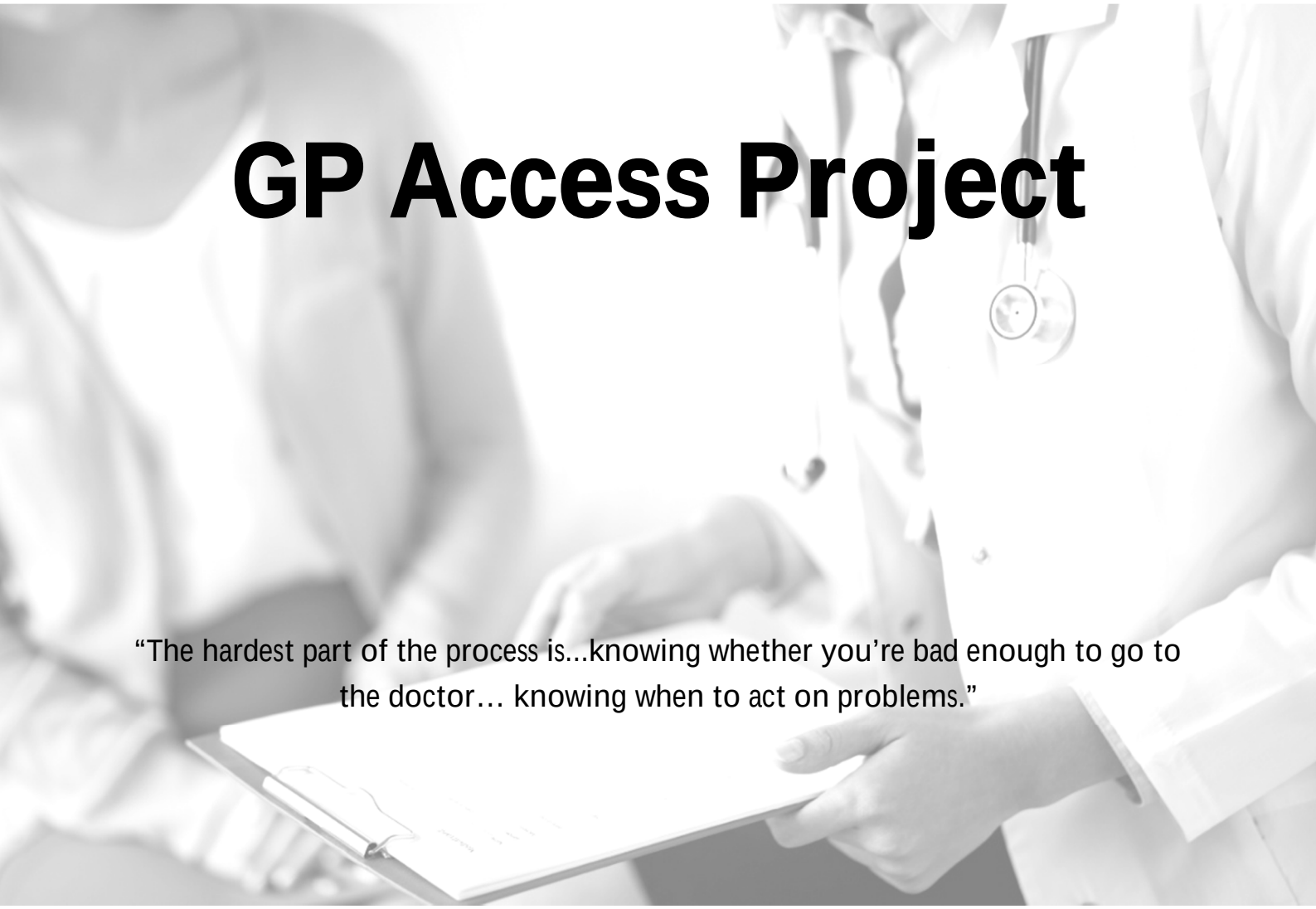
Clarence City Council

Community Health and Wellbeing Advisory Committee

Health Promotion Working Group

GP Access Project



"The hardest part of the process is...knowing whether you're bad enough to go to the doctor… knowing when to act on problems."

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Summary

Clarence City Council's Health and Wellbeing Plan identified improving access to General Practitioners (GPs) as a key action. In the process of implementing the Plan, members of Clarence City Council's Community Health and Wellbeing Advisory Community (CHAWAC) - Health Promotion Working Group identified that accessing GP services continued to be a key issue for people in the community. In order to develop a deeper understanding of the barriers and enablers to accessing GP services in Clarence, a qualitative research study was undertaken in late 2016 / early 2017.

Participants were invited to tell their story about finding, getting to and seeing a GP. They were asked their experiences of the things that helped and the things that made it hard. In total 142 people were involved in the study. Community members discussed a broad range of experiences of accessing GP services across the Clarence municipality.

GP access is a complex concept that may be explored by considering four inter-related factors:

1. **Service availability:** Participants perceived there to be a shortage of GPs in the Clarence municipality. Some community members had encountered challenges associated with knowing where to go for health care and navigating 'the system'.
2. **Barriers and enablers to GP service utilisation:** Availability may be compromised when the community faces barriers to obtaining care. For example, if a service is geographically distant from where the patient lives, if the person has few financial resources and/or if the person has limited access to transport. Such barriers operate at the level of the individual, organisation and system. In our study:
    - **Individual barriers and enablers** related to patients understanding their health needs, having adequate finances and access to transport.
    - **Organisational barriers and enablers** related to waiting times, continuity of care, communication and relationships between patients and service staff, health literacy, freedom from discrimination, the physical space of services, and the adaptability and flexibility of services.
    - **System barriers and enablers:** related to how the systems support the community to overcome barriers (e.g. financial, transport, health literacy), specific needs such as prescription renewals, responsive to emerging needs e.g. ageing population, co-location of services, and collaboration between GP services and community pharmacy.
3. **Relevance and effectiveness:** While many people spoke favourably about their health outcomes, some people queried the health care outcomes associated with accessing GP services in the Clarence municipality.
4. **Equity in access:** Our study identified a number of 'groups' who may experience inequity in access to GP services, including women (particularly those with young children), Aboriginal people, older people, rural communities, and people with mental ill health and complex personal situations.

