Division of General Practice will support 21 chronic disease practice nurses across the region during 2017-18. Marrabinya supports integrated care for 1184 Aboriginal patients.

The active patient population in WNSW PHN is approximately 160,000 – 170,000. Between 9 and 12% identify as Aboriginal or Torres Strait Islander. The population is ageing: around 10% of the active patient population is aged 75 years and over. Approximately 6.5% of patients are aged 1 year or younger.

Almost all practices use electronic health records and most are registered as providers in the My Health Record system, however usage of the My Health Record by providers is relatively low and only a third of people in Western New South Wales have a record. The majority of uploaded documents are prescription records; however the most accessed documents are shared health summaries.

Bulk-billing rates are slightly higher than the national average; however up to 40% of general practices do not bulk-bill all their patients. In these practices, children and those with concession cards are likely to be bulk-billed, as are visits with chronic disease and health assessment item numbers.

WNSW PHN is an area of identified workforce shortage, and this may be further exacerbated given that a third of practices are operated by sole practitioners and there is an ageing workforce. Areas of recruitment challenges include ancillary staff as well as GPs, notably in more remote areas. Around 60% of surveyed practices in 2017-18 described their practice as being only just financially sustainable.

Areas for further development in the WNSW PHN region include encouraging greater use of tools to foster and monitor patient engagement, and provision of support for use of data such as clinical indicators and incident reporting as part of quality improvement.

GENERAL PRACTICE IN WESTERN NEW SOUTH WALES

Number of practices and GPs

There are 108 general practices, of which 20 are Aboriginal Medical Services. The number has increased since 2014, but the number of practitioners has decreased slightly.

As at October 2017, there were 108 general practices, including 20 Aboriginal Medical Services (AMS)/ Aboriginal Community Controlled Health Organisations (ACCHO) in the Western NSW PHN (WNSW PHN) region, employing 293 GPs and 100 GP registrars.¹ This compares with 100 general practices reported in 2014-15, employing 332 GPs.²

There are slightly fewer GPs across WNSW PHN than in Australia and NSW generally.

Across WNSW PHN, there are approximately 7.4 Full-Time Equivalent (FTE) GPs/GP registrars per 10,000 people. This compares with 8.1 FTE for New South Wales, and 7.8 FTE for Australia.³

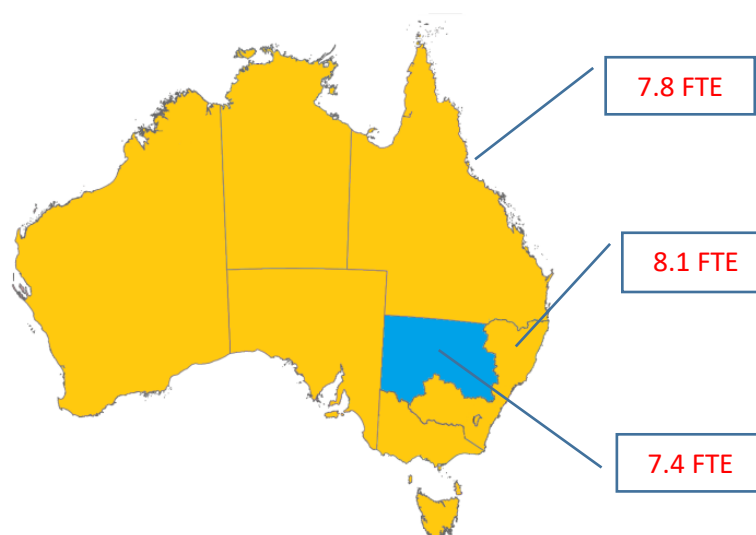


Figure 1: GP FTE per 10,000 population – Australia, NSW, WNSW PHN

Distribution across sub-regions

While the major townships in the WNSW PHN region have a similar rate of GP services to the NSW average, many parts of the region are comparatively under-serviced, notably sub-regions 1 and 3.

For planning purposes, WNSW PHN categorises its region into 5 planning sub-regions, of which sub-regions 1 and 2 fall into the Far West NSW Local Health District and the remaining three fall into the Western NSW Local Health District⁴. The full-time equivalent (FTE) distribution of GPs and GP registrars across the sub-regions⁵ is shown in Figure 2.

¹ WNSW PHN data, October 2017

² AIHW: My Healthy Communities, viewed August 2017

³ Department of Health and Ageing: General Practice Workforce Statistics, 2015-16, viewed October 2017. Note FTE definition in this referenced report is based on Medicare definition of FTE.

⁴ www.WNSW.PHN.org.au, viewed January 2018

⁵ WNSW PHN data, October 2017

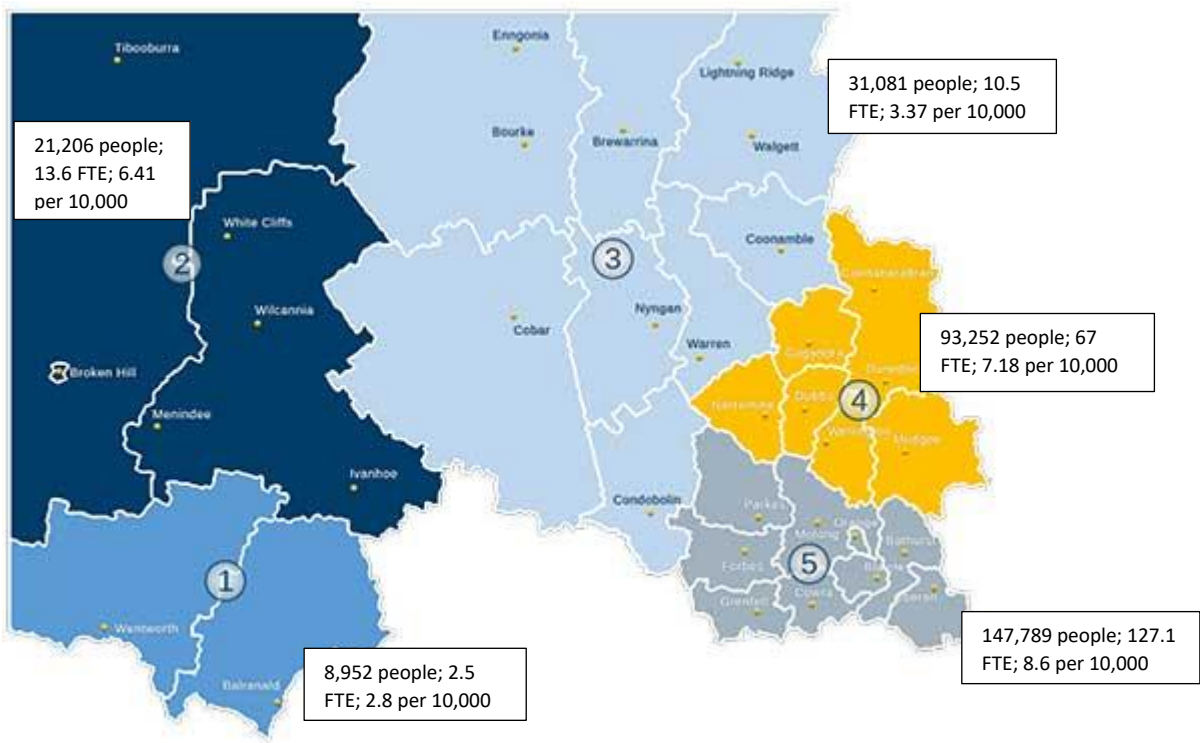


Figure 2: GP FTE per planning sub-regions

Figure 3 below shows the distribution of GPs and GP registrars by sub-region, compared with the population distribution by sub-region. The dotted line shows the NSW average FTE GP per 10000 population of 8.1; while sub-region 5 has an FTE per 10000 population of 8.6, all other sub-regions have an FTE per 10000 population lower than the NSW average, notably sub-regions 1 and 3.

