

Access Denied: Australians Locked Out of Quality Healthcare

Patient experience and socioeconomic disadvantage in NSW

Key Insights Report

October 2024

Overview

This is the second report in a series focused on patient experience in NSW. This research focuses on GPs, medical specialists, dental professionals and hospital emergency department services.

This research builds on an earlier study from 2020, offering insight into how different demographic groups access health care and experience challenges with affordability, wait times and satisfaction levels. It shows how patient experience has changed during a period that included a pandemic, recurring natural disasters and soaring living costs.

The research reveals that patient experience has generally worsened and that cost is increasingly a barrier to seeking health care.

This research demonstrates the complexity and diversity of patient experience in NSW and informs health policy development and local community and service planning.

What does patient experience look like in your local area?
Use NCROSS's online mapping tool to find out.



Key Insights

Patient experience has generally declined in NSW since 2020

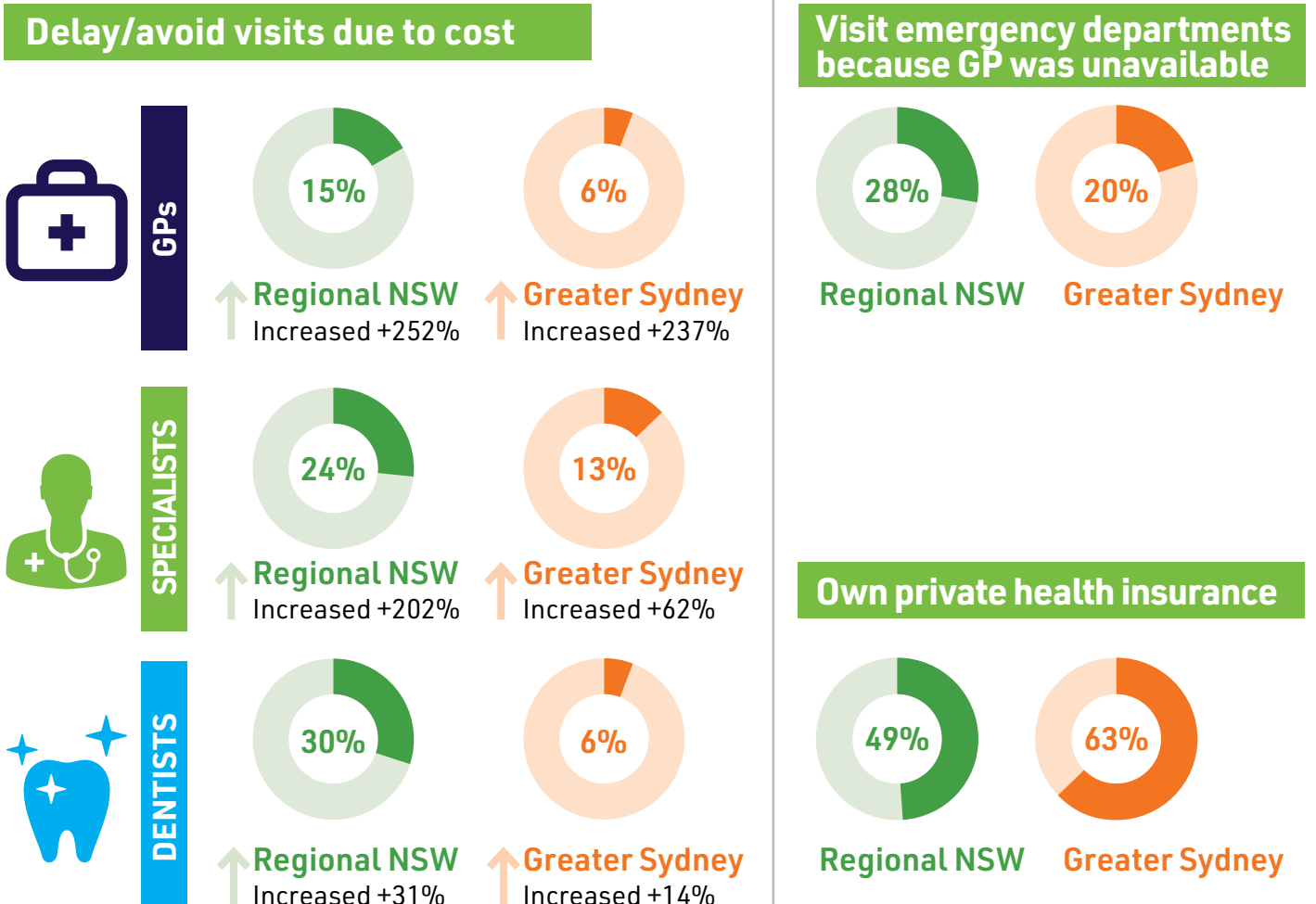
Across GP, medical specialist and dental professional services, people have experienced significant increases in delaying or forgoing visits due to cost, the likelihood of having to wait longer for an appointment, and dissatisfaction with the length of time in the appointment.