To improve GP access, the following recommended actions are proposed:

1. **Barriers and enablers to GP service utilisation**
    - Support initiatives that enhance health literacy outcomes – particularly in relation to preventive health and early intervention.
    - Work with GPs to tackle affordability and lobby government for more bulk billing services

- Monitor the trial of the health care home model in order to understand how it can impact (positively or negatively) on system issues and patient experience in accessing health services.
- Support health services to adopt policies and procedures that support patients to overcome access barriers including transport and low income (e.g. provide information about transport options and income support services, support the development of partnerships between health care and social service organisations).
- Explore innovative ideas aimed at enhancing efficiency in relation to GP appointments scheduling and management, as well as ways to enhance adaptability and flexibility (e.g. use of technology).
- Support GP services to enhance communication skills at all levels of service delivery.
- Build understanding among service providers about diversity and equity.
- Enhance the presentation and resources in waiting rooms so they are welcoming and stress-free, and cater to the needs of children and families.
- Advocate for system reforms that will enhance GP access (e.g. prescription procedures, use of Practice Nurses (PNs), collaboration of services and strategic planning relating to emerging health issues).

2. Service availability

- Lobby Government for more GPs in the Clarence municipality to reduce the GP per capita ratio to no more than 1000 residents per FTE GP and advocate the value of PNs.

3. Relevance and effectiveness

- Encourage GP services to build in evaluation procedures and strive for continual improvement.
- Advocate for patient-centred and holistic models of service provision.

4. Equity in access

- Support services to respond to inequities in GP access among diverse members of the community.
- Take a strong stand against discrimination.
- Support GP services to enhance their understanding of what equity in access means and how they can build in policies and procedures to enhance health equity.
- Advocate for alternative models of access that outreach to those who are least likely to access GP services.

Introduction

In broad terms, a*ccess to health care services* refers to people's ability to use health services. It is defined variously in the literature, by researchers, policy makers and health care providers - but generally speaking, it is recognised that accessible health care encompasses a number of inter-related concepts including:

- Availability of an adequate supply of services
- The ability of the community to utilise services
- The relevance and effectiveness of services
- Equity of access to services that ensures that the needs of different groups of people in the community are met.[1]

Access to General Partitioner (GP) services in Clarence City Council has been identified as an issue for the community.[2] In order to develop a deeper understanding of the barriers and enablers to accessing GP services in Clarence, a small qualitative research study was undertaken by the Clarence City Council's Community Health and Wellbeing Advisory Community (CHAWAC) - Health Promotion Working Group in late 2016 / early 2017. This report presents the main findings of that research. The data will assist the CHAWAC Health Promotion Working Group to determine local opportunities for initiatives that can promote and enhance access to GP services. It also identifies key points of service improvement to advocate for.

Our Approach

We commenced this project by undertaking a scoping review of the literature. A brief summary of this review is presented on the next page.

The views of Clarence City Council community members were then collected using a range of strategies including interviews and postcards. Postcards were distributed across the community at Community Centres, Medical Centres, and General Practice Clinics, with reply paid address and collection boxes provided. Postcards were also distributed and collected at Eastlands Shopping Centre.

Interviews were conducted from October 2016 to January 2017. The postcards were distributed across Clarence in November 2016 and collected in late February 2017. The last consultation happened at Eastlands Shopping Centre on 6 April 2017.

Participants were invited to tell their story about finding, getting to and seeing a GP. They were asked their experiences of the things that helped and the things that made it hard.

In total 142 people were involved in the study with 45 interviews and 98 postcards collected.

The data were collated and coded using key themes identified during the literature

review as well as other emerging concepts. The findings of the analysis are presented below. Numerous quotations from participants have been included to support the study findings. Where participants gave consent for their age, gender and place of residence to be published, these details have been included. In some cases, these details have not been included for reasons relating to confidentiality.

Table 1 provides some contextual information relating to the study. The table provides a range of social, cultural, economic and health indicators for Clarence City Council and Tasmania.

Literature Review Key Findings

Access to GPs is particularly important in an Australian context as GPs are often 'gateways' to accessing a multitude of other services and specialists within the health system, including early intervention and preventative procedures. Poor access may result in poorer health outcomes and increased pressure being placed on our health system through preventable illness and emergencies.

There are many barriers to accessing GP services when these dimensions of access are limited. Some of the main factors which have been found to block access to GP services include cost (of services and medication), transportation (both cost and availability), time (including waiting times, travel time and appointment times), awareness of services, and attitudes of both patients and doctors towards services and one another.

Some people who are particularly disadvantaged in accessing GPs are people from low socioeconomic backgrounds or living on low income, older people, Aboriginal and Torres Strait Islander people, people with a mental illness and/or substance abuse issues, homeless people, asylum seekers and people from refugee backgrounds, and people living rurally/remotely.

In Tasmania, and particularly in Clarence, cost has been identified as a significant barrier to accessing GPs. Clarence has a low rate of bulk billed GP appointments compared with the rest of Tasmania and Australia. Further, Clarence has high ratios of people per GP and Practice Nurse Full Time Equivalents, which may affect the availability of GP appointments locally.

For the full literature review please see: GP ACCESS PROJECT – BACKGROUND REPORT.

Table 1: Selected social, cultural, economic & health indicators for Clarence City Council & Tasmania

	Clarence City Council	Tasmania
Population (2016)[3]	54,819	509,965
Median age (2016)[3]	43 Children aged 0 - 14 years: 18% people aged 65 years and over: 0.1%	42
One parent families (2016-%)[3]	17.5	17.4
Median weekly household income (2016-$)[3]	1,306	1,100
Households with weekly income <$650 (2016-%)[3]	20.8	26.3
Education level below grade 10 (2016-%)[4]	10.6	5.5
Unemployment rate (2011-%)[5]	4.9	6.4
Housing tenure: owned outright (2016-%)[3]	36.4	35.7
Dwelling without a motor vehicle (2016-%)[3]	6.9	7.9
Aboriginal and Torres Strait Islander Peoples (2016-%)[3]	3.5	4.6
Born in Australia (2016-%)[3]	84.3	80.7
Speaks a language other than English at home (2016-%)[3]	5.6	6.5
Persons with a disability living in private dwellings (2012-%-estimates)[5]	21.7	na
Provided unpaid assistance to a person with a disability (last two weeks) (2016-%)[3]	12.3	11.8
Access to internet from dwelling (2016-%)[3]	82	78
Current smokers (2016-%)[6]	10.8	15.7
Alcohol consumption causing lifetime harm (>2 drinks) (2016-%)[6]	19.6	38.5
Overweight/obese (2016-%)[6]	58.5	60.0
Self-assessed health, fair or poor[7]	15.8	19
Psychological distress, high or very high[7]	10.1	11.4
Persons aged 18+ with 4 or more chronic diseases[8]	20.4	19.2
Potentially avoidable mortality (2003- 2007) (per 100,000 population)[8]	184	197

Our Findings

In our research, participants discussed a broad range of experiences of accessing GP services across the Clarence municipality. Some of these experiences also extended beyond Council boundaries. For example, some people lived in Clarence but accessed GP services in other municipalities, some people lived outside of Clarence but accessed GP services in the area, and others spoke about accessing specialist health services in other municipalities.

