Health Insights

Let's talk about health and wellbeing

phn GIPPSLAND
An Australian Government Initiative

Primary Care Access

Access to primary care is key to health equity and it is shaped by many connected factors

Services matching community need - an ageing population with complex and ongoing healthcare issues has led to a need for longer and/or more frequent services. Appropriate services for priority populations may also be lacking.

Cost of primary care - nationally nearly 1 in 10 people (8.8%) aged 15 and over reported that cost was a reason for delaying or putting off care from a GP when needed in the last 12 months.

Socioeconomic status - financial and social pressures including rising costs of living, a challenging housing market, food insecurity and changes in the job market.

Geographic location - there are fewer services in rural and remote locations, leading to reduced access and a need to travel.

Systems that support access - including digital tools for information sharing, telehealth, appointments and navigation.

Health workforce availability - having enough trained healthcare professionals to meet the needs of a community.

Professional perspective

Some geographical areas are overburdened with wait times of four weeks or more, leading to increased presentations to emergency departments.

Access is most difficult away from metro and regional centres and for some services including aged care nursing, allied health, mental health and paediatrics.

Providers note rising costs are increasingly affecting people's access to services.

Natural disasters, such as fires, floods, and droughts, are adding stress to many communities.

The COVID-19 pandemic continues to have an impact:

Delayed routine care which is now adding to the workload.	**A change in community expectations and health literacy.**	**Unpredictable needs, including due to Long COVID.**

> **...people who can't afford out-of-pocket costs are being left behind**
>
> - health professional

> **[Need for] outreach to underrepresented communities for health services**
>
> - health professional

Primary care is the first point of contact for patients in the health system. It may be provided by a range of professionals including general practitioners (GPs), nurses, allied health professionals and pharmacists. While general practice is the most common setting, primary care is also provided in Aboriginal Community Controlled Organisations (ACCOs), residential aged care home, and community settings.

Billing methods and funding

Approximately one third of **health spending** in Australia is for primary care ($83 billion in 2022-23):

44% contributed by the Australian government, **16%** by state and territory governments and **40%** non-government contributions.

Average of **2.7% increase** per year since 2012-13 with a peak in 2021-22 due to COVID-19 spending.

Medical Benefits Schedule (MBS): a list of health professional services the Australian Government subsidises. GPs and other Medicare eligible providers determine how they charge for their services, including:

Bulk billing: services are billed to Medicare directly with no out-of-pocket costs for the patient.

Private: patients pay a fee determined by the provider and receive a Medicare rebate that subsidises all, or part, of the fee paid - the gap is known as the **out-of-pocket cost**

Mixed: providers privately bill some services and bulk bill others.

A **general practice** is a small business. If the cost to run the practice increases, clinicians may need to charge a fee greater than the scheduled Medicare fee, resulting in a transition from bulk billing to private billing.

Changes to Medicare over time have affected bulk billing rates and affordability.

MyMedicare is a new voluntary patient registration model. **It aims to:**

- formalise the relationship between patients, their general practice, general practitioner (GP) and primary care teams;
- benefit the patient and provider; and
- facilitate improved health outcomes while allowing general practices to be financially sustainable.

28% of people aged 20 years or above in Gippsland had **private health insurance;** this is the lowest rate in the country (national average of 43%);

A lack of access to private providers can mean increased reliance on publicly funded primary care and strain on already limited resources in rural and regional areas.

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Community perspective

Key barriers to effective primary care reported by Gippsland community members:

- Cost of accessing healthcare is impacting more people and can lead to delayed care and an inability to afford medication, diagnostics and referral options
- Long waiting times
- Lack of transport or costly, time-consuming transport
- Lack of information about existing services
- Difficulties in accessing a general practitioner, especially their usual GP or general practice
- Poor communication can lead to poor care, including due to language barriers
- Culturally safe care for Aboriginal and/or Torres Strait Islander peoples and multicultural people is lacking, especially in some parts of Gippsland
- Some geographical areas have very poor access to primary healthcare, especially after hours
- A poor experience can lead to a lack of trust and delayed care

Certain groups encounter greater challenges in accessing appropriate services, especially when multiple factors intersect:

- Complex health needs, including trauma and mental health
- People over 65 years old, especially if frail and isolated
- Social or financial disadvantage
- Living in rural or remote areas
- Aboriginal and/or Torres Strait Islander peoples
- Living with a disability
- LGBTIQA+

Enablers:

- Digital options, such as telehealth appointments, can improve access and complement existing care models
- Person-centred care that is safe, high quality, holistic and trauma-informed

> **People cannot afford to go to GP ... when people avoid the GP they end up in ED and [it] costs more**
> - community member

> **I leave it as long as I can, then go to get it investigated**
> - community member

Use of primary care

GP services

9 in 10 people (89%) in Gippsland had at least one Medicare subsidised GP attendance in 2022-23:

This is the third-highest of PHNs and consistently higher than Australia (see Figure A below).

