Addendum: Capital Health Network 2025 Health Needs Assessment Update

Process

Capital Health Network (CHN), ACT's Primary Health Network is continuing with an iterative approach to the Needs Assessment to ensure it stays up to date with updated data and emerging priorities.

This document builds on the 2024-2027 Core Health Needs Assessment, with a focus on updating important health and service data. In 2025, CHN undertook a review of key data sources and stakeholder engagement through our three advisory councils—Community Advisory Council, General Practice Advisory Council, and the ACT Clinical Council. Further stakeholder engagement through different CHN teams, as well as engagement through our community engagement platform, MySay, has been collated and utilised in this addendum. The five areas updated in this addendum have been chosen with a focus on areas where new data has been released in 2025 and where CHN's subject matter experts have identified emerging trends and priorities.

CHN's Planning team have also completed targeted needs assessment activities throughout 2025, to complete a more in-depth analysis on particular topics, in line with organisational priorities. Relevant data and insights from these activities, regarding prioritisation of SA3 regions for bulk billing and palliative care needs and barriers, have been included.

This is not an exhaustive review of all data sources, but a targeted approach to fill data gaps and review areas of emerging need. The 2025 Addendum should be read alongside the full CHN (ACT PHN) 2024-2027 Core Needs Assessment, which remains relevant and reflective of high-level community health needs.

Data updates

Care across the continuum

Affordability

In the 2024-2027 Core Needs Assessment, affordability of primary care services was highlighted as a key priority, with an understanding of the importance of bulk billing for those who may have difficulty paying for health care. Bulk billing is a high priority for the Department of Health, Disability and Ageing, with a commitment in February 2025 to invest $7.9 billion to expand eligibility for bulk billing incentives and establish the Bulk Billing Incentive Program to support general practices to bulk bill all patients (1). With changes coming into effect from November 1, 2025, the government is aiming for 9 in every 10 GP visits to be bulk billed nationally.

In the ACT in 2023-24, four in five ACT residents (79.96%) visited their GP for care (2). There were 2,234,801 services provided across the territory at a rate of 478.99 services per 100 people, significantly lower than the national rate of 613.70 services per 100 people (2).

The bulk billing rate in the ACT in Q4 of 2024-25 was 56.8% (3). This rate is still well below the national figure of 79.2%, however is an increased rate from the previous three quarters of the financial year. The bulk billing rate over the last five years is shown in Figure 1 and will continue to be monitored as bulk billing incentives take effect to assess the impact on rates in the ACT.

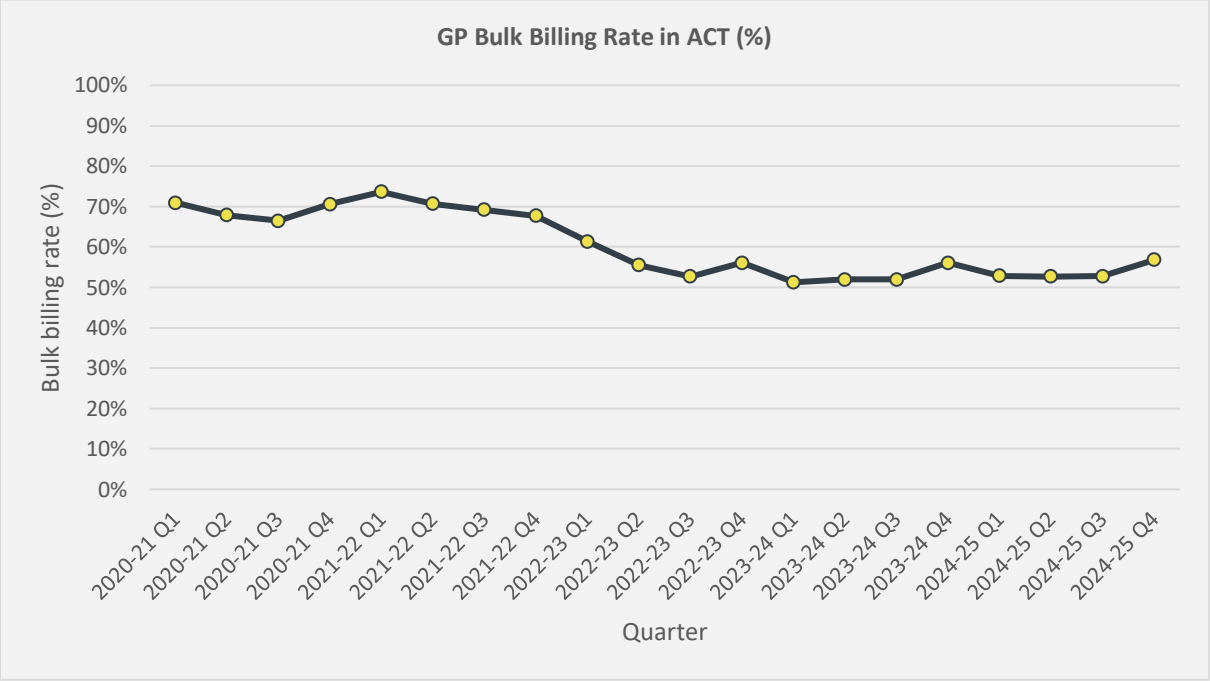

Figure 1: ACT GP bulk billing rate 2020/21-2024/25; (DOHDA 2025)

Alongside falling bulk billing rates across the last five years, the average out of pocket cost that an individual must pay for a GP appointment is rising. In Q4 of 2024-25, people in the ACT were paying on average $60.63, higher than the national average of $51.68 (3). Out of pocket costs have been trending upwards with a similar annual pattern over the last 5 years, with residents in the ACT now paying around an extra $10 per visit to the GP than they were five years ago.