Overall it was evident that GP access is a complex concept that needs to be assessed on several levels including availability, utilisation and health outcomes. No one of these dimensions stands alone.[1]

1. Service availability

If GP services are available and there is an adequate supply of services, then the opportunity to obtain health care exists, and a community may 'have access' to services.[1] Traditionally, service availability is measured in terms of the number of GPs per capita. The World Health Organisation (WHO) recommends an ideal number of one GP per 1,000 people.[9] For the Clarence municipality the following data was available for 2014:[10]

Number of GP practices (Clarence)	14
Number of GPs (Clarence)	81
Number of full time equivalent (FTE) GPs (Clarence)	46.5
Number of people per FTE GP (Clarence)	1,152
Number of people per FTE GP (Tasmania)	1,214
Number of people per FTE GP (Australia)	1,223
Number of practice nurses (PN) (Clarence)	32
Number of FTE PN (Clarence)	15
Number of people per FTE PN (Clarence)	3,577

In our study, participants strongly articulated that they perceived there to be a shortage of GPs in the Clarence municipality.

> "We don't have enough doctors, not enough good doctors." (61 yr old female, Risdon Vale)

Service availability also encompasses community awareness of services, and the relationship between the location of services with respect to the community. Some community members had encountered challenges associated with knowing where to go for health care and navigating 'the system'.

> "(My) seven year old daughter awoke at 12am hysterical with a sore throat (tonsillitis). Coupled with an anxiety attack - she was inconsolable. Not being life threatening, we did not ring an ambulance or drive to the hospital. (The) out of hours GP could not visit us for at least 24 hours. (We) had huge difficulties trying to find a 24 hour chemist and the two advertised on websites

> that they were 24 hours were closed when I got there. (There was) little assistance available and I didn't' know where to look."(Resident, Lindisfarne)

Many participants stated that one of the key ways to enhance access to GPs in the community was to address the issue of supply.

> "(We need) more funding for GP services locally." (22 yr old female, Clarendon Vale)

Supply, however, was not a stand-alone feature in this study. It was closely linked with other concepts related to access, including affordability and transport. Gulliford et al (2002) comment that *"service availability is a rather limited measure of access to health care."*[1] Availability, as a measure of access, may be compromised when the community faces barriers to obtaining care. For example, if a service is geographically distant from where the patient lives, if the person has few financial resources and/or if the person has limited access to transport. Such barriers operate at the level of the individual, organisation and system. In the next section we explore these barriers – as well as enablers – to service utilisation that participants identified.

2. Barriers and enablers to GP service utilisation

2.1 Personal barriers and enablers

As stated above, services may be available to the community and yet people may encounter difficulties in utilising them. In other words, potential access may not be realised.[1] Some researchers have identified that access is about the 'degree of fit' between community members and the health system. Pechansky and Thomas (1981) identify that the 'degree of fit' is shaped by:

- acceptability (attitudes of services and service users toward each other)
- affordability (the relationship between cost of services and service users' ability and willingness to pay); and
- accommodation (how service resources are organised versus service users' ability and willingness to accommodate to such a system) of services.[2, 11]

The extent to which the community can gain access or utilise a service depends on economic, organisational, systemic, social and cultural barriers that limit the utilisation of services.[1] The main barriers that community members said confronted them related to realising health care needs, financial barriers and transport difficulties. It was evident that barriers often combined to compound access difficulties. There were also examples of enablers that helped people overcome barriers to access.

While the issues presented in this section are grouped as 'personal barriers' this does not suggest that eliminating such barriers is the responsibility of the individual. Rather it is important to recognise that such barriers arise from a combination of factors (person, organisational, systemic) to produce a complex problem.

a) Realising health care needs

The first step in accessing GP services is for people to recognise that they need health care. While most people are able to recognise their own health care needs, not everyone is able to know when they need to go to a GP or they may avoid going until their health care needs are more advanced. In fact, just over 14% of Tasmanians, who needed to see a GP, did not (in the preceding 12 months in 2014-15), compared to 15.3% of all Australians.[12] Gulliford et al (2002) state that, *"The probability of utilising services depends on the balance between individuals' perceptions of their needs and their attitudes, beliefs and previous experiences with health services"*.[13] This was reflected among our participants. We found that the process of identifying one's own health needs and when to access a GP were not necessarily straightforward and may be shaped by a range of social and cultural influences, environmental constraints and other issues.

> "I have a really bad sinus infection, I probably need some antibiotics but I can't be bothered waiting to get in there." (24 yr old female, Brighton/Risdon Vale)

> "(The hardest part of the process is...)
>
> > ...knowing whether you're bad enough to go to the doctor… knowing when to act on problems." (62 yr old female, Roches Beach)
> >
> > ...getting the courage to ring up to go! I just don't like doctors or what they tell me." (60 yr old female, Mt Rumney)

> "I was scared to go and see a doctor about my nerves and depression. I wouldn't know how the doctor would react." (Resident, Clarendon Vale)

> "Yes. I usually stay away from doctors. I try and deal with it myself unless it's really bad. I'm usually pretty healthy." (26 yr old female, Clarendon Vale)

> "Having a mental illness meant I didn't know I needed to see a GP. <Mental illness> symptoms meant that I couldn't feel the physical pain the same way when I am well. Physical problems get overlooked by me sometimes. Having a regular GP was not something I thought about needing." (Resident, Rokeby)

Some people said they would rather avoid GP services as much as possible.

