Lumos

Lumos
General Practice Report
Sample General Practice Report

NSW Primary Health Network

Patient journeys

From 1 November 2022 to 31 October 2023

NSW GOVERNMENT

Acknowledgement of Country

NSW Health acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging.

Disclaimer

Information contained in this publication is based on knowledge and understanding at the time of writing, and is subject to change.

Your Snapshot:
Patient journeys 1 November 2022 to 31 October 2023

8,000 patients attended your practice at least once from **1 November 2022 to 31 October 2023**. Highlights from their health service use over this time period are shown below, including references to the pages in this report where further information on the topic is found.

Emergency Department (ED) Presentations

Of your **8,000** patients:

936 (11.7%) patients presented to the ED during the reporting period for care that did not result in a hospital admission (page 9).

338 (27.7%) of non-admitted ED episodes had the patient visiting your practice within 72 hours after discharge (page 10).

Patients **with a diagnosis of chronic kidney disease recorded at your practice** were **most likely** to present for non-admitted ED care (page 11).

296 (53.5%) patients who were allocated a lower triage priority when arriving to ED, and were not admitted, arrived outside sociable hours* (page 12).

Emergency Hospital Admissions

Of your **8,000** patients:

504 (6.3%) patients were admitted for an emergency hospitalisation during the reporting period (page 9).

The most common reason for admission was **Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)** (page 15).

Patients **with a diagnosis of chronic kidney disease recorded at your practice** were **most likely** to require an emergency hospitalisation (page 13).

Patients **who had 1-5 encounters at your practice in the reporting period** were **least likely** to have an emergency hospital admission (page 13).
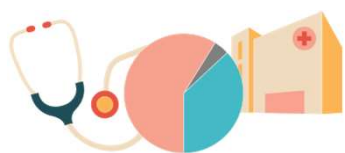
Record of chronic condition status

Of your **8,000** patients:

248 (3.1%) patients were admitted to hospital for a selected chronic condition+ as the main or contributing reason for their admission (page 15).

125 (50.6%) of these admitted patients have the condition recorded at your practice (page 15).

59 (23.7%) of these admitted patients were readmitted for the same condition within 28 days (page 15).

Condition in Focus – Type 2 Diabetes

Of your **259** patients with type 2 diabetes recorded at your practice:

59 (22.8%) patients had a diabetes related hospital admission during the reporting period (page 17).

Detailed information about the use of health care services for patients at your practice with type 2 diabetes can be found on pages 16-18.

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* *Sociable hours are defined as 8am to 8pm weekdays (excluding public holidays)*
+ *Cancer, cardiovascular disease, type 2 diabetes, chronic kidney disease or chronic mental health conditions.*

Contents

Sample

Overview

About this report

This report provides a unique system-wide view of the hospital services your patients access and their outcomes. It allows you to compare the journeys of your patients with those from other practices participating in Lumos. This can help you to understand more about the experience of your patients and may present opportunities for review or action at your practice.

This report pertains to 680 practices in NSW.

By participating in Lumos, your practice's data contributes valuable information about patient journeys across the healthcare system in NSW.
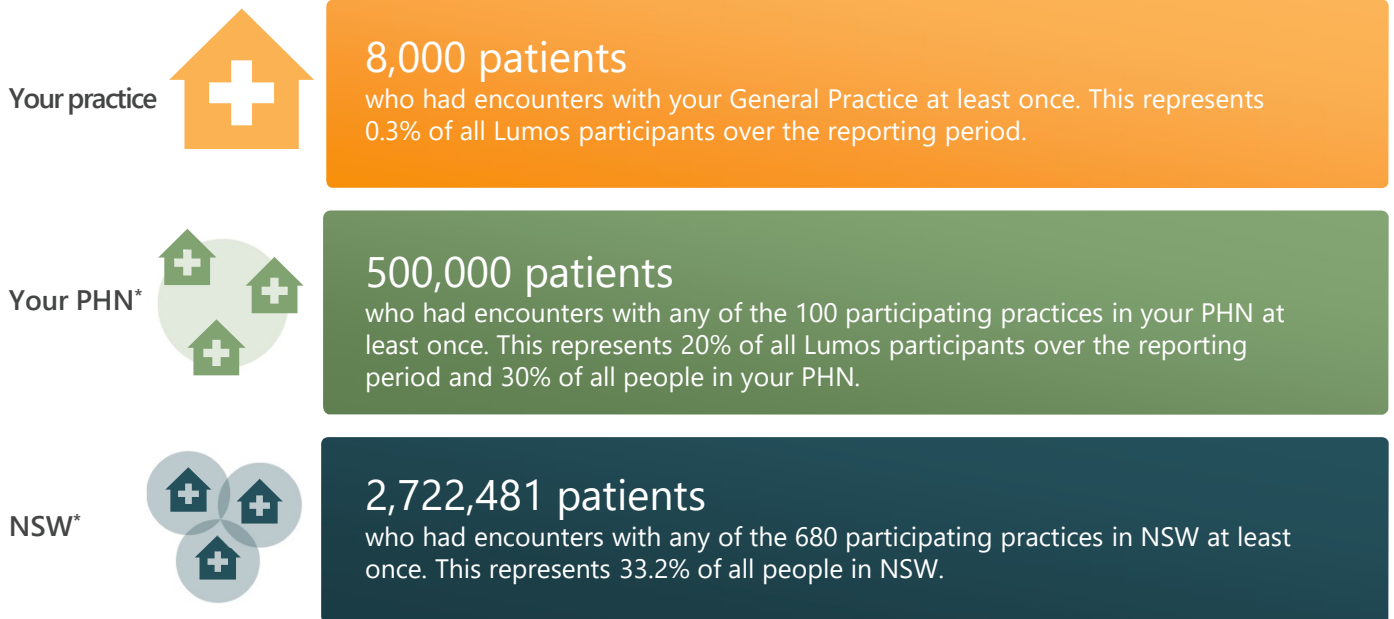
To view the findings to date, please visit https://www.health.nsw.gov.au/lumos/Pages/insights.aspx.

Each Lumos-participating practice receives a report in this format. It includes general suggestions and examples of how data insights might be relevant to a general practice. You may find some insights more relevant than others to your practice's operations. Interpretation of these reports is affected by your practice's patient demographics, service offerings and other factors.

Current reporting period

The information provided in this report is about those patients who had encounters with your practice at least once in the period from 1 November 2022 to 31 October 2023, which corresponds to the most recent period when linked data were available across all datasets included in this report. Throughout the report, this is referred to as the **reporting period**. An encounter is defined as a doctor or nurse interaction at your practice in this period.

The terminology and patient numbers in the boxes below are used throughout this report:

Your practice

8,000 patients
who had encounters with your General Practice at least once. This represents 0.3% of all Lumos participants over the reporting period.

Your PHN*

500,000 patients
who had encounters with any of the 100 participating practices in your PHN at least once. This represents 20% of all Lumos participants over the reporting period and 30% of all people in your PHN.

NSW*

2,722,481 patients
who had encounters with any of the 680 participating practices in NSW at least once. This represents 33.2% of all people in NSW.

* Data are from Lumos-participating practices only and may not represent all patients in your PHN or in NSW.

Interpretation

Important note: Data in this report are from Lumos-participating practices only and may not represent all patients in your PHN or NSW. While Lumos data are 91% aligned to the demographic distribution of the NSW population (lumos-evaluation-report-3.pdf (nsw.gov.au), this may skew some conclusions.

Overview

Comparison chart used in this report

This report presents statistics showing where the values at your practice sit compared to peers in your PHN and in NSW using the chart shown below. Many points of difference between the data at your practice compared to others may reflect differences in patient populations, health profiles and in the range of services delivered.
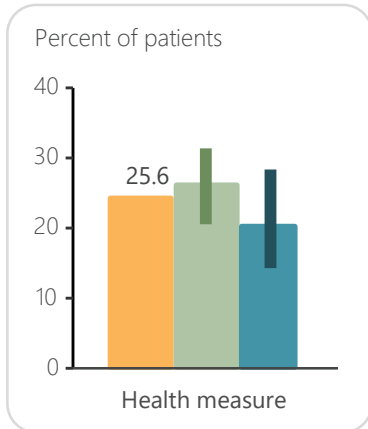
The yellow bar shows the percentage at your practice and the exact value is printed above the bar.

The light green bar shows the median percentage (middle value) in your PHN

The dark green line represents the range of percentages for the **middle 70%** of practices in your PHN

The light blue bar shows the median percentage in NSW

The dark blue line represents the range of percentages for the **middle 70%** of practices in NSW

An example and its interpretation

Assume there are 20 Lumos-participating practices in your PHN. The figure below shows the percentage of ED presentations and hospital admissions for each of these 20 hypothetical practices (green dots, with "your" practice as a yellow dot). It then shows the conversion to the comparison chart described above.

