

Measuring what Matters

Do Australians have good access to primary health care?

Policy Brief No. 13
May 2010
ISSN 1836-9014

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Overview

Australians are bombarded with information about the size of the economy and the value of the stock market but there is scant data on issues of fundamental importance to their quality of life, for example time wasted in traffic jams, difficulty finding child care places or the steady rise in greenhouse gas emissions. In order to overcome these 'information deficits', The Australia Institute, a public policy think tank, is developing a range of new indicators under the umbrella of 'Measuring what Matters'.

This paper presents the first data collected on one particular measure, namely access to primary health care. The paper begins by presenting new data on why people say they wish to see a doctor and then reports the degree of difficulty that Australians experience as to their ability to make appointments with doctors at a time that is appropriate. The paper concludes with new data suggesting that the majority of Australians would be willing to see a nurse practitioner for a wide range of services now commonly provided by doctors.

Survey methodology

To explore the experiences of ordinary Australians when accessing the health system, The Australia Institute conducted an online survey of 1,360 people in March 2010. Respondents were sourced from an independent online-panel provider and quotas were applied to ensure that respondents were representative of the Australian population with respect to age, gender and state/territory. Data were also post-weighted by age and gender to ensure results indicative of the wider adult Australia population.

A more detailed description of this survey technique, along with an analysis of the high degree of similarity between the results obtained from this method and the results obtained from surveys using randomised calls to fixed phone lines, is provided in a recent publication by The Australia Institute.¹

Why Australians go to the doctor

General practitioners (GPs) play a central role in the provision of primary health care in Australia. In addition to providing treatment for a wide range of medical conditions, GPs also act as gatekeepers and information agents to help health consumers navigate the diverse range of treatment options ranging from changes in lifestyle to specialist surgical intervention. The health system in general and the hospital system in particular rely on an efficient and equitable GP network to restrict demand to those who truly need hospital care. In the short term, the fact that many people, when they need to, cannot get an appointment with a GP at an affordable cost means that some patients will present at hospital emergency wards. In the long term, if GPs are too busy treating the symptoms rather than the causes of chronic disease, the cost both to the public purse and to the individuals concerned will be much greater than necessary.

The tables below present data detailing why people usually visit GPs and their perceptions of the relative ease or difficulty they experience when making an appointment to see a doctor. As discussed above, the data are drawn from a representative national survey

¹ H Bambrick, J Fear and R Denniss, *What does \$50,000 buy in a population survey: characteristics of internet survey participants compared with a random telephone survey*. Canberra: The Australia Institute, 2009.

Table 1 shows that the most common reason for people to seek medical attention is to find out what is wrong with them (69.6 per cent), followed by the need to acquire a repeat prescription (55.4 per cent), or to have a check-up or an existing problem monitored (53.0 per cent). Around one third of respondents say they usually visit a GP to obtain a referral to see a specialist and one fifth of respondents were simply seeking a medical certificate.

Table 1: When you usually go to the GP, is it usually in order to ...?*

Find out what is wrong with me	69.6%
Get a repeat prescription	55.4%
Get a check-up/monitor an existing problem	53.0%
Get a referral to see a specialist	33.5%
Get a medical certificate	20.7%
Other	3.3%
Not sure	0.6%
Total	100.0%

N = 1360

* Because respondents could select more than one option, totals add up to more than 100%.

Because the Australian medical system relies heavily on GPs for the provision of primary health care and because there is a relative shortage of trained GPs, many citizens find it challenging to make an appointment to see their doctor at times that suit them. Table 2 shows the degree of ease or difficulty respondents believe they experience when they want to see a GP. While only 3.4 per cent of respondents feel that making such an appointment is 'impossible', a clear majority believe that it would be difficult and only 40 per cent believe that it would be easy or straightforward

Table 2: If you wanted to see a GP, how easy or hard do you think it would be to make an appointment that suited you?

	%
Impossible	3.4
Very difficult	15.0
Somewhat difficult	39.6
Easy/straightforward	40.1
Not sure/not applicable	1.8
Total	100.0

N = 1360

Those facing difficulties in accessing primary health care through their GPs can respond in a number of ways, including delaying or avoiding treatment, relying on alternative or self medications, or presenting at public hospitals. Table 3 shows that 27.2 per cent of respondents report that they are 'too busy' to seek an appointment with a GP and a further 16.8 per cent of respondents simply believe it is 'too hard' to do so. It is of

significant concern that 15 per cent of respondents say that they 'can't afford' to see a doctor.

Table 3: Thinking about your life right now, which of the following applies to you?