> "(I) just don't (go to the doctor). You're better dying at home with dignity." (35 yr old male, Rokeby)

> "I've never really had a bad experience with a doctor, but there's nothing positive about going to the doctor. If I really need to go I go, they're people just the same as you are… (but) I usually wait and see what happens – either you recover or you don't!" (Resident, Clarence Council area)

"I just don't go. It's been over 2 years since I've been to the doctor. There's so much they don't know. I'm careless at the moment. The last time I went to see my GP it was because I had to get my licence renewed. As soon as I go my blood pressure is high, but he understands. He said, 'Just don't have a stroke on the doorstep!'' (82 yr old female, Rokeby)

b) Financial resources

Many of the participants in this study identified that the lack of financial resources was a barrier for them accessing GP services. This finding is supported by research carried out elsewhere, which found that 6.1% of Tasmanians, in 2015–16, did not see or delayed seeing a GP due to cost in the preceding 12 months. This compared to 4.1% of all Australians.[12]

"It's a fair bit at <GP service> – it's over $100 for 10-15 minutes! I don't go to <GP service> because they're dearer. I'm a self-funded retiree and the government doesn't give us any help with paying for medical things." (62 yr old female, Roches Beach)

"The cost of multiple appointments for individual family members means as a family there are times we cannot afford to visit the GP, or worse choose who gets to go when more than one is sick." (Lindisfarne resident)

Having a low income was not only identified as a barrier for accessing health care treatment. In some cases, it also prevented people from accessing preventive health care services. For example:

"... I'm supposed to have a full body scan because I've had melanomas but it costs a lot of money - $124 - so it will have to wait a while." (Resident, Risdon Vale)

As mentioned above, barriers can often combine to exacerbate access difficulties. For example, poverty is closely linked to lack of transport, and collectively can reduce accessibility.

"You don't always have money lying around for a bus fare (to get to the doctor)." (22 yr old female, Clarendon Vale)

Bulk billed services were identified as an important enabler in helping numerous participants to access GP services. National data shows that only 77.3% of GP attendances in Tasmania were bulk billed in 2014-15 compared to 84.3% of Australians as a whole. Tasmania experiences amongst the lowest bulk-billing rates in the country. [12]

"It costs me $14 in transport to go see him, but I get bulk billed." (56 yr old female, Clarendon Vale)

"I'm bulk billed, I don't have to worry about that." (36 yr old male Clarendon Vale)

However, a number of people said that the hardest part about accessing GP services was finding a bulking billing GP service.

"(We need) more doctors! More doctors that bulk bill. When you have to go regularly it would get quite expensive." (70 yr old female, Clarendon Vale)

"(The hardest part of the process is...) finding a GP that both bulk bills (and) is accepting new patients." (35 yr old male Rokeby)

Some people also commented on the perceived reduction in bulk billed GP services in recent times. Medicare data for Tasmania shows that bulk billing rates for out of hospital non-referred GP consultations peaked in June 2015 at 77%, and have oscillated since then to reach 74.4% in the March 2017 quarter. Bulk billing rates are consistently lower over time when compared with the rest of Australia.[14]

"Doctor no longer bulk bills. (I) need to find new doctor." (34 yr old male, Bellerive)

In addition to bulk-billing, other factors that helped people to overcome the financial barriers associated with GP access included being able to obtain an account (for payment at a later stage), Medicare, the Closing the Gap scheme and pension benefits.

"I'm not bulk billed but I can just go in and take an account so I can pay when I want." (57 yr old female, Colebrook)

"It's not cheap but you know what it's going to cost you each time. The fact that you get it straight back from Medicare each time helps" (50 yr old female, Mornington)

"I'm on a CTG (Closing the Gap) scheme so I don't have to pay for my doctor's appointments or my scripts." (Resident, Rokeby)

"I'm on a pension so it gets paid, I don't have to worry about it." (68 yr old female, Clarendon Vale)

c) Transport

A third theme closely linked with the issue of supply was transport. People frequently spoke about the need for more bulk billing GP services that people could easily get to.

"(We need) more doctors that bulk bill that are more local. You've got to get into ones that bulk bill because you don't have the funds…but it's further away." (22 yr old female, Clarendon Vale)

"In this area (Rokeby) another GP would be good. For people in Clarendon Vale/Rokeby you've only got one doctor. And Lauderdale charges. Some people go to the <GP> but if you have to wait for a bus it's not ideal." (64 yr old female, Oakdowns)

In our study, while some community members spoke about bulk-billing services being readily available in close proximity to where they lived, others did not share such experiences.

A number of people said things like:

"(The easiest part of the process of accessing health care is...)

...having some multiple locations to go to." (35 yr old female, Tranmere)

...getting to the clinic because it is close to where I live." (73 yr old male, Rokeby)

"Getting there is easy. You just jump on a bus. It's only at Rosny and buses are pretty regular." (30 yr old female, Clarendon Vale)

In contrast, many more people spoke about the transport difficulties they experienced. It is important to note that even if GP services are located in communities, personal mobility and/or access to transport can still prevent people from gaining access.

"I have no transport and live quite a few streets from the centre." (Resident, Risdon Vale)

"Getting there is hard, catching the bus and the timetable…" (45 yr old female, Clarendon Vale)

"Getting to my appointment (is hard) – just the travel time. It's about 40 minutes on the bus, my doctor's on <street>. I have a hip problem so I try to get transport. I have good experiences, I just have to travel to get there." (33 yr old female, Rokeby)

Some participants suggested that transport needed to be an integral part of providing an accessible GP service. For example,

"(Services should)...pick up and return people, like the elderly and people who can't get there. A lot of elderly people don't have a car and can't get on a bus, and with taxi prices these days…" (36 yr old male, Clarendon Vale)

"Unless I'm really bad I can get myself to the clinic, but I think they need more promotion of community transport especially for the elderly people. They (the receptionists) don't even ask you about it." (62 yr old female, Roches Beach)

Even if people had access to transport, accessing GP services was still challenging for some. A number of people said that they travelled significant distances to access GP services. In the following quote, the issue was not only one of supply, it was also linked to the perceived quality of services.

"Locating a GP is difficult. Trying to find one who can see an entire family and still provide a high care standard of care is a task I find impossible. We travel to Kingborough for our care." (Resident, Lindisfarne)

2.2 Organisational barriers and enablers

In our study a number of participants spoke about what others have described as 'organisational barriers' to accessing health services.[1] Organisational barriers are factors that make it hard for people to access GP services that arise from the policies, procedures and practices associated with service provision. They include things like appointment booking procedures, waiting times and waiting lists, human resource issues including staff turn-over, communication skills of staff, the physical space from which services operate, practices that lead to enhanced flexibility and adaptability, as well as service culture. Organisational barriers are also shaped by the policies and procedures of the wider health and social systems.