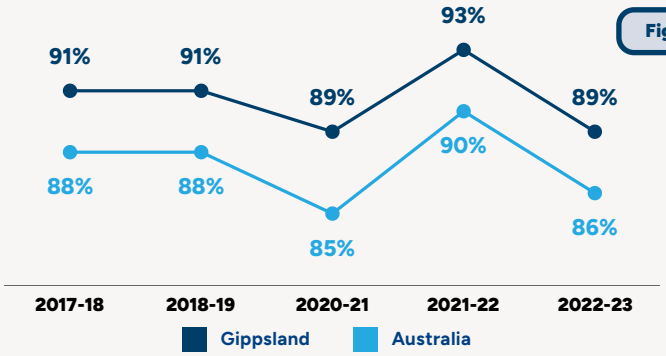
More females had a GP attendance; **93%** compared to **86%** for males.

A much higher proportion of 15-24 year olds in Gippsland had a GP attendance; **89%** compared to **76%** nationally. This was the highest proportion among all PHNs.

Some types of GP services are less common in Gippsland, including GP Chronic Disease Management Plans, after-hours services and GP Health Assessments (see Figure B).

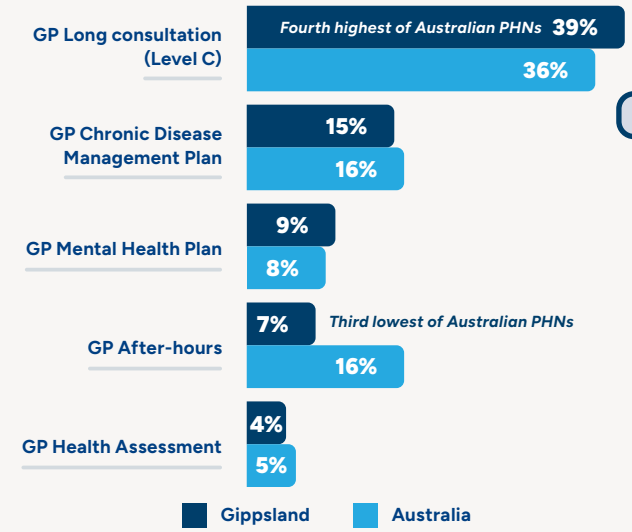
Percent of people in Gippsland with at least one Medicare-subsidised GP attendance over time (compared to Australia)

Figure A



Percent of people in Gippsland with at least one Medicare subsidised service by type (compared to Australia)

Figure B



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Allied health and nursing services

Apart from doctors, numerous other professions are involved in primary care. Their contributions are not always well understood and many services are provided outside Medicare funding and attendances are not consolidated in standardised datasets.

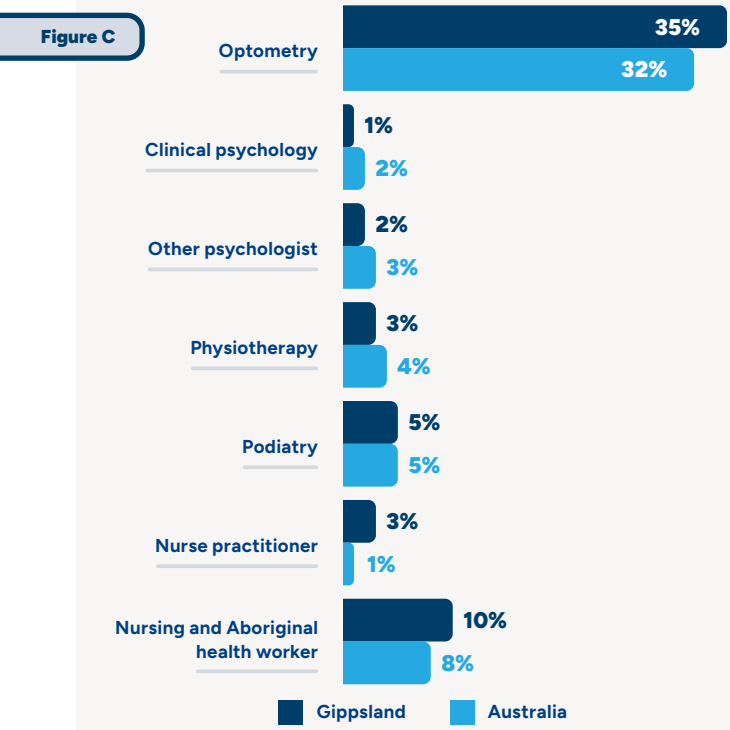
Data about Medicare-subsidised services show that in Gippsland:

A high proportion of the population received optometrist, nurse practitioner and nursing/ Aboriginal health worker services.

A low proportion of people in Gippsland received psychology and physiotherapy services.

