

ACCESS TO PRIMARY CARE

2025-2027 Needs Assessment

Contents

List of tables.....	3
List of figures.....	3
Overview	4
Summary.....	4
Key issues	4
Key gaps	4
General practice	5
General practices	5
General practitioners.....	6
Distribution	6
Demographics	7
Years intend to work	8
Hours worked per week	9
Access.....	11
GP Registrars	12
Primary Care Nurses	13
Years intend to work.....	13
Hours worked per week	14
Total hours	14
Clinical hours	15
Allied Health Professionals	15
Demographics	15
Hours worked per week	16
After Hours.....	16
After Hours GP services	16
Emergency Department (ED) admissions.....	17
Urgent Care Clinics.....	20
Dental care	20
Issues impacting access	21
Aging GP workforce.....	21
Changing work arrangements for GPs	21
Utilisation of practice nurses	21
Low practice accreditation rate	22
Increasing out of pocket GP consultation costs.....	22
CESPHN's current work	22
Opportunities	22

References	23
-------------------------	-----------

List of tables

Table 1: Accreditation status of general practices by SA3, central and eastern Sydney region, September 2024.....	6
Table 2: GPs by region, 2022	6
Table 3: GPs by SA3, central and eastern Sydney region, 2022	7
Table 4: GP years intended to work by SA3, central and eastern Sydney region, 2022.....	9
Table 5: General practitioner fulltime equivalent (FTE), central and eastern Sydney region, 2021-23	10
Table 6: Medicare-subsidised GP attendances by SA3, central and eastern Sydney region, 2022-23	11
Table 7: Bulk billing clinics and average cost per consultation by SA3, 2023-24, CESP HN region.....	12
Table 8: Number of GP trainees, central and eastern Sydney region, 2020-23	13
Table 9: Primary care nurses by region, 2022	13
Table 10: Number of nurses in primary and community settings, central and eastern Sydney region, 2018-2023	13
Table 11: Primary care nurses years intended to work by SA3, central and eastern Sydney region, 2022	14
Table 12: Medicare-subsidised services per 100 people (age standardised), central and eastern Sydney region, 2022-2023	15
Table 13: Proportion of FTE AHP workforce by age groups, CESP HN, 2022	16

List of figures

Figure 1: General practice size in central and eastern Sydney region, September 2024	5
Figure 2: Proportion of GP workforce by age group, SA3, central and eastern Sydney region and New South Wales and Australia, 2022.....	8
Figure 3: General practitioner mean hours worked per week by SA3, central and eastern Sydney region, 2022	10
Figure 4: Primary care nurses mean hours worked per week by SA3, central and eastern Sydney region, 2022	14
Figure 5: Proportion of the population who received an after hours GP service, by age group, CESP HN region, 2022-23	17
Figure 6: ED admissions by SA3 of patient residence, CESP HN region, 2023	18
Figure 7: Top 10 ED admission by facility SA3, 2023.....	18
Figure 8: Comparison of patient SA3 to SA3 movement for ED admission, CESP HN region, 2023 ...	19
Figure 9: Number and proportion of preventable admissions by SA3, CESP HN region, 2023	20

Overview

Summary

Workforce availability, increasing out of pocket expenses and patient health literacy are key factors impacting and limiting access to primary care. These factors collectively contribute to a growing disparity in healthcare access, particularly affecting vulnerable populations, further impacting health disparities.

Key issues

- **Workforce shortage:** There has been a 30% decline in the number of GPs visiting aged care facilities and 40% of GP workforce who currently visit these facilities intend to retire in the next 5 years
- **Financial constraints:** With increased out of pocket costs for consultations, medications and diagnostic tests, general practices in our region are experiencing viability issues. GPs have over the last 5 years moved to increase their fees with the gap between MBS payments and cost of consultation growing. This gap can be as high at \$100 for a short consultation impacting individuals when the cost of living is so high.
- **Availability of after hours primary services:** Access to general practice after hours is a significant issue in our region as evidenced by attendances at local EDs for low acuity issues. The five urgent centres which began in 2023/2024 in our region are assisting access to primary care, but they would need to be expanded with additional support provided to general practice to significantly improve after hours access.
- **Health literacy:** The region is home to a large multicultural community many recently arrived. In-language focus groups showed that they are used to a different medical system and many find it difficult to navigate the complex health system. Many CESPHN residents who do not understand the options in the system or cannot afford GP care, paying for testing, etc. result in higher attendances at ED.

Key gaps

- Expected ongoing reduction in GP workforce when measured against numbers, FTE and years intending to work against the expected increase in health service needs as the population increases and ages
- Reduction in number of GP registrars
- Rising out of pocket costs for individuals accessing GP services and subsequent lack of affordability
- Limited and costly access to psychiatry
- Long public outpatient service wait times.

Maintaining access to primary health care that is integrated with other services- particularly for those most vulnerable - is key to ensuring delivery of care at the right time, at the right place to prevent more serious disease and to reduce potentially preventable hospital admissions.

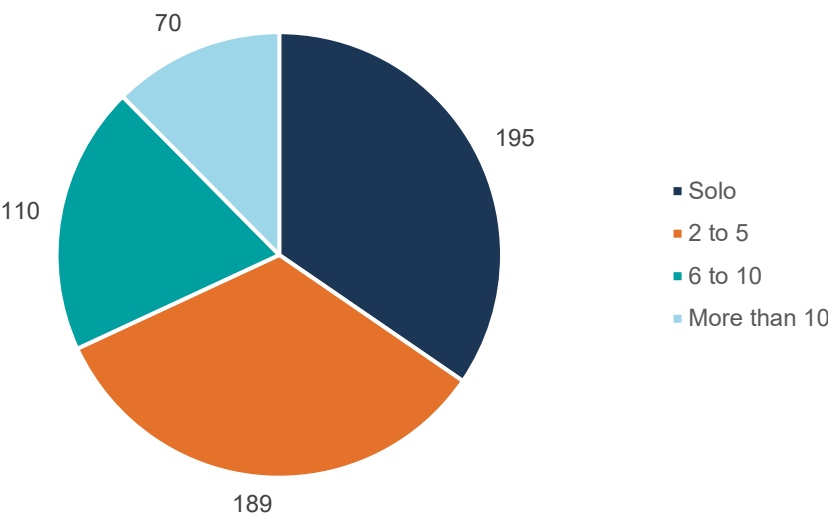
Improving access to affordable primary care continues to be a key focus for CESPHN. Having significant numbers of health professionals in our region improves access for those who can afford care but within our region there are very large vulnerable populations who are not receiving the care they should because of low health literacy, inability to meet increased out of pocket costs or for whom providers struggle to deliver care that does not threaten the viability of their business.

General practice

General practices

As of September 2024, there were 564 general practices operating within the central and eastern Sydney region, a slight reduction compared to the 578 practices in the region in September 2023. This includes one Aboriginal Medical Service in Redfern.

Figure 1: General practice size in central and eastern Sydney region, September 2024



Source: CESPHN CRM, 2024

Approximately two-thirds (69.5%) of general practices within the central and eastern Sydney region were accredited or registered for accreditation in September 2024 (1). This rate is low among PHNs in metropolitan areas, where the average accreditation rate was 78% in 2020-21 (2). 85.1% of GPs in the central and eastern Sydney region have an accredited (or registered for accreditation) practice as their primary organisation (1). The low accreditation rate could be attributed to the large proportion of solo/small practices as well as the ageing GP workforce in the Central and Eastern Sydney region.

