# Chapter 2
# Care across the continuum

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## Introduction

### What is care across the continuum?

Care across the continuum relates to a person's healthcare journey. It focuses on the integration of healthcare services and the consumer's experiences in accessing and navigating these services, ensuring that the healthcare system in the ACT is consumer centred, coordinated and well planned to provide efficient and effective care.

Capital Health Network's aim is to support a coordinated healthcare system which facilitates and streamlines a person's journey. CHN plays an important role in facilitating and linking primary care services with other healthcare services and in commissioning services to fill gaps where identified, to improve coordinated care. This leads to improved consumer satisfaction and health outcomes.

### Who does this affect?

This priority area focuses on anyone who requires health care and access to the healthcare system in the ACT. Any person living in the ACT and surrounding areas is a current or potential healthcare consumer, with primary care the first point of entry into the healthcare system. How the population interacts with the healthcare system, and the consumer journeys and pathways are a consideration in this priority area.

Subsets of the population may be examined as they experience specific challenges and barriers in accessing health care. These include people with complex conditions and disabilities, chronic conditions, people experiencing poorer social determinants of health, people with alcohol and other drug challenges and older people. Those populations will be discussed in more depth in the relevant priority areas.

### Key themes

Through CHN's needs assessment process, challenges and barriers identified were grouped into four main themes – access, affordability, system integration and consumer experience. Challenges were consistently raised across these domains for all people who need primary care services. Highlighting the barriers and challenges faced by healthcare consumers in the ACT helps healthcare providers understand how to address those barriers when designing and implementing services. Where possible, data relating to these themes have been included.

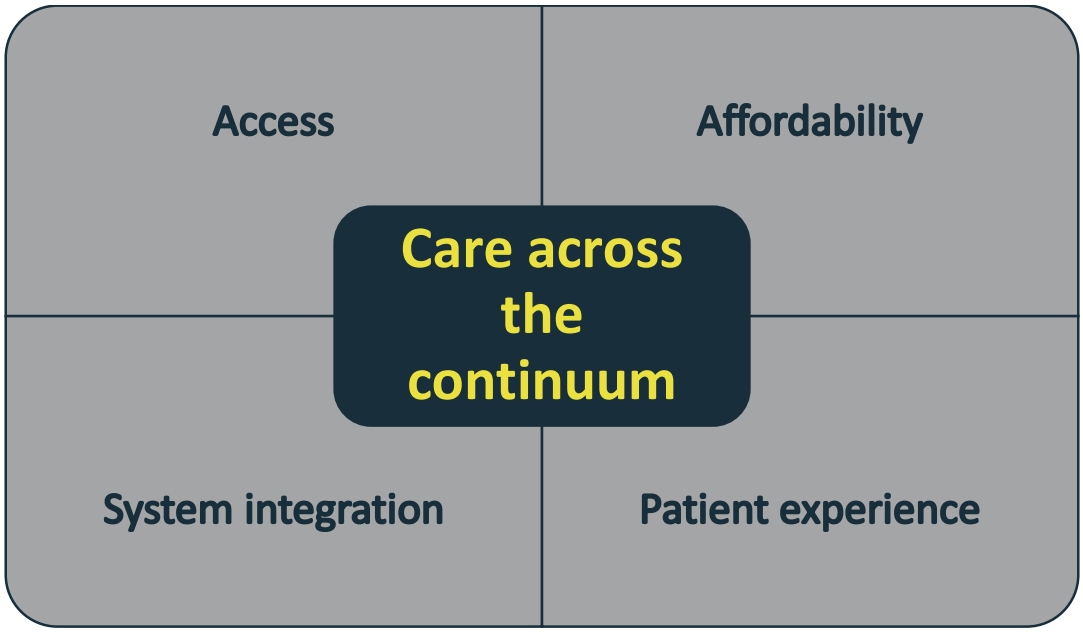
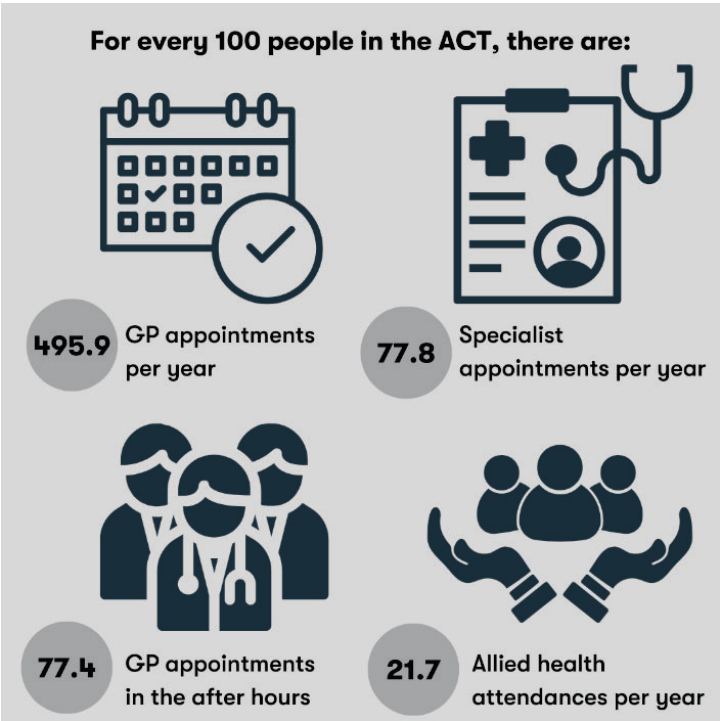



*Figure 7: Care across the continuum*

## Access

Accessibility to primary care services is broadly determined by two factors – the availability of services and the ease at which people can access these services.



## Primary care services

There are 107 general practices in the ACT. Of these, 99 (92.5%) are accredited general practices. These practices are distributed across the Canberra region as shown in Figure 8 below (1).