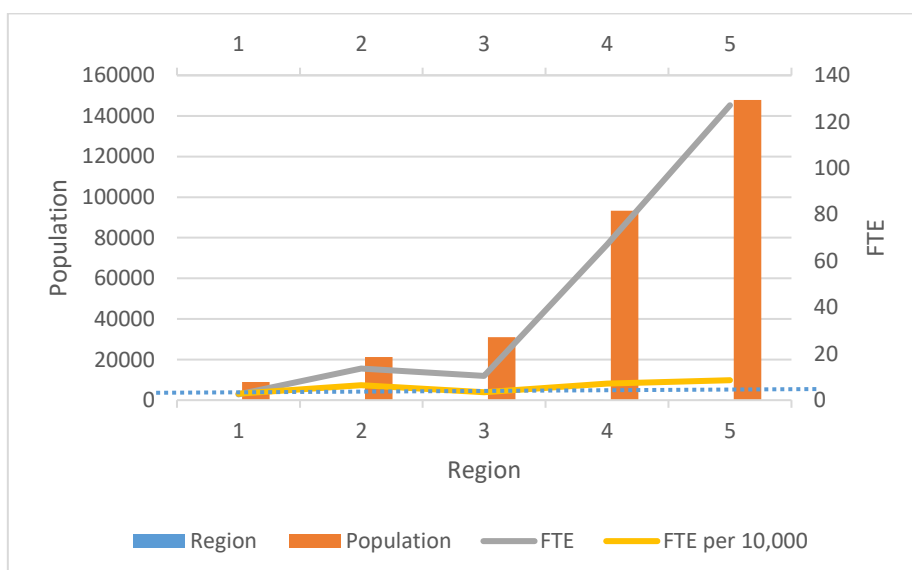


Figure 3: Comparative distribution of GPs and GP registrars, by population, by sub-region

Ownership structure

General practices in WNSW PHN are largely owned by GPs or GP groups.
About a third of GPs are sole practitioners.

WNSW PHN has estimated that 46% of general practices in the region are operated by a group of GPs, with a further 16.8% of practices operated by a GP-owned medical centre group (eg Ochre Health, Tristar). Solo practices comprise 33% of practices, and 0.01% of practices are operated by private, for profit medical centre chains (eg Primary Health Care).⁶

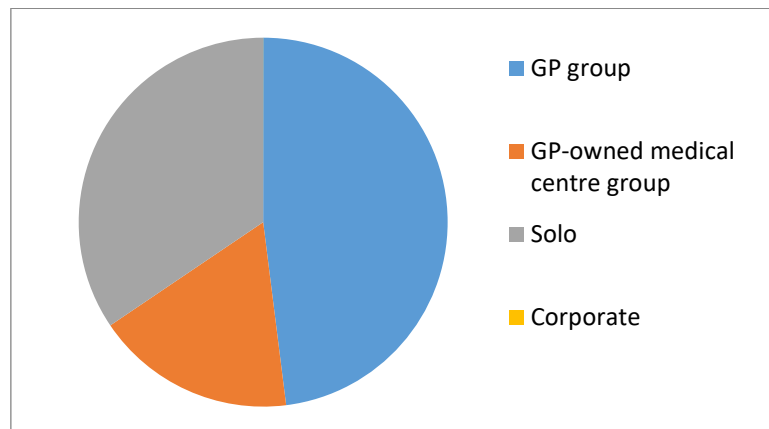


Figure 4: General practice ownership in WNSW PHN region

Accreditation

As at February 2017, 89% of general practices (95 practices) were accredited. 92 practices were participating in the Commonwealth Department of Health's Practice Incentive Program.⁷

Practice incentive payments

General practices in WNSW PHN are mostly accredited, and actively participate in the PIP program.

The majority of practices (92 practices, 85%) were receiving Practice Incentive Payments (PIP) as at August 2015, notably for e-health (79 practices, 74%) and Indigenous health – at least one patient registration (64 practices, 60%). A further 40 practices (37%) receive an Indigenous Health Tier 1 payment. Similarly, 40 practices (37%) receive a teaching incentive payment; while 32 (30%) receive a level 5 after-hours payment; 14 (13%) receive a diabetes incentive outcomes payment. There were no practices in the region which received an incentive payment for quality prescribing; and less than 6 practices received payments for the asthma incentive, or the cervical screening incentive.⁸

⁶ WNSW PHN data reported to Primary Care Roundtable, March 2017

⁷ WNSW PHN data, February 2017

⁸ WNSW PHN data reported to Primary Care Roundtable, March 2017

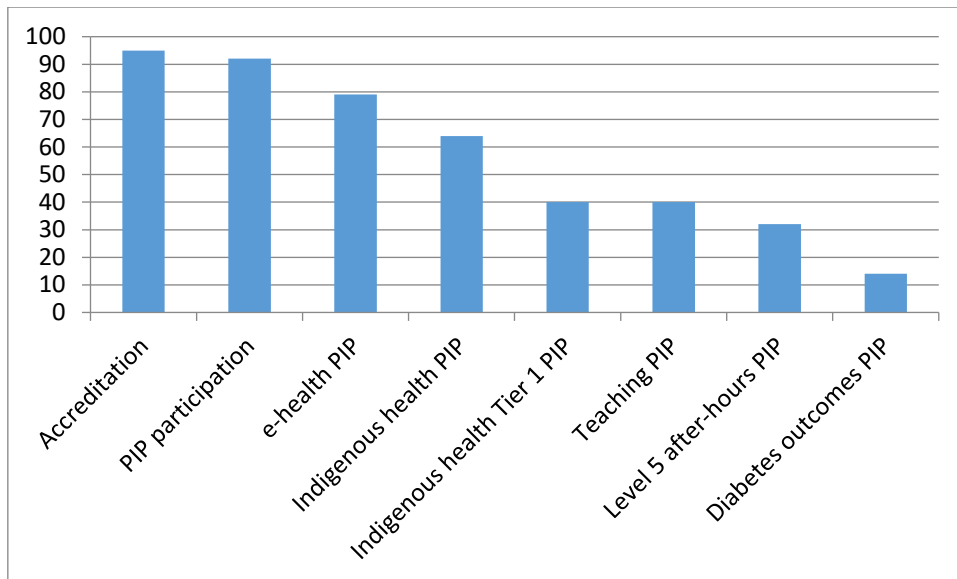


Figure 5: Accreditation and Practice Incentive Payments

The level of knowledge about proposed changes to the PIP program is variable, as shown in Figure 6 below. Around two-thirds of general practices surveyed indicated they were quite confident they would be able to meet the requirements of the new PIP program. One-fifth of practices indicated they were not confident they were able to meet requirements of the new PIP program.⁹

