



Australian Healthcare and Hospitals Association

General Practice in Western New South Wales

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GENERAL PRACTICE IN WESTERN NEW SOUTH WALES

EXECUTIVE SUMMARY

There are 110 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.

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. All SA2 areas of the WNSW PHN region are described as Districts of Workforce Shortage, except the town centres of Broken Hill, Parkes, Dubbo and Orange.

Around 60% of surveyed practices in 2017–18 described their practice as being only just financially sustainable.

Bulk-billing rates are slightly higher than the national average; however up to 65% 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.

The active patient population across 79 practices in the WNSW PHN region is approximately 260,000. Information is not reported for a further 31 practices. While 12% identify as Aboriginal or Torres Strait Islander, no information is reported for a further 13%; therefore this may be an undercount. Improving identification of Indigenous patients may assist in improving health outcomes and in designing appropriate care models. Almost 45% of the active practice population is over the age of 50, and 16% are over the age of 70. Slightly more than 20% of the active practice population is aged less than 20.

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 the WNSW PHN region 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.

Almost all practices use electronic health records and most are registered as providers in the My Health Record system. The majority of uploaded documents are prescription and dispense records; however views of documents are very few, with discharge summaries and pathology reports being the most viewed items.

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 Australia

There are almost 37,000 GPs in Australia, providing 151.1 million non-referred attendances annually. Of these, in 2016–17, 45.4 per cent of GPs were female; 14% were aged 65 years and older; and 40.6% were trained overseas.¹ The reliance on overseas trained doctors is particularly notable in rural areas, and has increased for each cohort of doctors entering the medical workforce since the 1970s.²

In 2017, there were 5,488 GP training positions/trainees, out of a total of 21,307 training positions. There were 1524 first year GP registrars nationally; 3440 female GP registrars; and 2,699 GP registrars completing general practice training through the rural pathway.³

Nationally, the general practice workforce is experiencing a decline in recruitment to trainee positions, with potential impacts for the future family doctor workforce. The Australian Medical Association (AMA) reports that since 2015, there has been a 20% fall in the number of applications for GP training, and a 6% fall in the number of first year GP training posts filled. In 2019, there were 63 unfilled first year GP training places nationally, despite approximate 3700 medical graduands each year.⁴

GP Synergy, which provides the Australian General Practice Training program in New South Wales and the Australian Capital Territory, reports that the percentage of Australian medical graduates undertaking general practice fellowship pathways has fallen since 2017, most notably in the rural pathways; from 100% to 71% between 2017 and 2019 in the Australian College of Rural and Remote Medicine (ACRRM) pathway, and from 51% to 38% in the same period in the Royal Australian College of General Practitioners (RACGP) pathway.⁵

General practice in Western New South Wales

Number of practices and GPs

There are 110 general practices, of which 20 are Aboriginal Medical Services.
The number of practices has increased since 2014, but the number of practitioners has decreased.

In 2019, there were 110 general practices, including 20 Aboriginal Medical Services (AMS)/Aboriginal Community Controlled Health Organisations (ACCHO) in the Western NSW PHN (WNSW PHN) region, employing 292 GPs and 98 GP registrars.⁶ This has decreased from 100 general

¹ Australian Government Department of Health, Health workforce data: medical education and training dataset (accessed 30 June 2019)

² O'Sullivan B et al, Reviewing reliance on overseas-trained doctors in rural Australia and planning for self-sufficiency: applying 10 years' MABEL evidence. *Human resources for health* (2019) 17:8

³ Australian Government Department of Health, Health workforce data: medical education and training dataset (accessed 30 June 2019)

⁴ Australian Medical Association media release, Urgent action needed to ensure the future family doctor workforce, 22 July 2019

⁵ Unpublished data provided by GP Synergy to WNSWPHN, 26 April 2019

⁶ Unpublished data provided by GP Synergy to WNSWPHN, 26 April 2019

practices employing 332 GPs in 2014–15⁷ and 108 practices employing 293 GPs and 100 GP registrars in October 2017.⁸

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.⁹

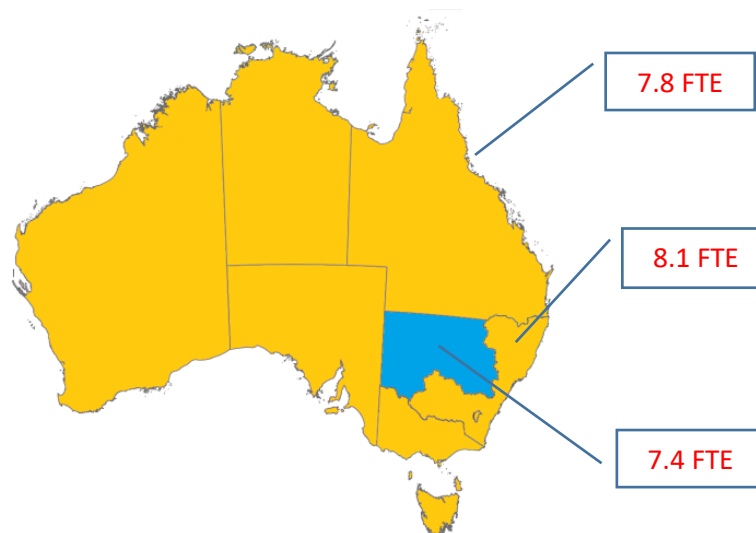


Figure 1: GP FTE per 10,000 population – Australia, NSW, WNSW PHN

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-served, 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 District¹⁰. The number and full-time equivalent (FTE) distribution of GPs and GP registrars across the sub-regions¹¹ is shown in Figure 2.

⁷ AIHW: My Healthy Communities, viewed August 2017

⁸ WNSW PHN data, October 2017

⁹ 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.