	Applies	Does not apply	Not sure	Total
I probably should go to the doctor but I'm too busy	27.2%	71.7%	1.1%	100.0%
I probably should go to the doctor but it's too hard to get in	16.8%	80.6%	2.5%	100.0%
I probably should go to the doctor but I can't afford it	15.0%	83.1%	1.9%	100.0%

N = 1360

While the responses in Table 3 refer to how respondents felt at the time of the survey (March 2010), the responses in Table 4 refer to their experiences in the past. It is interesting to note that nearly one quarter of respondents have, at some point in the past, avoided going to a GP because they could not afford to do so.

Table 4: Thinking about the past, which of the following applies to you?

	Applies	Does not apply	Not sure	Total
I have avoided going to the doctor in the past because I was too busy	44.1%	54.5%	1.4%	100.0%
I have avoided going to the doctor in the past because it was too hard to get in	31.3%	67.3%	1.4%	100.0%
I have avoided going to the doctor in the past because I couldn't afford it	24.8%	74.3%	1.0%	100.0%

As shown in Table 5, more than 17 per cent of respondents report presenting at a hospital for non-urgent treatment because they were unable to see a GP.

Table 5: Have you ever gone to a hospital for non-urgent treatment because you were unable to see a GP?

	%
Yes	17.7
No	79.9
Not sure/not applicable	2.4
Total	100.0

N = 1360

The recent debate about health reform

In recent months, there has been much discussion regarding the need to reform the health system. Federal Government action in this area has so far been confined to the role of public hospitals and ways to fund them, along with smaller announcements in the areas of aged-care and mental-health services designed to encourage state governments to agree to national reforms.² While increases in hospital funding play an important role in improving the performance of the health system, genuine reform requires a reformation of the way the health system is organised, not merely the way that it is funded. Professor John Dwyer, chair of the Australian Health Care Reform Alliance, said of the recent changes to commonwealth/state funding arrangements, 'It's not a health reform package, it's a complicated hospitals, finance package'.³

Genuine reform of the provision of primary health care should deliver more efficient, equitable and, from a consumer point of view, more convenient primary health-care services. While much has been made in recent times of the need for additional funding for hospitals to reduce hospital emergency-room waiting times, an alternative approach would be to take pressure off GPs and therefore reduce the number of people presenting at hospitals due to the difficulties they experience seeing their family doctor.

The data presented above confirm the view that a significant number of people present at casualty with conditions that could adequately be dealt with by a GP or nurse; for example, the NSW Government recently estimated that more than 2,000 people visit public hospitals every week for minor health problems such as sore throats.⁴ The following sections discuss the opportunities for nurse practitioners to help reduce the pressure on the existing system of primary health care in Australia.

Could nurse practitioners fill the gap?

Nurse practitioners were first introduced in NSW in the year 2000 and by 2009 there were around 370 employed across Australia. The term 'nurse practitioner' is protected by legislation and only refers to a nurse who is licensed to use it. The Australian Nursing and Midwifery Council defines a nurse practitioner as:

... [A] registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes the assessment and management of clients using nursing knowledge and skills and may include but it is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.⁵

While nurse practitioners are currently authorised to provide prescriptions and referrals, their very small number makes it rare for Australians to rely on them for these services. In order to examine whether the small number of nurse practitioners is a consequence of community resistance to their role or whether there is a significant opportunity for the numbers to increase, the views of the community were sought through the opinion poll described above. The results of that section of the poll are reported below.

² M Farr, 'Kevin Rudd to hold plebiscite if premiers reject health reforms'. *The Daily Telegraph*, 19 April 2010.

³ Cited in 'Deal adds cash but no big reform: doctor'. *The Age*, 21 April 2010. Retrieved from: <http://news.smh.com.au/breaking-news-national/deal-adds-cash-but-no-big-reform-doctor-20100421-ssfs.html>

⁴ S Benson, 'Sore throats clog casualty'. *The Daily Telegraph*, 19 April 2010.

⁵ Australian Nursing Federation. *Fact Sheet 6: a snapshot of nurse practitioners in Australia*. 2009. Retrieved from: http://www.anf.org.au/html/publications_factsheets.html.

Public support for the use of nurse practitioners

The data presented above show that millions of Australians are likely to face significant problems accessing GPs in a timely, convenient and affordable manner, difficulties that in turn lead to a substantial number of people either failing to seek timely medical attention (potentially increasing the subsequent costs of treating more advanced illnesses) or seeking medical attention from hospitals (driving up both hospital costs and emergency-room waiting times).