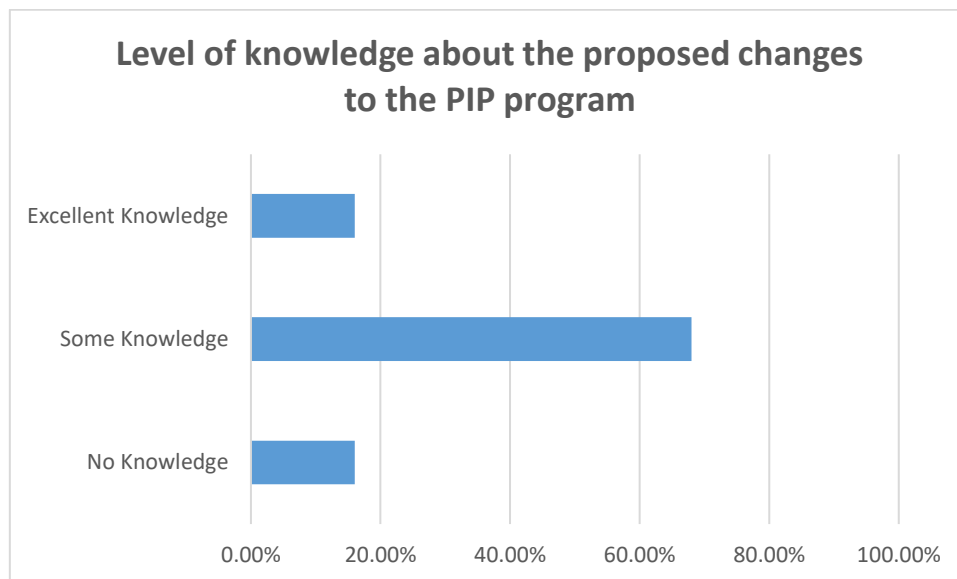


Figure 6: Level of knowledge about the proposed changes to the PIP program

⁹ AHHA survey of WNSW PHN general practices, November 2017 – June 2018. This survey included responses from around 50% of practices in the WNSW PHN region.

NEW MODELS OF GENERAL PRACTICE: HEALTH CARE HOMES

Just over two-thirds of general practices surveyed in the WNSW PHN region reported having some knowledge about the Health Care Homes program, with a slightly lower proportion (62%) reporting they feel confident that their practice is ready to work towards the Health Care Homes model of care. Around 30% of practices do not report a strong alignment between their current service model and the Health Care Homes model.

Just over two-thirds of general practices surveyed during November 2017 – June 2018 indicated that they had some knowledge about the Commonwealth Department of Health’s Health Care Homes program. Only two practices indicated they had excellent knowledge, and slightly less than a third indicated they had no knowledge of the program.¹⁰

General practices in the WNSW PHN region do not indicate a strong level of alignment between their current models of care and the models proposed in the Health Care Home program. As noted in the Figure 7 below, around half perceived some relevance, and 30% noted no alignment. While 60% of survey respondents indicated that they were quite confident that their practice was ready to work towards a Health Care Home model, around 30% indicated they were not confident, and only 10% indicated a high level of confidence.¹¹

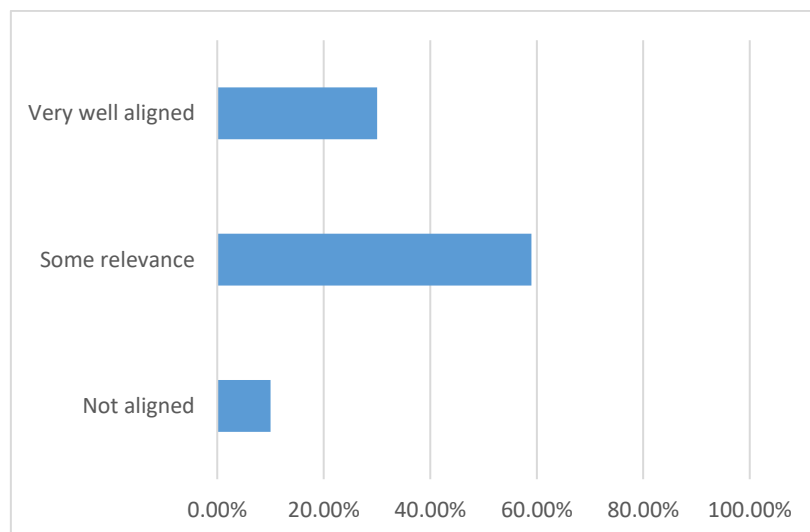


Figure 7: Alignment between current models of care and the Health Care Homes program

PATIENT ACCESS TO CARE

Fewer people access after-hours GP services in WNSW PHN than nationally. Remoteness and workforce shortage contribute to after-hours service gaps and there are gaps for some population groups and clinical needs.

Operating hours, and after hours services

PIP data indicate that around a third of practices in the region provide some after-hours service coverage (after hours is defined as outside 8 am to 6 pm weekdays, outside 8 am to 12 noon on

¹⁰ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

¹¹ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

Saturdays, and all day on Sundays and public holidays). Usage of after-hours services by patients in the region in 2015-16 (0.19 attendances per person) was lower than the national average of 0.48 attendances per person, with only 6.8% of patients reported as seeing a GP after hours, compared with 8.0% nationally.¹²

An audit of after-hours services in the WNSW PHN region was conducted during 2017.¹³ Detailed data are available in this report on after-hours service availability and usage – see for example the summary matrix of services at Section 4.2 of the report. In particular, the report notes that after-hours services in outer regions and small towns are primarily based in community hospitals and Multi-Purpose Service Emergency Departments; however these are often attended by local GPs.

Service gaps identified through this process included:

- Workforce supply and sustainability of supply
- Capacity to provide after-hours services across the PHN given its size and population density in some areas, notably rural and remote areas
- Gaps for some population groups and clinical needs (including Aboriginal health services, palliative care and mental health)
- Hours of service

The audit report has made a number of recommendations to address these and other service gaps, including expanded use of telemedicine and digital technology solutions, and better use of available resources, including paramedics.

Services offered

Care planning, health assessments, mental health plans and skin checks are widely offered. Health assessments are offered in particular for Aboriginal and Torres Strait Islander patients and older patients. The use of telehealth depends on internet speeds and specialist availability; however there are a range of telehealth services offered, notably for endocrinology, mental health and pain management.

