

Primary Care: keeping people out of hospital

Potentially preventable hospitalisations (PPHs)



Preventable hospitalisations cost Gippsland \$48 million per year*

*Independent Hospital Pricing Authority report

Timely and adequate primary health care can prevent unnecessary hospitalisations and improve the health status of the population. National analyses by the Australian Institute of Health and Welfare of 22 potentially preventable conditions to 2021-22 showed:

- A four times higher PPH rate for people aged 65 years or older
- Acute conditions were most common cause of a PPH
- Higher PPH rates in remote and regional areas like Gippsland
- Higher PPH rates in areas like Gippsland where people experience disadvantage, especially for chronic conditions

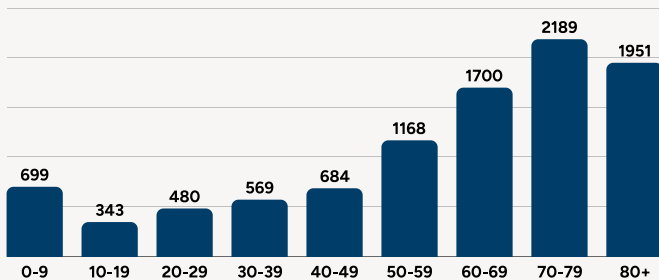
There were 9,783 PPHs for people in Gippsland during 2022-23.

- This accounts for 7.4% of all hospitalisations
- 60% of the PPHs were for chronic conditions, 37% for acute conditions, and 3% for vaccine preventable conditions
- 60% were for people aged 60 years or older

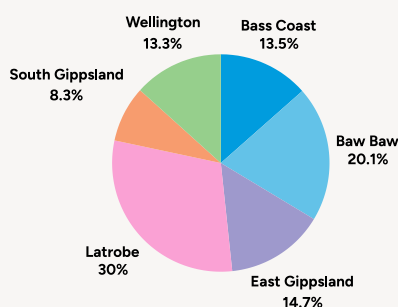
Top reasons for potentially preventable hospitalisations for Gippsland residents in 2022-23:

Gender	Reason	Admissions
Male	1. Diabetes complications	965
	2. Chronic Obstructive Pulmonary Disease	572
	3. Congestive cardiac failure	522
	4. Cellulitis	504
	5. Iron deficiency anaemia	369
Female	1. Iron deficiency anaemia	868
	2. Urinary tract infections, including pyelonephritis	650
	3. Chronic Obstructive Pulmonary Disease	571
	4. Diabetes complications	509
	5. Congestive cardiac failure	444

PPHs in Gippsland by age group in 2022-23:



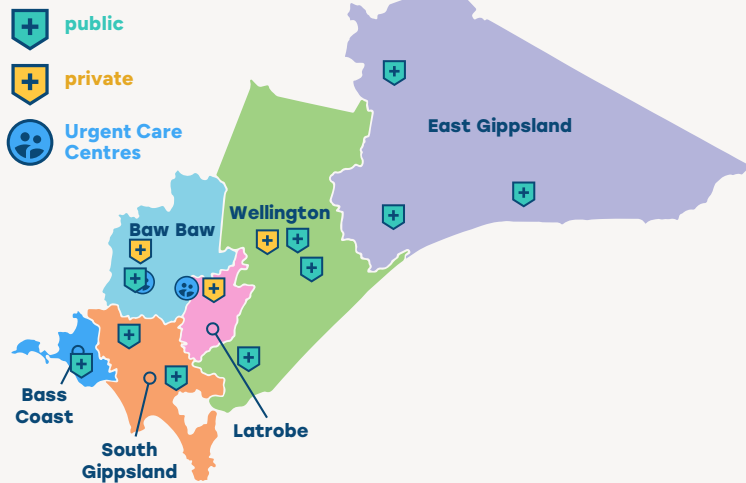
PPHs by local government area in Gippsland 2022-23:



Not all lower-urgency ED visits and preventable hospitalisations can be managed in primary care. Understanding local services and community needs can support better decision-making, service planning, and care coordination.

Primary health care is vital in preventing, identifying and managing health in local populations to keep people out of hospital emergency departments and in-patient beds.

Hospitals in Gippsland



Five hospitals in Gippsland have emergency departments.

Lower-urgency presentations to emergency departments

Lower-urgency visits to emergency departments (EDs) often reflect cases that could have been managed in primary care. These include semi-urgent (triage category 4) and non-urgent (triage category 5) presentations, excluding those who arrive by ambulance or are admitted to the hospital. (see [Australian Institute of Health and Welfare](#)).

There were 163 lower urgency presentations per 100,000 people in Gippsland in 2021-22 (age-standardised rates). This is high compared to 124 in Australia, but similar to other regional Primary Health Networks' data.

