



### Access Denied: Australians Locked Out of Quality Healthcare Patient experience and socioeconomic disadvantage in NSW

**Research Report** 

Prepared for NCOSS

by

Yogi Vidyattama and Xuan-Binh (Benjamin) Vu

Faculty of Business, Government and Law, University of Canberra

September 2024





### Acknowledgement

This report was undertaken by the Canberra School of Politics, Economics & Society in the Faculty of Business, Government and Law at the University of Canberra. It was commissioned by the New South Wales Council of Social Service (NCOSS). The authors from the University of Canberra acknowledge the support and advice provided by NCOSS.

### **Author Note**

Authors of this report are:

Associate Professor Yogi Vidyattama, University of Canberra

Dr. Xuan-Binh (Benjamin) Vu, University of Canberra

Elyse Cain, NSW Council of Social Service (NCOSS)

### **Suggested Citation**

Vidyattama, Y., Vu, X.-B. B., and Cain, E. (2024), Access Denied: Australians Locked Out of Quality Healthcare, Faculty of Business, Government and Law, University of Canberra. Report Commissioned by NCOSS.





### Contents

Patient experience and socioeconomic disadvantage in NSW 2024	1
Acknowledgement	2
Author Note	2
Suggested Citation	2
Contents	
List of Tables	4
List of Figures	6
Executive Summary	8
, Introduction	8
General Practitioner services	
Key findings	10
Average visits to a GP	
Delayed seeing or did not see GP due to the cost	
Waited 24 hours or more to see GP	
Felt GP did not spend enough time	
Medical Specialist services	22
Key findings	22
Average visits to a specialist	23
Delayed seeing or did not see specialist due to cost	
Waited longer than felt acceptable to see specialist	29
Felt specialist did not spend enough time	
Dental Professional services	35
Key findings	35
Average visits to dentist	
Delayed seeing or did not see dentist due to cost	
Waited one month or more on a public dentistry waiting list	
Felt dentist did not spend enough time	
Hospital Emergency Departments	47
Key findings	47
Average visits to ED	47
Visited ED due to GP being unavailable	50
Felt GP could have provided care for most recent ED visit	53
Health Status	56
Key findings	56
Long-term health conditions	56
Poor self-assessed health status	59
Private health insurance cover	62
Conclusion	65
Technical Appendix	66
The modelling method	67
Validation	
References	76





### **List of Tables**

Table 1: Average visits per person to a GP for own health, 2024 and 2020 estimate.	11
Table 2: Average visits per person to a GP for own health by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.	12
Table 3: The small areas (SA2) with the lowest and highest average visits per person to a GP for ownhealth, 2024 estimate.	12
Table 4: The proportion of delayed seeing or did not see GP due to the cost (%), 2024 and 2020 estimate.	14
Table 5: The proportion of delayed seeing or did not see GP due to the cost (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.	14
Table 6: The small areas (SA2) with the lowest and highest proportion of delayed seeing or did not seGP due to the cost, 2024 estimate.	ее 15
Table 7: The proportion of those who wait for 24 hours or more to see GP for most recent urgent medical care (%), 2024 and 2020 estimate.	17
Table 8: The proportion of those who wait for 24 hours or more to see GP for most recent urgent medical care (%) by population weighted SA2 quintile of economic disadvantage, 2024 a 2020 estimate.	nd 17
Table 9: The small areas (SA2) with the lowest and highest proportion of those who wait for 24 hours or more to see GP for most recent urgent medical care, 2024 estimate.	s 18
Table 10: The proportion who felt GP did not spend enough time (%), 2024 and 2020 estimate.	19
Table 11: The proportion who felt GP did not spend enough time (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.	20
Table 12: The small areas (SA2) with the lowest and highest proportion of those who felt GP did notspend enough time, 2024 estimate.	21
Table 13: Average visits per person to a medical specialist for own health, 2024 and 2020 estimate.	23
Table 14: Average visits per person to a medical specialist for own health by population weighted SAquintile of economic disadvantage, 2024 and 2020 estimate.	2 24
Table 15: The small areas (SA2) with the lowest and highest average visits per person to a medical specialist for own health, 2024 estimate.	25
Table 16: The proportion of delayed seeing or did not see medical specialist due to the cost (%), 2024and 2020 estimate.	4 26
Table 17: The proportion of delayed seeing or did not see medical specialist due to the cost (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.	27
Table 18: The small areas (SA2) with the lowest and highest proportion of delayed seeing or did notsee medical specialist due to the cost, 2024 estimate.	28
Table 19: The proportion of those who wait for longer than acceptable to see medical specialist (%),2024 and 2020 estimate.	29
Table 20: The proportion of those who wait for longer than acceptable to see medical specialist (%) b population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.	by 30
Table 21: The small areas (SA2) with the lowest and highest proportion of those who wait for longerthan acceptable to see medical specialist, 2024 estimate.	31
Table 22: The proportion who felt medical specialist did not spend enough time (%), 2024 and 2020 estimate.	32