Table 1: Accreditation status of general practices by SA3, central and eastern Sydney region, September 2024

SA3	Accredited	Registered for Accreditation	Not accredited	Total
Botany	8	0	8	16
Canada Bay	21	0	2	23
Canterbury	39	1	13	53
Cronulla - Miranda - Caringbah	23	1	3	27
Eastern Suburbs - North	28	1	19	48
Eastern Suburbs - South	25	3	9	37
Hurstville	33	1	10	44
Kogarah - Rockdale	35	1	23	59
Leichhardt	16	0	8	24
Marrickville - Sydenham - Petersham	10	0	10	20
Strathfield - Burwood - Ashfield	45	0	23	68
Sutherland - Menai - Heathcote	29	0	6	35
Sydney Inner City	71	1	37	109
Lord Howe Island	0	0	1	1
Total	383	9	170	564

Source: CESPHN CRM, 2024

General practitioners

Distribution

In 2022 there were 2,166 general practitioners (GPs) working in the central and eastern Sydney region (1,883.6 FTE) giving a rate of 138.7 per 100,000 population (120.6 FTE per 100,000 population), higher than state and national rates.

Table 2: GPs by region, 2022

Measure	CESPHN	NSW	Australia
Number of practitioners	2,166.0	9,810.0	31,926.0
Number of practitioners (rate per 100,000 population)	138.7	120.1	122.8
FTE total	1,883.6	8,996.1	28,985.6
FTE total (rate per 100,000 population)	120.6	110.2	111.5
FTE clinical	1751.4	8,416.1	27,007.8
FTE clinical (rate per 100,000 population)	112.2	105.2	111.5

Source: HWD, 2024

As seen in Table 3, the distribution of GPs across the region is very uneven. Across the central and eastern Sydney region in 2022, Sydney Inner City, Leichhardt, Eastern Suburbs-North and South, Canada Bay all had rates of general practitioners per 100,000 population higher than state and national rates for number of practitioners, FTE total and FTE clinical.

Conversely Botany, Marrickville-Sydenham-Petersham, Hurstville and Kogarah-Rockdale had the lowest rates across our region; significantly lower than state and national (3).

Table 3: GPs by SA3, central and eastern Sydney region, 2022

SA3	No. of practitioners (rate per 100,000)	FTE total (rate per 100,000 population)	FTE clinical (rate per 100,000 population)
Botany	60.8	61.1	57.7
Canada Bay	160.3	128	117.7
Canterbury	114.1	109.5	101.2
Cronulla-Miranda-Caringbah	110	101.7	94.7
Eastern Suburbs – North	193.1	157.4	145.1
Eastern Suburbs – South	134.1	115.8	108.4
Hurstville	98.2	88.3	84.3
Kogarah-Rockdale	89.8	85.0	80.0
Leichhardt	191.9	156.4	146.3
Marrickville-Sydenham-Petersham	74.7	76.3	71.4
Strathfield-Burwood-Ashfield	117.1	100.0	94.4
Sutherland-Menai-Heathcote	115.9	107.4	100.3
Sydney Inner City	238.9	198.5	181.9
CESPHN	138.7	120.6	112.2
NSW	120.1	110.2	103.1
Australia	122.8	111.5	103.9

Source: HWD, 2024

***Lord Howe Island figures have been excluded due to data suppression rules*

Demographics

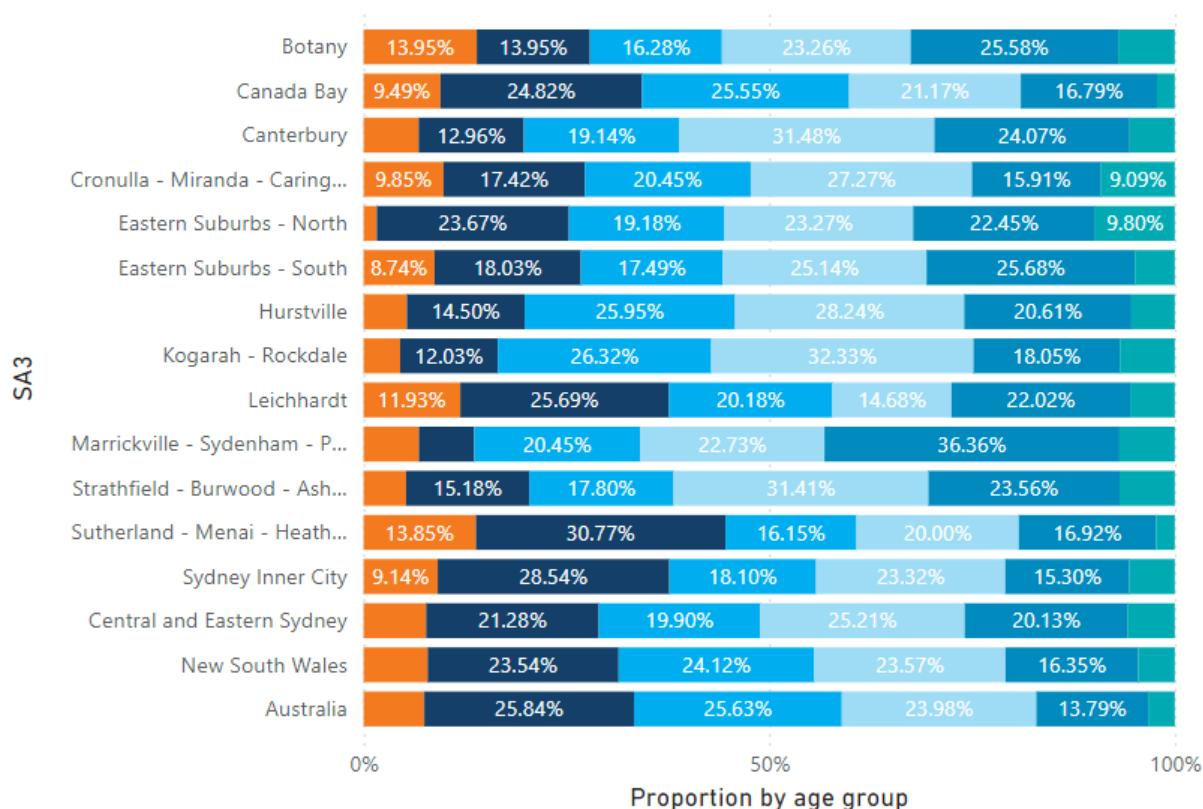
As seen in Figure 2 fifty per cent (51.9%) of GPs working across the central and eastern Sydney region in 2022 were female while representing 46.3% of the region's FTE. Marrickville-Sydenham-Petersham had the highest proportion of male GPs with 76.7% of the FTE workforce, followed by Botany (70.7%) and Kogarah-Rockdale (64.5%) (3).

The CESPHN GP workforce is considerably older than state and national averages. In 2022, approximately 50% of FTE GPs across the central and eastern Sydney region were aged 55 years or older (50.9%), this is higher than both the state and national rates of 43.1% and 41.0% respectively; a further 41.3% were aged 35-54 years old. Marrickville-Sydenham-Petersham SA3 (68.2%), Strathfield-Burwood-Ashfield SA3 (63.8%) and Canterbury SA3 (59.9%) had the highest rates of GPs aged 55 years and over across the central and eastern Sydney region (3).