¹⁰ www.WNSW.PHN.org.au, viewed January 2018

¹¹ WNSW PHN data, October 2017

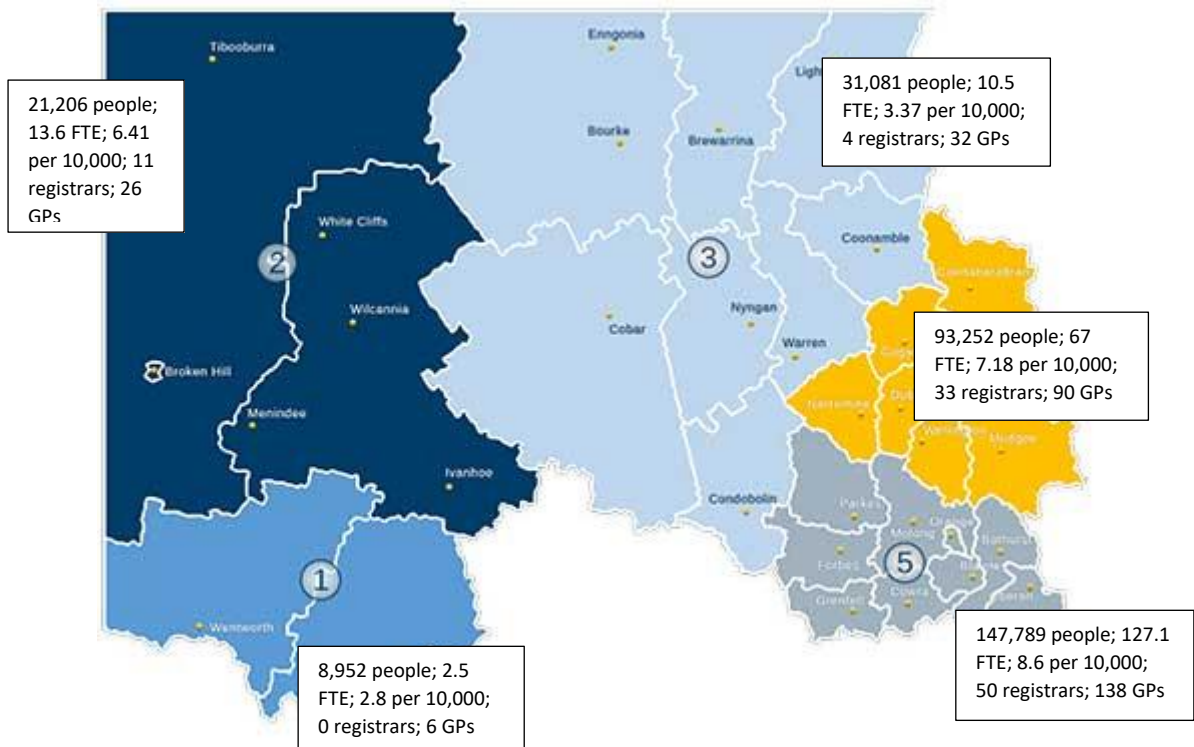


Figure 2: GP FTE per planning sub-regions

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.

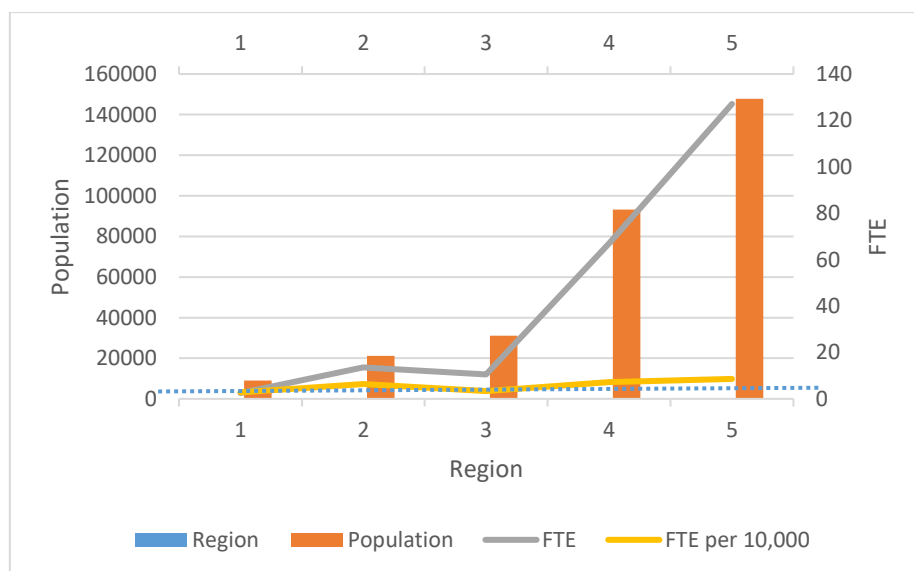


Figure 3: Comparative distribution of GPs and GP registrars, by population, by sub-region

All SA2 areas of WNSW PHN are defined as Districts of Workforce Shortage, except for the towns of Broken Hill, Parkes, Orange and Dubbo.¹²

Locums

Almost 10% of GPs working in the WNSW PHN region as at August 2018 were participating in the Rural Local Relief Program.¹³

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). In 2019, 33% of practices were solo practices (37 solo practitioners)¹⁴, unchanged since 2017, and 0.01% of practices are operated by corporate for profit medical centre chains (eg Primary Health Care).¹⁵ There were 49 general practices across the region with between 2 and 5 practitioners, and combined with sole practitioners, practices with 5 or fewer GPs represented 78% of all practices.¹⁶

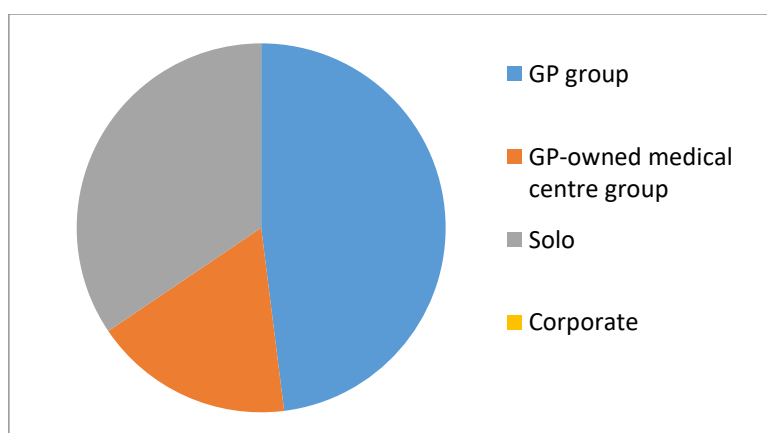


Figure 4: General practice ownership in WNSW PHN region

Accreditation

In 2019, 85% of general practices (94 practices) were RACGP accredited practices, and 54 practices (49%) were accredited for training purposes.¹⁷ 92 practices were participating in the Commonwealth Department of Health's Practice Incentive Program.¹⁸

¹² www.doctorconnect.gov.au, viewed 4 August 2019

¹³ Rural Doctors Network, Report on GP Vulnerability in WNSWPHN Region, Unpublished report, August 2018