General practices in the WNSW PHN region that participated in a November 2017 – June 2018 survey offer a wide variety of services; notably most respondents offered care planning, health assessments, mental health plans and skin checks. Less than half the practices that participated in the survey operate nurse-led clinics.¹⁴

Health assessment services offered by practices which participated in the survey include MBS item 715 assessments, and there is a particular focus in a number of practices on health assessment services for Aboriginal and Torres Strait Islander patients, and older patients.¹⁵

¹² AIHW: My Healthy Communities, viewed August 2017

¹³ Carramar: After hours services audit – Western NSW PHN, 2017

¹⁴ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

¹⁵ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

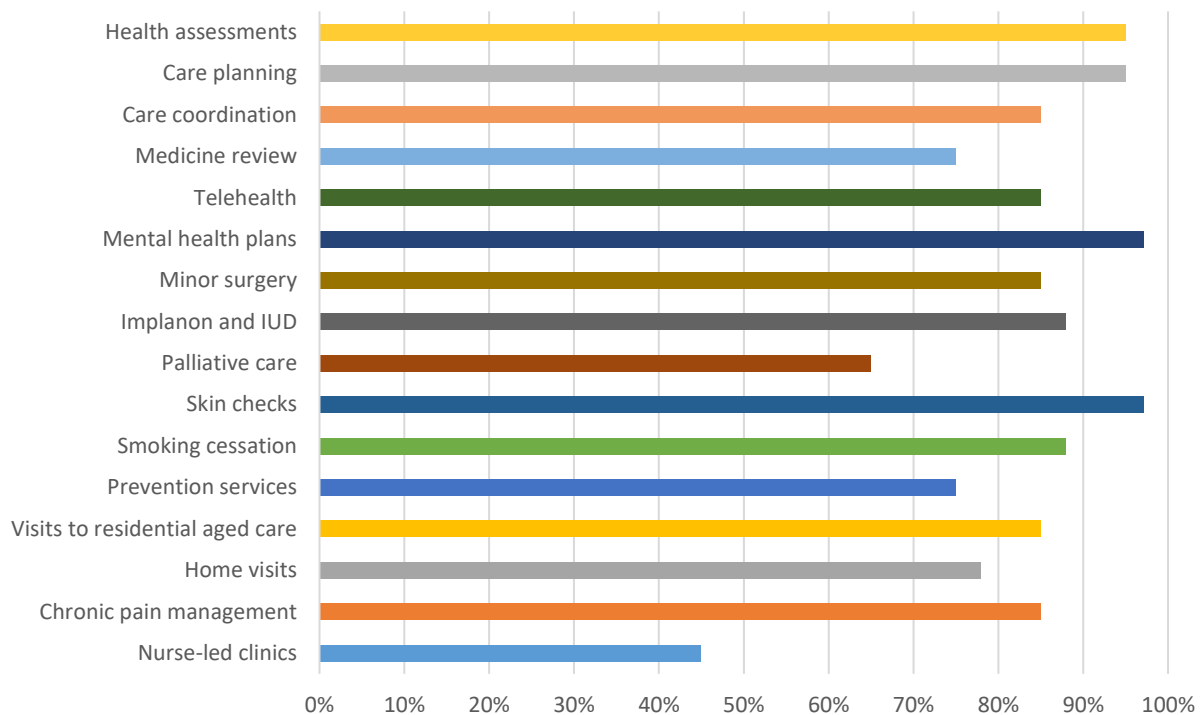


Figure 8: Services offered in general practices in WNSW PHN region

Telehealth

There were 10,309 telehealth services provided in the WNSW PHN region in 2015-16.¹⁶ However, it is not possible to identify how many services were provided through a General Practice or what those services were.

WNSW PHN staff report that telehealth consultations are impeded by poor internet speeds in some locations.

The PHN is currently supporting a program aimed at expanded use of telehealth in residential aged care facilities to improve access to general practice.

Practices that participated in a November 2017 survey indicated that they offered telehealth services for eligible patients across the following speciality areas. For some practices, this was in conjunction with the Multi-Purpose Service, or where a specialist was willing to provide the service. Endocrinology, mental health and pain management were cited the most frequently.¹⁷

¹⁶ Australian Government Department of Health, MBS Statistics by PHN and Item Number, 2015-16

¹⁷ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

Specialty areas of telehealth service delivery

- Mental health
- Dietitian
- Rheumatology
- Endocrinology
- Neurology
- Pain management
- Sleep apnea
- Paediatrics
- Psychology

Services for Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people have access to Aboriginal Medical Services and general practices which receive practice incentive payments to support their care. Maari Ma Health Aboriginal Corporation and Bila Muuji Aboriginal Health Service work together as a consortium, Marrabinya, to deliver the Integrated Team Care program in WNSW PHN region.

One fifth of organisations providing general practice services in the WNSW PHN region are Aboriginal Medical Services (20). Based on August 2015 PIP data reported above, 60% of practices are providing services to Aboriginal and Torres Strait Islander patients.

The Maari Ma Health Aboriginal Corporation in Broken Hill and the Bila Muuji Aboriginal Health Service in Dubbo are the two peak Aboriginal health organisations in the WNSW PHN region, and partner in a consortium, Marrabinya, to deliver the Integrated Team Care program which aims to improve access to culturally appropriate mainstream primary care services for Aboriginal and Torres Strait Islander peoples.¹⁸

WNSW PHN's predecessor Medicare Local organisations supported practices working with Aboriginal and Torres Strait Islander patients by providing cultural awareness training in late 2014 to 156 practice staff working across the region. While information is not available on the number of practices which participated or which staff participated, the training sessions were held in 8 locations (Condobolin – 10 staff, Coonabarabran - 22, Bathurst - 20, Warren - 11, Dubbo - 41, Cowra - 14, Parkes - 17, Bathurst - 21).¹⁹ No data are available on cultural awareness/competency/safety training which may have been undertaken in practices since that date.

In April 2017, the WNSW PHN Board approved a Cultural Safety Framework developed by its Aboriginal Health Council. All contracted providers, including mainstream services that provide services to Aboriginal people, will need to demonstrate an initial commitment, then work towards meeting 6 standards within 3 to 5 years.²⁰

¹⁸ Harding, N. et al., What works in partnering to deliver effective Aboriginal health services. AHHA. 23 August 2017.

¹⁹ WNSW PHN data, December 2014

²⁰ Harding, N. et al., What works in partnering to deliver effective Aboriginal health services. AHHA. 23 August 2017.

Services for the elderly

There are fewer GP attendances per patient in residential aged care facilities than recorded nationally, although about 85% of practices provide services in these facilities.

Across the region in 2015-16, there were 10.9 attendances per patient in residential aged care facilities. This is lower than the national average of 16.0 attendances per patient in residential aged care in the same period.²¹ Around 85% of practices provide services in residential aged care facilities.²² As noted above, the PHN is currently supporting a program aimed at increasing use of telehealth in residential aged care to address access issues. Although the WNSW PHN region has slightly fewer elderly people than regional NSW generally, the age groups with the largest growth between the 2011 and 2016 Census periods were 60 – 69, 70 – 84, 50 to 59, and 85 and over (comprising 38.4% of the total population in 2016, compared with 36.0% in 2011).²³

Patients who speak languages other than English

There is no information available about support services for people who speak languages other than English; however Census data show a limited requirement for these services.