Below we discuss the main organisational barriers and enablers identified by people involved in our study.

a) The waiting game

Despite a number of people saying they generally didn't have to wait long to access a GP, for others getting an appointment in a timely manner was identified as a major obstacle. Below is an example of one person's experience.

"You never have to wait very long. If you ring up and you're stressed about something they make an effort to fit you in that day." (52 yr old female, Risdon vale)

While others said things like this:

"Making your appointment is really hard…getting into the doctor is not that easy, especially here. I go to the GP down here and they're really short staffed so it's hard to get in. I try to get the same one but she normally has a 2-3 week wait." (24 yr old female, Brighton/Risdon Vale)

"(The hardest part of the process of accessing health care is...)

"...waiting for an appointment because the wait could be up to a week." (37 yr old male, Rokeby)

"...making an appointment and waiting for an appointment." (63 yr old male, Moonah)

"... getting them to answer the phone." (37 yr old female Risdon Vale)

"...getting the appointment, they're always booked out. I've been going to mine since I was 17 but I just can't seem to get an appointment with him." (53 yr old female, Risdon Vale)

Our findings are consistent with research carried out elsewhere, which shows that nearly a quarter of Tasmanians (23.4%) in 2013-14 felt they waited longer than acceptable to get an appointment with a GP.[12]

Some participants said that occasionally they 'got lucky' and others suggested that 'urgent matters' were usually accommodated quickly, but generally speaking, there were many more examples of frustration associated with long waiting periods than there were of people accessing GPs immediately.

"... I was sitting down there for an hour and a half just to get a doctor's certificate. People don't want to sit there and wait, especially when your child's sick."(31 yr old male, Rokeby)

"I rang up because I was sick and they said I'd have to wait until next week so I said 'Don't worry, I'll be dead by then!'' (62 yr old female, Roches Beach)

A number of participants talked about 'shopping around' in an attempt to beat waiting lists.

"(It's hard) if there's no appointments. I've rang her – no appointments – then I've rang the doctor at Bellerive – no appointments. Then I rang Call the Doctor, but you have to sit up until 10pm to wait for them." (Resident, Clarence Council area)

Participants spoke, not only about difficulties in getting an appointment in a timely manner, but also the challenges of fitting in an appointment around other commitments, GPs running behind time on the day of a scheduled appointment and short (rushed) appointments.

"I work so I don't have hours to sit there waiting for my appointment – I need to get back to work. When you take time off work that's time you're not getting paid for." (37 yr old female, Rokeby)

"It's a matter of fitting it into your life, especially if you're a busy person – trying to get an appointment at a suitable time, preferably in school hours so you don't have to take the kids." (26 yr old female, Clarendon Vale)

"I hate when you feel like they're rushing you…I don't like that. I know they get under the pump and I understand it when they rush but it's just not nice." (25 yr old female, Bellerive)

"(It's hard when the) doctor rushes people in and out and is behind schedule. (The doctor) doesn't seem to have the time to spend. (You) need to call in the morning to get in but if you sleep in or have no phone..." (42 yr old male, Lindisfarne)

Some people suggested that since the opening of the Super Clinic at Rosny, access had improved:

"From my angle, since that Super Clinic's been down there that's been better access and better help. That's helped a lot, being there than not being there. It's saved the hassle of rushing around to different places." (59 yr old male, Mornington)

However, others disagreed:

"It took us two weeks to get in to the Super Clinic to get a medication prescription for my mother-in-law." (33 yr old female, Rokeby)

A couple of people made suggestions for how services could help overcome the barriers associated with waiting lists and appointment challenges. For example:

"(You could improve access by) legislating how many appointments they can see a day so that people get seen in a timely fashion. It's not acceptable in any other business." (39 yr old male, Clarendon Vale)

"(You could improve access by having) a clinic on the day when they have people with long appointments or when people have certain things wrong so they don't clog up the system." (62 yr old female, Roches Beach)

b) Continuity of care

Many participants in our study identified that they wanted to see a particular GP (as opposed to any available GP or locums), either because they had an existing - and often trusting - relationship with a doctor, the doctor was familiar with their history, because of their gender, perceptions about reputation and/or expertise.

"I prefer to go to the same doctor because they get to know you." (70 yr old female, Clarendon Vale)

"...We love the doctor and I've known her since I was a kid."(25 yr old female, Bellerive)

"I've been at the same surgery for about 35 years, since my kids were little. Back then it was because of the doctors – the doctor was brilliant, he did everything. I was born and bred in Risdon Vale and one of the reasons I moved back here was to be closer to this clinic. I've tried a few other doctors, but I always keep coming back to <Doctor>." (52 yr old female, Risdon Vale)

"Everyone goes to her (my doctor) because she is so good." (30 yr old female, Clarendon Vale)

"My daughter was seeing a doctor in <place> and wasn't getting the results she needed. I got her in down here and now she's having scans and on painkillers and everything. She's got <medical condition>. The other doctor just said 'you're a woman, get over it!' But I really feel like these people down here care." (52 yr old female, Risdon Vale)

"(I) highly recommend <doctor>. (Person) understands addiction, doesn't judge. A fair and reasonable doctor. Best she's ever experienced." (Female, Bellerive)

For some, a trusting relationship with a GP was seen as a priority, even in the presence of barriers, such as lack of transport.

