The socioeconomic status and remoteness area of the regular clients that visited general practices in Eastern Melbourne and Gippsland Primary Health Networks

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phn EASTERN MELBOURNE An Australian Government Initiative

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Introduction

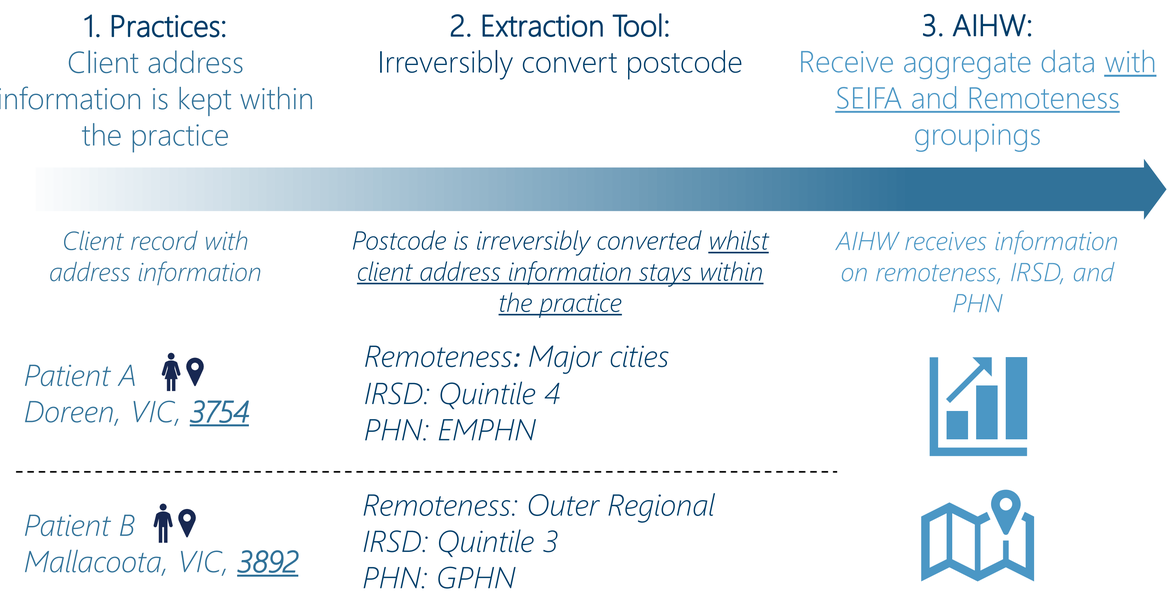
Socioeconomic status and remoteness area data are essential for informing service delivery planning in primary health care. These data can effectively be used to target health inequalities and guide resource allocation (Butler et al. 2010). People living in rural and remote areas face significant barriers in accessing primary health care and have poorer health outcomes (AIHW, 2024a). Health inequalities also follow a socioeconomic gradient, with poorer health outcomes associated with lower socioeconomic status (AIHW, 2024b).

This project irreversibly converted the residential postcodes of regular clients from general practices into the corresponding socioeconomic classifications and geographic boundaries for population health analysis, specifically:

Index of Relative Socio-Economic Disadvantage (IRSD): Ranging from most disadvantaged (1) to least disadvantaged (5).
Remoteness area: Major cities, Inner-regional, Outer-regional, Remote and Very remote.
Residential PHN of regular client: The PHN area that corresponded with the residential postcode of a regular client. This is used to examine cross border flows of regular clients that received services outside of their residential PHN.

Methods

The postcodes of usual residence of over 1.5 million 'regular clients' (1,302,339 for EMPHN and 204,403 for Gippsland) that received GP services 3 or more times in the past 2 years were irreversibly concorded to an IRSD quintile, remoteness area, and PHN area (ABS, 2021). Postcode information remained within the practice management system while an extraction tool combined the corresponding socioeconomic and geographic classifications with the regional PIP Eligible Dataset.



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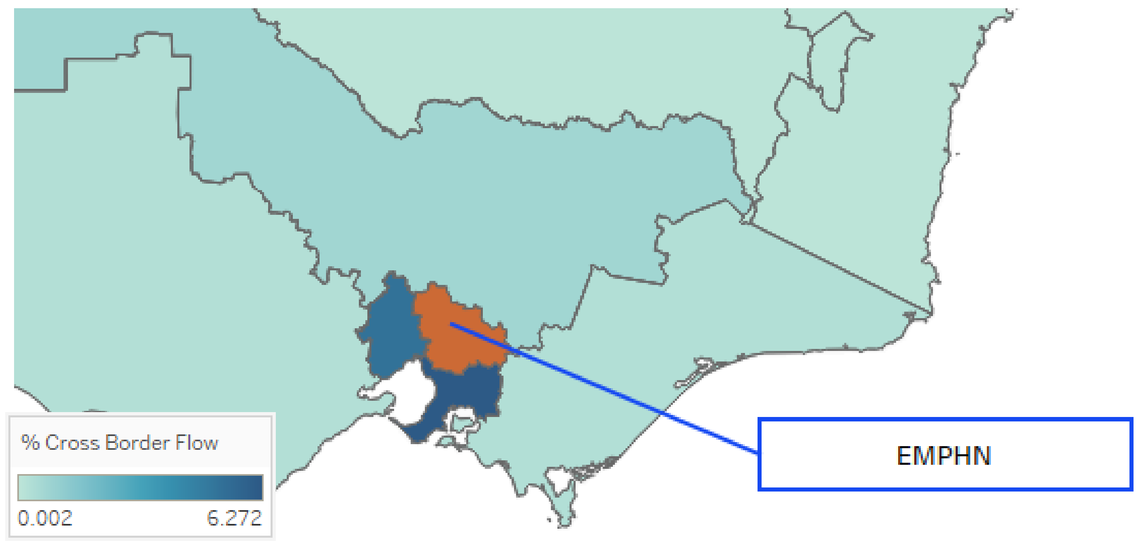
Results