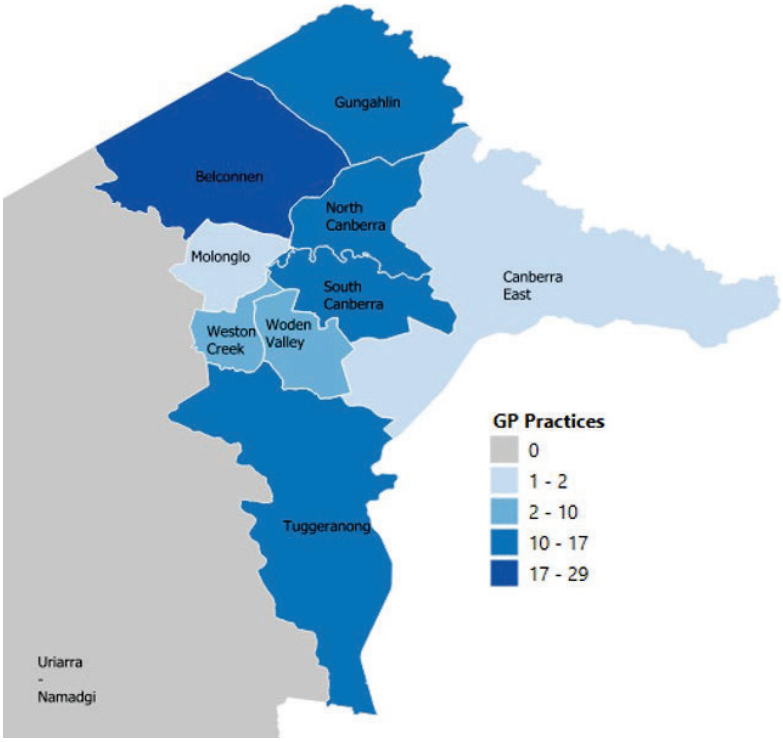



*Figure 8: Map of general practices in the ACT per SA3*

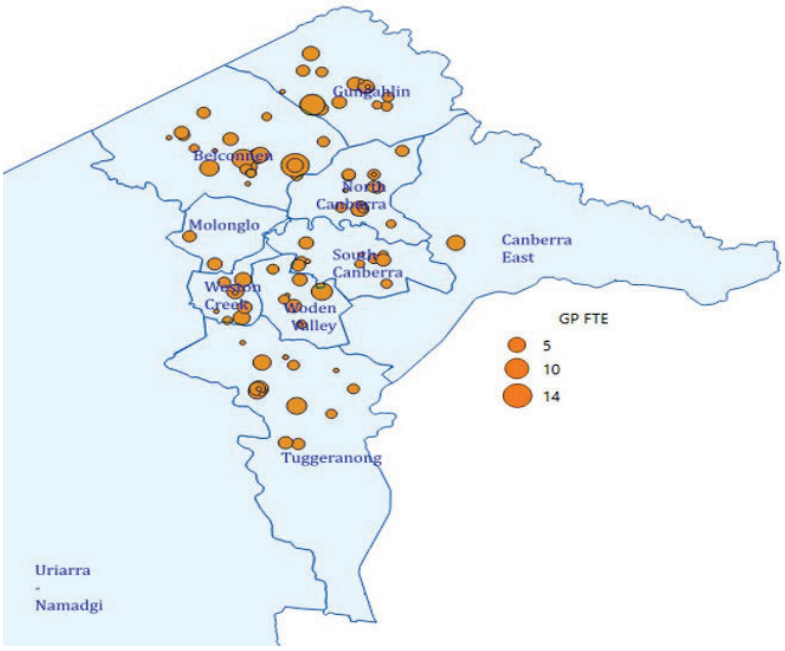



*Figure 9: Location Map of General Practices in the ACT per SA3 by GP FTE in Practice*

## GP services (AIHW MBS)

In 2022-23, there were 2,292,507 Medicare subsidised GP services delivered in the ACT (2). This equates to an age standardised rate of 495.9 GP attendances per 100 people living in the ACT, significantly lower compared to the national rate (596.8 per 100 people).

Those services were delivered to 375,358 consumers in the ACT, meaning that over 4 in 5 (82.2%) of residents saw a GP in this period. This is slightly less than the proportion of all Australians who saw a GP (86%) (2).

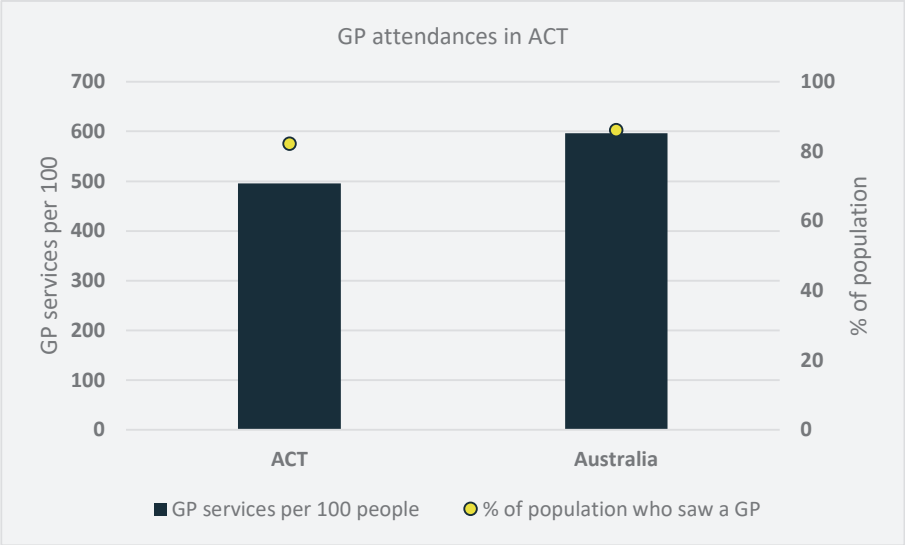
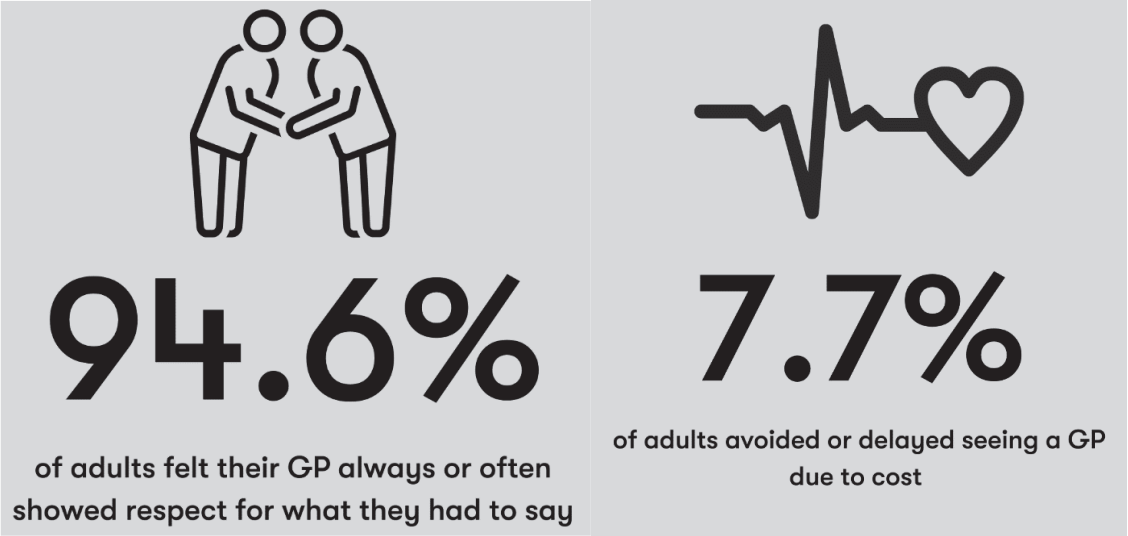



*Figure 10: Age standardised rate of GP services and proportion of population who saw a GP in ACT and Australia; (AIHW - Medicare subsidised GP, allied health and specialist health care services across local areas: 2022-23)*



The rates of GP services delivered per population varies across the ACT region. Weston Creek (614.7) and Tuggeranong (578.2) have the highest rates in Canberra, with both regions closer to the national level (2). Mongolo (237.1) and North Canberra (402.9) are the two ACT SA3 areas with the lowest rate of GP services.

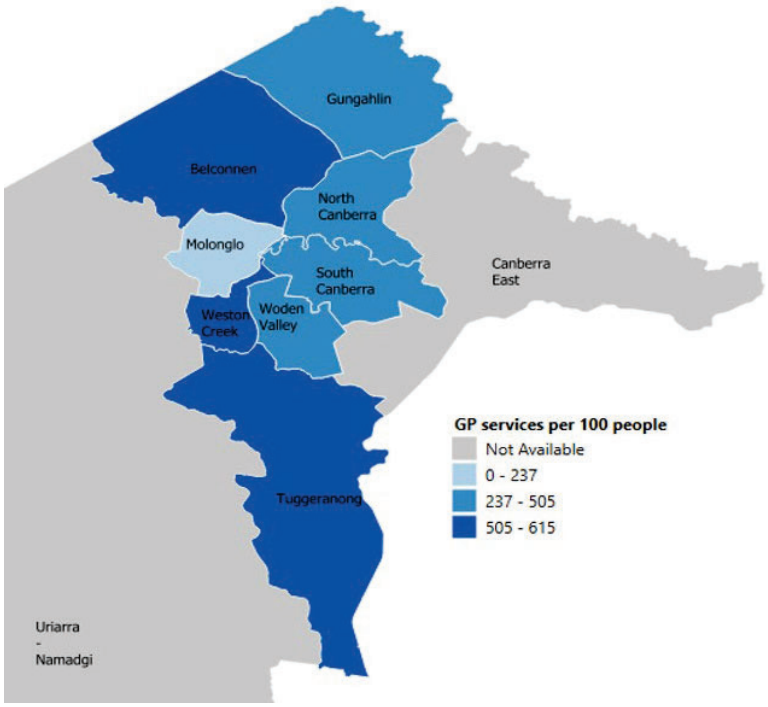



*Figure 11: Rate of Medicare subsidised GP services per 100 people by SA3 region, 2022-23 (AIHW)*

## Allied health services (AIHW MBS)

In 2022-23, there were 360,768 Medicare-subsidised allied health services delivered in the ACT (2). This equates to an age-standardised rate of 77.8 allied health attendances per 100 people living in the ACT, significantly lower than the national rate (95 per 100 people) (2).