No data are available on GP services in the WNSW PHN region to support patients who speak languages other than English.

The majority of people in the WNSW PHN region speak English only, or speak English well or very well. 2016 Census data show a very low proportion of people (0.4% or 1,285 people) who report that they speak another language and do not speak English well, or at all. This is lower than regional NSW generally, and is constant with data reported in the 2011 Census. However, it should be noted that this may be an undercount, as almost 9% of Census respondents in WNSW PHN did not answer this question.²⁴

Languages spoken at home in the WNSW PHN region in 2016 include Filipino (737 people), Mandarin (605), Italian (592), Malayalam (514), Nepali (429), German (420), Cantonese (397), Arabic (392), Australian Indigenous languages (354), and Afrikaans (300). Compared with 2011, there has been a large increase in the number of people speaking Filipino, Mandarin, Malayalam and Nepali; and a large decrease in the number of people speaking Italian. The WNSW PHN region has received a larger number of new migrants to the area over the past two Census periods than regional NSW generally, although migration from another country contributed only 1.1% of overall population growth in the region between 2011 and 2016.²⁵

Patients with disability

There is no available data on GP services provided to people with disability.

No data are available on GP services in the WNSW PHN region to support patients with a disability.

²¹ AIHW: My Healthy Communities, viewed August 2017

²² AHHA survey of WNSW PHN general practices, November 2017 – June 2018

²³ ABS: Census data, 2016

²⁴ ABS: Census data, 2016

²⁵ ABS: Census data, 2016

2016 Census data show that 16,488 people or 5.7% of the population in the WNSW PHN region reported needing help in their day to day lives due to disability. This is lower than regional NSW generally; and is a slight increase on the number and percentage reported in the 2011 Census. The number of people who reported providing unpaid assistance to a person with a disability, long term illness or old age was relatively stable across the 2011 and 2016 Census periods (27,462 people or 11.8% of the population in 2016).²⁶

Health literacy

While education data suggest that health literacy may be an issue for some people in the region, general practices report that most of their patients have reasonable health literacy. Patients with chronic conditions were described as more likely to have problems with health literacy. There is no information available on how general practices support people with health literacy issues, however practices indicated there was a high level of need to support patients with chronic conditions to improve their health literacy.

Practices which participated in a November 2017 – June 2018 survey indicated that around four-fifths of their patients had reasonable health literacy, with a further 9% having a high level of health literacy. Around 12% of all patients were described as having a poor level of health literacy. Health literacy amongst patients with chronic conditions was not as adequate, with around a quarter described as having poor health literacy. Around 60% of practices indicated there was a high level of need to support patients with chronic conditions to improve their health literacy.²⁷

To the extent to which health literacy is shaped by education levels, there was an increase in the proportion of people aged 15 years or over in the WNSW PHN region who have completed Year 12 or equivalent education between the 2011 and 2016 Census periods (from 31.9% of the population to 34.8%). Almost half the people in the region aged 15 or over had completed education only to Year 10 or less, with almost 15,000 completing education only to Year 8 or below.²⁸

No data are available on GP services in the WNSW PHN region to support patients with limited health literacy.

WNSW PHN has commenced internal work to measure and develop attributes underpinning a health literate organisation. An initial audit undertaken in 2017 identified some limited support being provided by WNSW PHN to service providers in its region, though it is unclear how many general practices have been engaged in this.²⁹

Patient activation levels

Patient activation levels are described as the knowledge, skills and confidence patients have to manage their own health and care. In the WNSW PHN region, 80% of practices that participated in a November 2017 – June 2018 survey indicated that their patients had a reasonable level of activation, although lower patient activation was reported for patients with chronic disease. Only two practices described their patients as having a high level of activation.

²⁶ ABS: Census data, 2016

²⁷ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

²⁸ ABS: Census data, 2016

²⁹ WNSW PHN Enliven Health Literacy Self Assessment, October 2017

Practices indicated a high level of need for support for patients with chronic conditions to improve their activation level.³⁰ It is not clear whether these responses represent GP perceptions about patient activation levels, or whether they are informed by patient activation measures. A recent action learning set held with GPs in the Western NSW PHN region found that there was limited knowledge about patient activation measures amongst participants.³¹

CLINICAL SERVICES AND CARE FOR PATIENTS

Chronic disease

There are two programs aimed at improving support for people with chronic disease: a program administered by the Outback Division of General Practice will support 21 chronic disease practice nurses across the region during 2017-18, while Marrabinya supports integrated care for 1184 Aboriginal patients. GPs report that almost half of patients with chronic conditions have a low patient activation level.

Analysis commissioned by WNSW PHN found that chronic care services are predominantly focused in the major towns, in and around the District Hospitals and Multi-purpose Services; and that available services are generally small (often less than one FTE) with limited operating hours. However there are relatively more chronic disease 'teams' than mental health 'teams' per 100,000 population (139.21 compared with 89.45 respectively).³²

The NSW Outback Division of General Practice (ODGP) commenced work in September 2017 on the Chronic Disease Management and Prevention Program which will support 21 chronic disease practice nurses in general practices and AMSs across the region during the 2017-18 financial year. There is also some limited support for allied health support services, and for quality improvement activities such as developing capabilities in data cleansing, patient risk stratification, and implementation of register and recall systems. Not all communities and practices will be engaged in this program. Participation is based on a needs assessment by the ODGP, and interest of individual practices. The ODGP's aim is for practices to realise the benefits of the model of care promoted in the program, including via business modelling and accessing funding sources, for example via MBS items, to ensure sustainability of the program beyond 30 June 2018.³³

The Marrabinya consortium provides supplementary chronic disease services to Aboriginal patients of all primary care practices in the region, whether referred by ACCHOs, mainstream general practices or other primary health service providers. Specialists and hospitals can also refer patients through the Aboriginal patient's primary care provider of choice. As at March 2017, 1184 patients were supported in this program.³⁴

Less than half the GP consultations in the region between 2009 and 2013 related to chronic conditions (42%), with 31% of consultations relating to one chronic condition, 8% relating to two chronic conditions and 3% relating to three or more conditions. However these data are based on a

³⁰ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

³¹ As reported by Dr Paresh Dawda, from November 2017 WNSW PHN Action Learning Set

³² Hopkins J, et al., The integrated chronic care atlas of Dubbo and Coonamble. ConNetica. 2016

³³ NSW Outback Division of General Practice: CDMPP Fact Sheets, September 2017

³⁴ Harding, N. et al., What works in partnering to deliver effective Aboriginal health services. AHHA. 23 August 2017.

national voluntary survey of GPs, and the region from which they were collected covered the former Western NSW Medicare Local catchment only, with no data published from the Far Western NSW Medicare Local catchment.³⁵

RECORDING AND MONITORING OF PATIENT RECORDS

Practice population

The active patient population in WNSW PHN is approximately 160,000 – 170,000. Between 9 and 12% identify as Aboriginal or Torres Strait Islander.