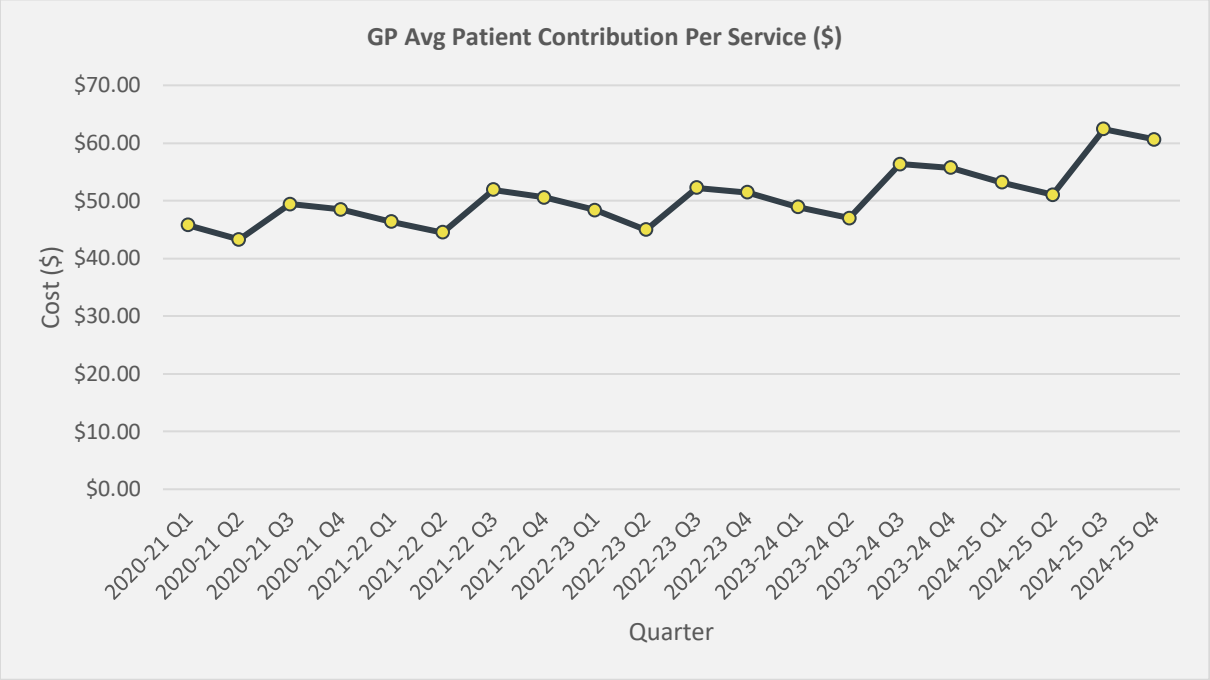

Figure 2: Average patient contribution per GP service in ACT 2020/21-2024/25; (DOHDA 2025)

Bulk billing prioritisation

With bulk billing being a key priority in the ACT in 2025 and beyond, planning efforts to determine SA3 regions of greatest need for affordable services have been completed in the last 12 months.

The factors that are likely to affect the demand for bulk billing services and the supply of primary care services were included in a model to determine the level of 'unmet need' in each SA3 region. This unmet need is the difference between the need for services and the measures of existing service usage, with areas having a high need and poor access to existing services being a higher priority for bulk billing services in the future.

In addition to need and supply, other factors that may influence the accessibility of and need for more bulk billing services were considered. The relative cost of accessing a GP was determined by incorporating bulk billing rates and out of pocket costs at an SA3 level, as well as a measure of how many people can access existing bulk billing clinics within 30 minutes using public transport. Finally, the SA3 regions DPA status was included to determine any workforce barriers that may exist when looking to staff a bulk billing general practice clinic.

The results of the analysis are included below in Table 1. The top three regions of priority (North Canberra, Belconnen and Gungahlin) are all in the north of Canberra, with those in the south receiving lower priority scores.

Priority	SA3	Unmet need rank	Relative cost	Public transport	DPA Priority status
1	North Canberra	1	High	Moderate	No
2	Belconnen	2	Low	High	Yes
3	Gungahlin	3	Low	High	Yes
4	Tuggeranong	4	Low	High	Yes
5	Molonglo	5	Moderate	Low	Yes
6	Woden Valley	6	Moderate	Low	No
7	Weston Creek	7	Moderate	Moderate	Yes
8	South Canberra	8	High	Very Low	No

Table 1: Prioritisation of SA3 regions based on the need for bulk billing services; (CHN 2025)

Feedback on the model results generally aligned with a range of stakeholders' experience and understanding of local needs. Despite the northernmost SA3 regions occupying the top positions of priority, many expressed views that some regions in the south - particularly Tuggeranong - have a high level of unmet need. Molonglo was also noted as a high growth region with the potential for an increase in the level of need for primary care services over the coming years.