These services were delivered to 159,871 consumers in the ACT, approximately 35% of the region's population. This is similar to the proportion of all Australians who saw an allied health practitioner (39%) (2). However, these figures reflect only Medicare-subsidised allied health services, while a significant portion of allied health care is funded through private insurance or out-of-pocket payments, for which data is not available.

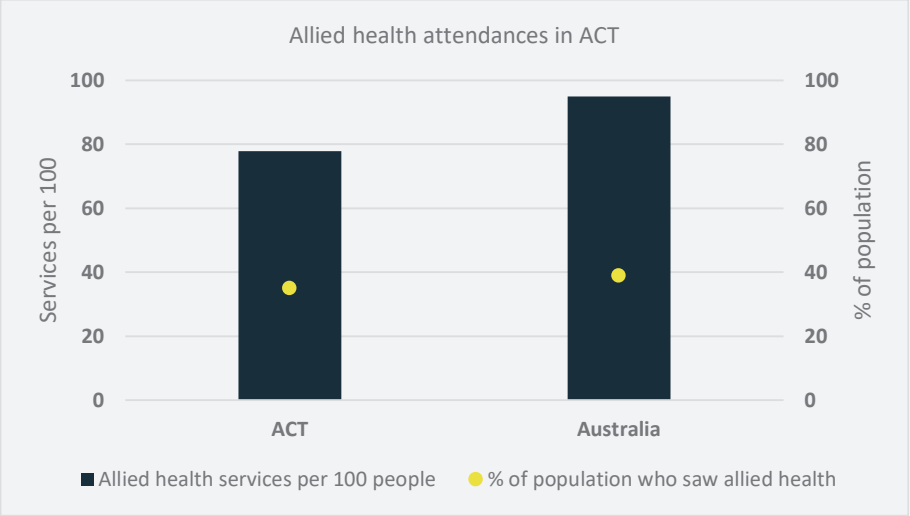



*Figure 12: Age standardised rate of allied health services and proportion of population who saw an allied health professional in ACT and Australia; (AIHW - Medicare subsidised GP, allied health and specialist health care services across local areas: 2022-23)*

Medicare subsidised allied health rates were highest in the south of Canberra - with Weston Creek (99.5), South Canberra (90.9) and Woden Valley (85.7) having the highest number of services per 100 people (2).

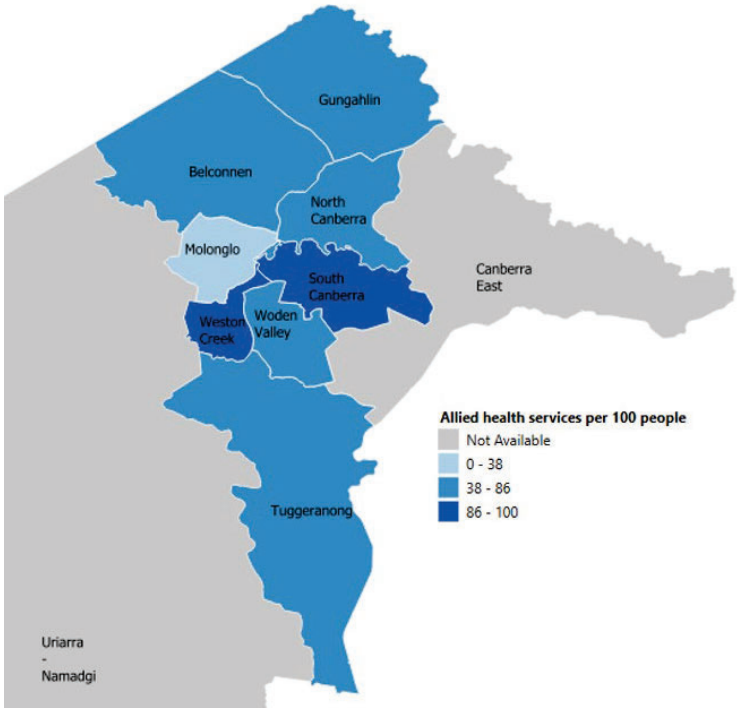



*Figure 13: Rate of Medicare subsidised allied health services per 100 people by SA3 region, 2022-23 (AIHW)*

While these figures portray the rates of overall allied health attendances across the region, they may not entirely represent the true level of allied health service provision. The data only capture Medicare subsidised services, meaning that services paid entirely out of pocket by the consumer or funded by private health insurance have not been included. Furthermore, a large proportion of Medicare subsidised allied health attendances relate to optometry. Bulk billed vision tests are available at most optometry clinics in the ACT, potentially inflating overall attendance and financial figures for allied health. The effect of these competing factors on the total numbers are not known, with further analysis suggested to draw informed conclusions.

## Specialist services (AIHW MBS)

In 2022-23, there were 359,223 Medicare subsidised specialist services delivered in the ACT (2). This equates to an age standardised rate of 77.4 specialist attendances per 100 people living in the ACT, lower than the national rate (88.4 per 100 people).

Those services were delivered to 130,161 patients in the ACT, which is approximately 28.5% of the region's population and similar to the national proportion (31.6%) (2).

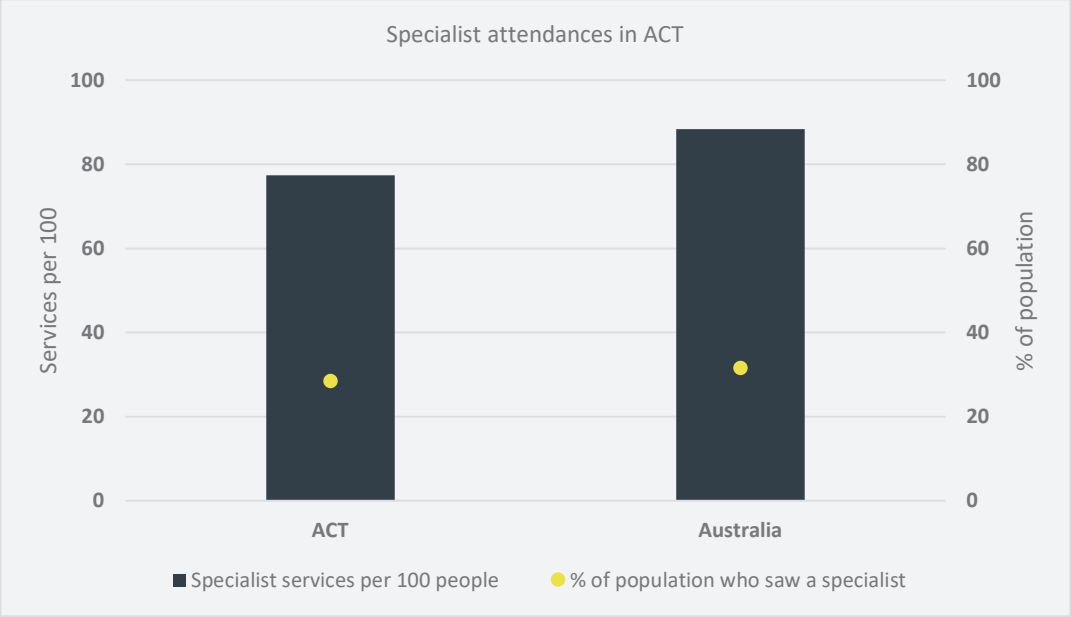



*Figure 14: Age standardised rate of specialist services and proportion of population who saw a specialist in ACT and Australia; (AIHW - Medicare subsidised GP, allied health and specialist health care services across local areas: 2022-23)*

As with allied health attendances, rates were highest in the south of Canberra. South Canberra (102.8), Weston Creek (99.5) and Woden Valley (94.6) had the highest number of specialist services per 100 people (2). This is likely due to the older age demographic in these regions.