The population is ageing: around 10% of the active patient population is aged 75 years and over. Approximately 6.5% of patients are aged 1 year or younger.

The WNSW PHN region had a population of 334,057 at June 2017³⁶, an increase from 309,000 reported in 2014-15³⁷. The PHN reported a total active practice population (those who had attended the practice 3 or more times in the past 2 years) of 167,206 (or 89.13% of patients) at June 2017, increasing from 145,233 in March 2017.³⁸ In separately reported data, based on 46 sites which report data to WNSW PHN through its QHIP portal, there were 156,019 active patients reported in March 2017. This discrepancy requires investigation, but may be due to the data definition used for active patients in the QHIP reporting.³⁹

The accuracy of the data for active patients who are identified as Aboriginal or Torres Strait Islander in the PHN is also compromised by the discrepancy in active practice population data. At a regional population level, 11.7% of the 309,000 people in the region in 2014-15 identified as Aboriginal or Torres Strait Islander.⁴⁰ In June 2017, WNSW PHN reported that 13.51% of 167,206 active patients were recorded as Aboriginal or Torres Strait Islander, with 74.43% of patients recorded as non-Indigenous.⁴¹ It is expected that the remaining 12.06% of active patients did not have Indigenous status recorded. In the data reported from 46 sites via the QHIP portal, 14,177 active patients identified as Aboriginal or Torres Strait Islander, representing 9% of patients. However, these sites also reported that Indigenous status was not recorded for 34,839 active patients across the 46 sites.⁴²

Of the 167,206 active patients reported at June 2017, 6.51% were aged 1 year or under; and 9.99% were aged 75 years and over.⁴³ The WNSW PHN region has an ageing population, with the proportion of the total population aged 65 and over reported as 18.5% in 2016, and projected to rise to 24.1% by 2031.⁴⁴ Aboriginal and Torres Strait Islander patients are reported as being a considerably younger cohort than non-Indigenous patients (45.6% aged under 20 years, compared with 24.7% of non-Indigenous patients).⁴⁵

³⁵ BEACH 2009-13

³⁶ June 2017: WNSW PHN Data Extract

³⁷ AIHW: My Healthy Communities, viewed August 2017

³⁸ June 2017: WNSW PHN Data Extract

³⁹ WNSW PHN data reported to Primary Care Roundtable, March 2017

⁴⁰ AIHW: My Healthy Communities, viewed August 2017

⁴¹ June 2017: WNSW PHN Data Extract

⁴² WNSW PHN data reported to Primary Care Roundtable, March 2017

⁴³ June 2017: WNSW PHN Data Extract

⁴⁴ Health Stats NSW, 2015, reported in WNSW PHN Needs Assessment, March 2016

⁴⁵ Health Stats NSW, 2015, reported in WNSW PHN Needs Assessment, March 2016

Fewer people in the WNSW PHN region reported having a preferred GP than the national average in 2013-14 (72.8%, compared with 79.7% nationally). However more patients who did have a preferred GP reported accessing their GP than the national average (43.6%, compared with 28.5% nationally).⁴⁶

Use of My Health Record

Most general practices are registered as providers in the My Health Record system, however usage by providers is relatively low.

The majority of uploaded documents are prescription records; however the most accessed documents are shared health summaries.

Only a third of people in Western New South Wales have a My Health Record.

Most general practices and AMSs in the WNSW PHN region (94) were registered as providers in the My Health Record system, as at October 2017; however only a third of the population (103,124 people) have a My Health Record. This may increase once WNSW PHN commences work it has recently agreed with the Australian Digital Health Agency as part of the expansion of the national opt out program for the My Health Record.⁴⁷

Across the region, registered providers in the My Health Record system include 17 community pharmacies, 5 aged care facilities, 1 allied health provider, 38 LHD facilities, and 1 private hospital. There is 1 specialist and 1 pathology/diagnostic imaging service registered.⁴⁸

An average 25 providers per week upload shared health summaries, and average 40 providers per week upload prescription records. Discharge summaries are uploaded by an average 20 providers, but only 2 providers on average upload event summaries and dispense records.⁴⁹

There are 311,472 records currently uploaded, with the majority (233,050 or 75%) being prescription records. There are 40,835 discharge summaries (13%) and 23,091 dispense records uploaded. Although shared health summaries are the most viewed item, they represent only 4.5% of uploaded documents (14,005 documents). There are very few event summaries uploaded (493, or 0.1% of total documents uploaded) and even fewer advanced care documents (13).⁵⁰ WNSW PHN staff have reported that GPs in some areas, eg Mudgee, have recently commenced uploading significant numbers of shared summaries.

There are very few diagnostic imaging reports uploaded (72), and only 1918 pathology reports uploaded. However, this may increase as Pathology West began uploading pathology reports to the My Health Record in Far Western and Western LHDs at the end of August 2017.⁵¹

⁴⁶ AIHW: My Healthy Communities, viewed August 2017

⁴⁷ Australian Government Department of Health My Health Record data, October 2017

⁴⁸ Australian Government Department of Health My Health Record data, October 2017

⁴⁹ Australian Government Department of Health My Health Record data, October 2017

⁵⁰ Australian Government Department of Health My Health Record data, October 2017

⁵¹ WNSW PHN data, September 2017

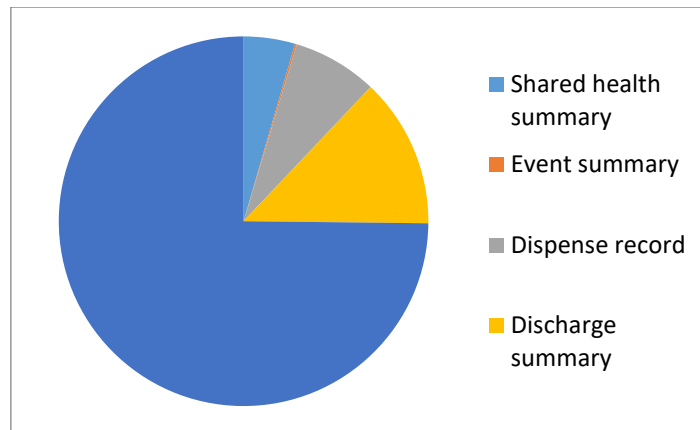


Figure 9: Documents uploaded to the My Health Record, October 2017

Since July 2017, on average each week around 29 documents are viewed by an average of 11 providers. About 60% of the document views are shared health summaries. Discharge summaries comprise 21% of document views, and prescription records comprise a further 13%.⁵²

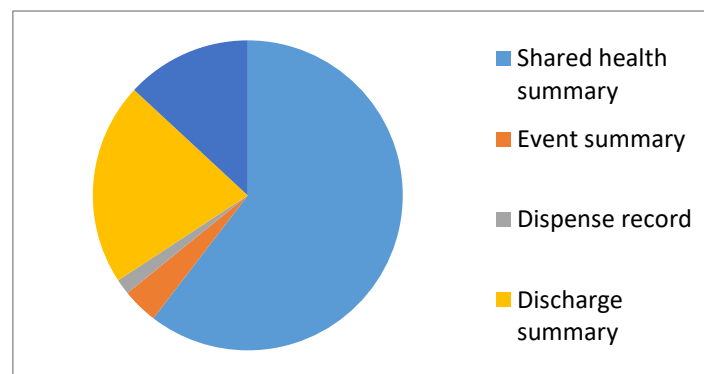


Figure 10: Types of documents viewed on My Health Record (average per week), October 2017

Use of electronic medical records

All general practices and Aboriginal Medical Services (except 2) use electronic medical records.