¹⁴ WNSWPHN General Practice Factsheet 2019

¹⁵ WNSW PHN data reported to Primary Care Roundtable, March 2017

¹⁶ WNSWPHN General Practice Factsheet 2019

¹⁷ WNSWPHN General Practice Factsheet 2019

¹⁸ WNSW PHN data, February 2017

Practice incentive payments

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

The majority of practices (96 practices, 87%) were receiving Practice Incentive Payments (PIP) as at May 2018. All 96 practices receiving PIP received a rural loading payment. Other payments included e-health (70 practices, down from 74% in 2015 to 63% in 2018) and Indigenous health including patient registration and Tier 1 incentive payments (66 practices, 60%; and 43 practices, 39% respectively; with little change from 2015). The number of practices receiving a teaching incentive payment fell from 40 (37%) in 2015 to 26 (23%) in 2018. After-hours incentive payments were received by 68 practices (61%) with 34 practices (30%) receiving a level 5 after-hours payment (unchanged from 2015). 10 practices (11%) received a diabetes incentive outcomes payment, down from 14 practices (13%) in 2015. There were no practices in the region which received an incentive payment for signing on patients for asthma plans, cervical screening or diabetes management.¹⁹

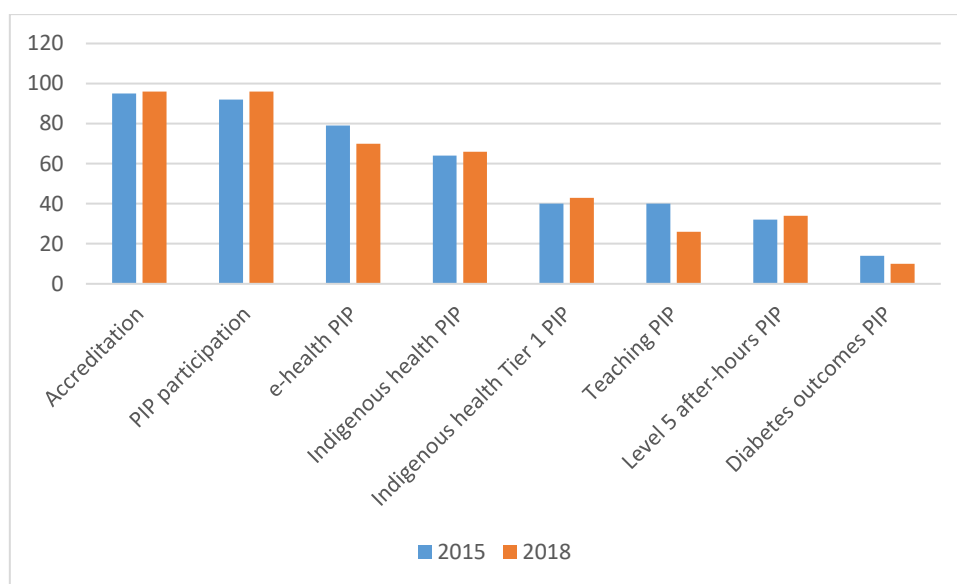


Figure 5: Accreditation and Practice Incentive Payments, 2015–2018

The level of knowledge about proposed changes to the PIP program, as reported in a survey undertaken in 2017–2018, was 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.²⁰

As GPs will have received additional information on the PIP changes, including on the introduction of the PIP QI arrangements which were implemented in August 2019, levels of knowledge are likely to have increased. These data highlight that the introduction of new payment models and other similar arrangements by the Australian Government Department of Health must be accompanied by

¹⁹ Australian Government Department of Health Medicare Financing and Listing Branch MBS data, May 2015–May 2018

²⁰ 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.

supporting information, and that there may be a considerable time lag between announcements relating to changes and effective diffusion of this information to general practices, particularly where there are a large number of sole practitioners or small practices without substantial corporate resources to disseminate information.

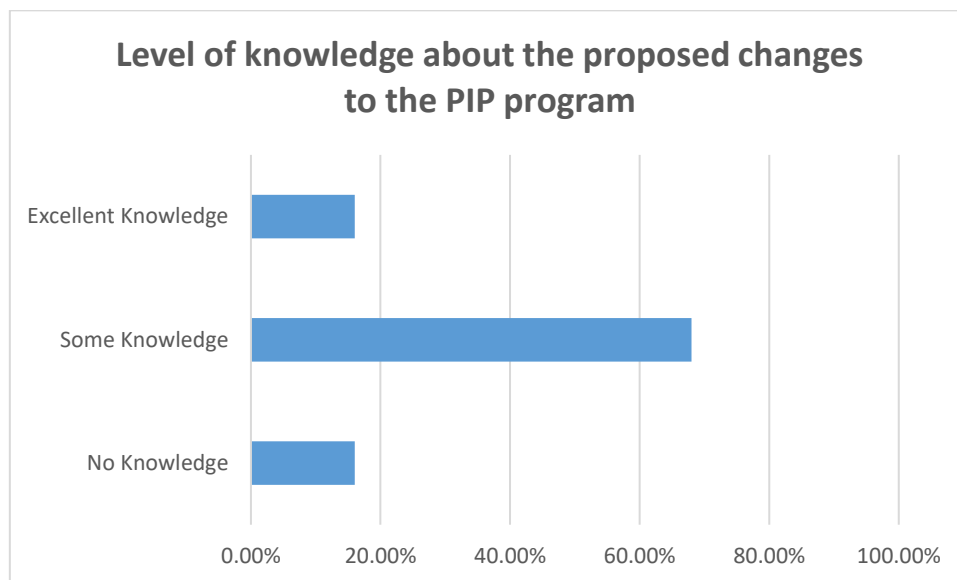


Figure 6: Level of knowledge about the proposed changes to the PIP program, 2017–18

Financial status of practices

Bulk-billing

Bulk-billing rates are slightly higher than the national average, however up to 65% 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 2016–17, 88.1% of general practice services were bulk-billed in the WNSW PHN region, compared with 85.7% 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%.²¹

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 2017.²² Data extracted from the National Health Services Directory show that approximately 85% of practices bulk-bill some patients and around 35% of practices bulk-bill all their patients. A very small number (3 practices, located in Orange) do not offer bulk-billing arrangements.²³ About a third of practices bulk-bill children and those with concession cards; and for chronic disease and health

²¹ AIHW: My Healthy Communities, viewed August 2019

²² WNSW PHN data, February 2017

²³ National Health Service Directory data, provided by WNSPHN, July 2019

assessment item numbers. Reported co-payments ranged between \$20 and \$41.95 for standard consultations.²⁴

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.²⁵

In 2016-17, 8.1% of people in the WNSW PHN region reported delaying or not seeing a medical specialist, GP, getting an imaging test and/or getting a pathology test when needed due to cost in the last 12 months. This is consistent with 7.6% reported nationally.²⁶

In 2014, 5,673 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.²⁷

There were 20,043 health care card holders (8.0% of people under 65); 68,863 pensioner concession card holders (28.1% of people over the aged of 15); and 5,036 Seniors health card holders (8.9% of people aged over 65) in 2017.²⁸

Similar to regional NSW generally, around a third of households in the WNSW PHN region fall into the lowest quartile for equivalised household income.²⁹

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.³⁰

In a survey undertaken by WNSWPHN on GP experiences in 2019, financial issues were highlighted as influencing both the level of satisfaction GPs experienced with their work, and their retirement intentions. Although the survey included only 12% of GPs across the WNSWPHN, reasons provided for intention to retire amongst the third of respondents who indicated retirement plans within 5 years included dissatisfaction with income and with time available to spend with patients. The level of dissatisfaction with income for both GPs and practice managers was higher than that recorded in similar surveys undertaken in other Primary Health Network regions.³¹

²⁴ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

²⁵ Harding, N. et al., What works in partnering to deliver effective Aboriginal health services. AHHA. 23 August 2017.