While acknowledging the limitations of this model, this provides a data driven, local view of where there may be a greater need for affordable primary care services. The results will be used to drive stakeholder engagement to validate the findings and can be used as one factor when making future commissioning decisions.

Accessibility

Accessibility to primary care services are broadly determined by two factors – the availability of services and the ease at which people can access these services. Following the 2024 Core Health Needs Assessment submission, CHN engaged with key stakeholders through its councils to gain further insights into the factors which affect the ease at which people can access primary care services.

These key factors that were raised across different stakeholder groups included:

- Workforce – a well-resourced, capable workforce is important to allow the ability to offer a breadth of services which meet the diverse needs of the population. Workforce challenges were raised as a key issue specifically for general practitioners, with many in the community finding it difficult to access a timely appointment when required.
- Health literacy – as discussed in the 2024 core needs assessment, health literacy is a key driver of access to primary care services. A person's knowledge about the health system will shape their consumer expectations and perceptions of access, ultimately influencing how they access and engage with services. Efforts to understand and improve health literacy across the ACT population, particularly in cohorts of the population who experience additional barriers, is integral to improve accessibility of services in the region.
- System integration – as highlighted as one of the four key themes in Care across the continuum, system integration was raised by stakeholders as an area for improvement. The importance of clear referral pathways and strong interprofessional relationships is critical to support people accessing the primary care system to ensure quality care at all times.

Discussions also centred around measuring access, with the acknowledgment that it is a difficult concept to measure using quantitative data. Improvements in timeliness of care, effective communication between services and continuity of care can be seen as indicators of improved access.

It is often much easier to collect data and see things that are not working than it is to define and measure good access. This is seen amongst stakeholders as an important factor to acknowledge, to ensure that aspects of the primary care system that are working efficiently and effectively are recognised. It is important to view access to primary care through a comprehensive lens that considers the breadth of services available, the value that is being provided to the patient and their experience of care.

PPH and ED

Potentially preventable hospitalisations (PPH) and low urgency emergency department (ED) presentations are often used as a proxy measure for access to primary care. PPH's are hospitalisations that could have been prevented through the delivery of suitable primary care, while low urgency ED presentations are those that are those that are considered 'semi-urgent' or 'non-urgent' and may be suitable for care by a general practitioner.

High rates of PPH and low urgency ED presentations can be viewed as an indicator that there are access gaps to primary care services in the region. If primary care services are accessible, well utilised and deliver quality, effective care, then it is likely you would see lower rates of PPH and low urgency ED presentations.

In 2022-23, there were 9,647 potentially preventable hospitalisations in the ACT, an increase of almost 20% from the previous year (8,085 in 2021-22) (4). The rate of PPH was 2,082 per 100,000, an increase from 1,779 per 100,000 the previous year. This rate is still well below the national level with a rate across Australia of 2,503 per 100,000 population. Looking at trends over the last five years, this increase seems to be a return to previous baseline rates following a decrease in 2021-22.

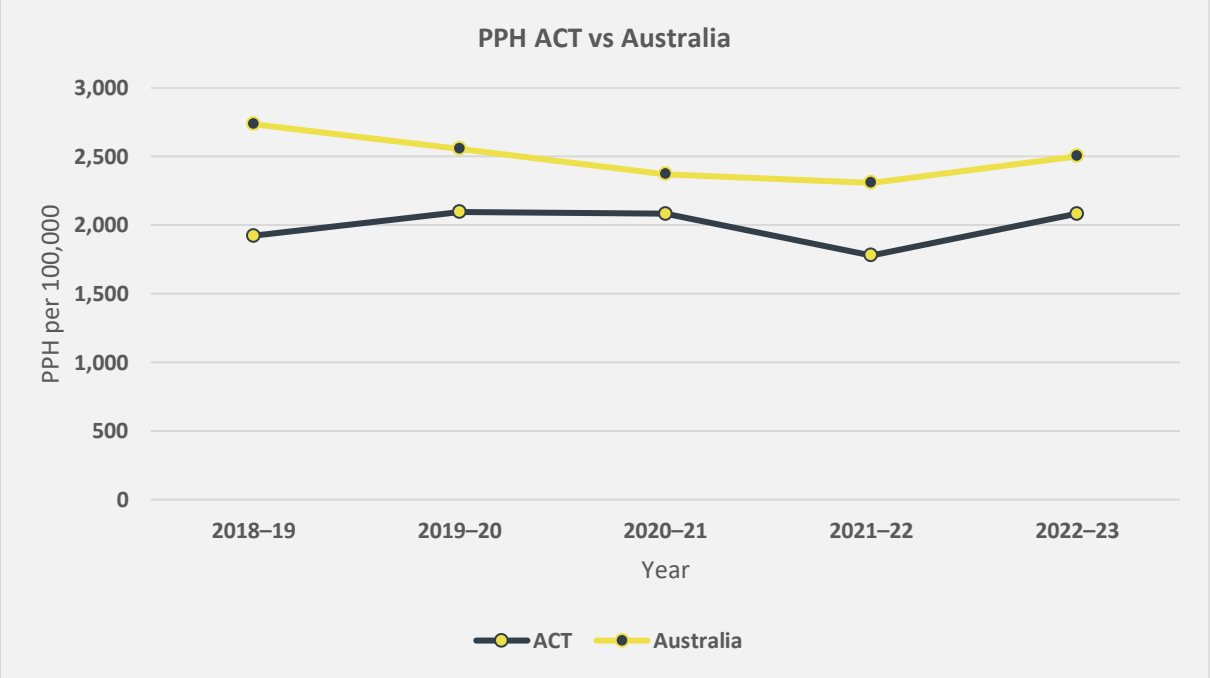

Figure 3: Potentially preventable hospitalisations 2018/19-2022/23, ACT vs Australia; (AIHW 2025)