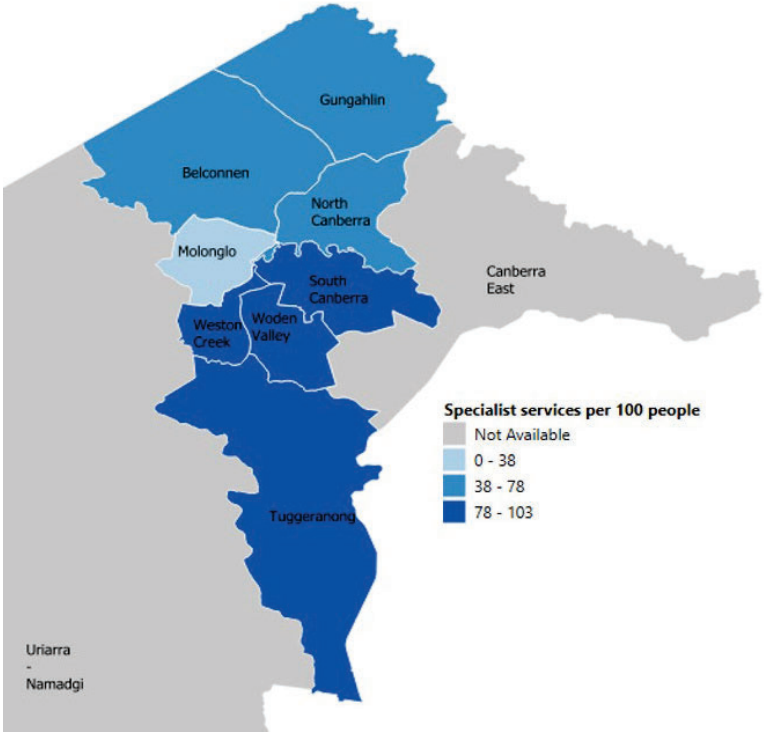



*Figure 15: Rate of Medicare subsidised specialist services per 100 people by SA3 region, 2022-23 (AIHW)*



## GP after hours (AIHW MBS)

In 2024, CHN completed an After Hours Needs Assessment, assessing the health and service needs for after-hours care in the ACT. For more information, see CHN's completed After Hours Needs Assessment.

According to AIHW data, in 2022-23, there were 65,443 people (14.3% of the population) who accessed after hours GP services in the ACT. The age standardised rate of GP after hours services in the ACT was 21.7 per 100 people, well below the national rate of 29.5. (2)

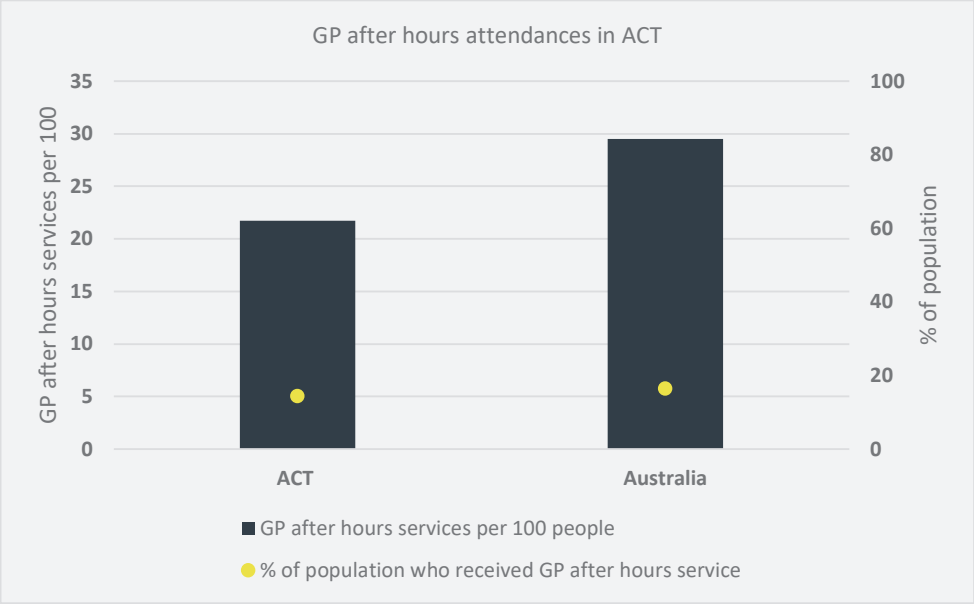



*Figure 16: Age standardised rate of GP after hours services and proportion of population who saw an after-hours GP in ACT and Australia; (AIHW - Medicare subsidised GP, allied health and specialist health care services across local areas: 2022-23)*

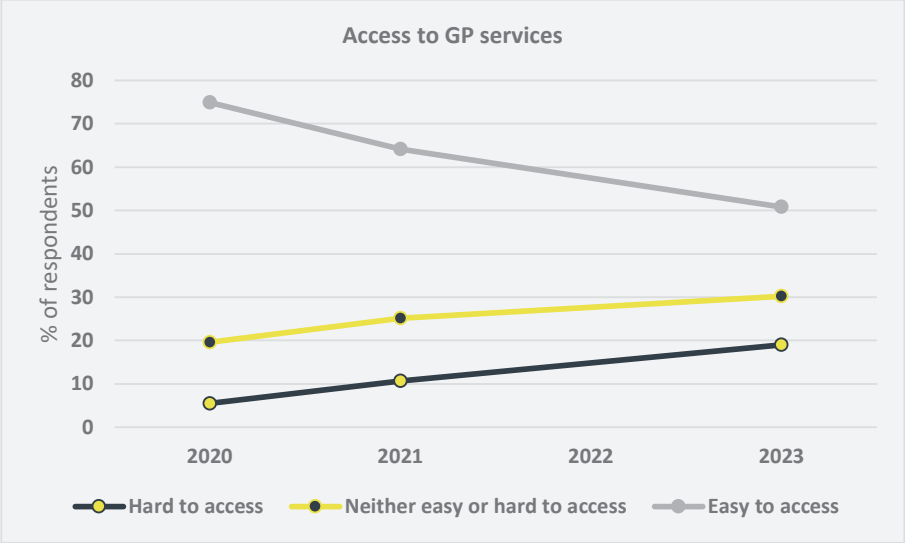
## GP availability

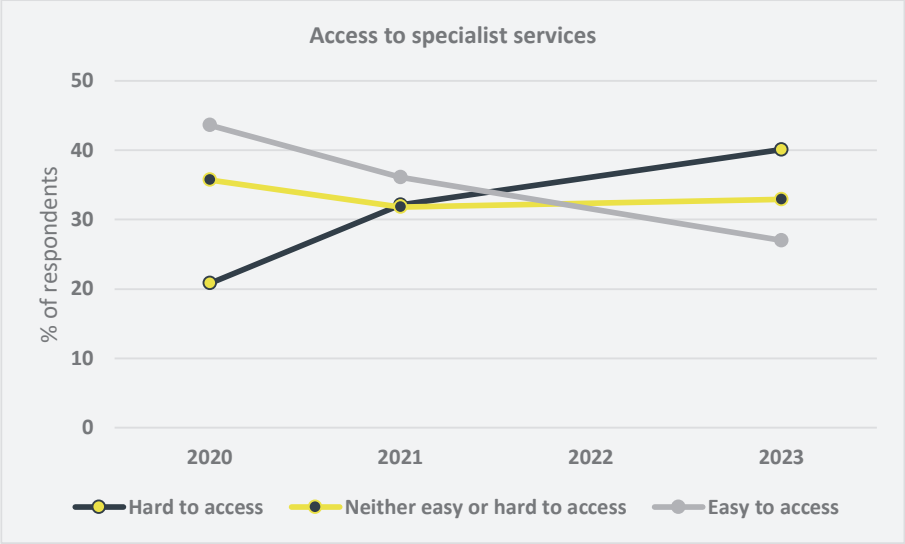
Data collected by Cleanbill estimated that 90.8% of general practices in the ACT accepted new patients in January 2024 (3). This suggests approximately one in ten clinics were fully booked and likely to have experienced long wait times for their consumer base. This figure is similar to the national rate of 88.8%.

### Access to primary care services

The ACT Wellbeing Framework shares perspectives from the ACT community of the perceived ease of access to primary care services. The Living Well in the ACT region survey, collects data that showed (4):

- Almost 1 in 5 (19%) of respondents found it hard to access a GP service
- over 2 in 5 (40.1%) of respondents found it hard to access specialist services
- over 2 in 5 (41.1%) of respondents found it hard to access occupational therapist or speech pathologist services.




*Figures 17 and 18: Consumer rating of ease of access to GP services and specialist services in ACT; (ACT Wellbeing Framework, 2022-23 Living well in the ACT region survey, unpublished data).*

As shown in figures 17 and 18 above, the proportion of ACT residents who found GP services and specialist services difficult to access increased considerably between 2020 and 2023. While COVID-19 likely contributed, other factors should be analysed and understood to address the concerning trend.