Your patients' hospital presentation rates compared to other Lumos-participating practices in your PHN
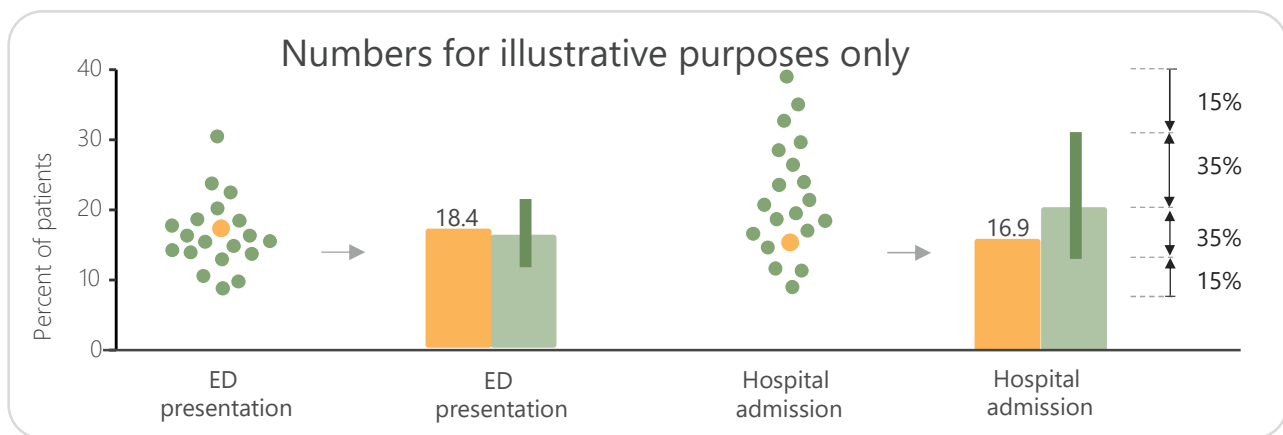
The PHN median (light green bar) is derived by ranking the percentage for each of the participating practices in your PHN from lowest to highest, and then selecting the mid-point result. The median is similar to a mean but is not skewed (i.e. not noticeably shifted) when there are outliers present. There are 10 practices above and 10 practices below the top of the light green bar, marking the middle point of the PHN data.

The dark green line shows the range for the middle 14 practices (70% of 20) in your PHN. This means there are always 3 (15%) practices in your PHN above and 3 (15%) practices below the line for each line displayed.

On the left of the chart, the dark green line for ED presentations is short, as most practices in the PHN have a similar proportion of patients who present to the ED. On the right of the chart, the dark green line for hospital admissions is long, meaning that there is a wide range in the proportion of patients per practice who are admitted to hospital from within the PHN.

"Your" hypothetical practice is highlighted by the yellow bar and shows similar traits to other practices in your PHN, albeit below the overall median rate of admissions to hospital.

Patient Profile

Information from other Lumos-participating practices in your PHN and NSW is presented throughout this report for context. If your practice's data stands out with high or low values compared to the PHN or statewide, consider if the case-mix of your patients or the services your practice offers could explain the differences.

Patient population by sex, age, socio-economic status and chronic condition diagnosis status

Age and Sex

Female	Age	Male
2.1	90+	1
4.5	80-89	3
7.9	70-79	8.5
10.5	60-69	10.5
16.2	50-59	14.6
17.4	40-49	13.1
11.9	30-39	9.5
8.3	20-29	8.3
10.6	10-19	14
10.6	0-9	17.6

Percent of female patients / Percent of male patients

Socio-economic Status (IRSAD)

IRSAD Decile	Percent of patients
10	87.4
9	7.4
8	1.7
7	1
6	0.4
5	0.5
4	0.7
3	0.5
2	0.2
1	0.1
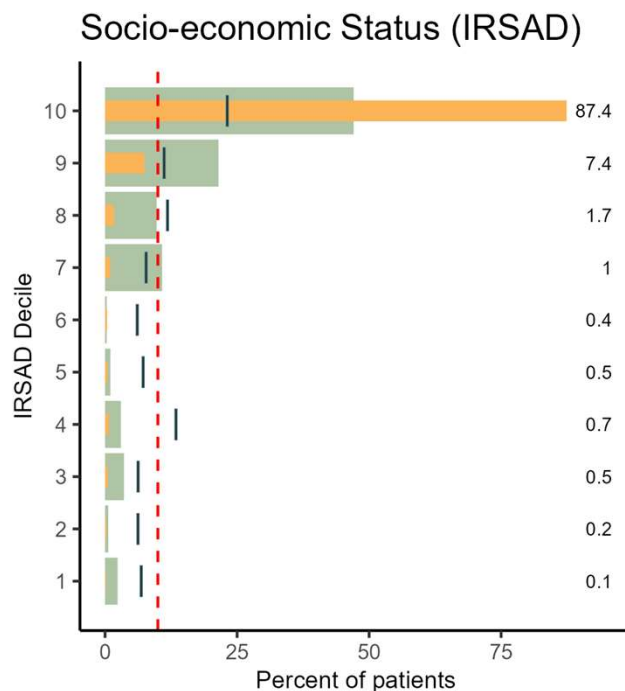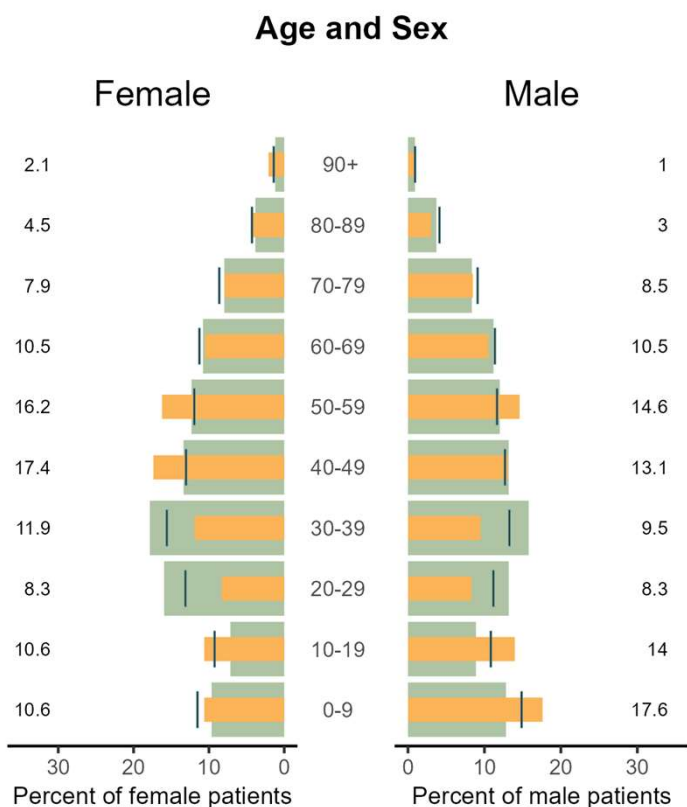
Derived using the ABS 2021 national Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) classification of patients' postcodes of residence. Higher decile scores indicate greater socio-economic advantage. Where patient postcodes are unavailable, the practice postcode has been used instead. The dashed red line indicates the national population-wide distribution.

Chronic conditions*

Condition	Percent of patients
Mental Health Conditions	17.1
Type II Diabetes	3.2
Cancer	5.6
Cardiovascular Disease	5.4
COPD	0.7
Chronic Kidney Disease	0.4

Chronic Condition Definitions and Notes

Cardiovascular disease includes various conditions under the umbrella of chronic heart disease, acute myocardial infarction, selected peripheral vascular diseases, stroke, renal artery stenosis and carotid stenosis.

Mental health conditions includes bipolar, schizophrenia, autism, ADHD, dementia and an active diagnosis of depression or anxiety.

COPD includes chronic obstructive pulmonary disease, emphysema and chronic bronchitis.

Chronic kidney disease includes chronic renal failure, renal dialysis and renal transplant.

Note that the sets of detailed diagnoses that map to the above chronic conditions are dependent on the Clinical Information System in use at your practice.

Recording of diagnosis of chronic conditions is variable according to practice.
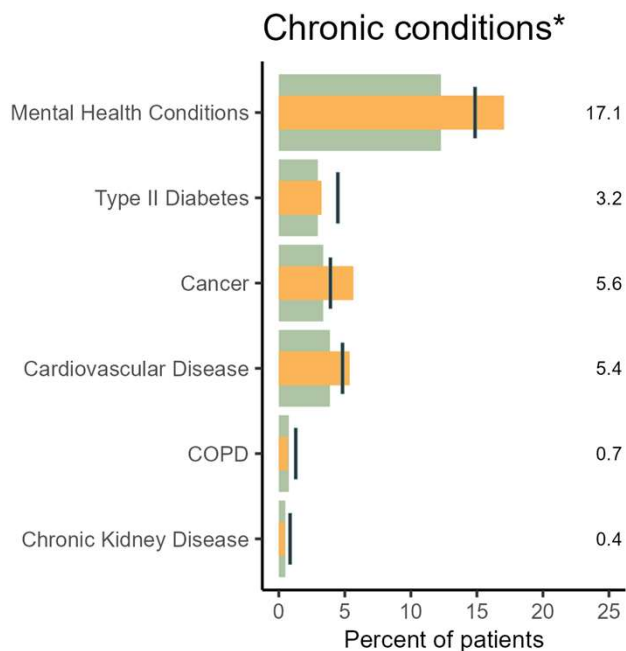
Some patients have multiple chronic conditions and are counted for each condition they have.