The data presented below suggests that the Australian public appears strongly supportive of the potential role of nurse practitioners in the provision of primary health care. The data in Table 1 above show that one in five Australian adults regularly visit a GP to request a medical certificate to assure their employer that their absence from work is for *bona fide* medical reasons. Table 6 shows that 69.9 per cent of survey respondents would be happy to see a nurse practitioner in order to obtain a medical certificate. It is interesting to note that a higher percentage of respondents would be happy to see a nurse practitioner to obtain a medical certificate than would be willing to see a pharmacist.

Table 6 also shows that public willingness to obtain medical certificates from nurse practitioners is consistently high for both male and female respondents and across all age groups. While a majority of all demographic groups is supportive of the role of nurse practitioners in the provision of medical certificates, support is slightly lower among men and among those aged over 55. This same pattern is evident in the stated degree of support for the role of pharmacists in providing medical certificates.

Table 6: If you needed to get a medical certificate, would you be happy to see a nurse practitioner or a pharmacist instead of a doctor?

	Male	Female	18–34 years	35–54 years	55+ years	Total
Happy to see a nurse practitioner	67.1%	72.5%	74.3%	72.4%	62.8%	69.9%
Happy to see a pharmacist	56.8%	60.7%	68.7%	62.3%	45.6%	58.9%

Table 1 also revealed that a common reason for people to visit their GP is to obtain a 'repeat' prescription for pharmaceuticals. The need to visit a GP regularly in order to continue a course of prescription pharmaceuticals is designed to ensure that the patient is monitored for potential side effects and to check that the treatment is as effective as expected.

While there is obviously a need to monitor some illnesses and their treatment more intensively than others, current practice in the Australian medical system does not appear to reflect this reality. For example, women taking the contraceptive pill and patients on long-term courses of cholesterol-lowering drugs are likely to visit their GPs every three months for cursory, but often expensive and inconvenient, check-ups. The data presented in Table 7 show that an overwhelming majority of respondents would be happy to see a nurse practitioner or a pharmacist in order to obtain a repeat prescription. It is important to note that, as discussed above, nurse practitioners can prescribe pharmaceuticals and, as of May 2010, pharmacists can issue repeats for a limited range

of pharmaceuticals.⁶ However, the very small number of nurse practitioners and the very limited role that pharmacists now have in issuing repeats suggests that there is still substantial room for further reform.

Table 7: If you needed to get a repeat prescription, would you be happy to see a nurse practitioner or a pharmacist instead of a doctor?

	Male	Female	18–34 years	35–54 years	55+ years	Total
Happy to see a nurse practitioner	69.5%	74.6%	72.0%	74.9%	68.9%	72.1%
Happy to see a pharmacist	72.1%	71.3%	77.4%	73.9%	63.8%	71.7%
No—I want to see a doctor	12.4%	13.9%	10.2%	11.7%	17.6%	13.1%

Table 7 also shows that nearly three in four respondents say that they would be happy to see a nurse practitioner or a pharmacist in order to obtain a repeat prescription. Given that this need is one of the major reasons people visit GPs (see Table 1), there can be little doubt that expanding the role of nurse practitioners or pharmacists in the provision of repeat prescriptions could significantly alleviate the pressure on GPs, in turn lessening the need for people to attend a hospital emergency room due to the difficulties they face in making an appointment with a GP.

The final issue examined in the survey relates to the willingness of people to seek a referral to a medical specialist from a nurse practitioner rather than from a GP. Table 1 reports that around one in three Australians regularly go to their GP to obtain such a referral, once again suggesting that reform leading to nurse practitioners being able to provide such referrals would likely take significant pressure off GPs and hence public hospital-emergency rooms.

Table 8 shows that 43 per cent of respondents would be happy to seek a referral to a medical specialist from a nurse practitioner. While this is a lower level of acquiescence than people display for obtaining repeat prescriptions or medical certificates, it demonstrates a substantial willingness on the part of patients to use nurse practitioners for this service.

⁶ M Metherell, 'Doctors criticise deal to give chemists power on two drugs'. *theage.com.au*. 5 May 2010.

Table 8: If you needed to get a referral to see a medical specialist, would you be happy to see a nurse practitioner instead of a doctor?

	Male	Female	18–34 years	35–54 years	55+ years	Total
Happy to see a nurse practitioner	44.6%	42.4%	46.8%	45.0%	38.5%	43.5%
No—I want to see a doctor	51.3%	55.3%	48.3%	51.5%	60.3%	53.3%

Conclusions

Access to primary health care is essential to the wellbeing of Australians. While there has been much debate recently about the level of hospital funding, there has been very little analysis of the nature and extent of the difficulties that Australians face when accessing primary health care.