Percent of people in Gippsland with at least one Medicare subsidised service by selected profession (compared to Australia), 2022-23

Figure C



Bulk billing and gap fees

87% of all GP consultations in Gippsland were bulk billed in October 2024, compared to **77%** across Australia. There was variation by age and geographic location:

96% for children (0-15 years)

90% for people 65+ years

73% for 16-64 year olds

92% Highest in Latrobe (lowest in East Gippsland at 80%)

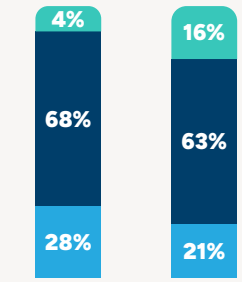
The average out-of-pocket cost for a privately billed GP attendance in Australia in 2023 was **$43** (down from **$46** in 2018-2022); Bass Coast had the 10th highest out-of-pocket cost among Victorian LGAs at **$49.70**.

Bulk billing general practices in Gippsland are becoming less common, with private billing on the rise. Most practices continue to use mixed billing, with bulk billing still most common for:

- Aboriginal and/or Torres Strait Islander peoples
- children under 16 years (some for under 5 years)
- veterans
- concession card holders
- care plans (such as chronic disease and mental health)

Distribution of Gippsland general practices by billing category, 2022 estimate and January 2025 snapshot*

Figure D



*2022 data are based on survey data from 53 Gippsland practices (60% of practices) while January 2025 data are based on latest data held in the Gippsland PHN database about all practices

Health workforce limitations impact access

A shortage of primary healthcare professionals remains a significant challenge.

Data shows Gippsland has fewer full-time equivalent (FTE) registered healthcare professionals per 100,000 people compared to Victoria, particularly:

Psychologists 44 FTE (117 in Victoria)

Podiatrists 13 FTE (23 in Victoria)

Physiotherapists 78 FTE (120 in Victoria)

Occupational therapists 102 FTE (204 in Victoria)

GP availability varies across Gippsland:
Baw Baw: 164 FTE per 100,000 people (above Victoria's 116 FTE average). East Gippsland: 101 FTE per 100,000 people (lowest in the region and below state average)

Total nursing FTE has increased over time, however, shortages persist in certain sectors, particularly aged care.

Demand for GP services is forecast to outpace supply.

Limited pathways for general practice training in rural and regional areas.

Changes over time to the **Distribution Priority Area** (DPA) classification impacts where international medical graduates work to access Medicare.

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Opportunities for improvement

Australia's Primary Health Care 10 Year Plan (2022–2032) outlines strategies to strengthen primary health care as part of the broader health system.

Strengthening Medicare measures focus on four priority areas:

1. Increasing access to primary care
2. Encouraging multidisciplinary team-based care
3. Modernising primary care
4. Supporting change management and cultural transformation

Opportunities for Gippsland include:

Invest in primary care models that meet growing community health and wellbeing needs.

Co-design future primary care models with community and professional stakeholders to meet needs and reduce pressure on emergency departments.

Multidisciplinary model that strengthens the connection between hospitals, GPs, nurses and allied health.

Support the current workforce with professional development opportunities, wellbeing initiatives, and greater integration within the broader health and wellbeing system.

Enhance workforce recruitment with financial incentives for employment in rural and remote locations, along with family support measures (such as housing, childcare).

Invest in digital tools for connected care and enhance both consumer and provider experiences.

Advocate to address health inequities in health care improvement and innovation by focusing on investments for individuals and communities that need them most.

Expand the role of nurse practitioners within the primary health system to improve access and integration.

Value-based healthcare pays providers to achieve patient health outcomes. Read more in **Volume to Value: implementing value-based care**.

Victorian Government's Single employer model trial, designed to increase the number of rural generalists working in rural and regional Victoria, including at Bairnsdale Regional Health Service.

> **...address acute issues with a longer-term lens... [for example] people experiencing homelessness or family violence.**
>
> - health professional

> **Assistance towards guiding clients and our communities to know how to access, where to access, and what is available.**
>
> - health professional

Gippsland PHN supporting access

Medicare Urgent Care Clinics help reduce pressure on hospitals, with two locations in Gippsland: Baw Baw (Warragul) and Latrobe (Moe)

After-hours services including the **HealthAccess** telehealth consultation service and after-hours access to Urgent Care Clinics

Community Led Integrated Health Care, designed by the people who will use them.

Support for **MyMedicare**, enabling a blended funding model where a primary care team provides multidisciplinary and collaborative care to support patient needs.

Gippsland Pathways provides information on local referral pathways and access to resources for primary care professionals.

Digital health tools, including support for My Health Record and electronic medication management solutions (ePrescribing and Active Script Lists).

Education and training opportunities for healthcare professionals.

> **Less overworked and stressed staff means better health outcomes for patients**
>
> - community member

> **More publicly funded nurse practitioner positions ... would be enormously helpful...**
>
> - community member

Access more Gippsland PHN publications here

Version 1 March 2025 Please contact **tellgippslandphn@gphn.org.au** with feedback or to request a reference list.