KEY — Percentage in this Practice | Percentage in your PHN (Lumos-participating practices only) | Percentage in NSW (Lumos-participating practices only)

Patient Profile

Summary patient characteristics and frequency of general practice encounters

A summary of your patient's encounter frequency, age and chronic condition status is given below. Of your patients, 1,537 (18.6%) also had encounters with another Lumos participating practice in NSW during the reporting period.

Characteristic	Your practice	Your PHN *	NSW *
Average number of GP encounters	10.8	5.7	5.9
Percent of patients who had encounters with another Lumos participating practice	19 %	20 %	24 %
Percent female	57 %	55 %	54 %
Average age	40.9	40.6	40.4
Percent of patients diagnosed at your practice with a chronic condition**	35 %	23 %	26 %

If a patient had an encounter at multiple Lumos-participating practices in the reporting period, they will appear in the report of each GP that they visited. Information on the encounters of your patients with other GPs is not included in your data. The PHN and NSW level data from Lumos-participating practices takes into account patients that had encounters with multiple practices, where applicable.

GP encounter frequency of your patients

The frequency of patients attending your general practice is displayed below. This may be helpful to reference when reviewing patients who presented to a public hospital presented later in this report.
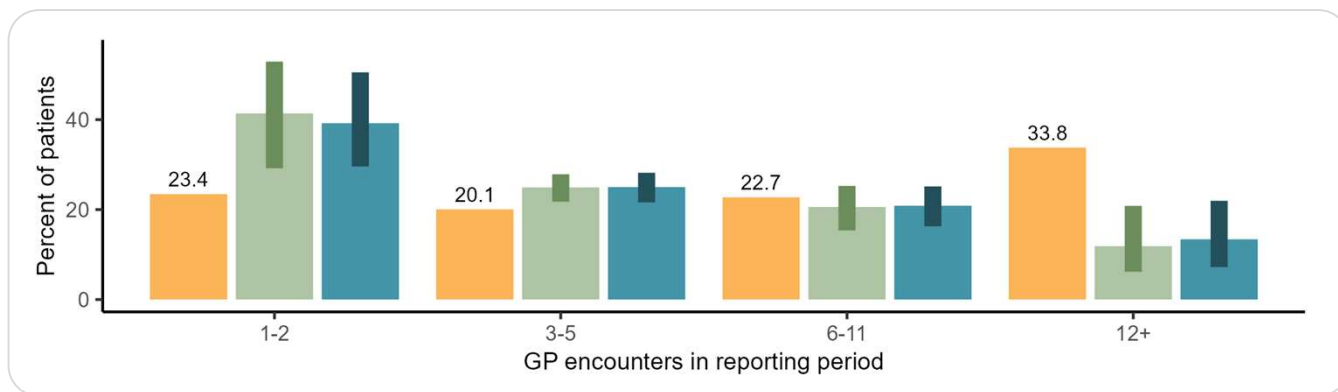
KEY
- Percentage (%) in your Practice
- Median % in your PHN
- Median % in NSW
- Range of percentages for middle 70% of practices in Your PHN / NSW

* Data are from Lumos-participating practices only
** Diagnoses with any of the chronic conditions listed on page 7.

The Lumos program

Lumos is an ethically approved program running throughout NSW to map patient journeys across all levels of the continuum of care in health.

Our vision is to deliver up-to-date information about what services are used by patients, where and when, that will inform the strategic directions and priorities of patient healthcare in all health sectors in NSW.

Your continued involvement helps build a data asset to support health system improvement and to deliver more cohesive health services. Lumos would not be possible without the support of the general practices (GPs) that participate.

For further information on the Lumos program, please visit www.health.nsw.gov.au/lumos.
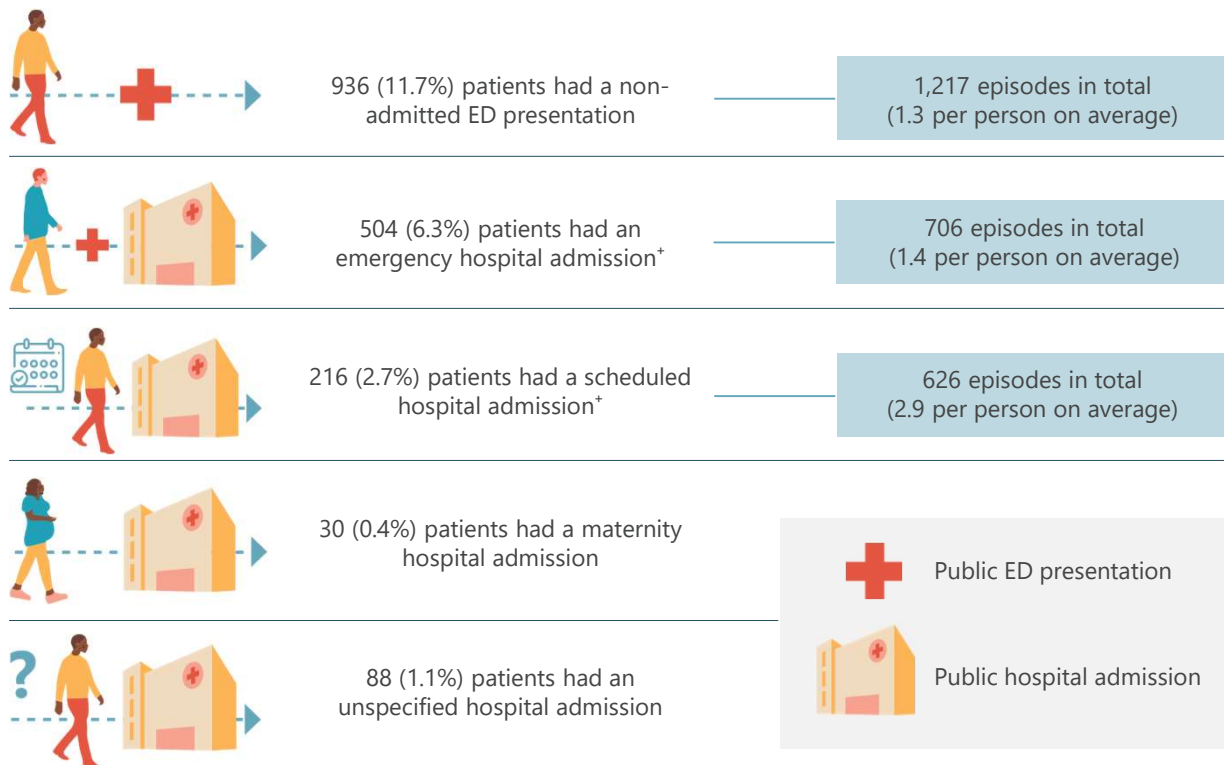
Overview of your Patients in the NSW Public Hospital System

Patients presenting to a public hospital in NSW

Among patients who had a GP encounter at your practice during the reporting period, there were:

1,331 (16.1%) patients who presented to a public Emergency Department (ED) in NSW*

758 (9.2%) patients who were admitted to a public hospital in NSW

936 (11.7%) patients had a non-admitted ED presentation	1,217 episodes in total (1.3 per person on average)
504 (6.3%) patients had an emergency hospital admission+	706 episodes in total (1.4 per person on average)
216 (2.7%) patients had a scheduled hospital admission+	626 episodes in total (2.9 per person on average)
30 (0.4%) patients had a maternity hospital admission	
88 (1.1%) patients had an unspecified hospital admission	

Public ED presentation

Public hospital admission

Emergency hospital admissions are defined here as ED presentations that resulted in a hospital admission (note that this definition excludes a small proportion of emergency admissions through other avenues). Scheduled admissions are planned procedures or any unplanned procedures that could wait over 24 hours for admission. Maternity admissions refer to births only. Unspecified hospital admissions did not have an emergency status recorded by the hospital.

Patients who had more than one type of ED presentation or hospital admission during the reporting period were counted each time they used the service stated. Therefore, the overall number and percentage of patients may be less than the sum of the individual components.