### Hospital services

The primary health sector is part of a larger system, with secondary and tertiary health care services. Primary health care is often considered the 'gateway' to the wider health system (5), and there are overlaps and interrelationships between the portions of the health system. Potentially preventable hospitalisations (PPH) and emergency department (ED) presentations are two instances where providing primary care affects the secondary health care system.

## Potentially preventable hospitalisations

Potentially preventable hospitalisations are defined as

> *... admission to hospital for a condition where the hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management usually delivered in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals (6).*

They can be used as a measure of the effectiveness of primary care services, with the number of PPHs indicating how many hospital stays could have been prevented if adequate primary care had been provided sooner.

In 2021-22, there were 8,085 potentially preventable hospitalisations in the ACT (7). This equates to an age standardised rate of 1,754 PPH per 100,000 people, lower than the national rate (2,293 PPH per 100,000).

The rates of chronic, acute and vaccine preventable PPHs (per 100,000 population) are displayed in Table 1.

| | ACT | Australia |
|---|---|---|
| Chronic PPH | 658 | 989 |
| Acute PPH | 1,016 | 1,168 |
| Vaccine preventable PPH | 89 | 154 |
| Total PPH | 1,754 | 2,293 |

*Table 1: Potentially preventable hospitalisations per 100,000 population; (AIHW 2024, Potentially preventable hospitalisations in Australia by small geographic areas, 2020–21 to 2021–22)*

PPH rates vary across the Canberra region, shown in Figure 19 below. The highest PPH rates are seen in Tuggeranong (2,085 per 100,000) and Weston Creek (1,914) (7).

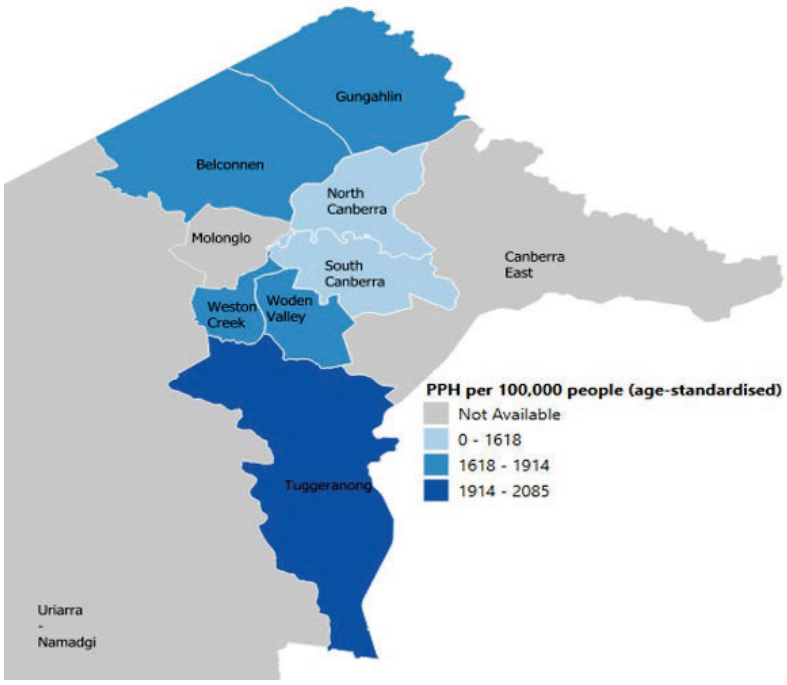



*Figure 19: Rate of potentially preventable hospitalisations per 100,000 people by SA3 region, 2021-22 (AIHW)*

## Emergency department presentations

Emergency departments provide care for people who require urgent medical attention. Each ED presentation is triaged on arrival based on the presenting condition and the urgency of care they need and placed into 1 of 5 categories.

Lower urgency ED presentations are defined as presentations where the person:

- Had a triage category of semi-urgent (category 4) or non-urgent care (category 5)
- did not arrive by ambulance, police or correctional vehicle
- was not admitted to the hospital, transferred to another hospital, and did not die (8).

In 2021-22, around one third of ED presentations were classified as lower urgency (8). Lower urgency ED presentations may be better managed elsewhere in the health care system, reducing the burden on emergency departments and the hospital system and reducing overall costs of care. Therefore, similarly to PPHs, these presentations are occasionally used as a proxy measure of access to primary health care. Likewise, lower urgency emergency department presentations are often used as an indicator of access to primary health care, as they may reflect instances where timely primary care services were not available.

In the ACT in 2021-22, there were 49,733 total lower urgency ED presentations (8). This equated to an age standardised rate of 110.2 presentations per 1,000 population, lower than the national rate (124.4). Almost half (47%) of lower urgency ED presentations in the ACT occurred in the after-hours period, when alternative primary care services were likely unavailable.

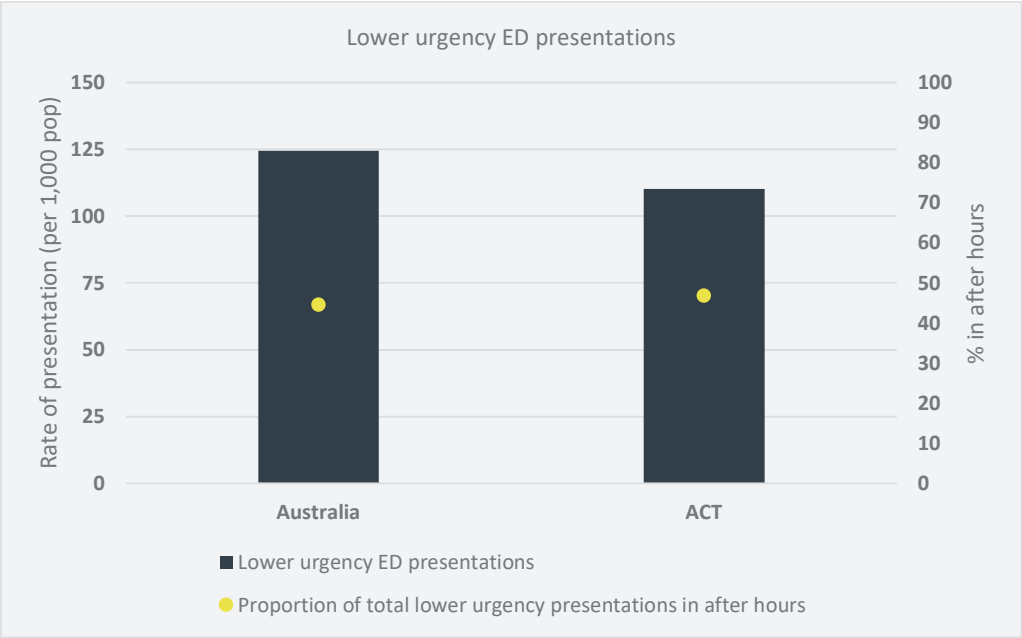



*Figure 20: Rate of lower urgency ED presentations per 1,000 population in ACT and Australia; (AIHW 2024, Use of emergency departments for lower urgency care)*

The greatest rates of lower urgency ED presentations were seen in Tuggeranong (131.5 presentations per 1,000 population) (8).