People in NSW are seeing GPs and specialists less frequently, likely reflecting difficulties accessing healthcare rather than declining need.

People in regional areas have poorer patient experience

In 2020, a person was more likely to have poor patient experience if they were unemployed or on a low income. Today, while these groups are still significantly impacted, it is people living in regional NSW who are most likely to have poor patient experience, and it generally gets worse the further out from Sydney they live.

People living in regional communities are more likely to have a long-term health condition, assess their health status as 'poor' and not own private health insurance.



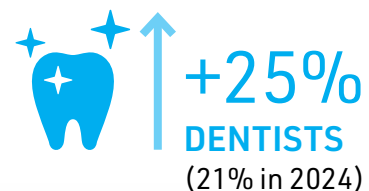
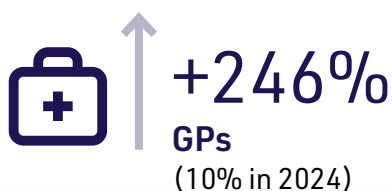
Cost is increasingly a barrier to accessing health care for people across NSW

There is a troubling increase in the proportion of people delaying or forgoing visits to GPs, medical specialists and dentists due to cost. Generally, more financially vulnerable cohorts of the population are among the most impacted, including those on low incomes, unemployed or not in the labour force.

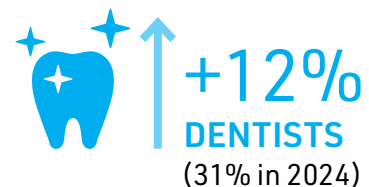
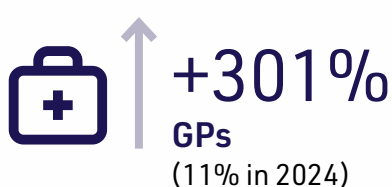
However, the proportion of people on middle and high incomes delaying due to cost also increased significantly, at roughly the same rate or slightly higher than the overall population. This reflects that growing cost of living pressures are impacting access to healthcare across income brackets across the whole of society.

Delayed/avoided visits due to cost increased since 2020:

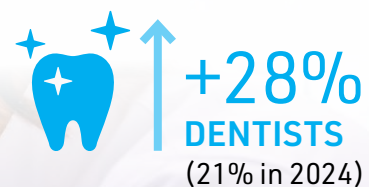
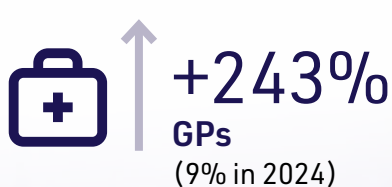
OVERALL



LOW INCOME



MIDDLE/HIGH INCOME



Some groups are more impacted than others

Specific cohorts of the population have been more heavily impacted by poor patient experience, including single parents, families, older people, and those on low incomes, or unemployed, particularly in regional NSW.

Compared to NSW overall:

SINGLE PARENTS IN REGIONAL NSW:



4x more likely

to wait for public dental care
(24% v 6%)

+427%



1.5x more likely

to wait to see a specialist
(33% v 23%)

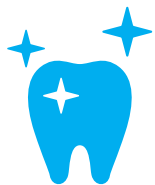
+25%



Least likely

to own private health
insurance (32% v 58%)

UNEMPLOYED IN REGIONAL NSW:



2x more likely

to delay dentist visits due to
cost (44% v 21%)

LOW INCOME IN REGIONAL NSW:



2x more likely

to delay specialist visits
due to cost (33% v 17%)

+256%



3x more likely

to wait for public
dental care (20% v 6%)

+14%

Hardest hit since 2020:

OLDER PEOPLE 65+ IN GREATER SYDNEY:



+1546%

delayed GP visits due
to cost (NSW +246%)

FAMILIES IN REGIONAL NSW:



+546%

delayed specialist visits due
to cost (NSW +116%)

YOUNGER PEOPLE 15-24 IN REGIONAL NSW



+136%

delayed dentist visits
due to cost (NSW +25%)

Pressure on services has not eased

Health services are under pressure despite the number of GP visits declining. More people are delaying or avoiding visits to their GP, specialist or dentist due to cost.

The proportion of people waiting to see a GP, specialist or public dentist has grown since 2020 and they are feeling increasingly dissatisfied with the length of time spent in their appointments. A large number are going to emergency departments because their GP was not available.