Your patients' hospital presentation rates compared to other Lumos-participating practices
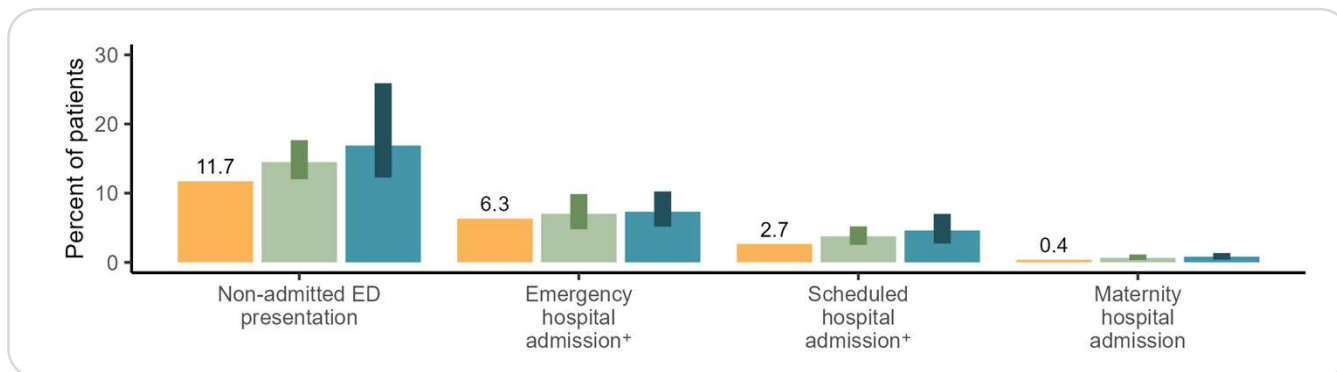
KEY
Percentage (%) in your Practice
Median % in your PHN
Median % in NSW
Range of percentages for middle 70% of practices in
Your PHN   NSW

Includes ED presentations that did and did not result in hospital admission
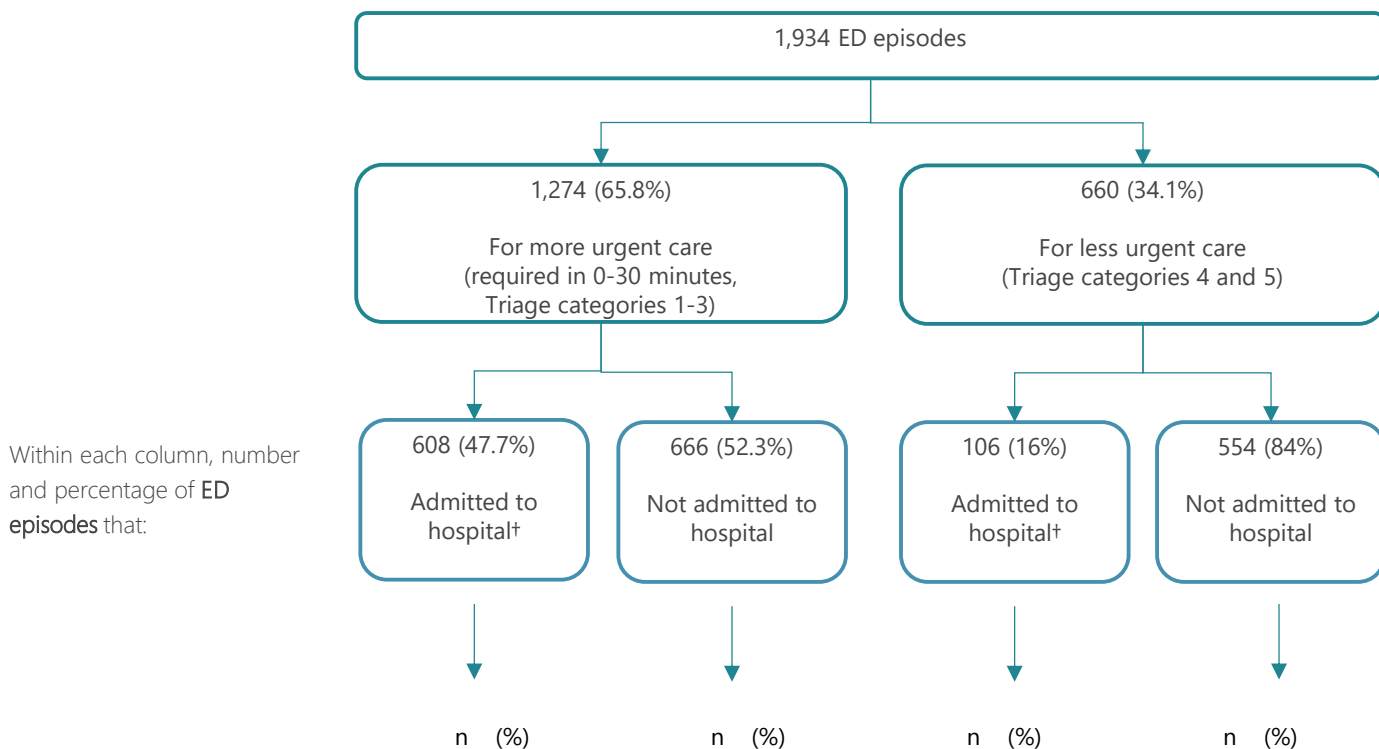+*Excludes maternity hospital admissions*

Overview of your Patients in the NSW Public Hospital System

Tracking episodes of ED presentations across health services

Lumos provides the opportunity to see patient care at the GP before and after a presentation to the ED. This page provides a breakdown of health service use when these ED presentations are separated by the urgency of the episode of ED care and whether the patient was subsequently admitted to hospital or not as part of their ED care.

Your 1,287 patients who presented to the ED during the current reporting period had a total of 1,934 ED episodes of care. Of these episodes there were:

714 (36.9%) episodes for patients who were admitted to a public hospital as part of this episode of care

514 (26.6%) episodes where the patient had a GP encounter at this practice within 72 hours beforehand

582 (30.1%) episodes where the patient had a GP encounter at this practice within 72 hours after discharge*

296 (15.3%) episodes for patients who re-presented to the ED within 7 days

1,934 ED episodes

	1,274 (65.8%) For more urgent care (required in 0-30 minutes, Triage categories 1-3)		660 (34.1%) For less urgent care (Triage categories 4 and 5)	

	608 (47.7%) Admitted to hospital†	666 (52.3%) Not admitted to hospital	106 (16%) Admitted to hospital†	554 (84%) Not admitted to hospital

Within each column, number and percentage of **ED episodes** that:

	n	(%)	n	(%)	n	(%)	n	(%)
GP encounter within 72 hours prior	196	(32.3)	165	(24.8)	27	(25.7)	125	(22.6)
GP encounter within 72 hours after presentation/separation*	217	(35.7)	190	(28.6)	27	(25.7)	148	(26.7)
Re-presented to the ED within 7 days after presentation/separation*	129	(21.2)	73	(11.0)	35	(33.0)	60	(10.8)
Referred by GP	27	(4.5)	28	(4.2)	3	(2.8)	35	(6.4)
Arrived by ambulance or other emergency service⁺	305	(50.2)	180	(27.0)	28	(26.6)	23	(4.2)

* 72 hours since their discharge from the ED or hospital, whichever is later.
† Columns 1 and 3 combined are the emergency hospital admissions for your patients during the reporting period
⁺ By ambulance, rescue helicopter, air ambulance, police vehicle or correctional service vehicle

Emergency Department Presentations: Non-admitted

## Patient cohorts and their non-admitted ED presentation rates

This page highlights rates of ED presentations that did not result in a hospital admission, by cohort.

ED triage category is assigned upon patient arrival through a triage process. In this report:

More urgent ED presentations are where ED care is required within 30 minutes of arrival (triage categories 1 to 3).

Less urgent ED presentations are where ED care is categorised to occur within 2 hours of arrival (triage categories 4 and 5).

Rate of ED presentations that did not result in a hospital admission within each patient cohort
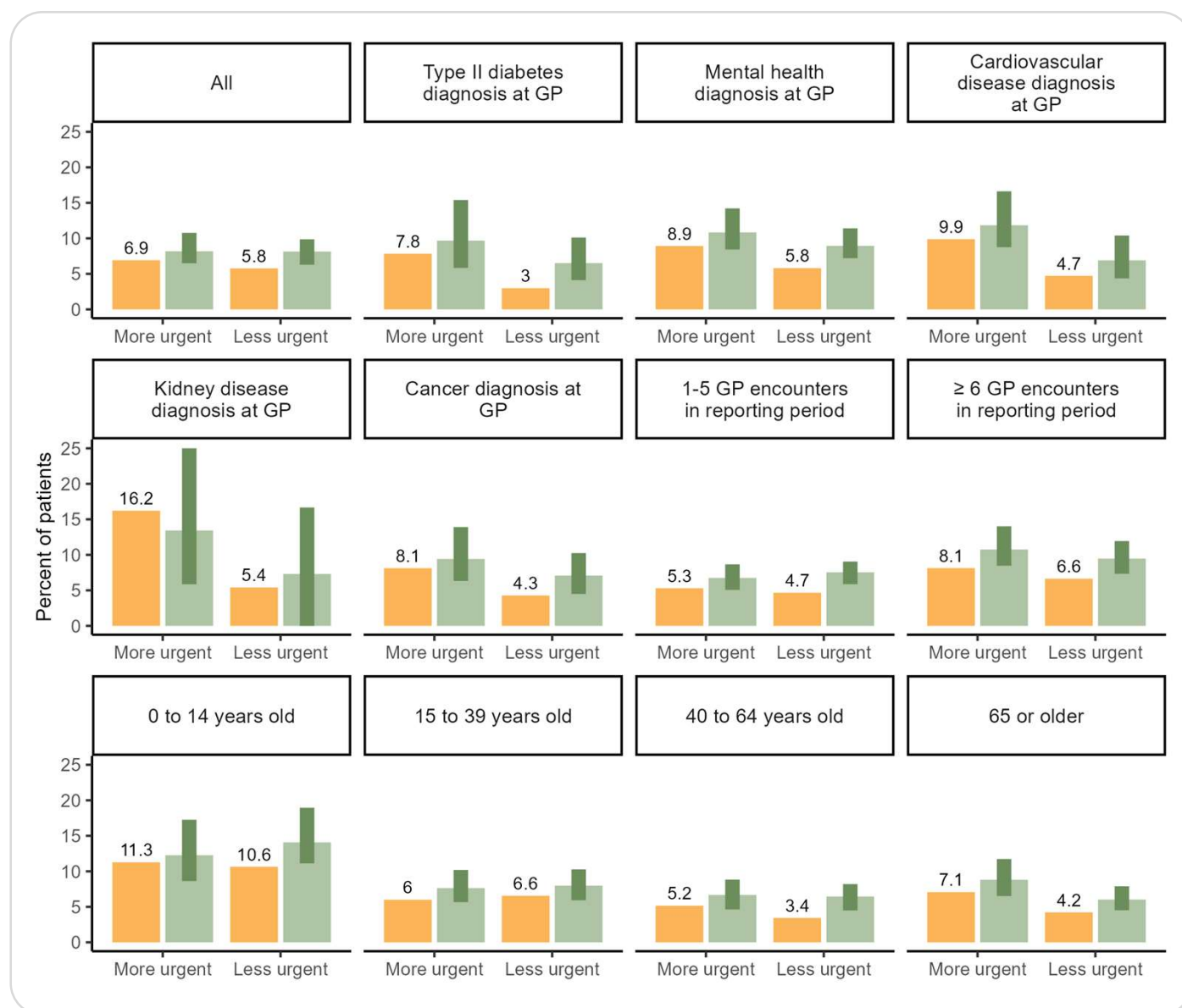
KEY