²⁶ AIHW: My Healthy Communities, viewed August 2019

²⁷ PHIDU, Torrens University Australia, Social Health Atlas of Australia: Primary Health Networks, 2014; viewed August 2019

²⁸ PHIDU, Torrens University Australia, Social Health Atlas of Australia: Primary Health Networks; viewed August 2019

²⁹ ABS: Census data, 2016

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

³¹ Western NSW PHN Improving GP experiences: 2019 Survey results

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 297 GPs reported as working across general practices, AMS and ACCHOs in the WNSW PHN region in 2019, although it is not clear whether this is a headcount or a full-time equivalent (FTE) count.³² 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 28% of the WNSW PHN GP workforce is engaged in Visiting Medical Officer (VMO) work – this is lower than in neighbouring PHN regions, eg Hunter New England (39%) and Murrumbidgee (44%).³³

In 2017, around one-fifth (22%) of GPs were aged 55 years or older; and 53% of GPs were International Medical Graduates (45% higher than the NSW average).³⁴

Registrars

35% of practices were reported as employing a GP training registrar at March 2017, and 107 GP registrars were reported as working in the region.³⁵

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.³⁶ In 2019, the proportion of practices with a nurse had reduced to 73% (81 practices), with 285 practice nurses employed across the region.³⁷ The number of practice nurses employed in the region, increased substantially between 2018 and 2019, from 234 to 285 practice nurses.³⁸

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.

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.³⁹ Only 2% of practices reported employing a community pharmacist.⁴⁰

³² WNSW PHN General Practice Factsheet 2019

³³ NSW Rural Doctors Network, Western NSW Regional Workforce Needs Assessment 2017

³⁴ NSW Rural Doctors Network, Western NSW Regional Workforce Needs Assessment 2017

³⁵ WNSW PHN General Practice Factsheet 2019

³⁶ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

³⁷ WNSWPHN General Practice Factsheet 2019

³⁸ WNSWPHN General Practice Factsheets 2018, 2019

³⁹ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁴⁰ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

Only 13% of practices were reported as employing a mental health nurse; while 24% reported employing an Aboriginal health worker. Aboriginal and Torres Strait Islander health practitioner numbers increased in the WNSW PHN region between 2012 and 2015, from 7.9 in 2012 to 65 in 2015.⁴¹

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.⁴²

Workforce shortage

The WNSW PHN region is categorised as a district of workforce shortage for all areas, except Broken Hill, Dubbo and Orange.⁴³ 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 2031.⁴⁴

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 new clinicians.⁴⁵ 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%.⁴⁶ 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.⁴⁷

⁴¹ NSW Rural Doctors Network Minimum Data Set Report, November 2015; WNSW PHN Aboriginal Health Profile 2019

⁴² Harding, N. et al., What works in partnering to deliver effective Aboriginal health services. AHHA. 23 August 2017.

⁴³ Commonwealth Department of Health WNSW PHN Profile, viewed September 2017

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

⁴⁵ 2016 WNSW PHN Needs Assessment

⁴⁶ AIHW: My Healthy Communities, viewed August 2017

⁴⁷ Hopkins J, et al., The integrated chronic care atlas of Dubbo and Coonamble. ConNetica. 2016

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.⁴⁸

Practice population

The active patient population across 79 practices in the WNSW PHN region is approximately 260,000. Information is not reported for a further 31 practices. While 12% identify as Aboriginal or Torres Strait Islander, no information is reported for a further 13%; therefore this may be an undercount. Improving identification of Indigenous patients may assist in improving health outcomes and in designing appropriate care models. Almost 45% of the active practice population is over the age of 50, and 16% are over the age of 70. Slightly more than 20% of the active practice population is aged less than 20.

In 2016, the WNSW PHN region had an estimated residential population (ERP) of around 310,000, an increase of 1.8% from the 2011 ERP of around 304,000.⁴⁹ More than 10% of the population identified as Aboriginal or Torres Strait Islander in the 2016 Census representing more than 31,000 of the total WNSW PHN population.

In the WNSW PHN region, the proportion of the population aged 65 years and over is projected to increase from 18.5% in 2016 to 25.1% by 2036.⁵⁰ 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).⁵¹

As at July 2019, across 79 practices reporting active population data to WNSW PHN, there were 257,306 active patients. Of these, 12% (31,629 people) were identified as Aboriginal and Torres Strait Islanders. This may be an undercount as 13% of the active population (33,375 people) did not have Indigenous status recorded.⁵² Improving identification may assist in improving health outcomes for Aboriginal and Torres Strait Islander patients, and may be undertaken as a quality improvement strategy by practices seeking to improve the services they offer to patients and to access funding arrangements available to support care for Aboriginal and Torres Strait Islander people.

⁴⁸ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁴⁹ Health Stats NSW, 2016 Based on the Australian Bureau of Statistics estimated resident populations. Population projections based on data from the NSW Department of Planning and Environment (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health

⁵⁰ Health Stats NSW, 2016 Based on the Australian Bureau of Statistics estimated resident populations. Population projections based on data from the NSW Department of Planning and Environment (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health