"My doctor's alright, he's in Glenorchy. I used to live out there and I don't want to change my doctor. I enjoy my time getting to Glenorchy when I go, I catch a bus to Hobart and then through to Glenorchy.' (Male, Rokeby)

Trust was identified as being a two-way process in GP-patient relationships:

"The latest doctor that I'm going to trusts me enough if I say I'm feeling bad on this dosage of medication and I'd like to consider having less of it. She always thinks about it seriously and helps me make a good decision." (72 yr old female, Tranmere)

Continuity of care was, for some, something they were prepared to wait for:

"(It's hard) waiting for my doctor in Moonah – I go to her for female things – you have to wait about a month or more than a month because she's so good, everyone wants to get in." (26 yr old female, Clarendon Vale)

However, this wasn't always the case. Some people opted to attend hospital emergency departments rather than wait for appointments:

"My doctor's wonderful, it's just accessing her. And for a long time she was the only female doctor there so that made it even harder… most of the time if it gets desperate I just go straight to the hospital. When you've had a knee replaced and you get told you have to wait two weeks to see a doctor…" (50 yr old female, Mornington)

Many community members involved in this study spoke about the frustration of not being able to see the same doctor on an ongoing basis. This lack of continuity was identified as a barrier to achieving

optimal health care outcomes. Problems with accessing a preferred GP have been studied at the level of Primary Health Networks across Australia. Australian Institute of Health and Welfare (AIHW) data found that, in 2013–14, more than a third of Tasmanian adults (33.5%) could not access their preferred GP in the preceding 12 months.[12]

> "The doctor that I had, I kept saying that there was something wrong. She was trying to get on top of it, but then she left on maternity leave." (70 yr old female, Clarendon Vale)

> "(I've been) handballed from doctor to doctor." (37 yr old male, Bellerive)

One person identified that lack of continuity affected the costs associated accessing services.

> "I use the service at the <location> and whilst I can be bulk billed from my own doctor any others in the practice charge. It is fairly easy to get an appointment, however the gap (makes it hard)." (72 yr old male, Howrah)

Some participants commented that they had attempted to follow doctors to other practices when they moved to other services.

> "My GP since I was 3 years old moved from private practice to the large combined medical centre in Rosny and since then I have been unable to see him. Reception now say I am a new patient and since he isn't taking new patients I can no longer see him." (41 yr old female, Geilston Bay)

c) Communication, health literacy and discrimination

Closely linked with issues of continuity and the quality of interpersonal relationships between GPs and their patients, is the issue of communication. Good communication skills, including listening skills, were considered to be very important for those involved in this study.

Health literacy encompasses the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.[15] Effective communication is a critical component of improved health literacy outcomes.

A number of people spoke about positive communication experiences with their GPs. Thoroughness and a genuine commitment to conveying information and ensuring this was understood by patients were valued attributes.

> "The doctor is easy to talk to and he gives you scenarios and choices. Most of the time it's pretty easy. We talk about everything. It just puts your mind at ease about things." (62 yr old female, Roches Beach)

> "Like I had a lot of things wrong with me once and he gave me time to go through intensively as required so I understood what was happening." (Resident, Clarence Council area)

A key component of good communication experiences was when people felt they had been heard. For example:

> "I'm lucky I've got a doctor who listens to me." (26 yr old female, Clarendon Vale)

> "Get to see a doctor that is interested in listening, two-way communication, feeling cared for. Positive feeling of wellbeing." (61 yr old female, Risdon Vale)

> "My doctor is really good, she gets on top of things. Being able to talk to her is really good…she gives me answers that other doctors couldn't. She was thorough and listened to me." (26 yr old female, Clarendon Vale)

Many people reflect on being treated fairly and as an equal, and being communicated with in a respectful manner.

> "I try to see the same one (GP) because he's really good. He always makes the visit quite easy going and that. He makes you feel at ease and he doesn't preach to you or look down on you." (62 yr old female, Clarendon Vale)

> "He's a human being and that's what I like about him."(56 yr old female, Clarendon Vale)

> "My doctor is fantastic. I had to follow him when he moved to town from Eastlands. It's nice to have a doctor like that. He doesn't treat you like you're nothing, he's a human being…not like other doctors…it's like you're going to see a friend. I've stuck with him because I feel comfortable. He's down to earth…<Other doctors> had their noses stuck up in the air, they thought they were better than everyone else. That made me feel very uncomfortable."(56 yr old female, Clarendon Vale)

However, not everyone said that their experiences of communicating with their GP had been positive. For example:

> "It's not easy, them understanding what they need to do. My doctor is hard to understand what she's trying to say. I have to ask her to explain more. I need to look at a different doctor. My doctor is hard to understand. I struggle to communicate with her. My ideal doctor would be easy to talk to and listen better." (45 yr old female, Clarendon Vale)

> "One of the doctors there - he just hands over tablets, he thinks that you just want tablets. He doesn't explain and he doesn't ask more questions." (26 yr old female, Clarendon Vale)

In addition, numerous participants identified that they had poor communication experiences with GP service administrative staff. Here are some examples of what people said:

> "If you don't have your health care card on you and you're trying to book an appointment at the (GP service) they hang up on you." (33 yr old female, Rokeby)

"I forget (my appointments) a lot. When you've got kids you need to make sure they've got their needs met and you might forget. I used to get a phone call the day before but not anymore. Even a message would be helpful." (26 yr old female, Clarendon Vale)

"I walked in off the street because I'd been bitten by a dog and they said 'you can't see the doctor'. You've got to get past the receptionists…my doctor was fuming." (68 yr old female, Clarendon Vale)

"The receptionists were dismissive."(63 yr old female, Lindisfarne)

'The doctor says 'if it's urgent leave me a message' and then she never gets it because the staff don't pass it on." (50 yr old female, Mornington)

There were also many people who reported positive experiences. Once again, it was difficult to tease out 'stand alone' factors as being important, as participants spoke about a range of factors that facilitated access and positive experiences. For example:

"<GP>... is wonderful and we found her because the clinic is in our area. It has extensive opening hours, a friendly receptionist and parking is free. We are lucky." (53 yr old female, Howrah)

Some people in our study identified that they had been discriminated against by GP services. This discrimination related to age and sexuality.

"Wasn't any appointments apart from one doctor who wouldn't see my son because he had screamed at her the time before. He had a global delayment. Very wrong." (36 yr female, Montagu Bay)

"(The hard part about accessing health services is...) lack of GP acceptance of sexuality and gender dysphoria." (21 yr old, West Hobart Resident)

"Because I look younger than I am I'm fobbed off. I'm 83 years old and still independent, but I won't go to anymore Doctor's. If I hobbled in to the doctor's I'd be attended to. Why do people judge by looks?" (83 yr old female, Warrane)

d) The physical space

Human beings are wired to respond to their environment. The physical space from which GP services operate - like other service environments - can act as a barrier or enabler to accessibility. Service environments can trigger psychosocial responses that can result in stressful or, conversely, positive experiences for individuals. Stress-induced responses were particularly apparent among women with young children in our study.