- Percentage in your Practice
- Median percentage in your PHN
- Range of percentages for the middle 70% of practices in your PHN

Do any patient cohorts stand out for your practice?

Look for where the yellow value is higher or lower in one cohort compared to the position of the yellow value for the other cohorts presented. How does this compare with your PHN data? Is this what you expected given the profile of patients that attend your practice?

Emergency Department Presentations: Non-admitted

Timing of non-admitted ED presentations

### Patients' ED arrival time for less urgent ED presentations that did not result in an admission

In some situations, less urgent ED care that did not result in an admission to hospital may be considered a potentially avoidable ED presentation that could have been managed at the GP. These presentations would occur in the final column presented on page 10. Lumos provides the opportunity to understand more about these ED presentations, particularly the time that patients presented.

During the reporting period, your 460 patients who had a less urgent ED presentation that did not result in a hospital admission had a total of 554 episodes of this type of care. Of these episodes, there were:

> 296 (53.5%) presentations where patients arrived outside sociable hours (8am-8pm weekdays, excluding public holidays)

> 152 (27.4%) presentations where patients arrived between 8am and 3pm on a weekday

There were 130 (6.7%) ED presentations that did not wait for care. They are included in the values on this page.
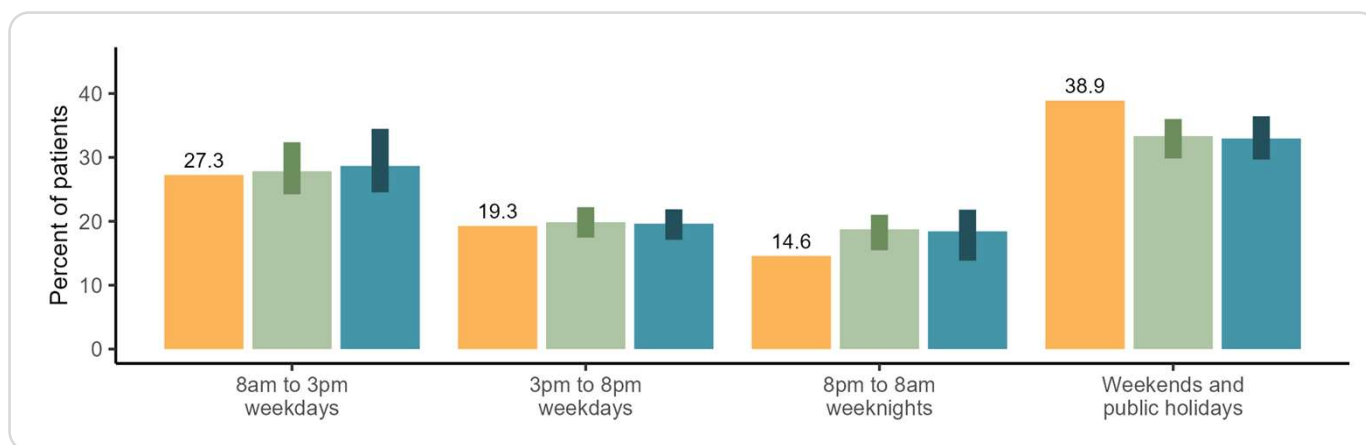

GP encounters before and after ED presentations that did not result in a hospital admission

Lumos provides the opportunity to see the visiting behaviour of your patients around their ED presentations that did not require a hospital admission. This information does not convey whether appointments were available.

During the current reporting period for patients who had a GP encounter at your practice, there were:

> 416 (5.2%) Patients who had a GP encounter within 7 days after a non-admitted ED presentation
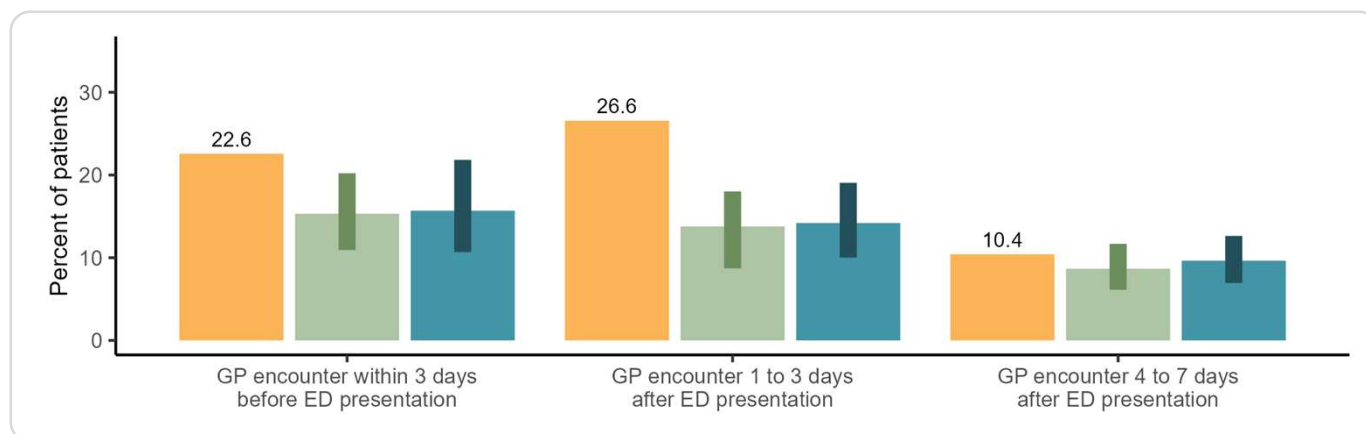
Those patients who had encounters with their GP and presented to the ED on the same day are assumed to have had the encounters with their GP before presenting to the ED (i.e. within 72 hours prior to their ED presentation).

KEY
- ■ Percentage (%) in your Practice
- ■ Median % in your PHN
- ■ Median % in NSW
- Range of percentages for middle 70% of practices in ■ Your PHN ■ NSW

Emergency Department Presentations: Admitted

## Patient cohorts and their hospital admission rates

This page highlights whether any of your patient cohorts were more likely or less likely to be admitted to hospital, by the type of hospital admission.

Type of hospital admission

Emergency: unplanned hospital admission required within 24 hours or an ED presentation that required admission to hospital.

Scheduled: planned procedure or any unplanned hospitalisation that could wait over 24 hours for admission.