⁵¹ Health Stats NSW, 2015, reported in WNSW PHN Needs Assessment, March 2016

⁵² WNSW PHN active practice population data, extracted 22 July 2019

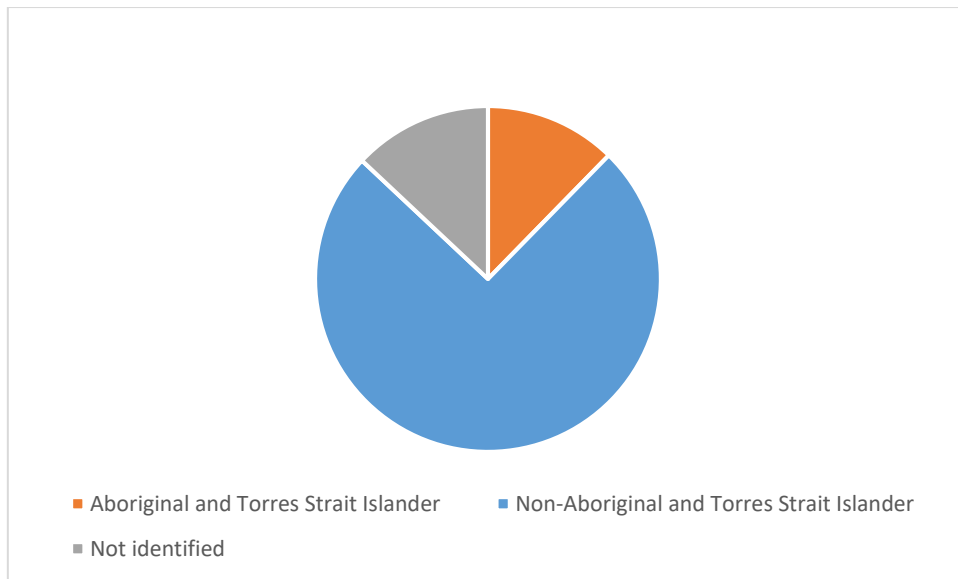


Figure 7: Active practice population by Indigenous status, WNSW PHN, July 2019

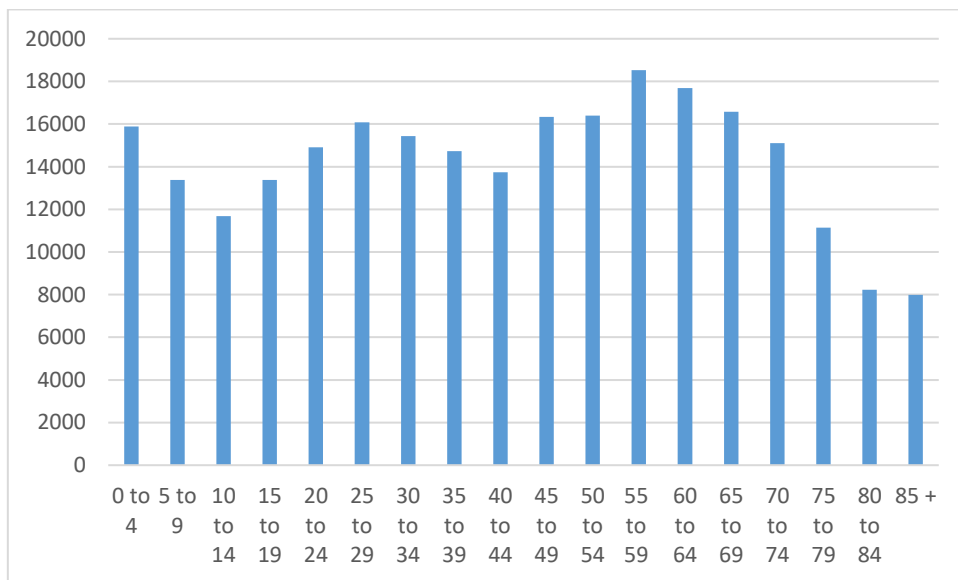


Figure 8: Active practice population by number and age group, WNSW PHN, July 2019

Information on the active practice population by age group in this report is not directly comparable to active practice population published in the 2018 State of General Practice report, as the number of practices providing data to WNSW PHN and the total population has increased substantially, from 46 practices to 79. Almost 45% of the active practice population is over the age of 50, and 16% are over the age of 70. Slightly more than 20% of the active practice population is aged less than 20.

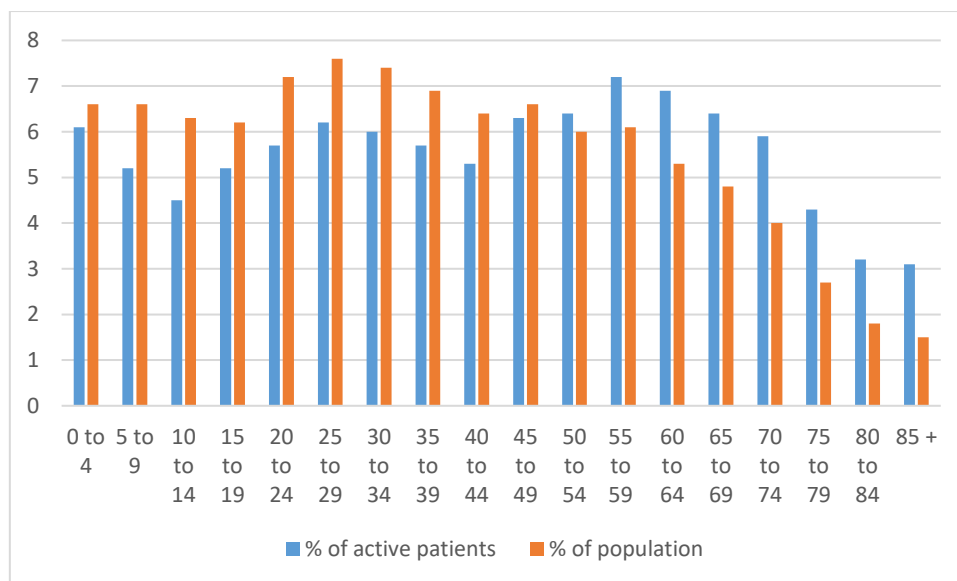


Figure 9: WNSW PHN active patients by percentage and age group, compared with total population

Figure 9 provides a comparison of the active patient population in the WNSW PHN region, and the distribution by age group across the total Australian population⁵³. This comparison should be viewed with caution, as the total active patient population in Australia is unlikely to be distributed in accordance with the overall population distribution, and the distribution of population in WNSW PHN region may not align with the distribution of the Australian population. However, it highlights the older population profile of the active practice population in WNSW PHN region, notably from 55 years upwards.