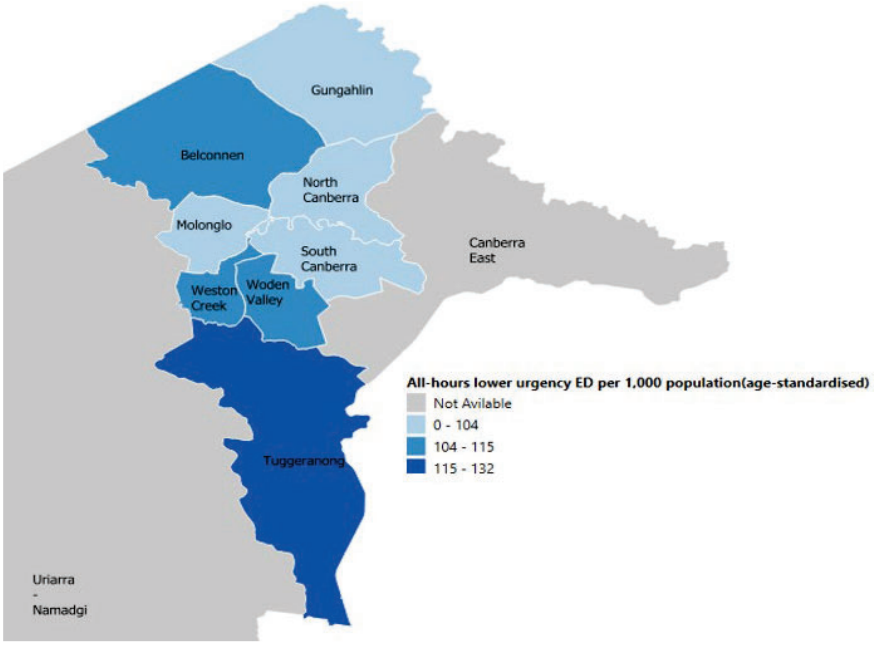



*Figure 21: Rate of lower urgency ED presentations per 1,000 people by SA3 region, 2022-23 (AIHW)*

## Hospital services – ACT

ACT data on PPH rates and lower urgency ED presentations could suggest better access to after-hours care. However, there is no direct evidence that after hours' access has reduced PPH rates (24). Data from the ACT indicate that rates of PPH and lower urgency presentations to ED were lower than national averages. This suggests that the ACT may have relatively effective healthcare systems in place. However, despite these lower rates, a significant number of ACT residents continued to present at emergency departments due to persistent barriers in accessing primary care services. Key drivers of these ED presentations include factors such as affordability, lengthy waiting lists, and limited understanding of the healthcare system. Improvements to make the primary care system more accessible in the ACT could reduce future rates of PPH and lower urgency ED presentations.

## Barriers to access

Key elements that limit accessibility to primary care and health services in the ACT were identified through stakeholder consultations. These factors were consistent across the population, affecting all who engaged with the primary care system.

- Geographical.barriers.and.transport:
  Geographical barriers across the ACT prevent consumers from physically attending primary care services. A lack of public transport options can exacerbate the barriers. While services may be available to meet a person's needs in the ACT region, the cost in time to attend can be high if travel by public transport is required. This impacts those who primarily rely on public transport, suggesting that people with low incomes, people from multicultural communities, adolescents and older adults are likely to be affected disproportionately. These disproportionate effects can lead to avoidance of care, possibly worsening health outcomes in key population groups.
- Waiting.times:
  Stakeholders considered waiting times were a key barrier to accessing primary care services. High demand for primary care services, particularly GPs, currently outweighs supply in the ACT. This means that many general practices have long waiting lists, and patients often need to wait for days or weeks to see their GP. This adds strain on consumers – who may need to wait while feeling unwell – and practices – that must manage their client bases' health and expectations.
- Health.literacy.and.awareness:
  A person's comprehension of health information plays an important role in how they access and interact with services. A person with poor health literacy may not understand or have the capacity to make decisions about the care they need, who they should receive it from, or how to access appropriate services. This may lead them to present at inappropriate services or not present at all, impacting their patient journey. Improving education and awareness, together with helping people with services like care navigators, can support people to get the best value from the primary care system.

## Affordability

Affordability is an important aspect of accessibility to primary care services. With cost of living pressures increasing in recent years, many residents may be feeling the effects, potentially impacting their ability to access healthcare. (9).

Affordable primary care is a commitment of the Federal Government, which has increased bulk billing incentive payments in 2023 (10). Bulk billing, where GPs accept the Medicare rebate as the full cost of service and charge no out of pocket fees to the consumer, is the central feature of affordable primary care.

Bulk billing rates, out of pocket costs, involvement of multiple health professionals and frequency of care all contribute to the overall cost to the individual and community. Secondary costs such as the cost of medications, transport and associated administrative tasks also contribute to overall affordability of health for a consumer. Keeping these costs as low as possible is important to ensure those who need primary care can access relevant services, providing benefit to consumers, community, and wider health care system.

### Bulk billing

Bulk billing rates in the ACT are the lowest of all states and territories in Australia. Recent figures released by the Department of Health and Aged Care showed that 57% of all GP visits in May 2024 in the ACT were bulk billed (11). There was a 5.5 percentage-point increase since October 2023 (51.5%), when new bulk billing incentives were introduced.

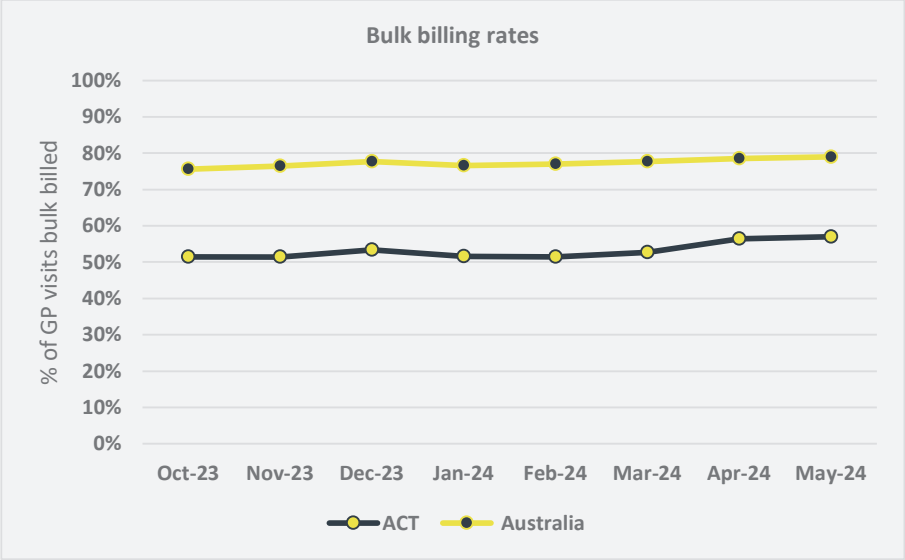



*Figure 22: Monthly bulk billing rates October 2023 to May 2024 ACT and Australia; (DOHAC 2024)*

Despite this recent increasing trend, bulk billing rates in the ACT remained considerably lower than all other states and territories. Across the entire country, 79% of GP visits in May 2024 were bulk billed (11).

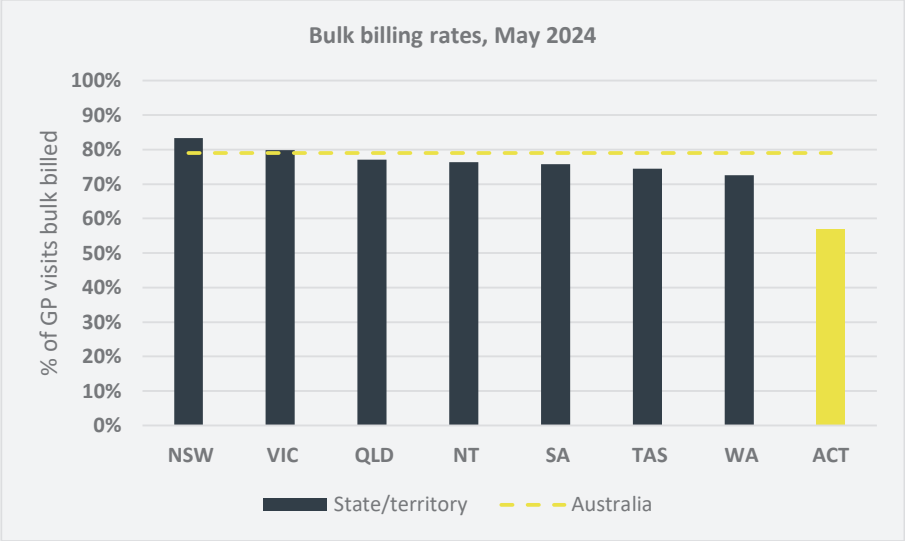



*Figure 23: State and territory bulk billing rates in May 2024; (DOHAC 2024)*

## Bulk.billing.practices

Bulk billing general practices, where clinics will bulk bill all adult patients who attend for a standard GP consultation, regardless of concessions, provide affordable primary care options to the population.

Cleanbill's Blue Report in 2024 reported that only 3.4% of general practices with availability in the ACT were bulk billing practices (3). This was substantially lower than the national proportion of bulk billing practices (24.4%), and lower than all other states and territories bar Tasmania. This proportion declined in the previous 12 months, indicating some practices that were bulk billing practices in 2023, no longer bulk billed all patients in 2024.