Hospital admission rates within each patient cohort, by admission type
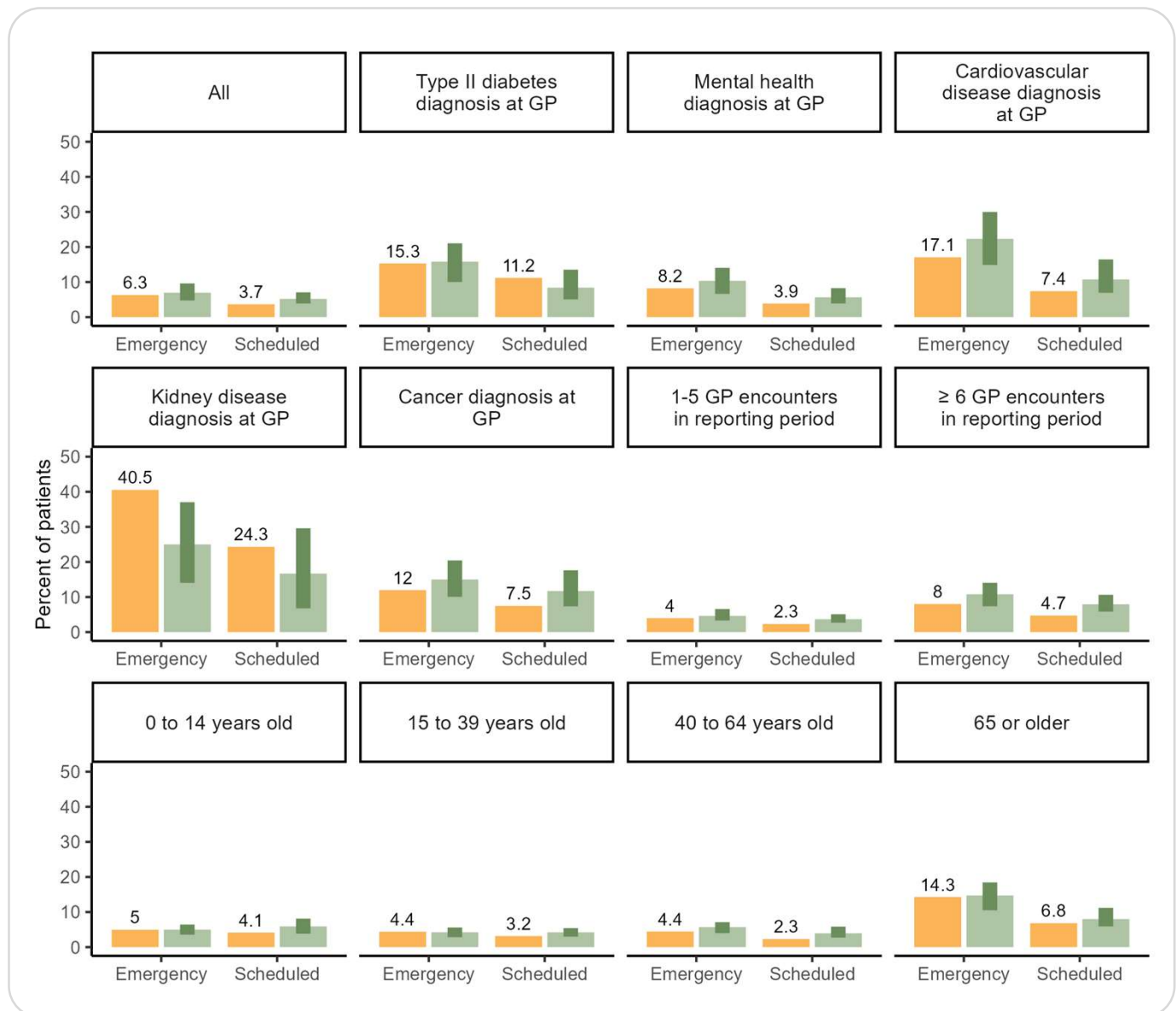
KEY

| | Percentage in your Practice | Median percentage in your PHN | Range of percentages for the middle 70% of practices in your PHN |

Do any patient cohorts stand out for your practice?

Look for where the yellow value is higher or lower in one cohort compared to the position of the yellow value for the other cohorts presented. How does this compare with your PHN data? Is this what you expected given the profile of patients that attend your practice?

Emergency Department Presentations: Admitted

## GP encounters around emergency hospitalisations

Lumos provides the opportunity to see patient care at the GP after an emergency hospital admission. The information on this page can be used to promote the benefits of getting to a GP as soon as possible after discharge. Note that the data does not convey whether appointments were available.

In some areas, particularly regional localities, it may be difficult for patients to see their GP after an emergency hospital admission. This may explain differences in some practice reports.

GP encounters after discharge from an emergency hospitalisation

During the current reporting period for patients who had a GP encounter at your practice, there were:

266 (53.2%) patients who had a GP encounter within 7 days after discharge from an emergency admission
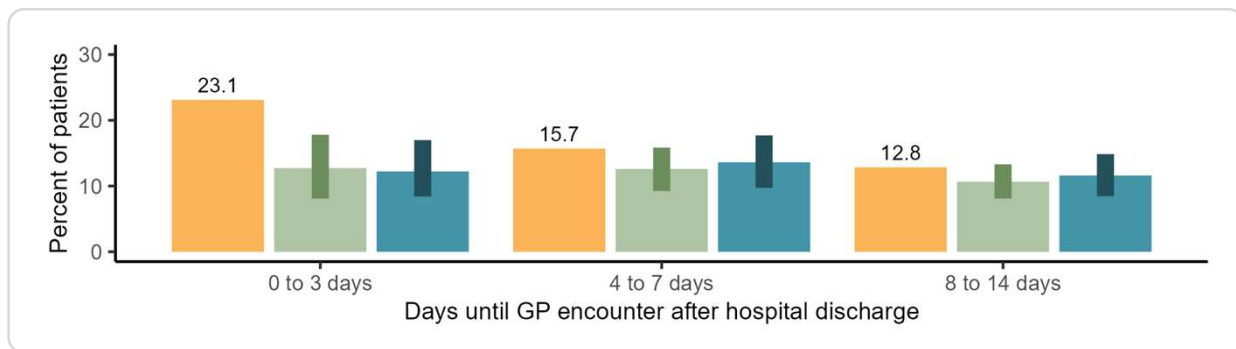
KEY	Percentage (%) in your Practice	Median % in your PHN	Median % in NSW	Range of percentages for middle 70% of practices in	
				Your PHN	NSW

Those patients who had encounters with their GP and left hospital on the same day are assumed to have had the encounters with their GP after leaving hospital (within "0–3" days). Emergency admissions were not included in this chart if they occurred within 28 days of the end of the study period, for which follow-up data were unavailable.

Don't see these findings at your practice or in your PHN?

Smaller counts at a practice level may make it difficult to see these findings. Small counts or large differences in diagnosis recording across practices, particularly larger ones, may make it difficult to observe findings at a PHN level too.

Reasons for Hospital Admission

Understanding emergency admissions and chronic diagnosis status

Main reasons for emergency admission to hospital

The chapter groupings in ICD-10-AM medical coding classify admitted patient care according to disease, injury and related health problems. The top three groupings recorded for admission to hospital (principal diagnosis) of your 506 patients that had an emergency hospital admission during the current reporting period were:

127 (17.9%) Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

125 (17.5%) Injury, poisoning and certain other consequences of external causes (S00-T98)

89 (12.5%) Diseases of the digestive system (K00-K93)

In your PHN, the top three reasons recorded were 'Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)' (17.6%), 'Injury, poisoning and certain other consequences of external causes (S00-T98)' (15.9%), and 'Diseases of the digestive system (K00-K93)' (10%).

Hospital admission for selected chronic conditions and diagnosis status at your practice

Below is the hospital admission data (emergency or scheduled) for five selected chronic conditions for patients at your practice in the current reporting period and whether this chronic condition diagnosis is recorded at your practice.

Condition	Number and percentage of your patients admitted to hospital for condition *			Number and percentage of these admitted patients that have the condition recorded at your practice	
	n	(%)		n	(%)
Cancer	24	(0.3)	→	14	(59.3)
Cardiovascular Disease	144	(1.8)	→	51	(35.6)
Diabetes	56	(0.7)	→	37	(65.5)
Kidney Disease[+]	40	(0.5)	→	12	(29.5)
Mental Health[+]	96	(1.2)	→	35	(36.9)
Any of the above 5 conditions	248	(3.1)	→	125	(50.6)

Of your 248 patients who had a hospital admission for any of these five selected chronic conditions, 23.7% had a readmission to hospital within 28 days of separation for the same condition.

Those 122 patients identified above that did not have a diagnosis at your practice were found to have visited your practice 18 times, on average, during the reporting period, and 26 visited multiple Lumos participating practices during the reporting period.

There may be additional patients at your practice with these conditions where this information was not captured or Lumos did not receive it from your extraction vendor.

Where this condition was noted on the medical record as related to the hospitalisation (either as the principal or a contributing reason for the admission).
[+] *Chronic only. See appendix for ICD-10-AM codes to identify hospital admissions.*

Don't see these findings at your practice or in your PHN?

Smaller counts at a practice level may make it difficult to see these findings. Small counts or large differences in diagnosis recording across practices, particularly larger ones, may make it difficult to observe findings at a PHN level too.