1 in 4

Visit emergency departments because their GP was unavailable (23%)



1 in 4

Wait longer than acceptable to see a specialist (24%)



+35%

People waiting 24+ hours for urgent GP care increased by over one-third



1 in 10

Feel their GP (12%) does not spend enough time with them



1 in 10

Feel their specialist (9%) does not spend enough time with them

Priorities for action

Patient experience can be highly complex and diverse, with social determinants playing an important role in how people access and experience health care in NSW. Priorities for action should be targeted at improving access and experience in regional areas and for specific groups:



Improve affordability and reduce out-of-pocket costs, particularly for vulnerable populations



Enhance healthcare access and availability in regional areas



Provide targeted support to groups experiencing the most significant declines in healthcare experiences



Address the growing pressure on health services, including wait times and time spent with patients

Patient Stories

Emma's story

I was first diagnosed with Crohn's disease at age 19 in the mid-90s, now at 48 with multiple co-morbidities I've witnessed a distressing decline in the health system's ability to address my needs as a patient. Access to adequate, timely and free healthcare seems almost a surreal relic of the past to me now, like a post-surgery fever dream.

In December 2022, my GP informed me she could no longer afford to bulk bill me the same week my counsellor was forced to raise my fees; until that month both these wonderful professionals were effectively personally subsidising my care out of kindness. Now in September 2024, I'm overwhelmed by the constant diminishment of services coupled with new or increasing charges at every juncture.

“ *The doctors and nurses forge ahead valiantly but you can see the strain an underresourced system is placing on them.* ”

Some days I feel like I'm suffocating, burdened heavily with each new cost. I need major dental and periodontal work, but I can't afford to see a dentist. I need to resume my regular counselling sessions, but I can't afford to. I need a skin cancer check. Even though I've reached the Medicare safety net for this year, the new and additional charges just don't stop. I need multiple unsubsidised medications to treat my symptoms and these regularly exceed \$50/month. Some required blood tests are unsubsidised leaving me \$40 out of pocket each round.

The choices are getting harder and more dangerous, I'm now having to choose which vital medications I can go without, my local pharmacist knows not to dispense anything for me not covered by the PBS as I won't be able to afford it. Things are similarly dire in the hospital system. My September 18th specialist appointment at the JHH was moved to October 16th then November in a flurry of distressing text messages on a recent morning. My other primary specialists can barely fit in a proper consultation, all we get to do is a quick box check and prescription lodged, with rarely enough time for me to ask the questions I need to. The doctors and nurses forge ahead valiantly but you can see the strain an underresourced system is placing on them. They want to be able to give better care to their patients.

I want better treatment, I want my health to improve enough that I can have a fuller life. So I can work. So I can take and exhibit more photos. So I can write more. Swim more. Garden more. Go to more gigs. Spend more time out in the world with my beautiful friends, instead of isolated at home in pain. I want to participate more in society. My illnesses are not the main barrier to this though, the inadequate systems, funding and infrastructure are the greater hurdles in my life.

“ *I'm overwhelmed by the constant diminishment of services coupled with new or increasing charges at every juncture. Some days I feel like I'm suffocating, burdened heavily with each new cost.* ”

Then last week at my GP appointment, I was blindsided by another cost increase. But it's not just one increase, it's multiple, it's on top of the unsubsidised medication, on top of the rising transport and energy costs, on top of crippling rent increases, on top of soaring grocery bills for shrinking products. My heart breaks for my chronically ill friends who narrowly missed out on the DSP and are crushed under these costs and the double weight of being stigmatised and vilified for receiving income support. The ever-rising health costs are now pushing so many of us into poverty for the first time in our lives. Some of us will never be able to claw ourselves back above the poverty line unless there are drastic funding boosts.

This is a wealthy state in a wealthy country, we can and must do better. Not least because combined, all these policies tell us one thing: we are viewed as worthless to society, a drain on the economy, and I can assure you that we feel that message loudly and deeply to our cores.

My story is just one of many. There is so much desperation amongst sick low income people. We are losing hope that anyone will listen or truly hear our plights and act on them.

– Emma, aged 48, Newcastle

Dr Smith's* patient

One of my patients (female, 40s) in private dental practice has an unspecified intellectual disability, is largely non-verbal and lives in a group home. She has attended regularly with her mum for dental check-ups and cleans, with some difficulties with cooperation.

This patient has asymmetric severe tooth wear, to gum level in some areas. Comprehensive restorative treatment for this patient is well beyond what is feasible in a general dental practice, so the patient was referred to Westmead Centre for Oral Health Special Needs Dentistry around 2020 when it was noted that the wear appeared to be slowly increasing over the previous few years since I began regularly seeing the patient.