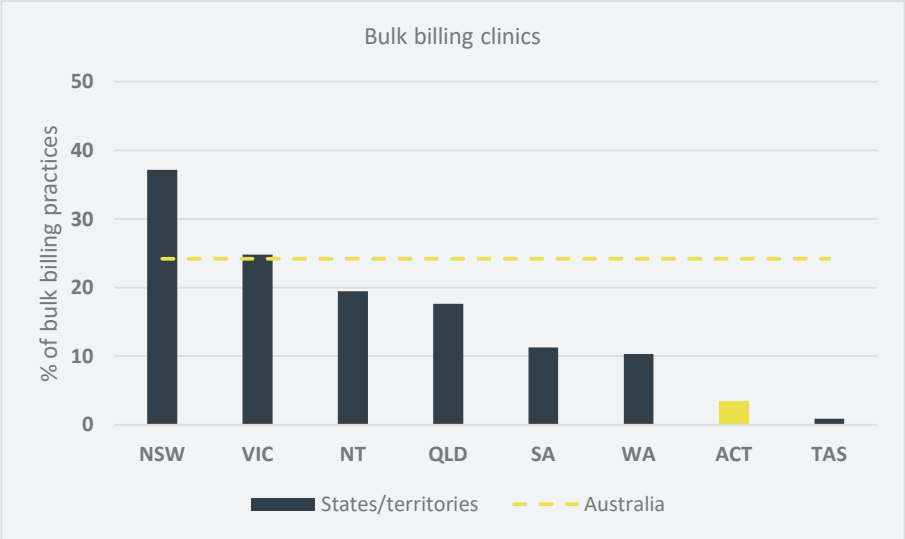



*Figure 24: Proportion of GP clinics taking on new patients who are bulk billing clinics; (Cleanbill Blue Report 2024)*

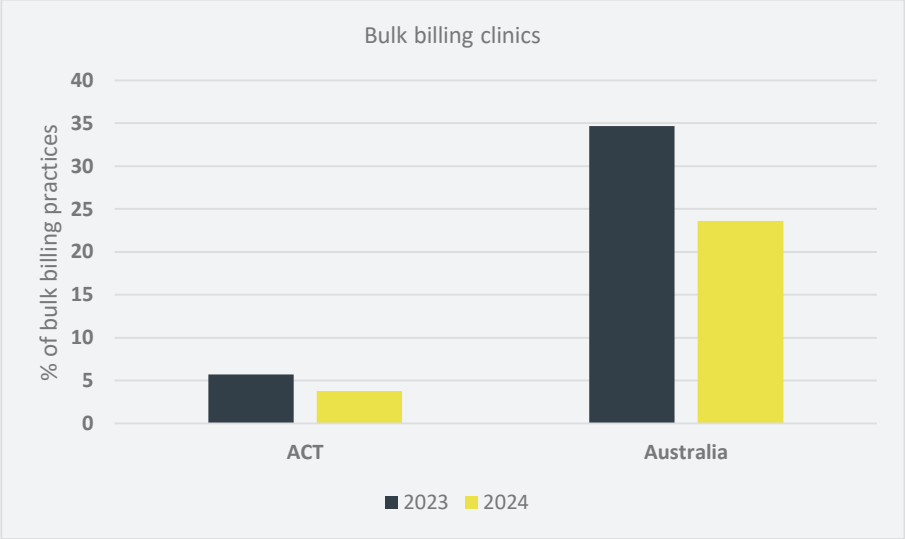



*Figure 25: Proportion of GP clinics taking on new patients who are bulk billing clinics ACT and Australia 2023-24; (Cleanbill Blue Report* 2024)

## Cost of GP services

The cost of seeing a GP, specifically the out-of-pocket costs felt by the patient, influence health care decisions for many. These costs are much higher in the ACT compared to the rest of the country. According to Medicare data, the average out of pocket cost for a GP service in the ACT was $21.49, over 2.5 times higher than the national figure ($8.38) (2).

| | ACT | Australia |
|---|---|---|
| Provider fee per GP service | $73.51 | $60.61 |
| Medicare benefit per GP service | $52.02 | $52.23 |
| Average out of pocket cost | $21.49 | $8.38 |

*Table 2: Average costs per GP service ACT and Australia; (AIHW - Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23)*

The figures in Table 2 above include bulk billed GP services provided to those who are eligible for concessions. Medicare data suggest the average out of pocket cost across the ACT was $55.68 for an adult consumer not eligible for concessions and who was billed for the service, (12).

| | ACT | Australia |
|---|---|---|
| Average out of pocket cost for adults without concessions | $55.68 | $48.26 |

*Table 3: Average out of pocket cost for adults without concessions ACT and Australia; (Medicare quarterly statistics – State and territory June quarter 2023-24)*

While out of pocket costs are substantial across the country, the ACT has the highest average cost among all states and territories (12).

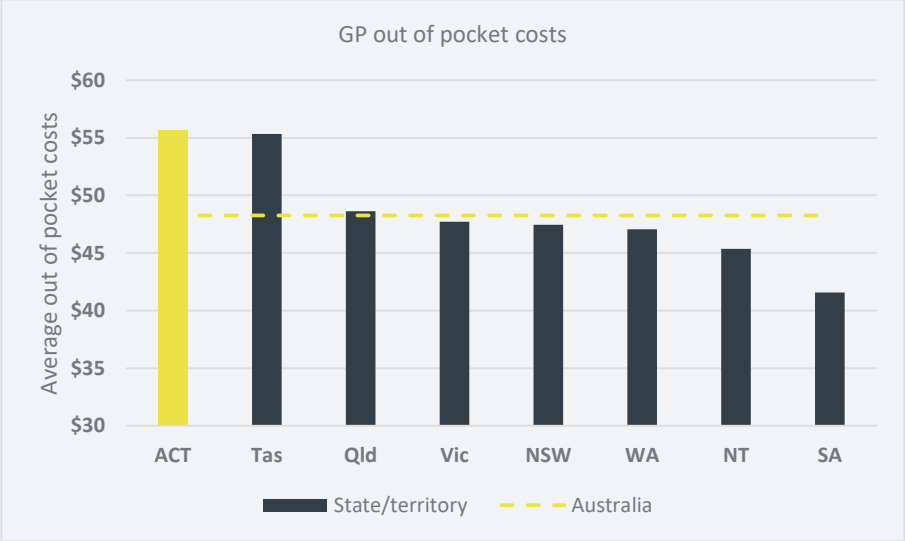



*Figure 26: Average out of pocket cost for adults without concessions states and territories; (Medicare quarterly statistics June quarter 2023-24)*

## Cost of specialist services

The costs associated with each episode of care rise sharply when a person attends a specialist service for their health care. The average out of pocket cost of seeing a specialist in the ACT ($91.76) was significantly higher than the average cost across the country ($66.39) (2).

| | ACT | Australia |
|---|---|---|
| Provider fee per specialist service | $190.98 | $158.05 |
| Medicare benefit per specialist service | $99.22 | $91.66 |
| Average out of pocket cost | $91.76 | $66.39 |

*Table 4: Average costs per specialist service ACT and Australia; (AIHW - Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23)*

### Affordability in the ACT

As outlined above, the cost to consumers who access primary care services in the ACT is higher than the average Australian While incomes/wealth and personal wellbeing in Canberra compares favourably with national averages, the cost of living is higher, worsening the circumstances for people with low incomes, including people receiving income support payments, and other priority populations, such as students, service workers, single parent families and refugees. CHN research indicates that priority populations struggle for access to healthy food and opportunities for sport and wellness activities. It is vital that services are kept as affordable as possible so that everyone living in the ACT can effectively manage their health.

# System integration

## Integrated care

While integrated care is a commonly accepted concept, it cannot be narrowly defined. Rather, it is an overarching term for a broad and multi-component set of ideas and principles that seek to better coordinate care around people's needs (14).

A common health system-based definition of integrated care utilised by the World Health Organisation (WHO) stated:

> *Integrated health services are health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course* (15).

Five key elements of integrated care were identified by HCCA (16) through a series of discussions with community members in the ACT.

1. Partnerships and collaboration
2. Communication
3. Navigation, access and choice
4. Trust and safety
5. Availability and capacity of resources.

These elements were prevalent across further stakeholder consultations looking at the integration of primary care services in the ACT.