Condition in focus:
Type 2 Diabetes

Sample

Patients with type 2 diabetes

Among patients who visited your practice in the current reporting period, 259 (3.2%) had a diagnosis of type 2 diabetes recorded at your practice. This section provides a deeper insight into these patients, their health service usage and the completeness of pathology tests and measurements at your practice.
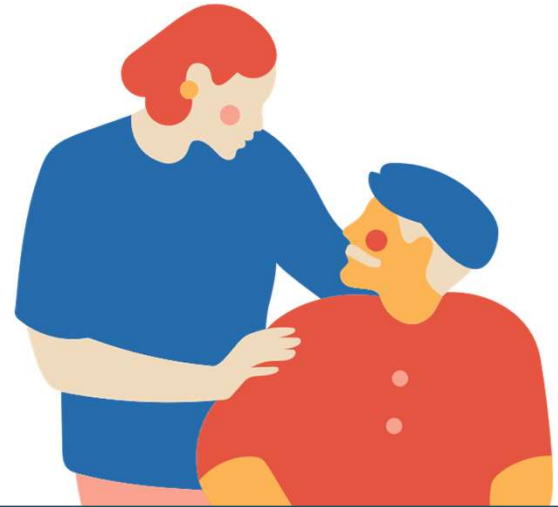
Patient profile of type 2 diabetes patients

Among patients recorded as having type 2 diabetes at your practice and who visited your practice during the reporting period, there were:

150 (58.2%) patients that had 1 or more additional chronic conditions* recorded at your practice

114 (44%) patients that had a chronic disease management plan during the reporting period
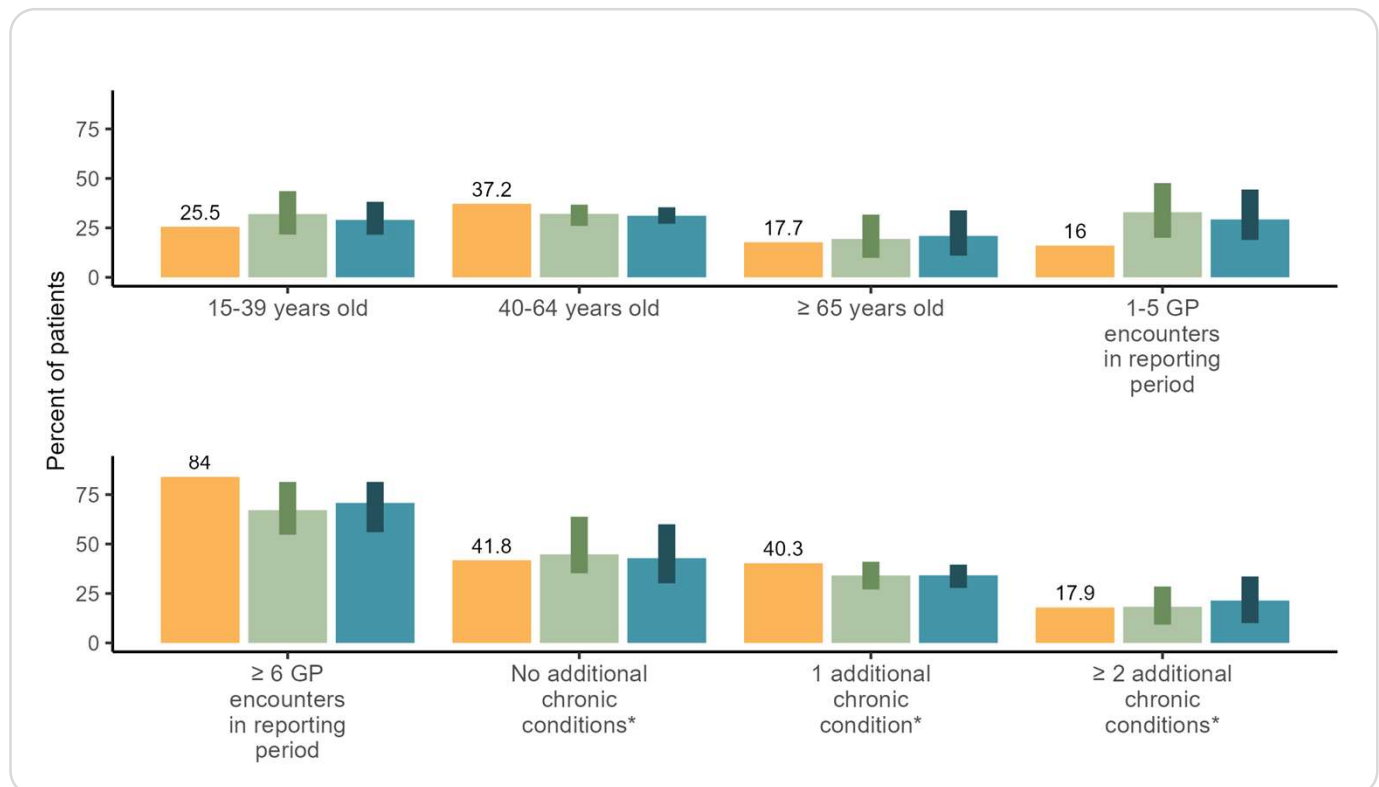
KEY

Percentage (%) in your Practice	Median % in your PHN	Median % in NSW

Range of percentages for middle 70% of practices in
Your PHN   NSW

Any of cancer, cardiovascular disease, chronic kidney disease, mental health conditions or COPD diagnosed at GP.

Information from other Lumos-participating practices in your PHN and in NSW is presented with your patient profile data for context. If you see areas on the following page where your practice's data stands out with high or low values, consider if the case mix of your patients shown above or the services your practice offers could explain the differences.

Condition in focus:
Type 2 Diabetes

Sample

## Health service usage among patients with type 2 diabetes

Among patients recorded as having a type 2 diabetes condition at your practice and who visited your practice in the current reporting period, the following proportion used other health services in NSW in the same report period.

27 (10.4%) patients presented to the ED and were not admitted to hospital as part of their care

59 (22.8%) patients were admitted to hospital (emergency or scheduled)

111 (42.9%) patients used NSW outpatient services

18 (7.1%) patients visited their GP within 3 days after a diabetes-related hospital admission*

Rates of ED presentations and hospital admissions among type 2 diabetes patients
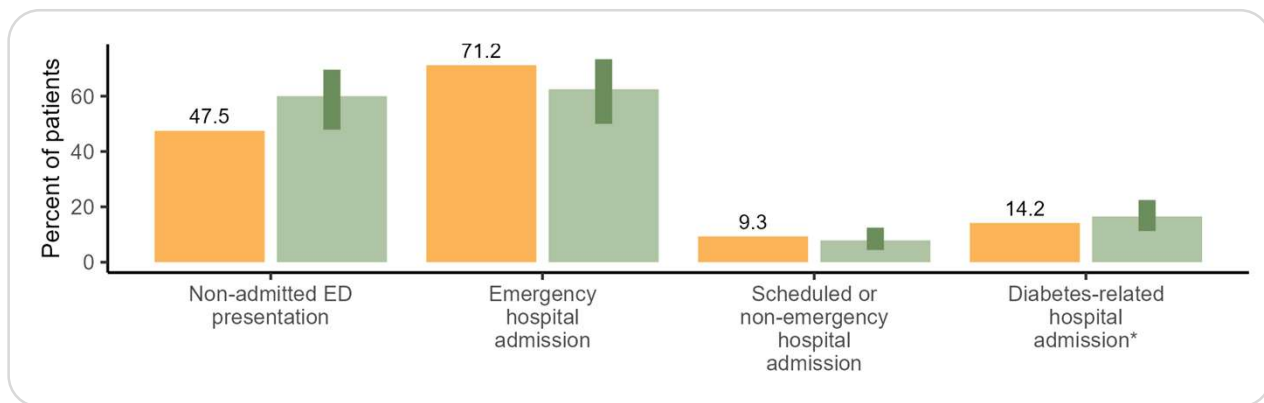
Rates of public hospital presentations among type 2 diabetes patients
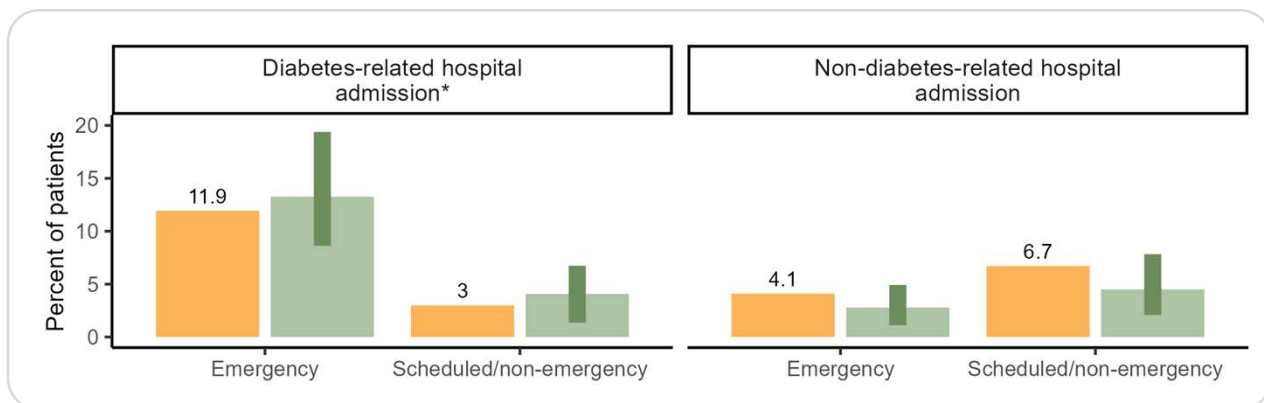
KEY — Percentage (%) in your Practice | Median % in your PHN | Median % in NSW | Range of percentages for middle 70% of practices in Your PHN | NSW