In 2022-23, there was a reduction in the number and rate of lower urgency ED presentations in the ACT. There were 45,857 lower urgency ED presentations (3,876 fewer than 2021-22) at a rate of 101.9 presentations per 1,000 population (5). This is a reduction from 110.9 per 1,000 in 2021-22. Similarly to PPH, the rates of low urgency ED presentations are lower in the ACT when compared to national rates (114.3 per 1,000).

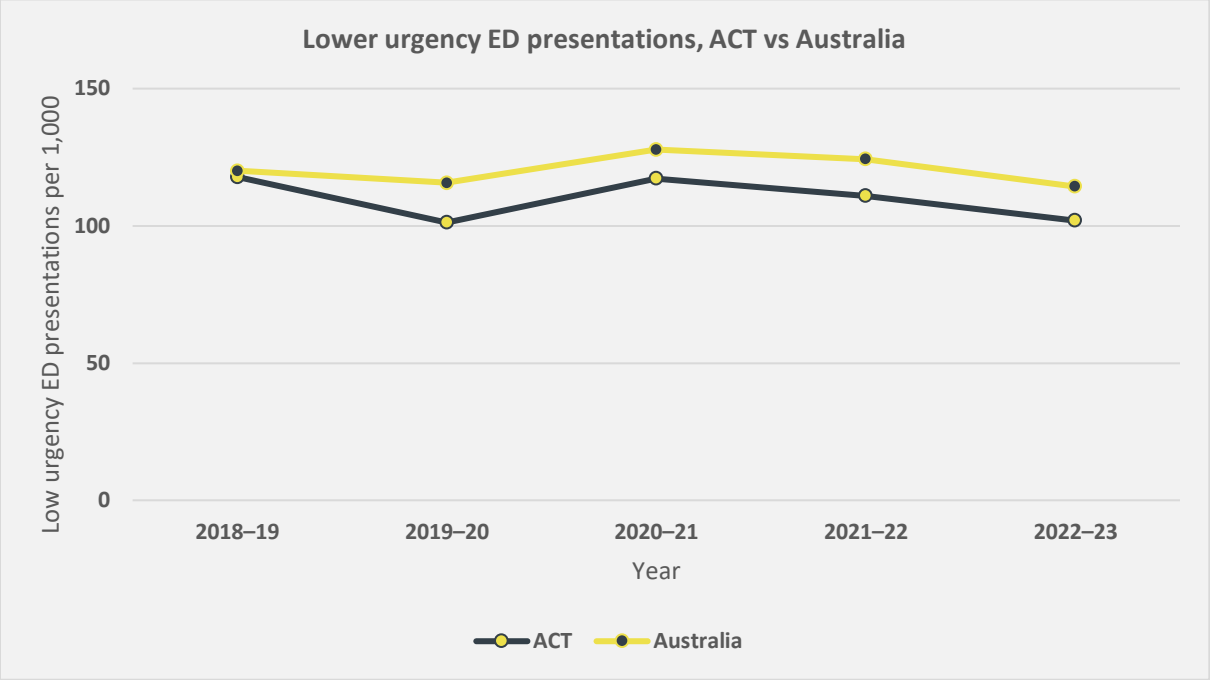

Figure 4: Lower urgency ED presentations 2018/19-2022/23, ACT vs Australia; (AIHW 2025)

Lower rates of PPH and low urgency ED presentations may be an indicator of slightly improved access to primary care services in the ACT, however there are likely many other confounding factors. Monitoring these rates over time is important to understand the trends and usage of health care systems in the ACT.

First Nations health

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

In November 2024, the ABS released results for the National Aboriginal and Torres Strait Islander Health Survey from the 2022-23 financial year. Previously the most recent release had been from 2018-19, from which data was used in the 2024-27 Core Needs Assessment.

In 2025, CHN intended to use updated data from the NATSIHS to ensure most up to date data was used and that updated data continued to support the identified needs and priorities. However, in the 2024 release of NATSIHS figures, there were no updated figures provided for the ACT due to insufficient sample size (6). Outcomes from the screening process meant that there were a lower

number of households that took part in the survey than predicted, meaning that the ABS could not publish ACT figures separately. Unfortunately, this means that for many topics included in the 2024-27 Core Needs Assessment, the most recent available data is now 6+ years old. As such, there is a higher emphasis on stakeholder insights and qualitative data to guide our knowledge and understanding of the First Nations population in the ACT and the challenges they face.

715 Health checks

In 2023-24, there was increase in the number of Aboriginal health checks delivered in the ACT. 1,724 Aboriginal health checks were delivered throughout the year, up from 1,564 in the previous year (7). This equates to 18.4% of the First Nations population living in the ACT who received a 715 health check. This is a significantly lower uptake than seen across Australia where 27.9% of First Nations people received a health check.