## Multidisciplinary care

Stakeholder consultations identified the importance of multidisciplinary care teams to provide effective, person-centred care to work towards each person's health and wellbeing goals. An effective multidisciplinary team relies on building partnerships with the care team and effective collaboration (16). This provides a clarity in each member's role and empowers each to carry out their defined tasks (17).

Primary care can include GPs, practice nurses, specialists and a multitude of allied health professionals. A person's care may also reach across into secondary and tertiary systems, while stakeholders emphasised the importance of primary care providers working collaboratively with the community ecosystem, including social supports, community-based services and family and carers. With the breadth of involvement in a person's health care journey, all members of the of the multidisciplinary team (MDT) should have a shared sense of purpose and goals (16).

Many in the ACT believe that implementation and utilisation of MDTs could be strengthened to improve the primary care system. A lack of time and resources for many clinical providers is acknowledged as a substantial barrier – with incentives to address this these barriers in recent Strengthening Medicare measures (18). Additionally, an area of focus for medical services should be building an understanding of the contribution social and community services can make.

Chronic disease management (CDM) services are GP services on the Medicare Benefits Schedule (MBS) and are available to people with a chronic or terminal medical condition. Under these services, a chronic medical condition is defined as one that has been or is likely to be present for 6 months or longer. GP Management Plan (GPMP) and Team Care Arrangements (TCAs) can help people with chronic medical conditions by providing an organised approach to care. ACT at a PHN level has the lowest GPMP rate per 1,000 population (age-standardised) at 62.5 and TCA rate per 1,000 population (age=standardised) 51.4 across all PHNs (19).

## Referrals and transitions of care

'Referrals and transitions of care, where the transfer of a patient and their care responsibilities from one part of the health care system to another' (20), were highlighted as important stages of a consumer's healthcare journey. HCCA's investigation highlighted transitions of care as an area where greater integration could prevent poor health outcomes in the ACT (16), and emphasised the importance of clear, effective communication.

Sharing relevant health and treatment information between service providers, consumers and carers and other supports is essential to promoting smooth transitions of care. In the ACT, poor clarity in communication often hinders these transitions. Failure to effectively communicate and share information can lead to stagnation in treatment, duplication of services, increase costs and potentially contribute to a decline in outcomes.

Clinical handovers or referrals are a key handover point, and an area that many service providers indicated improvement is needed in the ACT. Many clinical services reported a high prevalence of poor, unfinished or irrelevant referral, increasing the administrative burdens on services and consumers, and hindering seamless transition of care.

While there are barriers to information sharing in the ACT, including lack of time and resources, privacy concerns, and lack of digital interoperability, efforts to facilitate better communication could reduce inefficiencies in referrals and transitions of care.

## Care navigation

Difficulty in navigating services was proposed by stakeholders as a leading barrier to integrated care in the ACT. The first step for a consumer to engage with the health care system is to know what is available to them, and what services are available to best meet their personal needs. They cannot make an informed choice without understanding the system, and their options.

A common theme among many service providers was that the complexity of the primary care and health care system in the ACT makes navigation challenging for those working in the sector. The challenge is much greater for consumers, with less familiarity of the system and services, who may consequently not access suitable services in the ACT.

Consumers often rely on service providers to provide guidance to reach the correct service. GPs offer crucial care to consumers and may be expected to have in-depth knowledge of appropriate local services. While it is not feasible for GPs to always be the main coordinator of care, it is preferable and important for many consumers (16).

Care navigation services, including the Liaison and Navigation Service (LaNS) and Care finder providers, are present throughout the ACT. These services provide care navigation and help patients find suitable health care. Many stakeholders pointed to the benefit of a greater number of care navigation services, citing high demand and difficulty accessing these services for many in the population.

Additional factors, including eligibility criteria and waiting times at services, may also hinder navigation and smooth patient journeys. Having inside knowledge was seen as critical to allow consumers to access services to receive the right care at the right time. Navigation services know the landscape that can help consumers access the most appropriate services.

### Other factors influencing integrated care

The remaining factors outlined in HCCA's analysis of integrated care in the ACT – Trust and safety and availability and capacity of resources – are discussed throughout this document. A key element of trust and safety identified is providing trauma-informed care. While important for all health care interactions, the requirement was highlighted by stakeholders in mental health consultations. Similarly, availability and capacity of resources are heavily influenced by funding, workforce challenges and use of digital technology. These factors are also discussed in the relevant chapters.

## Patient experience

The patient experience is a core component of primary care, influencing the effectiveness and sustainability of the system. When people have poor experiences accessing a primary care service, they will be reluctant to return, regardless of perceived need. Effective primary health care requires consumers to be comfortable, safe, and respected in order to have their needs met and achieve satisfactory outcomes. Collecting patient experience data is a necessary step to understanding the effectiveness of the primary care system and its capacity to deliver person centred services.

At a system level, monitoring patient experience is essential for stimulating innovation and improving quality of care (22), while at a provider level it increases accountability in services to provide high quality care. Patient experience data can be used for performance monitoring, reporting and benchmarking, accreditation and to evaluate quality improvement. However, in Australia, it is primarily collected for practice accreditation purposes (23). Improved data collection is an opportunity for improvement to maximise the primary care system in the ACT.

Consumers' experiences may be influenced by factors discussed in the sections above – accessibility, cost and integration – as well as their interactions with health professionals and service providers.

### Patient experience survey

While the ACT performs relatively well in terms of patient interactions with GPs, particularly in terms of respect, listening, and time spent during consultations, access to preferred GPs and timely appointments remains a challenge. When compared to national averages, the ACT's patient satisfaction in these areas aligns closely with or slightly exceeds national trends.

However, in the areas of accessibility and affordability, the ACT's figures, such as the proportion of adults unable to see a GP or specialist in a timely manner, reflect challenges also seen at the national level. Additionally, issues related to cost are notable, given that the ACT has higher-than-average out-of-pocket costs for GP services compared to the national average. As highlighted earlier in this chapter, measures of accessibility and affordability have been trending downwards in recent years.

Data from the 2019-20 Patient Experience Survey outlined the experiences of health care consumers at a PHN level. The following findings summarise the outcomes for adults living in the ACT across the 12-month period.

### Interactions with services

- 92.1% of adults felt their GP always or often listened carefully
- 94.6% of adults felt their GP always or often showed respect for what they had to say
- 91.2% of adults felt their GP always or often spent enough time with them.

### Availability of services (accessibility)

- 1 in 8 (12.4%) adults needed to see a GP but did not
- 3 in 10 (29.7%) adults could not access their preferred GP
- Almost 1 in 5 (18.5%) adults felt they waited longer than acceptable to get an appointment with a GP
- One quarter (25%) of adults referred to a specialist waited longer than they felt acceptable for an appointment.

### Cost (affordability)

- 7.7% of adults avoided or delayed seeing a GP due to cost
- 8% of adults avoided or delayed filling a prescription due to cost.

### Multiple health professionals (system integration)

- More than 1 in 5 (21.9%) saw 3 or more health professionals for same condition.

As highlighted earlier in this chapter, measures of accessibility and affordability have trended downwards in recent years, so it is reasonable to expect that the consumer experience figures highlighted above may under represent the true figures in 2024.

### Impact of Consumer Experience

The importance of consumer experience when interacting with the health care system is best highlighted by the negative impacts of a poor experience. Negative consumer experiences have been shown to impact physical and psychological health, increase suffering and hinder consumers' access to further care (23). This increases the risk of worsening health outcomes, while increasing the likelihood of avoiding care, and erodes the trust in the health care system, which can permeate throughout the community.

Many stakeholders highlighted that it only takes one poor experience to lose trust and initiate a cascade of effects. As such, service providers must understand how every interaction with the primary care system is vital, and the importance of consistent, quality person centred care.

## Identified needs

- Support primary care services to investigate mechanisms to improve accessibility for the ACT community, including by shortening waiting lists and improving health literacy.
- Support general practices to provide affordable primary care services, including promotion of bulk billing where appropriate.
- Improve collaboration within the primary care sector to enhance integration of care and promote smoother client pathways.
- Support provision of multidisciplinary care within the primary care sector, including support of allied health professionals and specialists to collaborate with general practitioners.
- Enhance care navigation support services to enable health care consumers in the ACT to access appropriate services.

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