ACCESS TO PRIMARY CARE

Figure 2: Proportion of GP workforce by age group, SA3, central and eastern Sydney region and New South Wales and Australia, 2022

Age ● 20-34 ● 35-44 ● 45-54 ● 55-64 ● 65-74 ● 75-99



Source: HWD, 2024

Years intend to work

Of the central and eastern Sydney region's SA3s, Strathfield-Burwood-Ashfield has the highest percentage of GPs only intending to work an additional five years or less, at 29.6%. The region had an average of 27% of GPs intending to work only another five years which is higher than the New South Wales and Australia averages of 24.9% and 23.4% respectively.

Table 4: GP years intended to work by SA3, central and eastern Sydney region, 2022

Geography	0-5 years	6-10 years	11-15 years	16-20 years	21-30 years	31-40 years	41+ years
Botany	8	13	3	3	7	3	0
Canada Bay	35	27	13	16	32	11	0
Canterbury	37	45	20	23	26	6	0
Cronulla-Miranda- Caringbah	42	20	11	19	30	4	3
Eastern Suburbs - North	68	65	25	30	37	15	3
Eastern Suburbs - South	52	45	20	32	20	8	0
Hurstville	37	28	19	22	19	3	3
Kogarah - Rockdale	35	34	21	21	15	3	0
Leichhardt	23	21	12	12	31	5	3
Marrickville - Sydenham - Petersham	12	16	4	4	4	0	0
Strathfield - Burwood - Ashfield	55	52	17	27	20	11	4
Sutherland - Menai - Heathcote	32	19	9	23	31	10	5
Sydney Inner City	137	95	47	81	115	38	8
Central and Eastern Sydney	573	480	221	314	387	117	29
New South Wales	2,380	1,930	1,144	1,594	1,877	494	130
Australia	7,232	5,794	3,908	5,506	6,461	1,616	397

Source: HWD, 2024

Hours worked per week

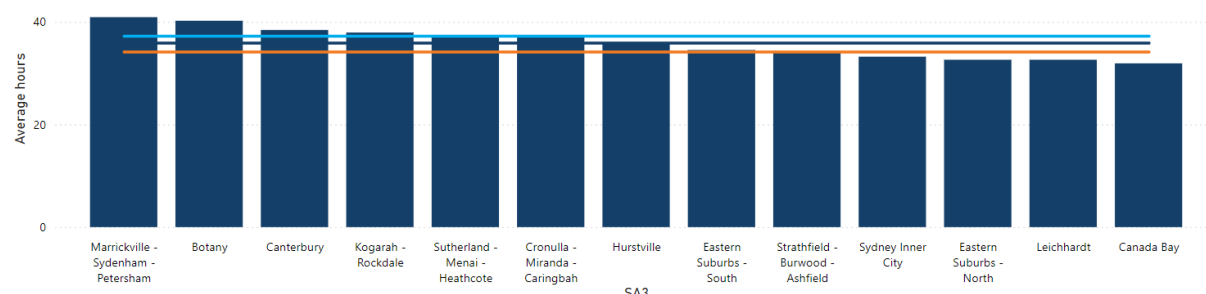
In 2022, on average GPs in Australia worked 36.3 total hours per week, slightly lower than NSW (36.7 total hours per week). In the central and eastern Sydney region, GPs worked 34.8 total hours per week (4). Average weekly working hours ranged from 40.9 hours per week in Marrickville – Sydenham – Petersham SA3 to 31.9 hours per week in Canada Bay SA3.

In 2022, on average GPs in Australia worked 33.8 clinical hours per week, slightly lower than NSW where GPs worked on average 34.3 clinical hours per week. GPs in the central and eastern Sydney region worked, on average, 32.3 clinical hours per week (2). Average weekly clinical hours ranged from 38.2 hours in Marrickville – Sydenham – Petersham SA3 to 29.4 hours per week in Canada Bay SA3.

ACCESS TO PRIMARY CARE

Figure 3: General practitioner mean hours worked per week by SA3, central and eastern Sydney region, 2022

Summation Options ● Mean of Hours Total ● CESPHN ● Australia ● NSW



Source: HWD, 2024

The GP full-time equivalent in the region has decreased in recent years despite the increase in population. Analysis of FTE between 2021 and 2023 shows a peak of 1,903.9 FTE in 2021 and a reduction to 1,730.4 FTE in 2023, a decrease of 9.1 percent despite the 4.5% PHN-wide population growth during the same period. Botany decreased by 31%, the largest change in the region, followed by Kogarah-Rockdale at 19.4%. Given Botany and Kogarah-Rockdale make up the Bayside LGA, which has the second-highest housing target, the area is considered underserved.

Direct engagement with GPs and consultation as part of the workforce prioritisation program (WPP) identified factors attributed to the reduction in FTE, including the ageing GP workforce transitioning to part-time arrangements, and younger GPs prioritising work-life balance.

Table 5: General practitioner fulltime equivalent (FTE), central and eastern Sydney region, 2021-23

SA3	2021	2022	2023
Botany	54.2	46.8	41.4
Canada Bay	117.1	118.9	111.6
Canterbury	183.3	183.9	168.3
Cronulla - Miranda - Caringbah	133.5	124	117
Eastern Suburbs - North	166.2	149.4	147.3
Eastern Suburbs - South	143.3	135.5	129.7
Hurstville	150.9	154.9	147.7
Kogarah - Rockdale	155.9	151.4	143.4
Leichhardt	78.8	70.5	66
Marrickville - Sydenham - Petersham	51.7	49.5	46
Strathfield - Burwood - Ashfield	203.6	198.4	188.6
Sutherland - Menai - Heathcote	151.2	147.5	139.7
Sydney Inner City	322.5	304.6	291.3

Source: HeaDS UPP, 2024

Access

GPs are the first point of contact for most people seeking health care, with 81% of the population in the Central and Eastern Sydney region seeing a Medicare-subsidised GP in 2022-23. This is lower than the Australian average over the same period, at 86%, and NSW, at 87%.

In 2023, there were 9,953,091 GP attendances in the central and eastern Sydney region. This equates to an age-standardised rate of 6.4 services per 100 people, slightly lower than the national average of 6.5 services per person

For Medicare-subsidised GP attendances, the highest number of services per 100 people were attributed to the Canterbury and Sutherland-Menai-Heathcote SA3s in 2022-23, areas with notably high proportions of individuals aged 65+.

Table 6: Medicare-subsidised GP attendances by SA3, central and eastern Sydney region, 2022-23

SA3	No. services	Services per 100 people
Botany	315,644	518.48
Canada Bay	588,449	678.59
Canterbury	1,030,899	730.65
Cronulla-Miranda-Caringbah	790,510	663.69
Eastern Suburbs – North	720,237	563.17
Eastern Suburbs – South	786,470	579.66
Hurstville	866,165	654.61
Kogarah-Rockdale	955,279	649.82
Leichhardt	319,446	567.75
Marrickville-Sydenham-Petersham	324,557	591.16
Strathfield-Burwood-Ashfield	985,727	604.48
Sutherland-Menai-Heathcote	794,774	708.47
Sydney Inner City	1,069,525	476.76
CESPHN Average	769,337	622.40

* No data published for Lord Howe Island

Source: AIHW, 2024

Medicare-subsidised care through GP bulk billing has reduced the financial barrier for people needing to access GP care. However, over the last 1 - 2 years, the number of GP practices and primary care services offering bulk billing as an option has decreased. CESPHN has fewer GP services bulk billing compared to the national and state bulk billing rates. This could be for several reasons, including:

- Rising costs associated with running a general practice
- Medicare rebates not being updated in line with inflation.