Additional diabetes cases in NSW health service records

Of your 7,741 patients without type 2 diabetes recorded at your practice 0 (0%) had a diabetes related hospitalisation during the reporting period.
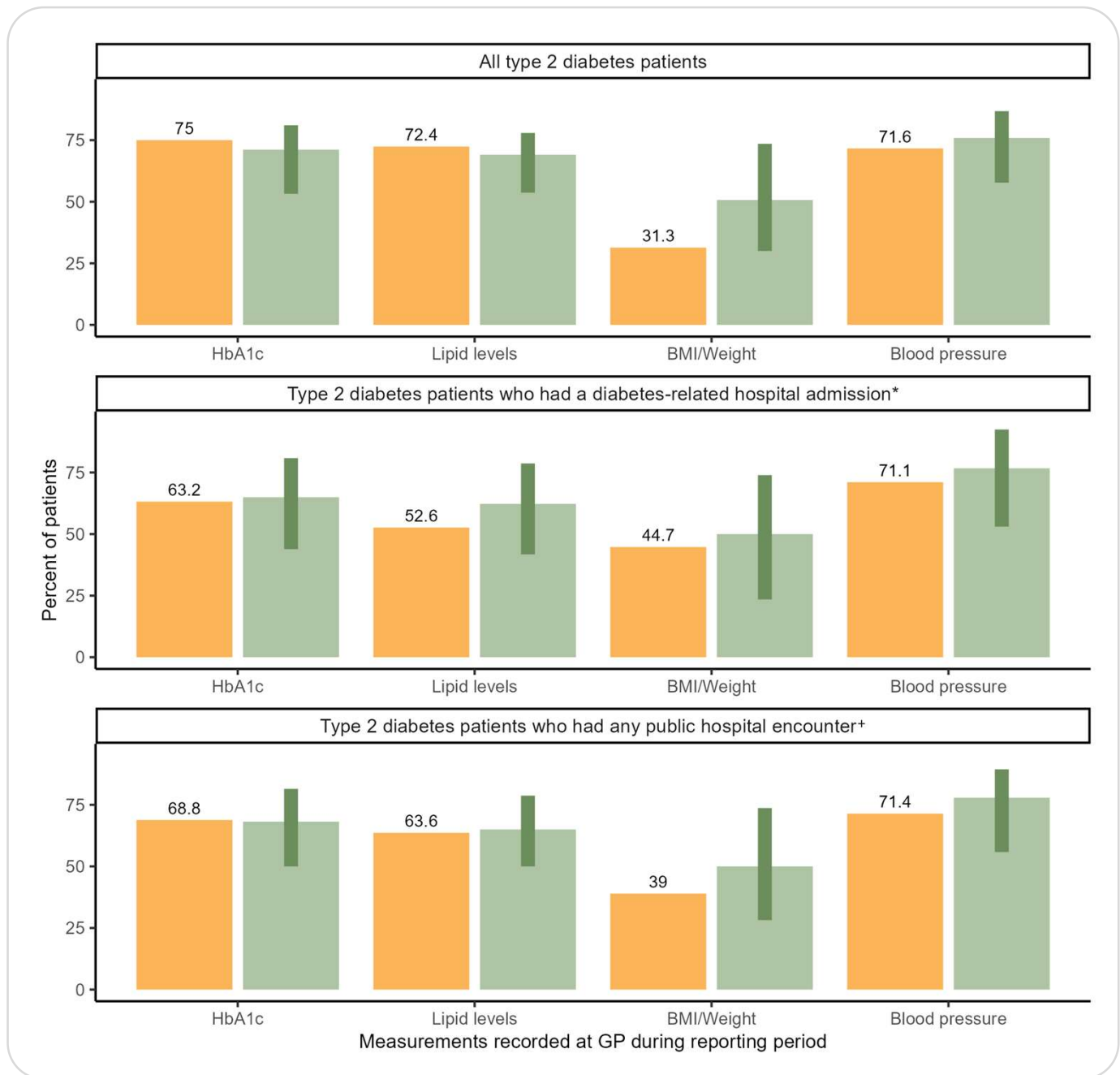
* Diabetes-related hospital diagnosis as the main or contributing reason for hospitalisation.
Patients who used multiple health services will appear multiple times in the charts on this page.

Condition in focus: Type 2 Diabetes

Completeness of GP measures among patients with type 2 diabetes at your practice

The charts below show the proportion of your patients with diabetes in selected cohorts that had measurements taken in the report period. The measures selected are those that would be relevant to their diabetes care and are separated by whether the patients also had a diabetes-related or any hospital encounter (emergency or scheduled).

KEY
- Percentage in your Practice
- Median percentage in your PHN
- Range of percentages for the middle 70% of practices in your PHN

*Diabetes-related hospital diagnosis as the main or contributing reason for hospitalisation.
+ED presentation or hospital admission (emergency or scheduled) during the reporting period.

Do any values stand out for your practice?

Look for where the yellow value is low for a GP measure. See if any yellow values are a lot higher or a lot lower in one cohort compared to the position of the same yellow values for the other cohorts presented. Your data might present opportunities for reviews and actions.

Appendix

Definitions

General practice encounters

A GP encounter is defined in this report as an interaction with a doctor or nurse at your practice in the current reporting period. Patients may have also had encounters with other GPs during this time. Information on the encounters of your patients with other GPs is not included in your data. The PHN and all PHN level data will take into account patients that had encounters with multiple practices, where applicable.

Emergency hospital admission

Emergency hospital admissions are ED presentations that result in a hospital admission to a public hospital in NSW as part of their ED care. This includes all inpatient admissions (discharge, transfer or death) from public hospitals, public psychiatric hospitals and multipurpose services in NSW.

Scheduled hospital admission

Scheduled hospital admissions are planned procedures or any unplanned procedures that could wait over 24 hours for admission at a public hospital in NSW. This includes all inpatient admissions (discharge, transfer or death) from public hospitals, public psychiatric hospitals and multi-purpose services in NSW.

Non-admitted emergency department presentation

These are presentations to a public emergency department in NSW that did not result in a subsequent admission to hospital as part of the ED care. This includes patients who register to be seen for an ED service but did not wait for the service to be delivered.

Maternity admission

Maternity admissions refer to births only.

Other admission

These are unspecified hospital admissions did not have an emergency status recorded by the hospital.

Index of relative socio-economic advantage and disadvantage (IRSAD)

The IRSAD is used to rank geographic areas in accordance with their socio-economic advantage and disadvantage. Further detailed information on the IRSAD can be found at the following link:

https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release

Hospital diagnosis ICD-10-AM codes (Page 15)

Chronic hospital admissions were identified from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) codes as outlined below:

Chronic condition	ICD-10-AM Codes
Cancer	C chapter (excluding C44, C91.0, C91.2, C92.0, C92.2, C92.4-C92.6, C92.8, C93.0, C93.2, C94.0, C94.2, C94.4, C94.5, C95.0, C95.2), D45, D46, D47.1, D47.3-D47.5
Cardiovascular disease	I chapter (excluding I01, I21, I23, I24, I26.0, I30, I33, I40, I62.0, I84), Q20-Q28
Type 2 diabetes	E11, O24.0
Chronic kidney disease	E10.2, E11.2, E13.2, E14.2, I12-I13, I15.0, I15.1, N00–N08, N11-N12, N14-N16, N18-N19, N25-N28, N39.1, N39.2, Q60–Q63, T82.4, T86.1, Z49.0, Z94.0, Z99.2
Mental health conditions	F chapter (excluding F10.0, F11.0, F12.0, F13.0, F14.0, F15.0, F16.0, F17.0, F18.0, F19.0, F23, F43.0, F52.5, F84.2, F98.5, F98.6), G30, G47.0-G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0

Acknowledgements

Lumos would not be possible without the support of participating General Practices and Primary Health Networks.

These reports continue to improve with GP and PHN feedback. Please continue to provide feedback to the Lumos team through your PHN.

The Lumos program has been funded by the Commonwealth Government under the Health Innovation Fund.

It has been approved by the NSW Population and Health Services Research Ethics Committee.

Lumos links encoded data from GPs to other health data in NSW, including hospital, ED, mortality, and others. This is done under strict data governance processes and in partnership with the NSW Centre for Health Record Linkage (CHeReL) using innovative privacy preserving technology from Curtin University.

Have your say

Your feedback is invaluable in ensuring the Lumos program and this practice report continues to meet the needs of general practices in NSW. We therefore seek your feedback to understand your experience in the program and opportunities for improvement.

Please complete the below survey within 2 weeks of receiving your practice report. Your feedback is anonymous and will be used by the Lumos team and your PHN to continue improving the program.

The survey will take less than 5 minutes to complete and can be accessed through the link or QR code below. If you cannot complete the survey electronically, please request a hard copy from your PHN.

Thank you for your time taken to provide feedback on the Lumos program.

https://forms.office.com/r/g3TBtFUg5a

Lumos General Practice Report Survey - June 2024