Highest:



Gippsland data shows high after-hours presentation rates at emergency departments, compared to Australia's rate of 56 lower-urgency presentations per 100,000 people:



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Lower-urgency ED presentations from 2019-20 to 2023-24:



Made up **34%** of all ED activity in 2023-24 (43,049 presentations, down from 50,051 in 2019-20).



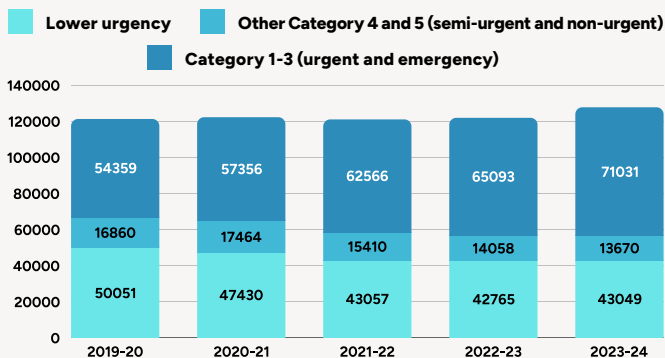
Are now similar to the national rate (36% in 2021-22).



Accounted for **76%** of all category 4 and 5 presentations in 2023-24.

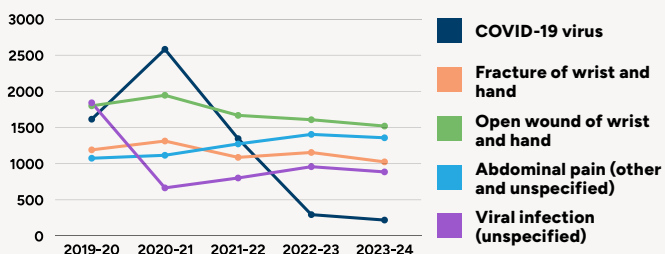
53% of presentations occurred after hours, a stable proportion since 2019-20, but higher than the national rate of 45% in 2021-22.

Emergency Department presentations for Gippsland residents by category, 2019-20 to 2023-24:



* Lower urgency presentations include triage category 4 and 5 (semi-urgent and non-urgent) presentations, excluding arrivals by ambulance and those admitted to hospital (see [Australian Institute of Health and Welfare](#)).

Top five diagnosis categories for lower-urgency ED presentations, Gippsland 2019-20 to 2023-24



Children and young people make up a high proportion of lower-urgency presentations:



24% children aged 0-14 years (26% nationally in 2021-22)



16% young people aged 15-24 years (same as nationally)



15% people aged 65 or over (11% nationally)

Gippsland PHN services and supports



- [Community Led Integrated Health Care](#)
- [After-hours services](#) – especially relevant to avoid lower urgency emergency department presentations
- [Urgent Care Clinics](#) - for conditions that require urgent attention but not an emergency response.
- [Aboriginal and/or Torres Strait Islander peoples health programs](#)
- [Primary Mental Health Care and Suicide Prevention](#)
- [MyMedicare](#) support for general practice
- [Digital health](#) supports including for My Health Record
- [Gippsland Pathways](#)

Community perspective

There are many reasons people visit an emergency department rather than a general practitioner.

These include:

- Their condition was serious enough that an ambulance took them to the emergency department- **47%**
- A GP wasn't available- **19%**
- Their GP didn't have the facilities or equipment to treat them- **16%**
- Their GP sent them to hospital- **9%**

Barriers for accessing primary care in Gippsland include:



The cost of healthcare



Lack of availability of appropriate and accessible primary care options



Extended wait times



Difficulty understanding health information and services

People told us they want person-centred, holistic and trauma-informed care that is safe and high-quality. This leads to trust and connection.

“ **Look at me, listen to me, respect me as a person.**
- Community member ”

“ **I leave it as long as I can, then go to get it investigated.**
- Community member ”

Professional perspective

Challenges for people working in the healthcare system include:



lack of information sharing and coordination of care between the primary care setting and the acute setting, especially for people with complex needs



a lack of understanding of healthcare reform among professionals, including about MyMedicare and mental health reform



Pressure on emergency departments in many parts of Gippsland, which can lead to long wait times



There is an ongoing impact of COVID-19, and confusion about where to access care and vaccinations.

Urgent Care Centres operating in Baw Baw and Latrobe provide an important alternative to a GP or emergency department.

“ **Greater linkages between services to ensure clients ... don't fall through the cracks ...**
- Health professional ”

Access more Gippsland PHN publications here

We acknowledge the Victorian Department of Health as the source of Victorian Admitted Episodes Dataset (VAED) and Victorian Emergency Minimum Dataset (VEMD) data used for this paper



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