In 2023-24, the average cost per standard GP consultation was \$83.20, a 3.2% increase over the previous twelve months. The average cost per long consultation was \$129.0, a 3.7% increase over the same period. Moreover, the percentage of practices that bulk bill in the region reduced from 47.3% to 31.4% between 2023-24 and 2022-23. The Canterbury, Strathfield – Burwood – Ashfield and Marrickville – Sydenham – Petersham SA3s are the remaining SA3s in which more than half offer bulk billing.

Table 7: Bulk billing clinics and average cost per consultation by SA3, 2023-24, CESPHE region

SA3	Bulk Billing Clinics	Average Cost (Standard Consultation)	Average Cost (Long Consultation)	Bulk Billing %
Botany	1	\$84.56	\$133.00	7.7
Canada Bay	3	\$80.22	\$133.07	15.0
Canterbury	28	\$76.31	\$124.72	59.6
Cronulla - Miranda - Caringbah	6	\$87.21	\$144.51	23.1
Eastern Suburbs - North	2	\$99.36	\$158.41	4.9
Eastern Suburbs - South	5	\$88.02	\$138.67	18.5
Hurstville	15	\$77.69	\$121.00	37.5
Kogarah - Rockdale	15	\$76.51	\$122.09	30.0
Leichhardt	4	\$91.49	\$145.19	20.0
Marrickville - Sydenham - Petersham	9	\$76.51	\$126.61	52.9
Strathfield - Burwood - Ashfield	31	\$74.52	\$118.54	54.4
Sutherland - Menai - Heathcote	11	\$79.55	\$129.78	31.4
Sydney Inner City	20	\$89.59	\$143.43	23.5

Source: Cleanbill, 2024

Average out of pocket per service correspond to SEIFA scores; for example, Canterbury and Rockdale-Kogarah had the lowest average out-of-pocket cost and SEIFA values. However, some areas with high SEIFA scores pay significantly different amounts. Sutherland-Menai-Heathcote and Leichhardt differ in SEIFA scores by only one point, however residents in Sutherland on average pay substantially less.

The decrease in general practices that bulk bill means people are expected to pay a larger out-of-pocket expense to access primary care, which in turn influences health-seeking behaviours, especially for those who are financially struggling or unable to afford a consult.

GP Registrars

The central and eastern Sydney region had 238 Australian General Practice Training (AGPT) registrars in 2023, showing a decrease from 365 in 2018 (6). This 34.8% decrease in registrars between 2018 and 2023, combined with older GPs planning to retire in the next five years poses a challenge for the central and eastern Sydney region, especially given its projected population increase of 9.3% by 2041 that will increase pressure on general practice to maintain access.

Table 8: Number of GP trainees, central and eastern Sydney region, 2020-23

Year	2018	2019	2020	2021	2022	2023
No. Registrars	365	319	269	293	260	238

Source: *HeaDS UPP, 2024*

*GP trainees includes participants on the Australian General Practice Training Program

A 34.8% decrease in registrars between 2018 and 2023, combined with decreasing numbers of GPs to replace them, poses a challenge for the central and eastern Sydney region, especially given its projected population increase of 9.3% between 2024 and 2041 that will increase pressure on general practice to maintain access.

Primary Care Nurses

Primary care nursing refers to nurses whose main area of work is in a primary care setting, such as a GP practice. In 2024, there was a reported 743 primary care nurses working in the central and eastern Sydney region (445.1 FTE) giving a rate of 28.5 per 100,000 population (27.0 FTE per 100,000 population).

While this is a substantial increase over the previous year (440 nurses and 385.8 FTE, the central and eastern Sydney region continues to lag behind the state and national rates. Low rates of primary care nurses in our region could be linked to a high proportion of solo GP practices, lower pay rates in practice nursing compared to hospital settings, and not working to their scope of practice.

As of November 2024, 44.6% of general practices in CESPHN do not employ a practice nurse. 19.6% employ one nurse and 35.8% employ more than one nurse (3).

Table 9: Primary care nurses by region, 2022

Measure	CESPHN	NSW	Australia
Number of Practitioners	515	3,379	11,949
Number of Practitioners (rate per 100,000 population)	33.0	41.4	46.0
FTE Total	445.1	2,788.9	10,171.0
FTE Total (rate per 100,000 population)	28.5	34.2	39.1
FTE Clinical	422.2	2,647.2	9,567.2
FTE Clinical (rate per 100,000 population)	27.0	32.4	36.8

Source: *HWD, 2024*

The number of nurses in primary and community settings has increased substantially in recent years, by 25.7% between 2018 and 2023.

Table 10: Number of nurses in primary and community settings, central and eastern Sydney region, 2018-2023

	2018	2019	2020	2021	2022	2023
Number of nurses	3,138	3,213	3,285	3,859	3,809	3,946

Source: *HeaDS UPP, 2024*

Years intend to work

In 2021, 53.3% of primary care nurses in the central and eastern Sydney region intended to only work up to another 10 years. This is despite 44.9% of nurses in CESPHN falling within the 20 to 34 age

group, which is significantly higher than New South Wales and Australia at 30.8% and 30.1%, respectively (3).

Table 11: Primary care nurses years intended to work by SA3, central and eastern Sydney region, 2022

SA3	0-5 years (%)	6-10 years (%)	11-15 years (%)	16-20 years (%)	21-30 years (%)	31-40 years (%)	41+ years (%)
Botany	33.3	0.0	0.0	33.3	33.3	0.0	0.0
Canada Bay	18.8	50.0	0.0	31.3	0.0	0.0	0.0
Canterbury	31.8	22.7	13.6	0.0	31.8	0.0	0.0
Cronulla-Miranda-Caringbah	43.5	30.4	13.0	13.0	0.0	0.0	0.0
Eastern Suburbs – North	34.6	42.3	0.0	0.0	23.1	0.0	0.0
Eastern Suburbs – South	30.6	20.4	6.1	24.5	10.2	8.2	0.0
Hurstville	31.3	25.0	18.8	25.0	0.0	0.0	0.0
Kogarah-Rockdale	27.8	38.9	0.0	33.3	0.0	0.0	0.0
Leichhardt	16.7	16.7	0.0	50.0	16.7	0.0	0.0
Marrickville-Sydenham-Petersham	0.0	100.0	0.0	0.0	0.0	0.0	0.0
Strathfield-Burwood-Ashfield	58.8	23.5	0.0	0.0	17.7	0.0	0.0
Sutherland-Menai-Heathcote	40.6	18.8	9.4	12.5	9.4	9.4	0.0
Sydney Inner City	23.4	22.6	8.8	21.2	18.3	3.7	2.2
CESPHN	28.5	24.8	7.0	19.1	14.6	3.7	2.2

