



About

This report presents information on in-hours and after-hours emergency department (ED) presentations and General Practitioner (GP) attendances. Maps show results side by side for Australian capital cities.

This report was first published on the MyHealthyCommunities website.

Cat. no: HPF 39

- [Infographic](#)
 - [Data](#)
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Summary

Ensuring health care is available when people need it and that they are treated in the setting most appropriate for their health complaint, is key to maintaining effective service use across the health system.

Sometimes people seek health care from a general practitioner (GP), while other times they seek care at an emergency department (ED). A range of factors influence the choices of patients in seeking care, including the perceived severity of their illness, overall level of health, attitudes towards health and available health resources.

This update presents new information on ED and GP attendances. Both types of attendances are classified as either 'in-hours' or 'after-hours'. Time of day is considered separately, as it may influence a person's choice to use a particular health service. It is also known that access to after-hours GP services varies across Australia.

Presenting results within the same geographical areas can help illustrate usage patterns and variation in ED and GP attendances. [Maps](#) are available for seven Australian capital cities. Side by side, these maps first show in-hours ED and GP attendances, followed by after-hours ED and GP attendances.

While the maps focus on capital cities, results for Australia's 31 Primary Health Network (PHN) areas and, where representative, smaller geographic areas called Statistical Areas Level 3 (SA3s), are included in the datasheet for download. The datasheet associated with [Medicare Benefits Schedule GP and specialist attendances and expenditure in 2016-17](#) also contains relevant data for GP-related measures.

This information crosses the primary health care and hospital sectors. It is intended to assist local health planners in PHNs and Local Hospital Networks (LHNs) enhance collaboration and discussion about appropriate planning, coordination and delivery of health services in each area.

Results are best interpreted in the local context, considering health services available and the local population and their needs. The performance of hospitals, PHNs and LHNs is not measured and no assessment is made of whether patient needs are being appropriately met.

A full definition of all terms used is available in the respective [Technical note](#). Please note [data](#) for public hospitals in the Australian Capital Territory for 2015-16 were not available for publication.



Maps

For each of the capital cities listed below, a set of four maps are available, showing in-hours GP attendances, in-hours ED attendances, after-hours GP attendances and after-hours ED attendances. Please note data for public hospitals in the Australian Capital Territory for 2015-16 were not available for publication.





Technical note

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Notes

This report was first published on the MyHealthyCommunities website.

For a full list of AIHW products that include data and results by small areas (for example, by Primary Health Network areas) see [AIHW data by geography](#).





Data

Note: (17 Aug 2017) Data for public hospitals in the Australian Capital Territory for 2015-16 were not available for publication.



Related material

Resources

Related topics

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