Table 23: The proportion who felt medical specialist did not spend enough time (%) by populationweighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.	33
Table 24: The small areas (SA2) with the lowest and highest proportion of those who felt medical specialist did not spend enough time, 2024 estimate.	34
Table 25: Average visits per person to a dentist for own health, 2024 and 2020 estimate.	36
Table 26: Average visits per person to a dentist for own health by population weighted SA2 quintile economic disadvantage, 2024 and 2020 estimate.	of 37
Table 27: The small areas (SA2) with the lowest and highest average visits per person to a dentist for own health, 2024 estimate.	or 38
Table 28: The proportion of delayed seeing or did not see dentist due to the cost (%), 2024 and 202 estimate.	0 39
Table 29: The proportion of delayed seeing or did not see dentist due to the cost (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.	39
Table 30: The small areas (SA2) with the lowest and highest proportion of delayed seeing or did not see dentist due to the cost, 2024 estimate.	: 40
Table 31: The proportion of those who wait for a month or more to see public dentist (%), 2024 and2020 estimate.	ל 41
Table 32: The proportion of those who wait for a month or more on a public dentistry waiting list (% by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimat	%) 
Table 33: The small areas (SA2) with the lowest and highest proportion of those who wait for a mor or more on a public dentistry waiting list, 2024 estimate.	nth 43
Table 34: The proportion who felt dentist did not spend enough time (%), 2024 and 2020 estimate.	44
Table 35: The proportion who felt dentist did not spend enough time (%) by population weighted Squintile of economic disadvantage, 2024 and 2020 estimate.	A2 45
Table 36: Average visits per person to hospital emergency department, 2024 estimate.	48
Table 37: Average visits per person to hospital emergency department by population weighted SA2quintile of economic disadvantage, 2024 estimate.	48
Table 38: The small areas (SA2) with the lowest and highest average visits per person to emergencydepartment for own health, 2024 estimate.	, 49
Table 39: The proportion of went to emergency department due to GP unavailability (%), 2024 estimate.	50
Table 40: The proportion of went to emergency department due to GP unavailability (%) by populat weighted SA2 quintile of economic disadvantage, 2024 estimate.	tion 51
Table 41: The small areas (SA2) with the lowest and highest proportion of went to emergency department due to GP unavailability, 2024 estimate.	52
Table 42: The proportion who felt GP could have provided care for most recent visit to emergency department (%), 2024 estimate.	53
Table 43: The proportion who felt GP could have provided care for most recent visit to emergency department (%) by population weighted SA2 quintile of economic disadvantage, 2024 estimate.	54
Table 44: The small areas (SA2) with the lowest and highest proportion of those who felt GP couldhave provided care for most recent visit to emergency department, 2024 estimate.	55
Table 45: The proportion of people with long term-health conditions (%), 2024 and 2020 estimate.	57





Table 46: The proportion of people with long term-health conditions (%) by population weighted SAquintile of economic disadvantage, 2024 estimate.	42 58
Table 47: The small areas (SA2) with the lowest and highest proportion of people with long term health condition, 2024 estimate.	59
Table 48: The proportion of people with poor self-assessed health status (%), 2024 estimate.	60
Table 49: The proportion of people with poor self-assessed health status (%) by population weighteSA2 quintile of economic disadvantage, 2024 estimate.	ed 60
Table 50: The small areas (SA2) with the lowest and highest proportion of people with poor self-assessed health status, 2024 estimate.	61
Table 51: The proportion of people with private health insurance (%), 2024 estimate.	62
Table 52: The proportion of people with private health insurance (%) by population weighted SA2quintile of economic disadvantage, 2024 estimate.	63
Table 53: The small areas (SA2) with the lowest and highest proportion of people with private healtinsurance, 2024 estimate.	:h 64
Table 54: Benchmarks for the modelling.	68
Table 55: Number of Benchmarks Used (% of population)	71
Table 56: Validation using reliable aggregate results (Spatial MSM and Census data).	74