Almost all general practices in the WNSW PHN region use electronic medical records, with only 2 small practices using paper-based records. Medical Director and Best Practice are each used by 48% of practices, while MedTech32 and Genie are each used by 2% of practices. Note this is a WNSW PHN estimate, and the percentage total is greater than 100, suggesting some inaccuracy. AMS and ACCHOs also use electronic medical records, with 63% using Medical Director, 6% using Best Practice, and 31% using other clinical information software. The ePIP is paid to 73% of practices and 56% of AMS and ACCHOs.⁵³

The CAT Plus data extraction tool is used by 59% of general practices, with no other data extraction tools reported as being used. AMS and ACCHOs use CAT Plus (45%) and the Canning Tool (54%).⁵⁴ 46 practices across the region provide data to WNSW PHN via the QHIP portal for benchmarking.

⁵² Australian Government Department of Health My Health Record data, October 2017

⁵³ WNSW PHN data reported to Primary Care Roundtable, March 2017

⁵⁴ WNSW PHN data reported to Primary Care Roundtable, March 2017

WNSW PHN staff report that data quality has improved since the introduction of QHIP and with greater use of the My Health Record.

FINANCIAL STATUS OF PRACTICES

Bulk-billing

Bulk-billing rates are slightly higher than the national average, however up to 40% of general practices do not bulk-bill all their patients. Financial sustainability of some practices is challenging, with 56% describing their practice as just sustainable.

While detailed data about practice billing policies are not publicly available, in 2015-16, 87.9% of general practice services were bulk-billed in the WNSW PHN region, compared with 85.1% nationally. Bulk-billing rates varied from 80% in Orange to close to 100% in Bourke-Cobar-Coonamble, and Broken Hill and Far West. Bathurst sat at about the national average of 85%.⁵⁵

Despite the rate of bulk-billing being slightly higher than the national average across the region, only 71 practices (or 66% of practices) were described as bulk-billing practices in February 2017.⁵⁶ This was confirmed in a November 2017 – June 2018 survey where 59% of practices reported bulk-billing all their patients. Additionally about a third of practices bulk-bill children and those with concession cards; and for chronic disease and health assessment item numbers. Reported co-payments ranged between \$20 and \$41.95 for standard consultations.⁵⁷

Health services for Aboriginal people provided under the Marrabinya consortium are provided at no cost to patients. While preference is given to contracting with bulk-billing practices, where there is a gap payment required, this is met by WNSW PHN.⁵⁸

In 2014, 5,672 people aged 18 or over in the WNSW PHN region reported cost was a barrier to accessing health care in the past 12 months. Around 18% of these people were located in Dubbo; with just under 17% located in each of Orange and Bathurst. 9.5% were located in Broken Hill, and almost 4% in each of Cabonne and Parkes. There were between 40 and 150 people in each of the other main centres who reported difficulty accessing care due to cost.⁵⁹

There were 20,653 health care card holders (8.1% of people under 65); 70,031 pensioner concession card holders (28.4% of people over the aged of 15); and 4,004 Seniors health card holders (7.2% of people aged over 65) in 2014.⁶⁰

Similar to regional NSW generally, around a third of households in the WNSW PHN region fall into the lowest quartile for equivalised household income.⁶¹

⁵⁵ AIHW: My Healthy Communities, viewed August 2017

⁵⁶ WNSW PHN data, February 2017

⁵⁷ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁵⁸ Harding, N. et al., What works in partnering to deliver effective Aboriginal health services. AHHA. 23 August 2017.

⁵⁹ PHIDU, Torrens University: PHN data, 2014; viewed October 2017

⁶⁰ PHIDU, Torrens University: PHN data, 2014; viewed October 2017

⁶¹ ABS: Census data, 2016

Financial sustainability

Around 37% of general practices surveyed in November 2017 – June 2018 reported their practices were very sustainable financially, and 56% reported that their practices were just sustainable. Around 7% reported the practice was not sustainable. Factors that were reported as of concern included the Medicare freeze, being a sole practitioner and in an older age group.⁶²

PEOPLE WORKING IN GENERAL PRACTICE

WNSW PHN is an area with identified workforce shortage, and this may be further exacerbated given that a third of practices are operated by sole practitioners and an ageing workforce. Recruiting ancillary staff and GPs, notably in more remote areas, is challenging.

General practitioners

There were 293 GPs reported as working across general practices, AMS and ACCHOs in the WNSW PHN region in March 2017, although it is not clear whether this is a headcount or a full-time equivalent (FTE) count.⁶³ This appears to be a decrease from previous years, with NSW Rural Doctors Network (NSW RDN) reporting 316.7 FTE GPs in 2014, 306.7 in 2013, 337.7 in 2012, and 330.8 in 2011. NSW RDN also report that 32.8% of Western NSW LHD staff are Visiting Medical Officers (VMO), but this report does not include data on the number of GPs who are VMOs.⁶⁴

Registrars

35% of practices were reported as employing a GP training registrar at March 2017, and 100 GP registrars were reported as working in the region.⁶⁵

Other staff

At March 2017, 81% of practices (87 practices) were reported as employing a practice nurse and participating in the Practice Nurse Incentive Program. In a November 2017 – June 2018 survey of general practices, 85% were reported as employing a practice manager in addition to reception and administration staff. Only 13% of practices were reported as employing a mental health nurse; while 24% reported employing an Aboriginal health worker. Allied health professionals including physiotherapists, dietitians, psychologists and podiatrists were employed in around a quarter of practices. Only 2% of practices reported employing a community pharmacist.⁶⁶

Aboriginal and Torres Strait Islander health practitioner numbers increased in the WNSW PHN region between 2012 and 2014, from 7.9 in 2012 to 18 in 2014.⁶⁷

The Marrabinya program supports care for Aboriginal and Torres Strait Islander patients with chronic disease. Local Care Link Workers are employed to link patients to the services they require in order to access the planned schedule care outlined in their GP management plans, and do not provide clinical care coordination.⁶⁸

⁶² AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁶³ WNSW PHN data reported to Primary Care Roundtable, March 2017

⁶⁴ NSW Rural Doctors Network Minimum Data Set Report, November 2015

⁶⁵ WNSW PHN data reported to Primary Care Roundtable, March 2017

⁶⁶ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁶⁷ NSW Rural Doctors Network Minimum Data Set Report, November 2015

⁶⁸ Harding, N. et al., What works in partnering to deliver effective Aboriginal health services. AHHA. 23 August 2017.