Despite the continued low uptake compared to the national rate, this continues an upwards trend seen over the last couple of years following a decline in the number of health checks delivered in 2021-22. It is hoped with ongoing efforts to reduce barriers and improve awareness of 715 health checks that their usage will continue to increase, providing affordable primary care for more First Nations people in the ACT.

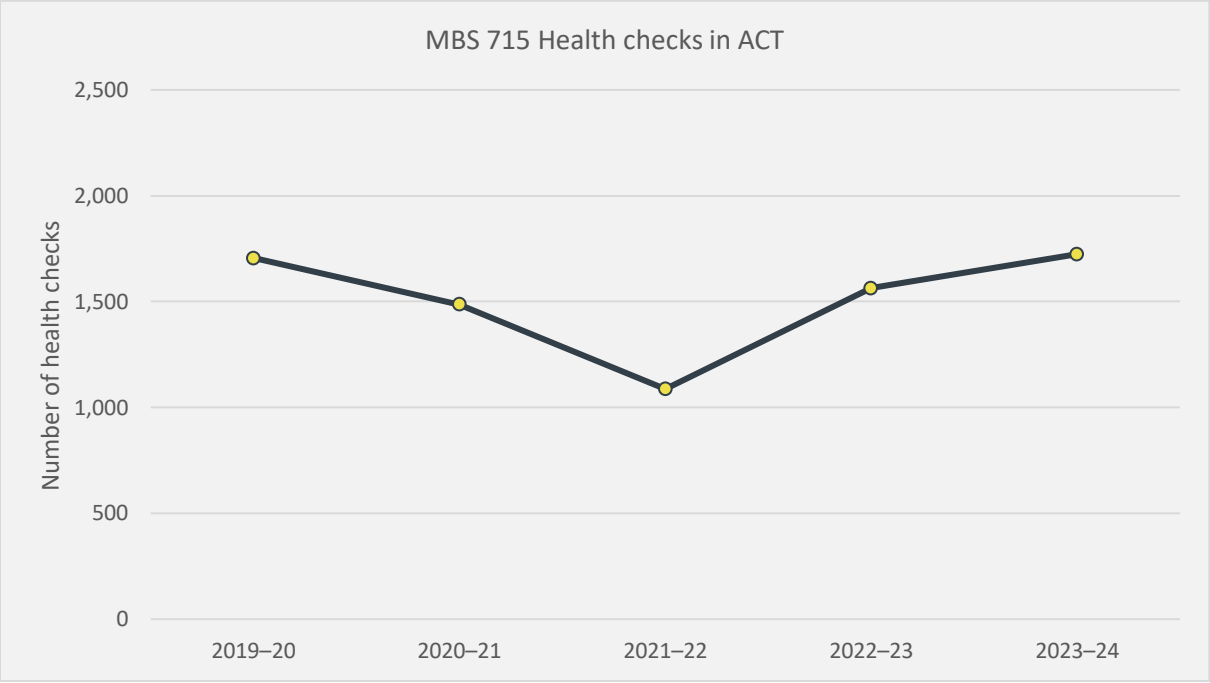

Figure 5: MBS 715 health checks used by First Nations people in ACT, 2019/20-2023/24; (AIHW 2025)

People at risk of poor health outcomes

Veterans health

Veterans face unique physical and mental health challenges due to their exposure to combat and hazardous materials. These experiences can result in physical injuries and psychological conditions such as Post-Traumatic Stress Disorder (PTSD), impacting both veterans and their families.

Veterans are eligible to receive health care funded by the Department of Veterans' Affairs (DVA), through the provision of a DVA Gold card or a DVA White card. According to the Department of Veterans' Affairs, there were 14,852 total DVA clients living in the ACT in June 2025 (8). This accounts for roughly 3% of the total population. Approximately 4.96% of all veterans in Australia live in the ACT.

Stakeholder engagement in early 2025 highlighted emerging issues regarding veterans' access to primary care. Many consumers were reporting that there are few general practices in the ACT who will accept DVA Gold and White cards and provide primary care services which are covered by the DVA with no out of pocket costs. This was a particular issue for Gold Card holders, who are unable to hold a Medicare card, meaning they will not receive any form of subsidised care and will have to pay for services entirely out of pocket.

In April 2025, using CHNs MySay platform, we asked veterans, active service members and families to provide feedback and experiences with the ACT primary care system. The findings included:

- 54% of respondents reported it was difficult or very difficult to access health care services in the ACT when needed.
- Barriers to accessing health care services included lack of veteran specific care, lack of available appointments and cost.
- 51% of respondents reported having difficulty finding a GP who will accept a DVA card.

Veteran specific care was emphasised as a high priority for this population, with many respondents reporting positive experiences with GPs and health care professionals who were either former service members themselves or well educated about the unique health challenges. Veteran specific services are likely to provide targeted, patient centred care which addresses the unique needs of veterans. Barriers to accessibility included this lack of specific services, difficulty accessing specialist supports including mental health services, and poor communication from health care professionals.

Additionally, many respondents highlighted support services for family members as an area for improvement in the ACT. Education and support to family members who are navigating the challenges alongside the veteran is lacking and would provide great benefit to veterans and their families.