### **List of Figures**

Figure 1: Spatial distribution of average visits to GP for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	12
Figure 2: Spatial distribution of the proportion of delayed seeing or did not see GP due to the cost for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	or 15
Figure 3: Spatial distribution of the proportion of those who wait for 24 hours or more to see GP for most recent urgent medical care for NSW and the Greater Sydney region in 2024 and th changes from 2020 estimate.	eir 18
Figure 4: Spatial distribution of the proportion who felt GP did not spend enough time for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	21
Figure 5: Spatial distribution of average visits to medical specialist for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	25
Figure 6: Spatial distribution of the proportion of delayed seeing or did not see medical specialist due to the cost for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	ie ) 28
Figure 7: Spatial distribution of the proportion of those who wait for longer than acceptable to see medical specialist for NSW and the Greater Sydney region in 2024 and their changes fro 2020 estimate.	m 31
Figure 8: Spatial distribution of the proportion who felt medical specialist did not spend enough time for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	e 34
Figure 9: Spatial distribution of average visits to dentist for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	37
Figure 10: Spatial distribution of the proportion of delayed seeing or did not see dentist due to the cost for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	40





Figure 11: Spatial distribution of the proportion of those who wait for a month or more on a public dentistry waiting list for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	43
Figure 12: Spatial distribution of the proportion who felt dentist did not spend enough time for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	√ 46
Figure 13: Spatial distribution of average visits to emergency department for NSW and the Greater Sydney region in 2024 estimate.	49
Figure 14: Spatial distribution of the proportion of went to emergency department due to GP unavailability for NSW and the Greater Sydney region in estimate.	52
Figure 15: Spatial distribution of the proportion who felt GP could have provided care for most rece visit to emergency department for NSW and the Greater Sydney region in 2024 estimate	nt e.55
Figure 16: Spatial distribution of the proportion of people with long-term health conditions for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.	' 58
Figure 17: Spatial distribution of the proportion of people with poor self-assessed health status for NSW and the Greater Sydney region in 2024 estimate.	61
Figure 18: Spatial distribution of the proportion of people with private health insurance for NSW and the Greater Sydney region in 2024 estimate.	d 64
Figure 19: The patient experience at SA2 estimation process.	70
Figure 20: Validation of proportion of persons living with household income less than \$800/week (Spatial MSM and Census data)	73





### **Executive Summary**

This report explores the relationship between patient experience and socioeconomic disadvantage in NSW, focusing on experiences with GP, medical specialist, dental professional and hospital emergency department services. Conducted by NCOSS in collaboration with the University of Canberra, this research builds on previous studies from 2020, offering insights into how different demographic groups access health care and experience challenges around affordability, wait times and satisfaction levels.

Through complex modelling techniques and estimating data at small area level, the findings reveal that patient experience has generally declined in NSW since 2020. The most common challenge to access health services was the cost of health, with a troubling increase in the proportion of people delaying or forgoing visits to GPs, medical specialists and dentists. This overall delay and decline in visits has not decreased demand for these services, as indicated by the increase in the proportion of people waiting to be seen.

The report also finds that the link between poorer patient experience and economic disadvantage is less strong than previously presented in 2020 research, where unemployment and low income status were clear factors. Instead new trends have emerged, showing that regional disadvantage plays a more significant role in shaping patient experiences, specific cohorts are more likely to be affected, and that cost pressures have worsened the impact on health care access for a wide range of people across different income brackets.

This project aims to draw attention to these issues, to demonstrate the complexity and diversity of patient experience experienced by people across NSW, to inform local community and service planning, and to provide the evidence base to advocate for policies to address disadvantage.

### Introduction

The purpose of this project is to explore the relationship between patient experience and socioeconomic disadvantage in NSW, by profiling the demographic composition and experience of people accessing GP, medical specialist, dental and emergency department services at small area level (ASGS-SA2). It is the second in a series of patient experience research<sup>1</sup> conducted by NCOSS with the University of Canberra that allows comparison between data estimations from 2020 and 2024.