**** Lord Howe Island figures have been excluded due to data suppression rules**

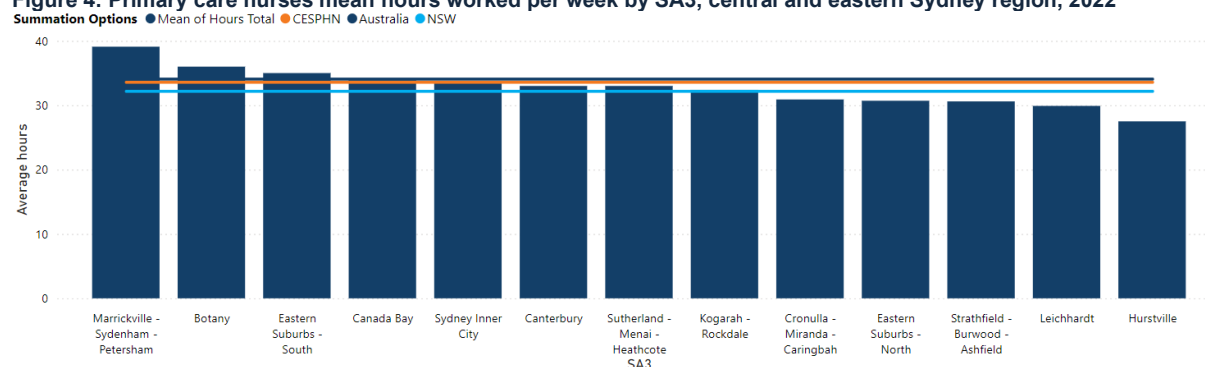
Source: HWD, 2024

Hours worked per week

Total hours

In 2022, on average primary care nurses in Australia worked 32.3 total hours per week, slightly higher than NSW where primary care nurses worked on average 31.4 total hours per week. Across the central and eastern Sydney region, primary care nurses worked 32.8 total hours per week (3). Average weekly total hours ranged from 39.9 hours in Marrickville-Sydenham-Petersham SA3 to 27.5 in Hurstville SA3.

Figure 4: Primary care nurses mean hours worked per week by SA3, central and eastern Sydney region, 2022



Source: HWD, 2024

Clinical hours

In 2022, on average primary care nurses in Australia worked 30.4 clinical hours per week, similar to NSW where primary care nurses worked on average 29.8 clinical hours per week, an increase of 0.5 hours over the preceding year. Primary care nurses in the central and eastern Sydney region worked, on average, 31.1 clinical hours per week (3).

Allied Health Professionals

Rates for other Medicare-subsidised services (allied health and diagnostic imaging) in the central and eastern Sydney region were similar to national rates as shown in the following table.

Table 12: Medicare-subsidised services per 100 people (age standardised), central and eastern Sydney region, 2022-2023

Medicare-subsidised service	CESPHN	Metropolitan (greater capital city)	Australia
Allied health attendances (total)	105.47	105.30	102.12
Diagnostic imaging (total)	104.05	106.08	106.41
GP attendances (total)	611.72	656.71	639.23
Specialist attendances (total)	128.39	102.47	97.84

Source: AIHW, 2023

In 2022, there were 13,604 Australian Health Practitioner Regulation Agency (AHPRA) registered allied health professionals (AHPs) working in the central and eastern Sydney region (12,565.9 FTE), giving a rate of 895.8 per 100,000 population (827.3 FTE per 100,000 population). (3) Psychologists had the highest rate of AHPs per 100,000 population (177.8), followed by physiotherapists (149.5) and pharmacists (114.3) (5).

Demographics

Almost two in three (59.6%) of AHPRA registered FTE AHPs working across the CESPHN catchment in 2022 were female. This reflects national proportions, where 61.1% of AHPRA registered FTE AHPs were female (3).

In 2021, 59.3% FTE AHPs across the central and eastern Sydney region were aged 20-44 years old; this is slightly lower than both the state and national rates of 65.6 and 68.3% respectively (3).

Table 13: Proportion of FTE AHP workforce by age groups, CESP HN, 2022

AHP	20-34 years (%)	35-44 Years (%)	45-54 Years (%)	55-64 Years (%)	65-74 Years (%)	75-99 Years (%)
Chinese medicine practitioners	8.09	14.80	27.02	30.46	16.70	2.93
Chiropractors	35.02	25.58	23.04	12.9	3.46	0.0
Dental practitioners	28.53	26.8	18.93	15.8	8.54	1.4
Medical radiation practitioners	49.00	25.69	12.51	9.29	3.22	0.28
Occupational therapists	56.46	23.37	12.67	6.26	1.23	0
Optometrists	36.85	22.71	17.73	14.54	8.17	0
Osteopaths	9.73	21.24	29.2	23.01	14.16	2.65
Paramedicine practitioners	50.86	22.99	17.82	7.61	0.72	0
Pharmacists	40.62	30.36	13.61	10.14	3.98	1.29
Physiotherapists	54.05	20.77	13.62	8.44	2.83	0.3
Podiatrists	47.76	21.79	14.74	12.18	3.53	0
Psychologists	22.04	28.74	24.41	14.40	8.03	2.38
Total	35.58	23.74	16.86	13.75	6.21	0.94

Source: HWD, 2024

Hours worked per week

In 2021, on average AHPs in Australia worked 32.9 total hours per week, in line with NSW where AHPs worked on average 32.1 total hours per week. Within the central and eastern Sydney region, AHPs worked, on average, 34.2 total hours per week (3).

In 2022, on average AHPs in Australia worked 32.3 clinical hours per week, slightly higher than NSW where AHPs worked on average 32.1 clinical hours per week (3).

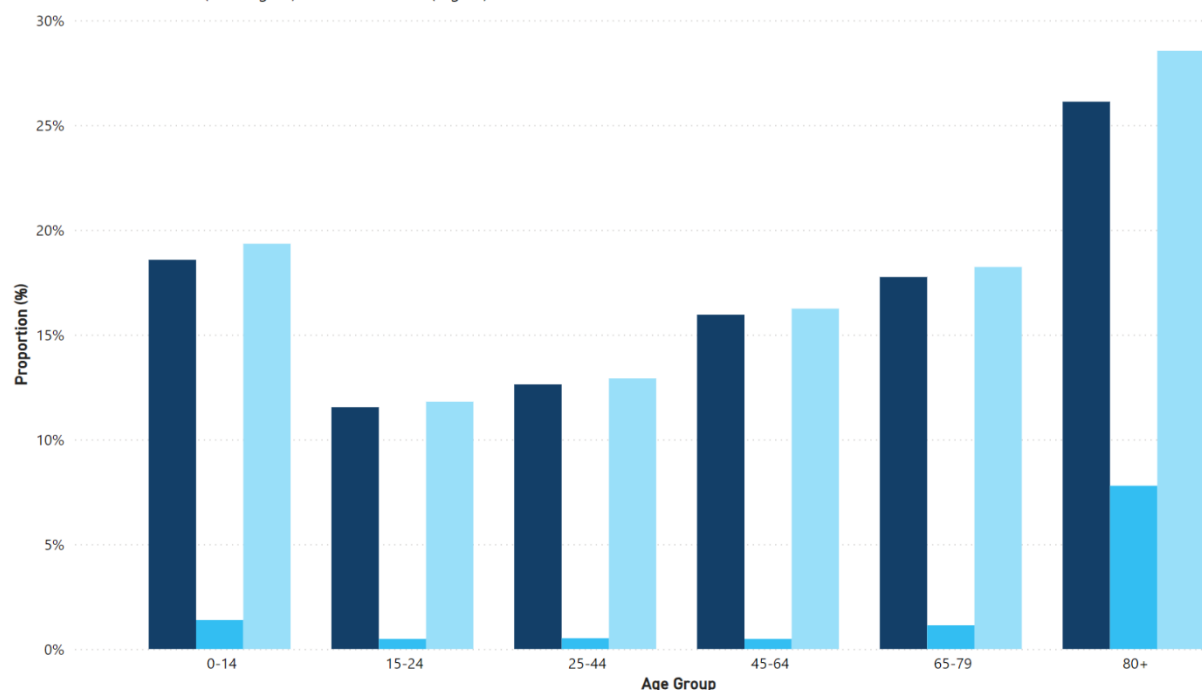
After Hours

After Hours GP services

In 2022-23, 244,484 people (15.2% of the population) in the CESP HN region received an after-hours GP service. People were more likely to receive a non-urgent after-hours GP service (14.7%) than an urgent after-hours GP service (1.0%). A higher proportion of females received an after-hours GP service than males (16.0% compared to 14.3%).