Another proposed solution to improve veterans access to care would be a centralised, multidisciplinary service designed for veterans and their families, or the development of a care

navigation service which would improve understanding of existing services who would accept DVA cards. With many veterans surveyed expressing frustrations around access and knowing where they can receive quality, patient centred care, services such as these may alleviate some of these frustrations by addressing identified barriers.

Following consultation, it was decided to add veterans and their families to the list of populations included in 'People at risk of poor health outcomes'.

Older persons health

Palliative care

Palliative care is defined by WHO as an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual (9). While it can be provided to people of any age, approximately 87% of people who need or receive palliative care services are aged 65+ (10).

In 2025, CHN's Planning team completed a Palliative Care Targeted Needs Assessment to support planning and delivery of palliative care services in the ACT and identify needs which can be addressed through the Greater Choice for In Home Palliative Care Program.

The Targeted Needs Assessment, which will be submitted in December 2025, outlines key findings from the analysis of existing resources, available data and stakeholder insights, and groups these findings into themes to provide clarity and allow for identification of needs. The eight themes included are:

- Available palliative care services in the ACT
- Palliative care workforce
- Palliative care system in the ACT
- Palliative care in primary care
- Advanced Care Planning
- Community, patients and carers
- Underserved populations
- Palliative care data

Available palliative care services

In ACT Health's Palliative Care Service Function Review, there were 63 organisations which were identified as providing clinical or non-clinical palliative care services (11). The services spanned a range of types and settings, including specialist palliative care services, primary care palliative care services, community palliative care services, after hours services, telehealth and phone services and grief and bereavement services. Despite the number of services available across the territory,

there are still identified gaps within the palliative care system in the ACT, with inefficiencies and barriers creating challenges to deliver integrated, multidisciplinary, patient centred palliative care. Efforts to improve integration of the system and collaboration of services should be explored to maximise the effectiveness of these varied palliative care services.

Palliative care is also provided through the hospital system. In 2022-23, there were (10):

- 1,508 hospitalisations for admitted patient palliative care in the ACT, a 30% increase from the previous year (1,156).
- 33.0 hospitalisations per 10,000 population, slightly below the national rate (38.6 per 10,000 population).

Prescription of medication to address symptoms such as pain and maintain comfort and function is also an important aspect of palliative care. Nationally in 2022-23, 90% of palliative care related prescriptions were provided by GPs. In the ACT in 2022-23, there were (10):

- 7,550 people who received PBS palliative care related medications.
- 23,709 total medications provided, with 86.1% for pain relief medications.
- 5,188.8 prescriptions per 100,000, similar to the national rate (5,138.7 per 100,000).

Palliative care workforce

In the ACT in 2022, the number of palliative medicine physicians were not reported due to small counts, indicating there are likely less than 5 working across the territory. There were 64 palliative care nurses employed in the ACT in 2022, providing 62.4 FTE. This is a rate of 13.7 FTE per 100,000 population, the 4th highest of all states and territories.

Palliative care in primary care

In 2017, the Department of Health's research into GP attitudes and best practice within palliative care identified four types of GPs in relation to palliative care. These four types are (12):

- Palliative care experts (25%) – comfortable, knowledgeable, interested and engaged in palliative care.
- Palliative care aspirers (39%) – interested in doing more palliative care but their skills, knowledge and exposure hold them back.
- Palliative care indifferent (23%) – will do palliative care if required but do not seek it out.
- Palliative care avoiders (14%) – do not like palliative care and will actively avoid it.

Understanding these four types of GPs, and the different needs and approaches required to engage them is integral to ensure that best practice, patient-centred palliative care is provided across the ACT. While the current distribution of ACT GPs into these four groupings is unknown, efforts to understand the attitudes of ACT GPs towards palliative care would assist in planning future improvement activities.

Workforce

The primary care workforce is integral to delivering health services in the ACT that meet the needs of consumers and the community. Understanding the primary care workforce in the ACT is necessary to ensure that CHN can best support the workforce to deliver quality primary care services to the ACT population.

In 2024, there were 646 general practitioners working in the ACT, an increase of 8 GPs from the previous year, which continues the trend of a growing workforce since 2019 (13). The GP full time equivalent (GPFTE) in the ACT in 2024 was 422.4. This has continued to fluctuate in the last five years, however, is trending upwards since 2019.