It was anticipated that there would be a fairly long waiting list, so the referral was provided before any acute problems had arisen. As of 2024, this patient is still waiting to be assessed by the public dental clinic.

Luckily, although the teeth continue to wear, her oral health condition has remained relatively stable with superficial repairs of worn areas as needed. However, it is a matter of time before symptoms/complications arise so the need for comprehensive treatment remains, for which the cost is likely to be prohibitive in a private specialist setting.

– **Dentist, Greater Sydney**

*not their real name

“ *It is a matter of time before symptoms/complications arise so the need for comprehensive treatment remains, for which the cost is likely to be prohibitive in a private specialist setting.* ”

John's* story

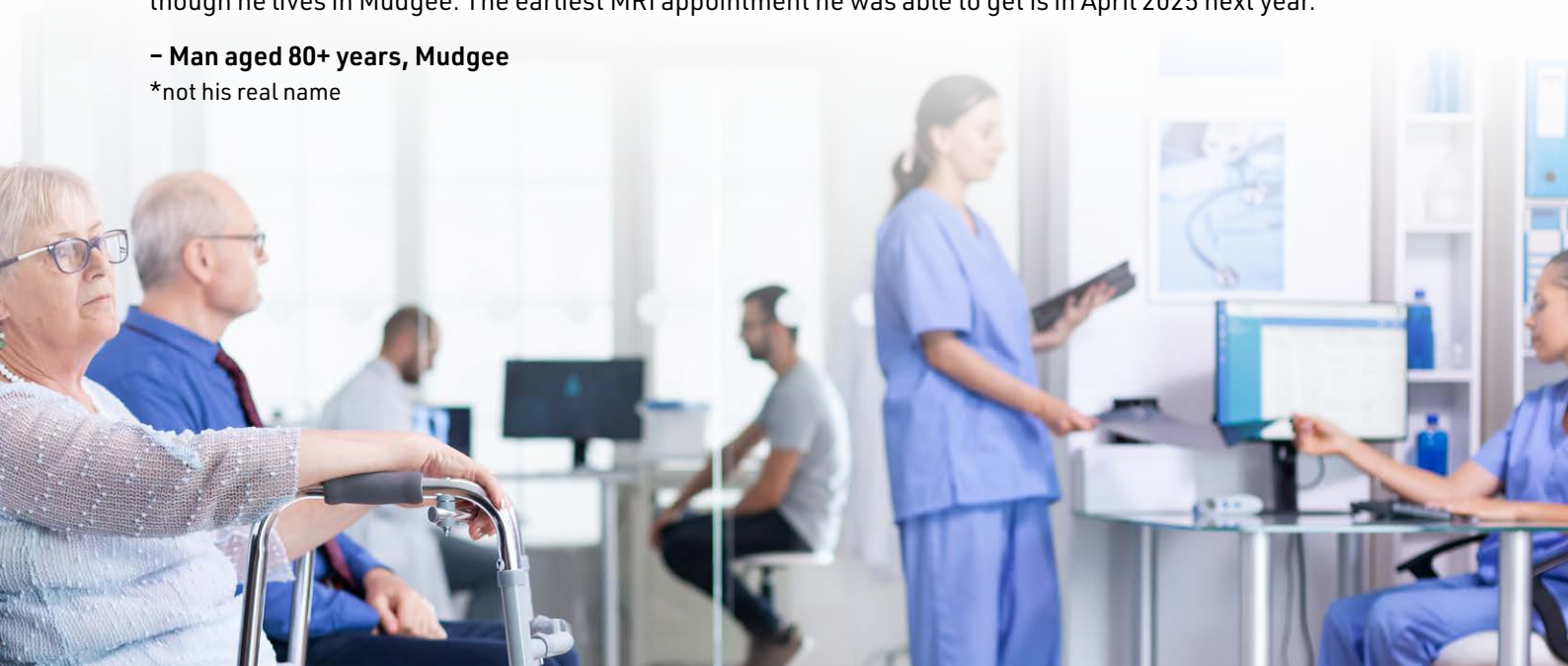
I live near Mudgee and am finding it really difficult to access specialist care for my heart. I had a pacemaker put in last year, and in June this year my GP told me I need to see a cardiologist. The only cardiologist in Mudgee was only available in August, so I tried to get an earlier appointment at the next closest cardiologist in Dubbo, but they are only available at the end of August.

“ *'[I] am finding it really difficult to access specialist care for my heart.'* ”

My friend is 88 years old and earlier this year his GP told him that he needs an MRI to check whether his pacemaker needs changing. He needs a special MRI for this and has been calling hospitals all over NSW, even though he lives in Mudgee. The earliest MRI appointment he was able to get is in April 2025 next year.

– **Man aged 80+ years, Mudgee**

*not his real name





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