People aged 80 years and over were most likely to receive an after-hours GP service (28.5%) followed by 14 years and younger (19.3%) and then 65-79 years old (18.2%). In 2022-23, there were 495,486 after-hours GP services provided in the CESP HN region, equivalent to 31.8 services per 100 people. People aged 80+ years received the highest number of services per 100 people (12,010.62), followed by those aged 65-79 years (45.5 services per 100 people) (7).

Figure 5: Proportion of the population who received an after hours GP service, by age group, CESP HN region, 2022-23
Service ● GP After-hours (non-urgent) ● GP After-hours (urgent) ● GP subtotal - After-hours



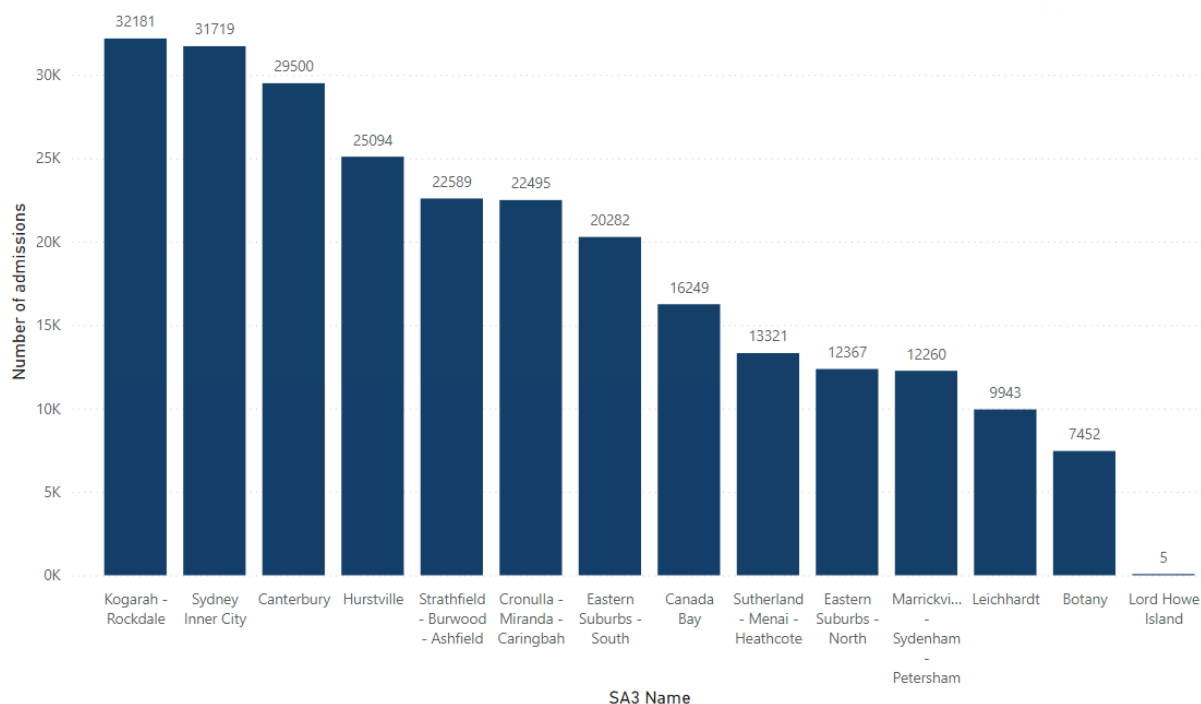
Source: AIHW, 2023

Emergency Department (ED) admissions

The Lumos program provides insights on the patient journey through the NSW health system by linking general practice and NSW Health data. Of the general practices in the region participating in Lumos the highest number of emergency department admissions between January 2023 and December 2023 is in the Sydney Inner City SA3 at 70,728, likely due to the presence of two major hospitals (Royal Prince Alfred Hospital and St Vincent's Hospital) within the region. This is followed by Kogarah – Rockdale (which contains St George Hospital) at 51,347 and Eastern Suburbs – South (which contains Prince of Wales Hospital) (8).

The highest number of ED admissions in 2023 were attributed to residents living in the Kogarah – Rockdale SA3, followed by the Sydney Inner City SA3 (8).

Figure 6: ED admissions by SA3 of patient residence, CESP HN region, 2023

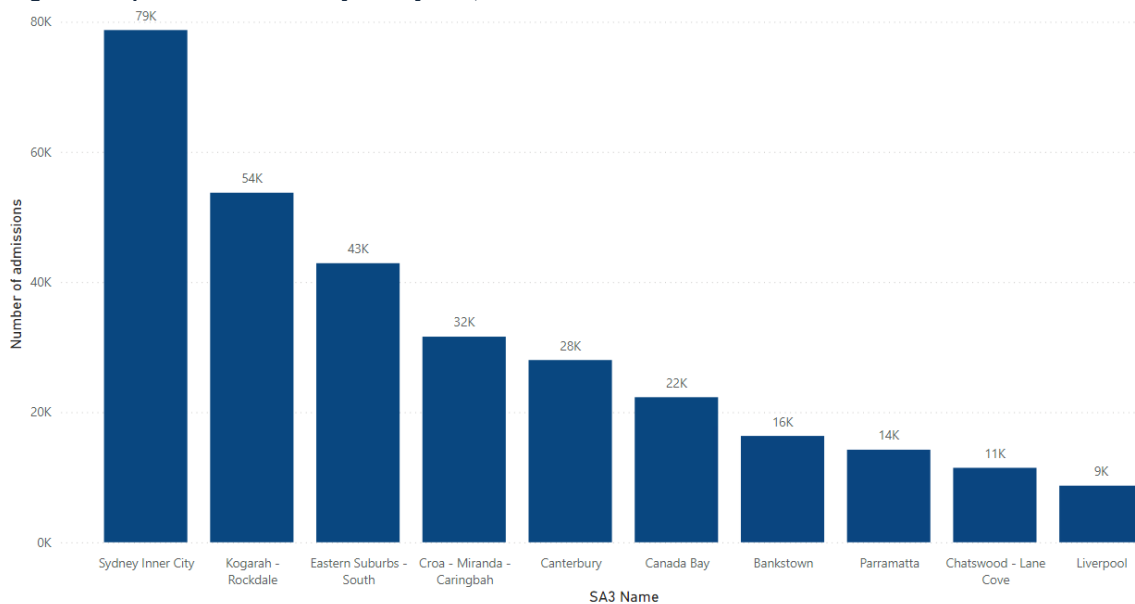


Source: Lumos, 2024

Admissions by SA3 broadly correlate with the region's population distribution. A notable exception is the Kogarah – Rockdale SA3 which, despite representing 9.4% of the region's population, had an ED admission rate of nearly 13% (8).