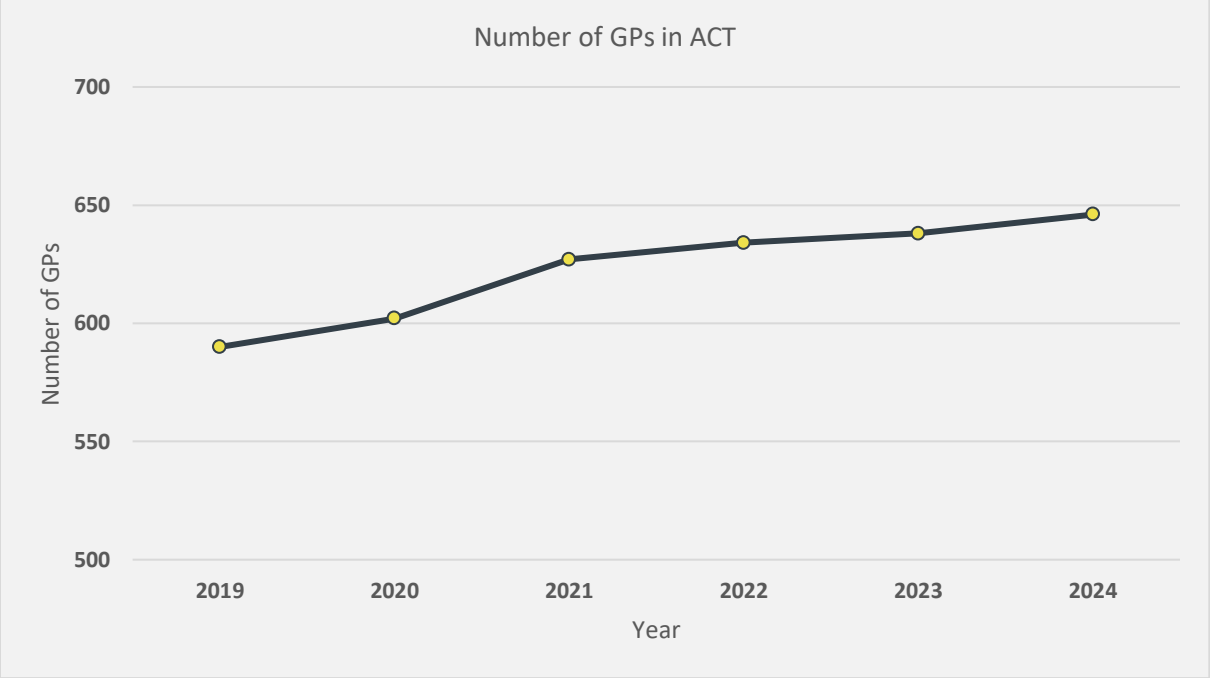

Figure 6: Number of primary care GPs in the ACT, 2019-2024; (DOHDA 2025)

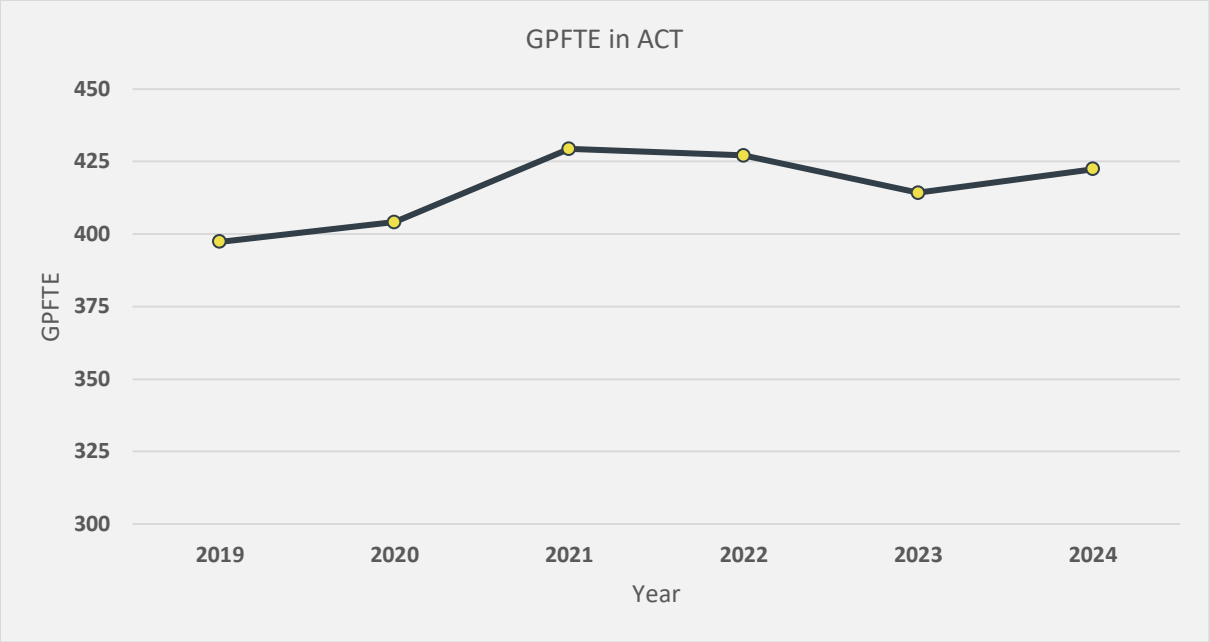

Figure 7: GPFTE in the ACT, 2019-2024; (DOHDA 2025)

The GPFTE per 100,000 population in the ACT was 90.5 in 2024 (13). This is well below the national figure of 112.5 per 100,000 population. This ongoing discrepancy between ACT and national rates of GPFTE per 100,000 points to a lack of GP workforce in the ACT, a view which is supported by stakeholder interactions. This in turn is likely to place extra stressors on existing GPs working in the ACT, placing extra pressure on their time management and potentially contributing to job dissatisfaction and burnout.