Most people aged 45 and over in the WNSW PHN region report having a usual GP (98.5%); however 43.6% of adults reported that they could not access their preferred GP when needed in the preceding 12 months.⁵⁴

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 Saturdays, and all day on Sundays and public holidays). Usage of after-hours services by patients in the region in 2016–17 (0.18 attendances per person) was lower than the national average of 0.49 attendances per person, with only 6.8% of patients reported as seeing a GP after hours, compared with 8.0% nationally.⁵⁵

⁵³ Australian Bureau of Statistics, Australian Demographic Statistics December 2018

⁵⁴ AIHW: My Healthy Communities, viewed August 2019

⁵⁵ www.myhealthycommunities.gov.au, viewed August 2019

In its 2019–2022 Health Needs Assessment, WNSW PHN has noted issues related to the lack of after-hours GP coverage in rural and remote areas and communities with high proportions of shift workers. It further notes that outside of the larger towns in the region, there is a financial disincentive for GPs to offer after-hours clinics, as they can earn more by providing the service through their engagement as Visiting Medical Officers in their local hospital or Multi-Purpose Service.⁵⁶

An audit of after-hours services in the WNSW PHN region was conducted during 2017.⁵⁷ 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.⁵⁸

Health assessment services offered by practices which participated in the survey include Medicare Benefits Schedule (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.⁵⁹

⁵⁶ WNSW PHN Health Needs Assessment 2019–2022

⁵⁷ Carramar: After hours services audit – Western NSW PHN, 2017

⁵⁸ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁵⁹ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

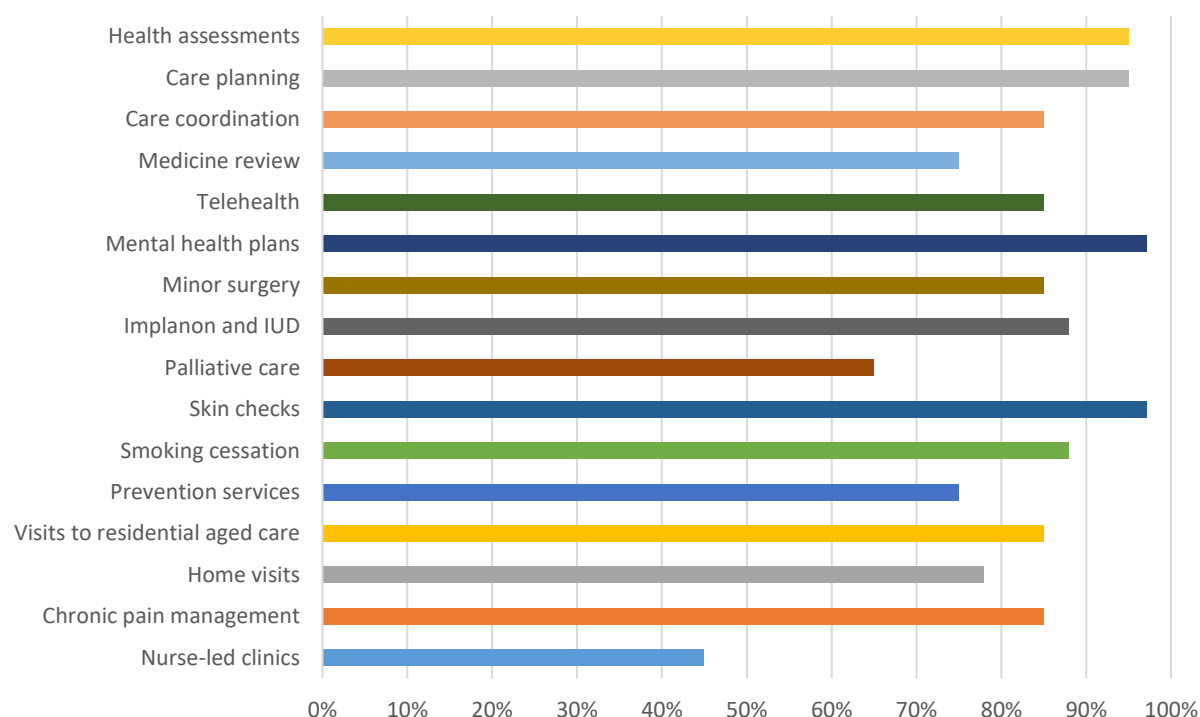


Figure 11: Services offered in general practices in WNSW PHN region

Telehealth

WNSW PHN staff report that telehealth consultations are impeded by poor internet speeds in some locations. WNSW PHN has the lowest internet connectivity rate of all PHNs nationally, with sub-regional rates lowest in the Far West and North West, and 12% lower than the national average (73% compared to 83%).⁶⁰

There were 10,309 telehealth services provided in the WNSW PHN region in 2015–16.⁶¹ There is limited disaggregated information available about these MBS-funded telehealth services; however MBS data show an increase of 29% in patient-end nurse practitioner telehealth services between 2014–15 and 2016–17 (from 785 to 1,009 services). There was little change in services where a medical practitioner provided patient-end clinical support during a video consultation in this three-year period, with 2,188 services funded in 2016–17.⁶² 23% of the region's telehealth users identified as Aboriginal.⁶³

The PHN is currently supporting a program aimed at expanded use of telehealth in residential aged care facilities to improve access to general practice. This reflects the lower than national GP attendances in residential aged care facilities in the WNSW PHN region (see section on *Services for the Elderly*).

⁶⁰ WNSW PHN Health Needs Assessment 2019–2022

⁶¹ Australian Government Department of Health, MBS Statistics by PHN and Item Number, 2015–16

⁶² WNSW PHN Health Needs Assessment 2019–2022

⁶³ WNSW PHN Aboriginal Health Profile 2019

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.⁶⁴

Specialty areas of telehealth service delivery

- Mental health
- Dietetics
- Rheumatology
- Endocrinology
- Neurology
- Pain management
- Sleep apnoea
- 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 2018 PIP data, 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.⁶⁵

WNSW PHN supports cultural safety training for general practice staff and other healthcare providers working in the region. During 2018 there were six training sessions conducted across the region. These training sessions were held in Bathurst – 18 participants, Bourke – 15 participants, Broken Hill – 33 participants, Cobar – 13 participants, Dubbo – 57 participants and Orange – 24 participants, training a total of 160 people.⁶⁶ Further training sessions are planned for Nyngan, Parkes and Coonamble in October and November 2019.

⁶⁴ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁶⁵ Harding, N. et al., What works in partnering to deliver effective Aboriginal health services. AHHA. 23 August 2017.

⁶⁶ WNSW PHN data, September 2019

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.⁶⁷

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.

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).⁶⁸

Across the region in 2016–17, there were 11.3 attendances per patient in residential aged care facilities. This is lower than the national average of 16.6 attendances per patient in residential aged care in the same period.⁶⁹ Around 85% of practices provide services in residential aged care facilities.⁷⁰ The number of MBS funded GP attendances increased by 15% from 38,158 in 2014–15 to 44,042 in 2016–17; however in stakeholder consultations undertaken for the WNSW PHN Health Needs Assessment in 2018, it was reported that the incentives were inadequate for GPs and pharmacists to provide primary health care in residential aged care facilities.⁷¹ Palliative care services were identified as a particular gap in rural and remote areas. The PHN is currently supporting a program aimed at increasing use of telehealth in residential aged care to address access issues.