There were 16,347 patients in the Bankstown SA3 who had visited a participating practice and were admitted to a hospital in the central and eastern Sydney region in 2023. This is followed by the Parramatta and Chatswood – Lane Cove SA3s at 14,228 and 11,445, respectively (8).

Figure 7: Top 10 ED admission by facility SA3, 2023



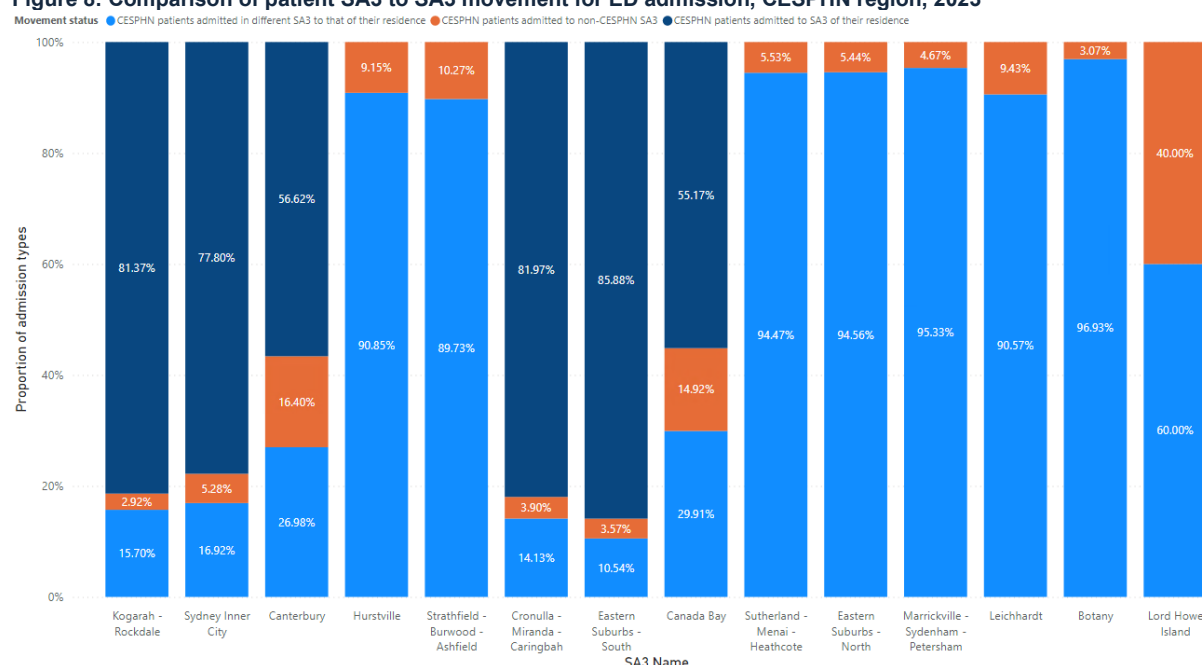
Source: Lumos, 2024

When comparing the SA3s where patients reside to the SA3s where they were admitted, it was found that most patients in the following SA3s were admitted within the same SA3 during the 2023 calendar year:

- Sydney Inner City
- Kogarah – Rockdale
- Canterbury
- Eastern Suburbs – South
- Canada Bay
- Cronulla – Miranda – Caringbah.

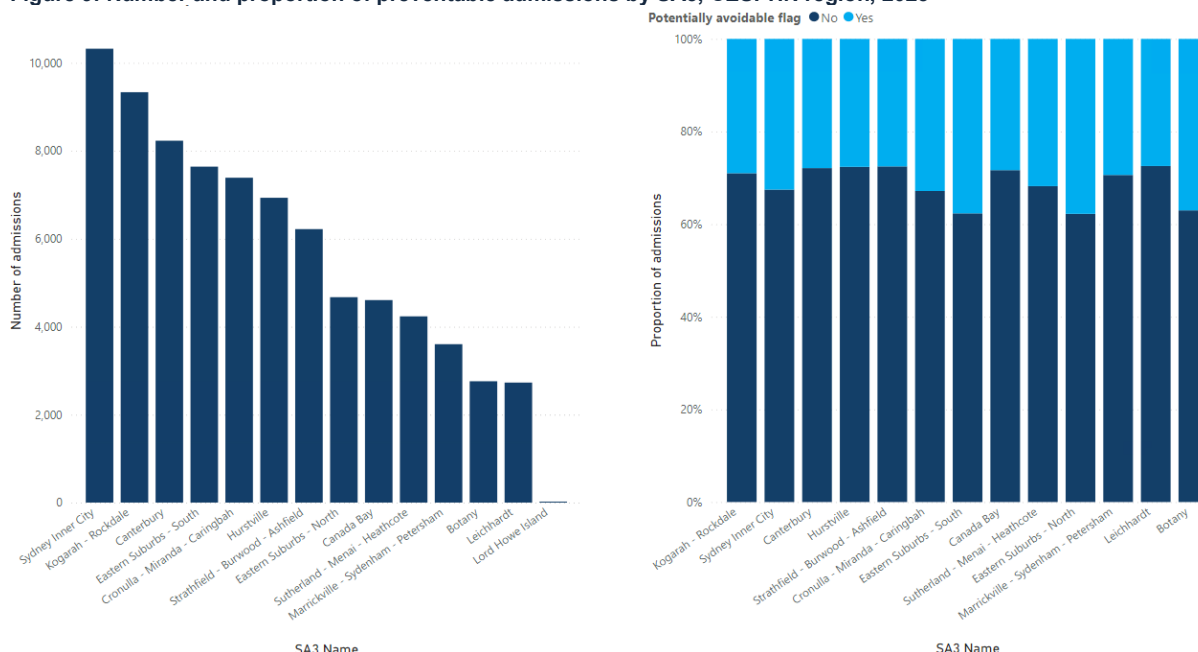
This can be attributed to each of the SA3s containing one or more major hospital. However, Canterbury and Canada Bay ranked relatively low, at 56.0% and 55.3% respectively, suggesting there may be opportunities to improve the local capacity of these areas (8).

Figure 8: Comparison of patient SA3 to SA3 movement for ED admission, CESP HN region, 2023



Source; Lumos, 2024¹¹ Of the region's SA3s, Eastern Suburbs – North contains the highest percentage of preventable admissions as determined by the admitting hospital, at 37.8%. The Maroubra UCC is well positioned to reduce the burden of the local hospital by addressing the needs of patients who would otherwise present to the ED (8).

Figure 9: Number and proportion of preventable admissions by SA3, CESPHN region, 2023



Source: Lumos 2024

Urgent Care Clinics

NSW Health and the Commonwealth Department of Health and Aged Care have funded CESPHN to commission urgent care clinics (UCC) /services across the region, increasing access to primary care and easing the demand for emergency services (ED). UCC clinics include doctors, nurses, and other specialists who provide non-urgent care across extended hours. UCCs provide bulk-billed services, making them affordable and accessible for people who face financial barriers to accessing health care and would otherwise present to ED.