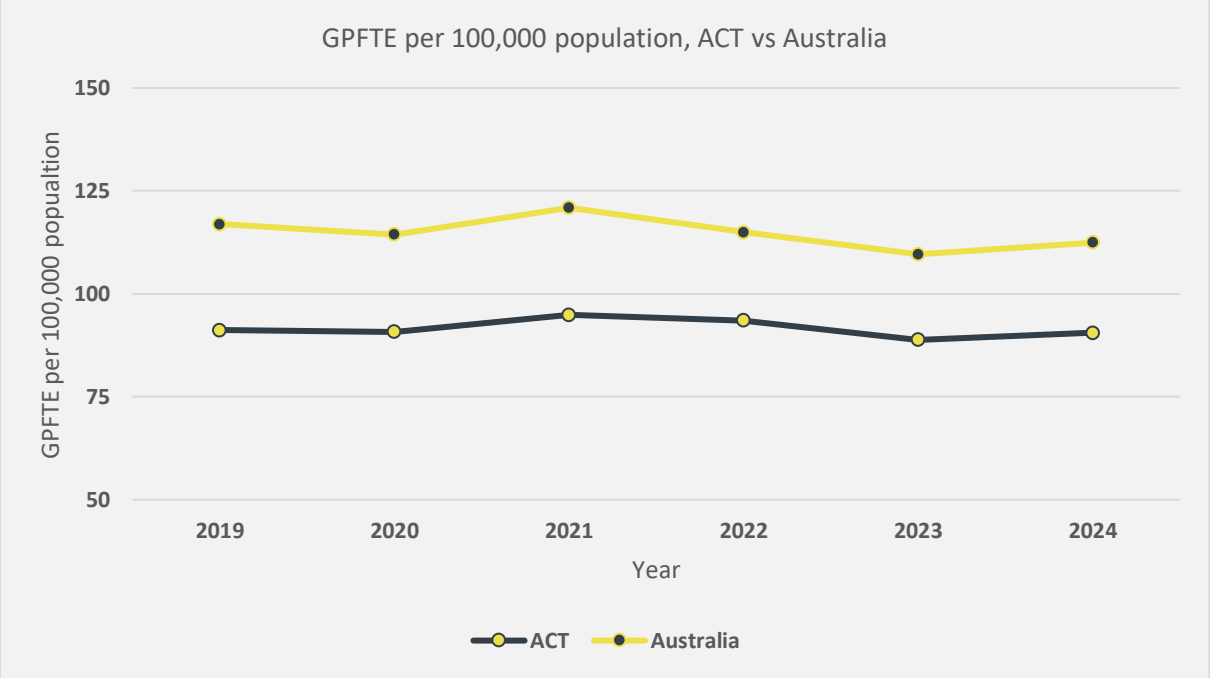

Figure 8: GPFTE per 100,000 population, ACT vs Australia 2019-2024; (DOHDA 2025)

Updated needs

Following this update to CHN's Core Health Needs Assessment, the following needs have been identified to be added to the existing list submitted in 2024.

Care across the continuum

- Increase the rate of bulk billing in the ACT, particularly in identified SA3 regions of high need.

First Nations health

- Work with stakeholders to improve the availability of localised data on the First Nations population in the ACT.

People at risk of poor health outcomes

- Improve the accessibility to primary care service for veterans and their families in the ACT, including the provision of veteran specific services across the region.
- Increase education and support to the primary care workforce to improve the delivery of care to veterans and their families.

References

1. Department of Health, Disability and Ageing (2025), Upcoming changes to bulk billing incentives in general practice | Australian Government Department of Health, Disability and Ageing
2. AIHW (2025), Medicare-subsidised GP, allied health and specialist health care across local areas: 2023-24, Medicare-subsidised GP, allied health and specialist health care across local areas, About - Australian Institute of Health and Welfare
3. Department of Health, Disability and Ageing (2025), Medicare quarterly statistics – State and territory (June quarter 2024-25), Medicare statistics collection | Australian Government Department of Health, Disability and Ageing
4. AIHW (2025). Potentially preventable hospitalisations in Australia by small geographic areas, 2017–18 to 2022–23, Potentially preventable hospitalisations in Australia by small geographic areas: 2017–18 to 2022–23, About - Australian Institute of Health and Welfare
5. AIHW (2025), Use of emergency departments for lower urgency care, Use of emergency departments for lower urgency care 2017–18 to 2022–23, Lower urgency care - Australian Institute of Health and Welfare
6. ABS (2024), National Aboriginal and Torres Strait Islander Health Survey methodology, 2022-23 financial year | Australian Bureau of Statistics
7. AIHW (2025), Health checks and follow-ups for Aboriginal and Torres Strait Islander people,
8. DVA (2025), Treatment population statistics – June 2025 Statistics about the veteran population | Department of Veterans' Affairs
9. World Health Organization (2025), Palliative Care, Palliative care
10. AIHW (2025), Palliative care services in Australia, Palliative care services in Australia, Summary - Australian Institute of Health and Welfare
11. ACT Health (2023), Palliative Care Service Function Review, ACT public health system reports - Open Government Information
12. Department of Health, Disability and Ageing (2017), Research into awareness, attitudes and provision of best practice advance care planning, palliative care and end of life care within general practice, GP best practice research project | Australian Government Department of Health, Disability and Ageing
13. Department of Health, Disability and Ageing (2025), General Practice Workforce providing Primary Care services in Australia, General Practice Workforce providing Primary Care services in Australia