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.⁷²

⁶⁷ Harding, N. et al., What works in partnering to deliver effective Aboriginal health services. AHHA. 23 August 2017.

⁶⁸ ABS: Census data, 2016

⁶⁹ www.myhealthycommunities.gov.au, viewed August 2019

⁷⁰ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁷¹ WNSW PHN Health Needs Assessment 2019–2022

⁷² ABS: Census data, 2016

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 2016.⁷³

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. 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).⁷⁴

As at 31 March 2019, there were 253 people with packages under the National Disability Insurance Scheme. Information on packages by disability type and by age group is provided in Figures 12 and 13.⁷⁵

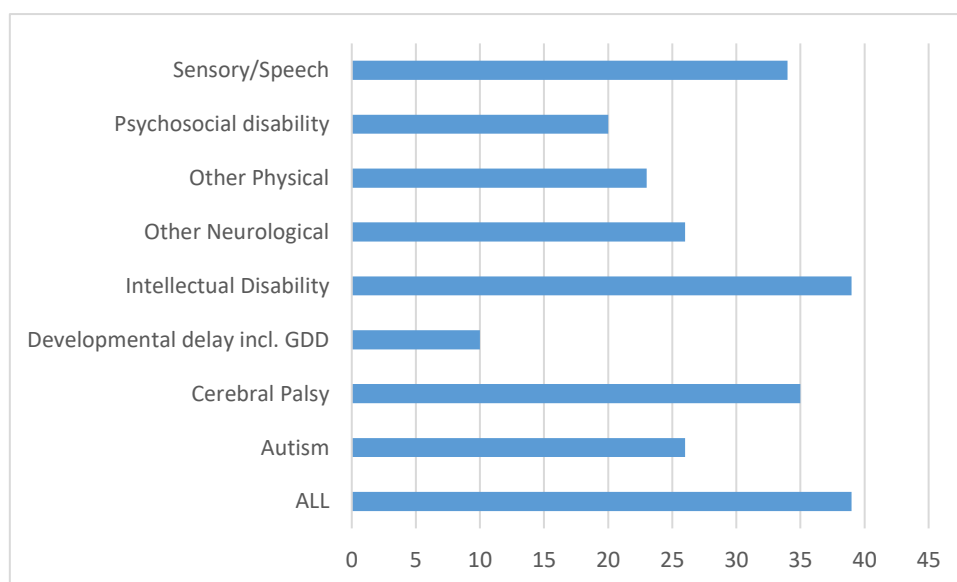


Figure 12: NDIS packages by disability type

⁷³ ABS: Census data, 2016

⁷⁴ ABS: Census data, 2016

⁷⁵ National Disability Insurance Scheme Participant Data 31 March 2019, <https://www.ndis.gov.au/about-us/data-and-insights/data/participant-numbers-and-plan-budgets-data>, viewed 19/8/19

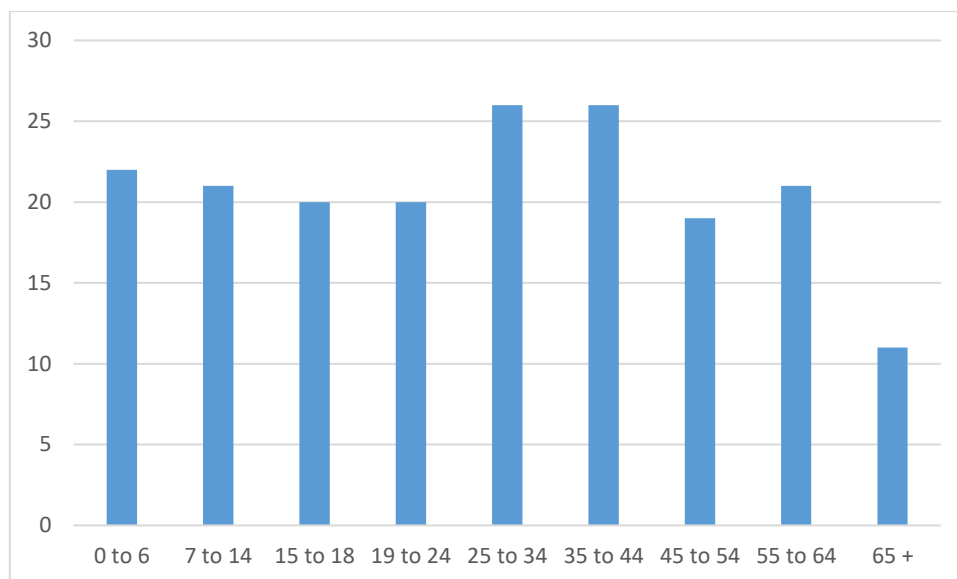


Figure 13: NDIS packages by age group

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.⁷⁶

ABS Patient Experience Survey 2018 data similarly reported 90.6% of adult patients in the WNSW PHN region as understanding GP explanations of their health information.⁷⁷ However, in consultation workshops held by WNSW PHN for its 2018 Needs Assessment, health literacy was raised as an important factor impacting on self-care and health outcomes. This was particularly highlighted as problematic for older Aboriginal people, and it was noted that there was a need for health professionals to be able to yarn with their Aboriginal patients in a culturally safe way.⁷⁸

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

⁷⁶ AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁷⁷ AIHW: My Healthy Communities, viewed August 2019

⁷⁸ WNSW PHN Health Needs Assessment 2019–2022

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.⁷⁹

In the WNSWPHN region 23.6% of dwellings did not access the internet in 2016, compared with 14.1% across Australia, which may impact access to health information and services⁸⁰.

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

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.

This is supported by ABS Patient Experience Survey 2018 data, which reported 87.9% of adult patients in the WNSW PHN region being involved in decision-making about their care.⁸¹

Practices indicated a high level of need for support for patients with chronic conditions to improve their activation level.⁸² 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.⁸³

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.