As part of this project, this data report provides a sophisticated picture of how different cohorts of the population living in different locations experience health care related to frequency of visits,

<sup>&</sup>lt;sup>1</sup> See Vidyattama, Y., Prosser, B., Tanton, R., and NSW Council of Social Service (NCOSS)., (2020), Mapping Patient Experience and Economic Disadvantage in NSW, NATSEM & Institute for Governance and Policy Analysis, Canberra. Report commissioned by NCOSS.





affordability, wait times and satisfaction with time spent with a health practitioner. It also looks at the relationship between emergency department visits and GP availability and care, as well as people's health status related to long-term conditions, 'poor' self-assessed health status and private health insurance cover.

The report uses complex statistical modelling techniques to analyse the different demographic groups and spatial distribution of patient experience in NSW. It draws on the 2023 patient experience survey (PES) component of the Australian Bureau of Statistics (ABS) Multipurpose Household Survey (MPHS) and original data estimations produced by the University of Canberra for NCOSS through the 2023 *Mapping Economic Disadvantage in NSW* project (Vidyattama et al, 2023). The PES data is provided at the larger SA4 level, which required the University of Canberra to use spatial microsimulation and regression modelling to scale down results to the ABS's Statistical Area 2 (SA2) level.<sup>2</sup>

In this report, references to 2020 and 2024 findings refer to the data estimations carried out for this series of NCOSS patient experience research in 2020 and 2024, based on the source data outlined above. However, 2020 findings are not available for emergency departments, self-assessed health status and private health insurance cover, as these categories were not previously included in NCOSS's 2020 patient experience research.

While NCOSS's 2020 research looked at indicators of economic disadvantage including employment and income status, this 2024 research takes it one step further by including patient experience results by quintiles of economic disadvantage. It is important to note that this specific data has been calculated by aggregating rates of economic disadvantage at SA2 level into quintiles, and then aggregating the patient experience results for these SA2 areas. This aggregation means that there are some limitations to the data demonstrating a more detailed and nuanced link between specific patient experience results and rates of economic disadvantage.

This report is structured by service type, with data findings organised for each patient experience measure and accompanied by key data tables and figures showing spatial patterns. These figures have been taken from the accompanying online mapping tool<sup>3</sup>, which helps to improve our understanding of the spatial patterns and changes over time.

This project aims to draw attention to the relationship between disadvantage and poor patient experience – including the demographic groups most impacted – in different regions of NSW, to inform local community and service planning, and to advocate for policies to address disadvantage. The target audiences include policy analysts, planners, decision makers and others in the health sector, academia, and state and local government.

<sup>&</sup>lt;sup>2</sup> More detail can be found in the Technical Appendix to this report.

<sup>&</sup>lt;sup>3</sup> https://storymaps.arcgis.com/stories/71781334ef184827a31233f9808a456e





### **General Practitioner services**

### **Key findings**

- The analysis shows an overall worsening of patient experience with General Practice in NSW. This is particularly the case outside of Greater Sydney, including in areas with generally lower rates of economic disadvantage (such as in the Illawarra and Murrumbidgee regions), although the experiences are varied across demographics.
- There has been a dramatic increase across NSW in the proportion of people delaying or not seeing a GP due to cost by 246.1% from 2.8% in 2020 to 9.5% in 2024. There was not a single cohort of the population that experienced a decrease in delays due to cost since 2020. Some cohorts saw extreme increases, such as those aged over 65 years in Greater Sydney (approximately a 15-fold increase), and those on low incomes in regional NSW (approximately a 6-fold increase, increasing to 22%).
- This may help to explain why people in NSW are typically seeing the GP less often in 2024 compared to 2020, reducing by 8% overall. This is particularly true for couples with dependent children (-33.3%), younger people aged 15-24 (-22.8%), couples with no dependent children (-23.7%), couples with dependent children (-33.3%), and those outside metropolitan Sydney (-12.6%). However, some groups had significantly higher numbers of visits including single parent households (+21.5%) and unemployed people outside Greater Sydney (+20.6%).
- Despite the overall reduction in the number of GP visits, the significant increase in the proportion of those delaying GP visits due to cost suggests that the need for GP care has not decreased but is significantly impacted by rising costs. In some areas this impact is less clear

   in southwestern Sydney for example, there remains a high average of GP visits despite a high proportion of people also delaying or not seeing the GP due to cost.
- It is also clear that fewer visits and more delayed visits overall has not decreased the pressure on GP services, demonstrated by the increase in the proportion of people having to wait longer than 24 hours for urgent GP care since 2020 (+35.4%).
- Dissatisfaction with time spent has also worsened. In 2024, over 1 in 10 people (11.8%) across NSW felt their GP did not spend enough time with them, increasing by almost half since 2020 (+46.9%). This was a bigger problem in regional NSW (14.4%) compared to Greater Sydney (10.4%) and is increasing at a higher rate regionally (+62.8% v +37.0%).
- For most GP patient experience measures regional disadvantage, as opposed to economic disadvantage, appears to be a stronger contributing factor to worse patient experience.