Physiotherapists, dietitians, psychologists and podiatrists were reported as being employed in slightly less than a third of practices that participated in a November 2017 – June 2018 survey.⁶⁹

Workforce shortage

The WNSW PHN region is categorised as a district of workforce shortage for all areas, except Broken Hill, Dubbo and Orange.⁷⁰ Anecdotally, this may be impacted in future years by changes to 457 visa arrangements; however negative population growth projected between 2013 and 2031 in 21 LGAs in the region may reduce service demand. Positive population growth is projected in only 7 LGAs in the region, Bathurst being the highest with a projected 20.2% population growth between 2013 and 2031.⁷¹

WNSW PHN has reported some qualitative information regarding the ageing medical and nursing workforce in the region, and has noted a need for better succession planning, updating currency of professional knowledge and skills and awareness of new models of care. It also noted challenges related to providing adequate supervision for young clinicians.⁷² Workforce shortage may be further exacerbated given that a third of practices are operated by sole practitioners.

There was a high proportion of patients in the WNSW PHN region (38.1%) who reported waiting 'longer than acceptable' to see their GP in 2013-14, and this compared unfavourably with the national average of 22.6%.⁷³ This may reflect workforce shortage or maldistribution impacting access to care.

Practices surveyed in November 2017 reported difficulties in recruiting and retaining reception staff, in particular those with experience. This was also reported by contributors to the WNSW PHN Integrated Chronic Care Atlas of Dubbo and Coonamble, which reported that sustainability of service provision was threatened by the difficulty in attracting and retaining suitably qualified and experienced staff.⁷⁴

Recruitment challenges over the next two to five years were expected in relation to GP employment, and ageing staff and the lack of incentives to work in a small remote community were noted in a November 2017 – June 2018 survey of practices.⁷⁵

⁶⁹ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁷⁰ Commonwealth Department of Health WNSW PHN Profile, viewed September 2017

⁷¹ Health Stats NSW projections reported in WNSW PHN Needs Assessment, March 2016

⁷² 2016 WNSW PHN Needs Assessment

⁷³ AIHW: My Healthy Communities, viewed August 2017

⁷⁴ Hopkins J, et al., The integrated chronic care atlas of Dubbo and Coonamble. ConNetica. 2016

⁷⁵ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

MANAGING RELATIONSHIPS

Areas for further development in the WNSW PHN region include encouraging greater use of tools to foster and monitor patient engagement, and provision of support for use of data such as clinical indicators and incident reporting as part of quality improvement.

Patient experience

The percentage of patients in the WNSW PHN region who felt their GP listened carefully in the previous 12 months was 91.5% (2015-16 data). This is consistent with 91.6% reported nationally. There was also a very high percentage (92.5%) who reported that their GP always or often showed respect for what the patient had to say in the previous 12 months, which also compares favourably with 94.0% reported nationally. The percentage who felt their GP always or often spent enough time with them in the previous 12 months was 89.2% (compared with 90.3% nationally).⁷⁶

There is some confirmation of these data through WNSW PHN's 'Happy-Not Happy' initiative during 2017. This initiative was a simple patient satisfaction measure, with almost 4000 respondents across. 86% of respondents rated the service they received during a single GP visit as 'very positive'. 9% rated the services as 'positive', 2% as 'negative' and 3% as very negative.⁷⁷

As part of this initiative, a baseline practice survey was conducted. Data from one practice located in Far West South sub-region has been provided for this report. The selected practice reported collecting patient feedback via an annual patient feedback survey and a suggestion box, with suggestions reviewed fortnightly. The practice uses this information at monthly team meetings, as part of its monthly and annual quality improvement activities.⁷⁸

In a survey of practices conducted in November 2017 – June 2018, 80% of respondents indicated that they had a complaints management process and used a suggestion box. Around 25% reported using patient-reported experience and/or outcomes measures. A third of practices share information via a website. There was limited use reported of social media, newsletters or critical friends groups to support engagement with patients.⁷⁹

Professional development

WNSW PHN has reported some qualitative information regarding the difficulty practices in smaller and remote communities have in supporting professional development, including the extra time commitment required because of long travel distances, the lack of available staff and cost of backfilling positions. A desire to have more opportunities made available locally for professional development was also reported.⁸⁰

In late 2016, WNSW PHN conducted a CPD needs assessment, with responses from 238 representatives of general practice. The desire to have locally available CPD opportunities was substantiated in this report. Practices also indicated interest in multiple formats for accessing CPD

⁷⁶ AIHW: My Healthy Communities, viewed August 2017

⁷⁷ WNSW PHN data, September 2017

⁷⁸ WNSW PHN data, September 2017, supplied for one practice

⁷⁹ AHHA survey of WNSW PHN general practices, November 2017– June 2018

⁸⁰ 2016 WNSW PHN Needs Assessment

although there was strong consensus that face to face sessions were ideal, many pointed to the need for better access via internet-based technologies, eg webinars.⁸¹

Quality improvement

WNSW PHN has reported that 20% of practices in the region participated in NSW Health funded Integrated Care Strategy Demonstrator sites, supported by the PHN, with a limited continuous quality improvement focus. The number participating in NPS Medicine Wise or Improvement Foundation programs was unknown, and there were no data available for AMS or ACCHOs.⁸²

About 40% of practices that participated in a November 2017 – March 2018 survey reported that they monitor clinical indicators on a regular basis (defined as at least quarterly). More than half the practices surveyed monitor clinical indicators only occasionally or not at all. Around 60% of practices reported maintaining a near miss or incident event log that all staff members used. Another 30% noted that they had a log but it was not used optimally. Clinical audits are undertaken regularly by a third of survey respondents, with a further 40% reporting that they undertook clinical audits occasionally. About half of all practices undertake data cleansing regularly, with 40% reporting they cleanse data occasionally.⁸³

Engagement with WNSW PHN

WNSW PHN routinely collects data from 46 sites, including 2 AMS and ACCHOs, although it notes the quality of the data it collects is average (70%) or poor (30%). It provides data back to practices on an ad hoc basis as required, and provides quarterly data reports on smoking, obesity/BMI, diabetes and diabetes care, mental health, heart failure, COPD and asthma. It provides some limited comparative data on obesity and diabetes, and has tested this for practices within Dubbo and surrounding areas. It does not provide comparative data on immunisation, cancer screening, COPD, hypertension, stroke, cancer incidence, alcohol consumption, non-prescribed and other drug use.⁸⁴

During October – November 2016, WNSW PHN conducted a CPD needs assessment survey across the region, which reported that general practices (GPs and their staff) placed a high level of importance on the role of the PHN in meeting ongoing learning needs, and facilitating local professional networking; and on inter-professional learning to patient care. This survey identified preferred topics for CPD, which included clinical topics, although notably 'management skills' was mentioned by around a third of all respondents (particularly by practice managers and administrative staff) as the second highest priority topic.⁸⁵

⁸¹ WNSW PHN CPD Needs Assessment, 2017

⁸² WNSW PHN data reported to Primary Care Roundtable, March 2017

⁸³ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁸⁴ WNSW PHN data reported to Primary Care Roundtable, March 2017

⁸⁵ WNSW PHN CPD Needs Assessment 2017