As of September 2024, there are five UCC facilities in the CESPHN region. These are located in:

- Belmore
- Caringbah
- Carlton
- Green Square, and
- Maroubra

As of November 2024, the five clinics are seeing approximately 1,000 patients per week in total with the number of presentations the highest on weekends and Mondays. The busiest times at the clinics are in the mornings (8am-11am) and evenings (4pm-7pm). Highest usage of urgent care is among children aged 0-14 years, with approximately 30% of presentations.

Dental care

In 2021-22, per capita spending on dental services in Australia amounted to \$432 (9). NSW Health provides safety net dental services for eligible NSW residents. Public dental clinics are usually located in public hospitals and community health centres. All children (0-18 years of age) who are NSW residents are eligible for public dental services in NSW. Adult NSW residents must be eligible for Medicare and be listed on one of the following Australian Government concession cards: Health Care Card, Pensioner Concession Card, Commonwealth Seniors Health Card.

Access to affordable dental care was a need highlighted in the consultations. When assessing the LHD where the service was provided and excluding patients waiting for specialist dental services, as at June 2024 there were 9,669 adults waiting for public dental assessments and treatment in Local Health Districts (LHDs) within the CESPHN region, an increase of 17.8% over the 24 months prior. In South Eastern Sydney LHD there were 3,372 adults awaiting assessment or treatment and in Sydney LHD there were 6,297 (10).

Affordability is a key issue impacting access to dental care with care delayed. Access to dental care is even more difficult for people that live in aged care facilities or are homeless.

Issues impacting access

Aging GP workforce

The central and eastern Sydney region has an older GP workforce than the NSW or Australian average. In a survey conducted in 2022 of all GPs who visited RACFs in central and eastern Sydney, 50% stated they intend on either decreasing or stopping their visits to RACFs in the next two years. New initiatives to attract GPs to visit aged care facilities may not be enough to encourage GP attendance and new GPs are increasingly unlikely to visit aged care facilities because of the low remuneration, lack of IT interoperability and the increased administration.

Changing work arrangements for GPs

The working arrangements of GPs have evolved over time, The number of GPs working part-time compared with the conventional full-time schedule has significantly increased. After a steady FTE ratio of 0.7 between 2018 and 2022, the average FTE per GP dropped to 0.6 in 2023 (6). This could be attributed to several factors. As GPs near retirement, they also transition to part time. It is critical that we work to maintain GP participation and that includes supporting those working part time.

Utilisation of practice nurses

Utilisation of primary care nurses in the region has been limited by traditional perception of the role and the MBS item system, as items need to be billed under GPs. Furthermore, remuneration is generally less attractive when compared with nursing in secondary care. Additional aspects identified in the forementioned Practice Nurse Strategy 2024-2027 include the need for leadership in general practice to drive quality improvement, and more opportunities are needed to support career progress.

Effective use of primary care nurses could work to address workforce shortages in primary care. This could involve allowing the role to take on more responsibilities and provide more high-quality care. This could be most impactful in areas of chronic disease management and education. Additionally, utilising nurses could reduce costs for patients accessing primary care and provide better professional opportunities and career opportunities for nurses. The Central and Eastern Sydney region is well positioned for this as the number of nurses in primary and community settings is increasing year by year.

Low practice accreditation rate

The low practice accreditation rate (69.5% of general practices within the central and eastern Sydney region when compared with the metropolitan average of 78% in 2020-21) is attributed to multiple factors, including large numbers of solo practices. The introduction of MyMedicare, which aims to improve the relationship between patient and practice, and the General Practice Aged Care Incentive (GPACI) could offer additional reasons for practices to register.

Increasing out of pocket GP consultation costs

The increasing out of pocket cost of GP consultations, combined with the reducing number of practices that offer bulk billing, imposes financial strain on residents in the Central and Eastern Sydney region and may result in patients not receiving timely care. This issue was raised as a major health concern in every consultation held as part of the development of this needs assessment. The increase in out-of-pocket expenses is disproportionate across the region.

CESPHN's current work

- CESPHN commissions five urgent care services in our region. (Maroubra, Carlton, Caringbah, Green Square and Belmore). Urgent care services enable people to receive GP led care for urgent but nonlife threatening conditions and support nearby hospital emergency departments.
- MyMedicare and GP Aged Care Incentive (GPACI): supporting general practices and providers to register for MyMedicare and GPACI. CESPHN will offer ongoing support to non-accredited general practices to achieve accreditation so they can participate in MyMedicare and GPACI.
- CESPHN supports general practices with quality improvement (QI) activities in line with the requirements of the PIP QI incentive and to promote a team approach to QI in general practice.
- The General Practice Workforce Planning and Prioritisation (WPP) Program provides independent, evidence-based advice to inform the geographic distribution and placement of GP Registrars to meet the community's current and future GP workforce needs. This program is led by ACT PHN (Capital Health Network), the ACT/NSW WPP Consortium consists of the ACT and NSW PHNs. Consultation with CESPHN stakeholders, workforce, population and environmental data contributes to this program.
- CESPHN has developed general practice, digital health, practice nurse and allied health strategies to drive the support it provides to health professionals in the region.

Opportunities

- The changes to Medicare Benefits Schedule items for chronic disease management in July 2025 could also help strengthen the practice nurse role.
- Supporting the primary care workforce to manage their self-care and their connections to colleagues and other health professionals
- Develop innovative primary care workforce models
- Incentivise retention and recruitment
- Optimise nurse roles and career progression
- Promote virtual care services
- Exploring artificial intelligence systems that are being tailored to general practice to optimise efficiency and patient care
- Enable all primary care professionals to work at full scope of practice.

References

1. **Central and Eastern Sydney PHN.** *Salesforce CRM*. 2024.
2. **Australian National Audit Office.** *Effectiveness of the Department of Health and Aged*. Canberra : Australian National Audit Office, 2024.
3. **Department of Health and Aged Care.** Data Tool. *Health Workforce Data Tool*. [Online] 2024. <https://hwd.health.gov.au/datatool/>.
4. **HealthStats NSW.** Population estimates Primary Health Networks NSW. *HealthStats NSW*. [Online] 2024. <https://www.healthstats.nsw.gov.au/indicator?name=-dem-pop-phn-abs>.
5. **Australian Institute of Health and Welfare.** Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23. *Australian Institute of Health and Welfare*. [Online] 2024. <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-care-2022-23/contents/gp-attendances>.
6. **Department of Health and Aged Care.** Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool. *Department of Health and Aged Care*. [Online] 2024. <https://hwd.health.gov.au/headsupp/>.
7. **Australian Institute of Health and Welfare.** Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23. *Australian Institute of Health and Welfare*. [Online] 2024. <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-care-2022-23/data>.
8. **NSW Health.** *Lumos Database*. 2024.
9. **Australian Institute of Health and Welfare.** Oral health and dental care in Australia. *Australian Institute of Health and Welfare*. [Online] 4 October 2024. <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/costs>.
10. **NSW Health.** NSW public dental service data. *NSW Health*. [Online] 31 October 2024. <https://www.health.nsw.gov.au/oralhealth/Pages/public-dental-care-waiting.aspx>.
11. **NSW Department of Planning, Housing and Infrastructure.** Housing targets. *NSW Department of Planning, Housing and Infrastructure*. [Online] 2024. <https://www.planning.nsw.gov.au/policy-and-legislation/housing/housing-targets>.