⁷⁹ ABS: Census data, 2016

⁸⁰ PHIDU, Torrens University Australia, Social Health Atlas of Australia: Primary Health Networks; viewed August 2019

⁸¹ www.myhealthycommunities.gov.au, viewed 4 August 2019

⁸² AHHA survey of WNSW PHN general practices, November 2017 – June 2018

⁸³ As reported by Dr Paresh Dawda, from November 2017 WNSW PHN Action Learning Set

However there are relatively more chronic disease ‘teams’ than mental health ‘teams’ per 100,000 population (139.21 compared with 89.45 respectively).⁸⁴

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 2018.⁸⁵

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.⁸⁶

In the three years between 2014–15 and 2016–17, MBS funded GP services for:

- chronic disease care management plans increased by 12% from 34,345 to 38,565
- chronic disease team care arrangements increased by 15% from 27,642 to 31,847
- reviews of chronic disease care management plans or team care arrangements increased by 5% from 52,058 to 54,745
- multidisciplinary chronic disease care plan preparation or review services increased by 19% from 64 to 76 for non-residential aged care residents, and by 12% from 894 to 1,001 for patients in residential aged care facilities.⁸⁷

There was a decrease in MBS funded health assessments for eligible non-Aboriginal people at risk of chronic disease between 2014–15 and 2016–17, by 11% from 11,530 services to 10,245 services. However, for eligible Aboriginal people at risk of chronic disease, there was an increase of 15% from 12,885 to 14,838 services in the same period.

⁸⁴ Hopkins J, et al., The integrated chronic care atlas of Dubbo and Coonamble. ConNetica. 2016

⁸⁵ NSW Outback Division of General Practice: CDMPP Fact Sheets, September 2017

⁸⁶ Harding, N. et al., What works in partnering to deliver effective Aboriginal health services. AHHA. 23 August 2017.

⁸⁷ WNSW PHN Health Needs Assessment 2019–2022

RECORDING AND MONITORING OF PATIENT RECORDS

Use of My Health Record

100 general practices are registered as providers in the My Health Record system.

100 general practices and AMSs in the WNSW PHN region (91%) were registered as providers in the My Health Record system and were uploading shared health summaries in 2019, with 12,150 shared health summaries uploaded by providers in the 2018–19 financial year.⁸⁸

Across the region, registered providers in the My Health Record system include 67 community pharmacies, 105 aged care facilities, 13 allied health providers, 41 LHD facilities, and 1 private hospital. There are 4 specialists and 1 pathology/diagnostic imaging service registered.⁸⁹

The majority of records uploaded in the 2018–19 financial year were prescription records (305,124 records) and dispense records (325,801 records). There were 69,171 discharge summaries uploaded. There were 1644 event summaries uploaded.⁹⁰

Despite the large number of records now uploaded in the My Health Record system, views of records remain low, with only 1000 views of discharge summaries and 613 views of pathology reports in 2018–19. There were very few views of other document categories.⁹¹

Data on people who opted out of the My Health Record are unavailable at the PHN level; however the Australian Digital Health Agency reports a national opt-out rate in 2019 of approximately 9%.

Use of electronic medical records

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

Almost all general practices in the WNSW PHN region use electronic medical records, with only two 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 63% of practices.⁹² Secure messaging remains problematic for practices in the region.⁹³

⁸⁸ Australian Government Department of Health My Health Record data, 23 July 2019

⁸⁹ Australian Government Department of Health My Health Record data, 23 July 2019

⁹⁰ Australian Government Department of Health My Health Record data, 23 July 2019

⁹¹ Australian Government Department of Health My Health Record data, 23 July 2019

⁹² Australian Government Department of Health Medicare Financing and Listing Branch MBS data, May 2015–May 2018

⁹³ WNSW PHN Health Needs Assessment 2019–2022

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%).⁹⁴ 46 practices across the region provide data to WNSW PHN via the QHIP portal for benchmarking. WNSW PHN staff report that data quality has improved since the introduction of QHIP and with greater use of the My Health Record.

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 87.6% (2016–17 data). This is consistent with 91.6% reported nationally. There was also a very high percentage (92.0%) 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 94.1% reported nationally. The percentage who felt their GP always or often spent enough time with them in the previous 12 months was 90.0% (compared with 90.6% nationally).⁹⁵

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.⁹⁶

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.⁹⁷

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.⁹⁸

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

⁹⁴ WNSW PHN data reported to Primary Care Roundtable, March 2017

⁹⁵ AIHW: My Healthy Communities, viewed August 2019

⁹⁶ WNSW PHN data, September 2017

⁹⁷ WNSW PHN data, September 2017, supplied for one practice

⁹⁸ AHHA survey of WNSW PHN general practices, November 2017– June 2018

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.⁹⁹

In 2018, WNSW PHN conducted a CPD needs assessment, with responses from 283 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 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.¹⁰⁰

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.¹⁰¹

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.¹⁰²

The majority of practices in WNSW PHN are participating in quality improvement activities with the PHN. At July 2019 there were 79 practices (72%) submitting data to WNSW PHN and receiving access to a General Practice data quality improvement platform, which displays a range of indicators to assist practices improve patient care and data quality. Currently these indicators focus on chronic disease.¹⁰³

Engagement with WNSW PHN

WNSW PHN has data sharing agreements with 74% of practices in the region (including AMs and ACCHOs). Most of these practices submit data on a monthly basis, with 64% of practices uploading data in June 2019. The quality of data submitted by practices varies but has notably improved each year. Practice support officers work with individual practices to address data quality issues as needed. In early 2019 WNSW PHN launched an online General Practice Information platform which provides online, interactive visualisation of the submitted practice data. This platform replaces previous QHIP printed reports and is used by practice managers, GPs and practice nurses to drive quality improvement initiatives and review data quality. Currently the platform includes indicators

⁹⁹ 2016 WNSW PHN Needs Assessment

¹⁰⁰ WNSW PHN CPD Needs Assessment, 2019

¹⁰¹ WNSW PHN data reported to Primary Care Roundtable, March 2017

¹⁰² AHHA survey of WNSW PHN general practices, November 2017 – June 2018

¹⁰³ WNSW PHN data reported to AHHA, July 2019

focusing on population health and screening, chronic disease management, diabetes, cardiovascular, respiratory, mental health and AMS measures. A separate PIP QI module is under development to give practices a view of the 10 PIP QI indicators. Practice data is benchmarked against a similar cohort of practices based on active population size.

In 2018, 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.¹⁰⁴

In June 2019, WNSW PHN engaged Outcomes Services to conduct a survey of general practice to gain feedback on engagement activities and performance of the PHN, *Western NSW PHN Improving GP Experiences: 2019 Survey*.¹⁰⁵ The survey was distributed via the WNSW PHN database of GPs, practice managers and practice nurses with an overall response rate of 21%. Overall satisfaction with WNSW PHN's performance over the last 12 months rated high or very high by 67% of respondents, significantly higher than the satisfaction ratings of other benchmarked PHNs. High or very high satisfaction was found by respondents with education activities (88%) and practice support (70%), while WNSW PHN only 52% of respondents rated the usefulness of its website as high or very high.

¹⁰⁴ WNSW PHN CPD Needs Assessment 2019

¹⁰⁵ WNSW PHN Improving GP Experiences: 2019 Survey 2019