"We love the doctor but we just don't like the surgery." (25 yr old female, Bellerive)

"Just waiting hours with a toddler in the waiting room and people are looking at you. There's nothing much in there for kids to do." (22 yr old female, Clarendon Vale).

"You sit in the waiting room for an hour. You can't just let the kids go because they get into everything. They've got some books but they're just paper so [my daughter] just wants to rip them up." (25 yr old female, Bellerive)

e) Adaptability and flexibility

Adaptability and flexibility are recognised as important concepts in health care service design and delivery. As an example of adaptable health services, community members involved in this study talked about the value of being able to access their GP by phone, if they were unsure if an in-person visit was necessary. Being able to do this was clearly linked to the issue of continuity of care discussed in section 2 above.

"I can even talk to my GP over the phone." (Resident, Clarence Council area)

"(What's good is) that there's family history – he already knows what our ailments are. If I ring with symptoms he knows whether he needs to see me or if I can get something from the chemist.' (57 yr old female, Colebrook)

Adaptability and flexibility can work both ways. As mentioned earlier, many people prefer to see the same GP, however, being an adaptable patient was identified by one participant as a way to overcome waiting times and lack of continuity.

"...I ran out of tablets and they were all booked out but I could see another doctor instead. I was getting what I needed." (52 yr old female, Clarendon Vale)

When asked if there was anything that people thought could improve the community's access to GPs, a number of people spoke about the need for enhanced flexibility in relation to opening hours.

"(What's needed is) flexible opening hours. (And) if there were more doctors maybe they could run on time." (63 yr old female, Lindisfarne)

Some people identified that adaptable services that embrace modern day technology had enabled access.

"My doctor bulk bills and everything is done by computer – (it's) more streamlined and easier now. This helps when you have a mental illness as paperwork can be hard to manage." (Male, Rokeby)

"It's good down there, you can book your appointment online, then you don't have to deal with the cranky ladies (receptionists) and you can book after hours too." (50 yr old female, Mornington)

2.3 System barriers and enablers

The personal barriers identified earlier, while manifesting at the level of the individual are a result of wider social factors. Adequate income, access to transport and health literacy outcomes arise from a combination of social, economic, cultural and environmental conditions. In addition, the health care system can impose barriers (e.g. arising from government policies) that can further compound people's difficulties to accessing GP services. Or on the flip side, it can also enable access through universal policies, such as Medicare. Here are some examples of barriers and enablers related to the wider system identified by our participants.

- The need to see a GP for repeat prescriptions. Participants queried the need to always see a GP for what they perceived to be a straight-forward process.

  "(What's hard is) having to go to the doctor to get repeat prescriptions, even if you don't see the GP you get charged at least $5." (62 yr old female, Roches Beach)

  "It annoys me that you now have to have a doctor's appointment to get a new prescription, even though you get the prescription every six months for last 10 years. (It contributes to a) back log of appointments on (the) doctor's time. (63 yr old male, Moonah)

- The role of nurses. This links with the point above. Participants suggested that the role of practice nurses in the health system could be expanded to ease the pressure on GPs.

  "There needs to be a simpler process for people to access the nurse." (50 yr old female, Mornington)

- Private versus public services. Some participants pointed out that the private system is also under pressure and associated with poor quality.

  "It's been a difficult process going from public to private. They didn't put enough doctors in. You have to wait weeks for an appointment. So a lot of people left and they're blaming the community, but I'm blaming the health centre, they're treating us poorly." (61 yr old female, Risdon Vale)

  "(I've had) difficulties sometimes transferring papers/records to private practitioners from the public system." (Male, Rokeby)

- The ageing population. Some participants highlighted that the system isn't well prepared to respond to the needs of the growing ageing population and that the community's understanding of available support services may be lacking.

  "How would you go if you did have problems getting to the doctor? You've got to rely on the ambulance or Call the Doctor, who are extremely busy… Now that I'm older I don't drive so much…how could I get there? I didn't know anything about community transport." (70 yr old female, Clarendon Vale)

- Co-location of services. Whether this was planned or not is uncertain, however some participants commented on the benefits of co-location of GP and pharmaceutical services.

  "It's close to the chemist which I always use so it's really good, I don't have to go to Eastlands to get my scripts." (57 yr old female, Rokeby)

- Accessible medical certificates. Some participants commented favourably on moves that have enabled pharmacists to issue medical certificates.

  "The good thing is you can get your medical certificate at the chemist now." (50 yr old female, Mornington)

3. Relevance and effectiveness

Accessible health services must be relevant and strive to be effective if the community is to gain satisfactory health outcomes. Relevant and effective health care services provide *"the right service at the right time in the right place."*[16] The main way to measure this aspect of accessibility is to consider health outcomes.[1] While such evidence is largely beyond the scope of this study, we did identify some people who queried the health care outcomes associated with accessing GP services in the Clarence municipality.

"Some of the doctors can't give you the scripts that you need." (57 yr old female, Rokeby)

"When my GP's closed down a couple of years ago… I was confused and had to find another one. The other one knew me and my situation. And then I had to be careful about talking about my situation because they might give me the wrong prescription or one I've already tried and didn't work." (59 yr old male, Mornington)

"(There are) lots of locums, (I) had to go without medication for five days because I couldn't get in." (70 yr old female, Risdon Vale)

"(The) doctor knows nothing about new ‹condition› treatment (so I) had to go to the doctors in Hobart." (46 yr old female, Bellerive)

"I need (an) appointment for (a) Care Plan. (I) made (an) appointment last Monday - 16/01 (but) cannot get in until Wednesday 15/02. (I will) have no script after Tuesday 31/01." (67 yr old female, Mornington).