The data presented above suggest that the majority of Australians experience difficulties in seeing a GP at a time that suits them and a significant minority are actually avoiding seeking medical advice because it is either too difficult or too expensive. More than one in five Australians report that they have presented at a public hospital for non-urgent treatment because of the difficulties associated with seeing a GP. These results are consistent with the claims made by the NSW Government concerning the large number of people presenting at emergency wards with minor ailments.

It is clear from these data that the Australian public would be willing to use the services of a nurse practitioner, if available, for a range of high-demand health services, including prescription repeats, medical certificates and referrals to specialists. While nurse practitioners already perform an important role in the Australian health system, these results suggest that this role could be expanded, both in the number of people using such services and the breadth of the services being offered.

Extending the roles that nurse practitioners can perform and, importantly, better informing the public about the role of nurse practitioners, would likely result in a range of significant benefits, including increased convenience for citizens, shorter waiting times at both GP clinics and at emergency wards, and lower costs for the health system as a whole.

While our findings indicate that some people are reluctant to use nurse practitioners, this is clearly a minority view. Nevertheless, an increased reliance on nurse practitioners need not prevent individuals who wish to see a doctor from doing so. Indeed, if a significant percentage of Australians chose to rely more heavily on nurse practitioners, those patients who are determined to see a GP would likely find it much easier to do so.

Similarly, even if reforms led to a substantial increase in the reliance on nurse practitioners, it is likely that there will be some pharmaceuticals or medical specialists that only a trained doctor would be permitted to request on a patient's behalf. With this in mind, there appears to be little reason that an increased reliance on nurse practitioners should not result in their being used as a substitute for many of the services offered by a GP.

Providing the demarcation of responsibilities is based on sound principles of evidence-based policy and risk management, it seems obvious that substantial benefits to the

community and the health budget can be achieved through increased access to nurse practitioners. Although there is likely to be resistance to such changes from some patients and elements of the medical community, the case for maintaining the *status quo*, in which the congested GP network acts as a bottleneck on the entire health system, seems weak. While the recent public debate has been dominated by the enormous cost of health reform, it is important to highlight that some genuine reforms have the capacity to actually save considerable amounts of money.

Appendix

This appendix provides additional data on the support for nurse practitioners by income.

Table A1: If you needed to get a medical certificate, would you be happy to see a nurse practitioner or a pharmacist instead of a doctor?

	Less than \$40,000	\$40,000–\$80,000	More than \$80,000	Not sure/rather not say	Total
Yes—happy to see a nurse practitioner	72 18.2%	60 15.8%	31 16.8%	226 16.6%	225 16.6%
Yes—happy to see a pharmacist	18 4.6%	23 6.1%	5 2.7%	74 5.4%	75 5.5%
Yes—happy to see either	179 45.3%	221 58.2%	97 52.4%	724 53.3%	725 53.3%
Total happy to see a nurse practitioner	251 63.5%	281 73.9%	128 69.2%	950 69.9%	950 69.9%
Total happy to see a pharmacist	197 49.9%	244 64.2%	102 55.1%	798 58.7%	800 58.9%
No—I would want to see a doctor	80 20.3%	59 15.5%	39 21.1%	246 18.1%	245 18.0%
Not sure/NA	46 11.6%	17 4.5%	13 7.0%	89 6.5%	89 6.5%
Total	395 100.0%	380 100.0%	185 100.0%	1,359 100.0%	1,359 100.0%

Table A2: If you needed to get a repeat prescription, would you be happy to see a nurse practitioner or a pharmacist instead of a doctor?

	Less than \$40,000	\$40,000– \$80,000	More than \$80,000	Not sure/rather not say	Total
Yes—happy to see a nurse practitioner	65 16.4%	55 14.4%	48 12.0%	19 10.3%	187 13.7%
Yes—happy to see a pharmacist	49 12.4%	54 14.2%	60 15.0%	19 10.3%	182 13.4%
Yes—happy to see either	214 54.0%	228 59.8%	246 61.5%	107 58.2%	795 58.4%
Total happy to see a nurse practitioner	279 70.5%	283 74.3%	294 73.5%	126 68.5%	982 72.2%
Total happy to see a pharmacist	263 66.4%	282 74.0%	306 76.5%	126 68.5%	977 71.8%
No—I would want to see a doctor	63 15.9%	41 10.8%	41 10.3%	33 17.9%	178 13.1%
Not sure/NA	5 1.3%	3 0.8%	5 1.3%	6 3.3%	19 1.4%
Total	396 100.0%	381 100.0%	400 100.0%	184 100.0%	1,361 100.0%

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