Residential PHN: Cross Border Flows (example for Eastern Melbourne PHN)

Most regular clients within the EMPHN PIPQI Eligible Dataset were also residents of this PHN (86.2%, 1,122,491). Non-EMPHN-resident regular clients receiving services were mostly residents of neighbouring adjacent PHNs (12.4%, 161,965), while the remaining 1.3% (17,883) resided in other PHNs across the country.

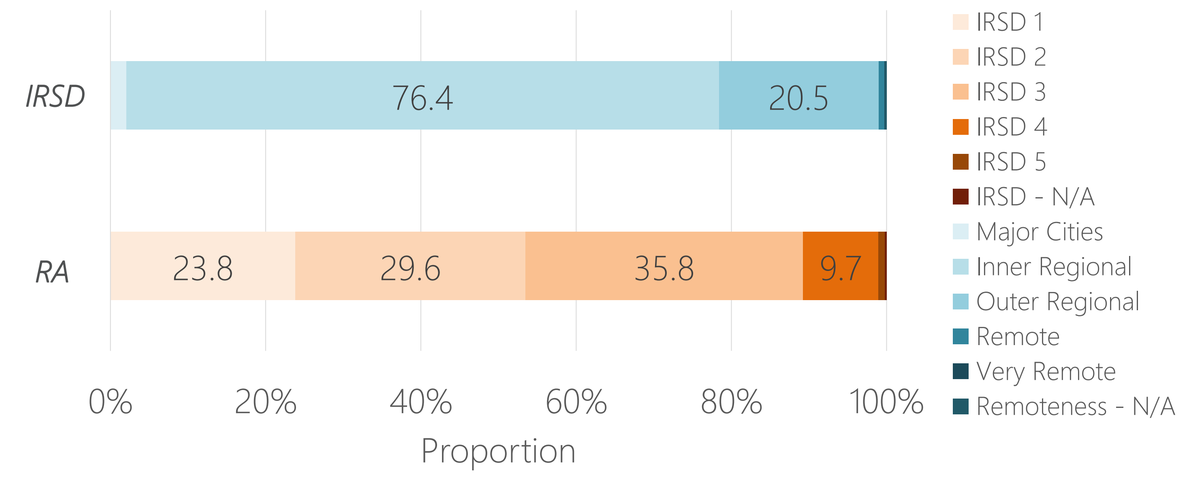
EMPHN Cross border flows – Regular clients aged 15+ years



Relative Socio-Economic Disadvantage (IRSD) and Remoteness Classifications (example for Gippsland PHN)

Regular clients aged 15 years and older from GPHN were distributed across all Remoteness areas and IRSD quintiles. Most of the 204,403 regular clients within the GPHN PIPQI Eligible Dataset resided in Inner Regional Areas (76.4%, 156,175) and are from areas with an IRSD quintile between 1 and 3 (89.2%, 182,415). Regular clients from more remote areas tend to experience higher levels of relative disadvantage.

GPHN SEIFA (IRSD) and Remoteness distribution – Regular clients aged 15+ years



Discussion

The residential postcode of regular clients can be irreversibly converted to corresponding classifications and geographic boundaries by an extraction tool to provide insights on the socioeconomic and regional gradient of service delivery.
Some clients attend more than one general practice, including across more than one PHN (AIHW, 2024c).
The PHN in which GP services were delivered was used to estimate the number of regular clients who were non-residents of the servicing PHN. In this pilot over 1.5 million regular clients visited general practices in the Eastern Melbourne and Gippsland regions, most of whom resided in the servicing PHN (86%, EMPHN and 96% for GPHN). Both PHNs had a small group of clients residing in every other PHN across the country, noting that this information is dependent on the accuracy and precision of the clients' residential postcodes.
Both PHNs had a mix of regular clients who live with varying levels of socioeconomic disadvantage. Gippsland serviced regular clients living across all remoteness categories, whereas Eastern Melbourne were predominantly in Major Cities.
Geographical and socioeconomic data provides insight into the social determinants of health experienced by regular clients attending general practices. This information can be utilised for service provision and resource allocation.