"I've heard of people who go in with a really bad headache and the doctor says it's just a migraine but they're dead 2 days later. Shouldn't they be doing a scan or something? So yeah, I just think (they should be) looking into things a bit more." (24 yr old female, Brighton/Risdon Vale)

There were also many patients who spoke favourably about health outcomes:

"(I) always know that I will leave knowing I have received the correct treatment." (22 yr old male, Geilston Bay)

"I've been to see a GP in recent months about <condition> and he's been able to give me a laser acupuncture treatment. It was quick and I felt really, really good." (62 yr old female, Seven Mile Beach)

4. Equity in access

Equity is concerned with ensuring that health care services are mobilised to meet the needs of different groups in the population, and introduces the concepts of fairness and social justice.[1] Some researchers have argued that equity is about equal opportunity to access health services, regardless of whether that opportunity is exercised or not.[17]

Our study identified a number of 'groups' who may experience inequity in access to GP services. These included:

- Women, particularly those with young children

  "Now…I should've been but I haven't gone. I haven't got time – I'm working all the time and I'm too lazy to make an appointment too." (66 yr old female, Lauderdale)

  "When my daughter was younger and I had a baby – it's the waiting – they won't sit still. You are very mindful of the fact that everyone else is sitting there waiting and your child is screaming and hollering. It gets pretty stressful for everyone. You can prepare…but it only goes so far when you're waiting a few hours."(37 yr old female, Rokeby)

  "I avoid going when it's not for my daughter because it's hard with her." 25 yr old female, Bellerive)

- Aboriginal people

  "(We need)…more indigenous health centres…so we can continue using our own organisations." (Resident, Rokeby)

  "The Aboriginal health service does offer transport but sometimes they're busy or run out of transport workers. They can get you a taxi but sometimes they run out of funding in a day." (Resident, Rokeby)

- Older people

  "How would you go if you did have problems getting to the doctor? You've got to rely on the ambulance or Call the Doctor, who are extremely busy… Now that I'm older I don't drive so much…how could I get there? I didn't know anything about community transport." (70 yr old female, Clarendon Vale)

"I suppose there are a lot of things that could be done if you had the money. There's a lot of elderly people who can't get to the doctor, so a community bus or something…not everyone can afford to buy a car. You could just have one day where they pick people up. It's just a transport issue and otherwise they end up in a home when they don't have to." (52 yr old female, Risdon Vale)

- Rural communities

"I have lived on Peninsula for over 25 years and it has been consistently difficult to get in to see a doctor, let alone have a regular GP. Also the standard of GP's is questionable. To get any continuity of care it is necessary to travel to Sorell or Hobart to get quality treatment." (60 yr old female, Nubeena)

- People with mental ill health and complex personal situations

"Sometimes when you have a mental illness you are not in the system and can fall through the gaps." (Resident, Rokeby)

"Specialists should also bulk bill such as psychiatrists." (Resident, Male)

"(Access has been hard because I've got) a criminal record, (and I'm not) able to drive through mental health. (I'm) not being treated." (Resident, Hobart)

"I want to have lap band surgery but have been told I will have to wait 10 years." (Resident, Rokeby)

"(We need more) supports and services to help people with mental health issues. Since (the) Royal Derwent was closed and people have been integrated into the community, services have been cut. (The) government are now saying that mental illness is not a permanent condition, we may lose our disability pension but they cut the Commonwealth Rehabilitation Service so there is no longer this help to re-enter the workforce." (Resident, Rokeby)

Conclusion and Recommendations

Our study identified that access to GP services in Clarence City Council is challenging for many community members. Figure 1 summarises the key aspects of what accessible GP services in Clarence City Council should include, as identified be community members involved in our research.

Figure 1: Accessible GP services in Clarence City Council

GP services are available

- There are enough GP services close to where people live
- The community are aware of the services available
- The community can navigate the health care system

Services are relevant to the community's needs and effective in meeting these

- The right service at the right time in the right place
- Visiting a GP results in good outcomes for patients

Everyone gets the access they need

- Everyone in the community has equal opportunity to access GP services
- Services address inequity among 'at-risk' group

Personal, organisational and systemic barriers are reduced to enable patients to use GP services

1. **Patients are empowered to access GP services:**
- Patients understand their health needs and access health care when needed
- Patients have adequate finances
- Patients have access to transport and services help address transport barriers if needed
- Universal Medicare and bulk billed services
- Services have policies and procedures in place to support patients to overcome financial barriers

2. **Organisations support access:**
- Minimal waiting times and patient friendly appointments (e.g. on time, not rushed)
- Continuity of care and trusting relationships between service staff, GPs and patients
- Quality two-way communication and good health literacy outcomes with patients understanding their health choices
- Freedom from discrimination
- The physical space of services is welcoming and stress-free
- Adaptable and flexible services (e.g. use of technology, phone appointments, appropriate opening hours)

3. **System supports access:**
- System supports the community to overcome barriers (e.g. financial, transport, health literacy) and works to reduce organisational barriers
- Repeat prescriptions are easier to obtain
- Effective use of PNs
- System is responsive to emerging needs e.g. ageing population
- Co-location of services
- Collaboration between GP services and community pharmacy

To improve access, actions aimed at a number of inter-related dimensions will be required. These dimensions relate to:

- Service availability;
- Barriers and enablers to GP service utilisation;
- Relevance and effectiveness; and
- Equity.

Barriers and enablers to GP service utilisation

- Support initiatives that enhance health literacy outcomes – particularly in relation to preventive health and early intervention.
- Work with GPs to tackle affordability and lobby government for more bulk billing services.
- Monitor the trial of the health care home model in order to understand how it can impact (positively or negatively) on system issues and patient experience in accessing health services.
- Support health services to adopt policies and procedures that support patients to overcome access barriers including transport and low income (e.g. provide information about transport options and income support services, support the development of partnerships between health care and social service organisations).
- Explore innovative ideas aimed at enhancing efficiency in relation to GP appointments scheduling and management, as well as ways to enhance adaptability and flexibility (e.g. use of technology).
- Support GP services to enhance communication skills at all levels of service delivery.
- Build understanding among service providers about diversity and equity.
- Enhance the presentation and resources in waiting rooms so they are welcoming and stress-free, and cater to the needs of children and families.
- Advocate for system reforms that will enhance GP access (e.g. prescription procedures, use of PN's, collaboration of services and strategic planning relating to emerging health issues).

Service availability

- Lobby Government for more GPs in the Clarence municipality to reduce the GP per capita ratio to no more than 1000 residents per FTE GP and advocate the value of PNs.

Relevance and effectiveness

- Encourage GP services to build in evaluation procedures and strive for continual improvement.
- Advocate for patient-centred and holistic models of service provision.

Equity in access

- Support services to respond to inequities in GP access among diverse members of the community.
- Take a strong stand against discrimination.
- Support GP services to enhance their understanding of what equity in access means and how they can build in policies and procedures to enhance health equity.
- Advocate for alternative models of access that outreach to those who are least likely to access GP services.

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