#### Average visits to a GP

In general, the average number of visits per person to GPs in NSW slightly decreased in 2024 compared to 2020. Average visits were generally higher in areas with higher rates of economic





disadvantage, increasing from 3.7 visits for areas with poverty rates of 3.5%-8.7% to 4.3 visits for areas with poverty rates of 17.3%-32.9%. This pattern was particularly the case for Greater Sydney, although the link was less clear in regional NSW.

Cohorts of the population with the highest number of GP visits for their own health were older people aged 65+ (5.9 visits, and even higher for those 65+ not in the labour force at 6.2), followed by people aged 15-64 not in the labour force (5.4) and single person households (5.2). However, the largest increase in GP visits from 2020 to 2024 were for single parent households (+21.5% across NSW and even higher in regional NSW at 31.3%) and unemployed people in regional NSW (+20.6%).

Younger people aged 15-24 years reported the least number of visits (2.6) followed by people in employed full time (2.8). Groups with the largest overall decrease in the number of GP visits from 2020 included couples with dependent children (-33.3%), couples with no dependent children (-23.7%) and those aged 15-24 (-22.8%).

Average visits were higher in Greater Sydney compared to regional NSW in 2024 (4.1 v 3.9), which was not the case in 2020 (4.4 v 4.5).

	2024 estimate				imate	,	Percentage difference		
	2024 631	Rost		Roct					
	Greater	of		Greater	of		Greater	Rest of	
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Overall	4.1	3.9	4.1	4.4	4.5	4.4	-5.5	-12.6	-8.0
Aged 15-24	2.4	3.0	2.6	3.2	3.6	3.3	-26.7	-16.1	-22.8
Aged 25-64	3.8	3.7	3.8	4.1	4.1	4.1	-6.0	-8.7	-7.0
Aged 65+	6.3	5.1	5.9	6.7	5.9	6.4	-6.6	-14.2	-7.8
Male	3.6	3.3	3.5	3.8	4.1	3.9	-4.8	-18.6	-9.9
Female	4.6	4.5	4.6	4.9	4.9	4.9	-6.2	-7.6	-6.7
Couple only	4.4	4.0	4.3	5.7	5.4	5.6	-22.7	-26.3	-23.7
Couple with dependent									
children	3.2	3.0	3.1	4.7	4.6	4.6	-32.2	-35.0	-33.3
Single parent households	4.1	4.7	4.3	3.5	3.6	3.5	18.6	31.3	21.5
Single person households	5.4	4.8	5.2	4.8	4.9	4.8	13.3	-1.9	7.7
People aged 15 and over in									
other family households	4.3	4.7	4.4	4.8	5.0	4.8	-10.5	-4.9	-8.6
Employed full-time	3.0	2.6	2.8	3.0	2.9	3.0	-0.5	-12.4	-4.8
Employed part-time	3.6	3.3	3.5	3.6	3.7	3.6	1.2	-10.8	-3.3
Unemployed	2.5	6.4	4.0	3.7	5.3	4.3	-33.3	20.6	-7.1
Aged 15-64 not in labour									
force	5.2	6.0	5.4	6.3	6.0	6.2	-18.4	-0.9	-12.7
Aged 65+ not in labour									
force	6.6	5.4	6.2	7.2	6.3	6.7	-8.2	-13.4	-8.3
Low income	4.7	5.1	4.8	5.9	5.3	5.7	-21.1	-3.3	-14.7
Medium and high income	4.1	3.8	4.0	4.2	4.4	4.3	-3.4	-12.6	-6.6

#### Table 1: Average visits per person to a GP for own health, 2024 and 2020 estimate.





## Table 2: Average visits per person to a GP for own health by quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 est	2024 estimate			imate		Percentage difference		
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	3.7	3.9	3.7	3.7	4.0	3.7	-0.8	-1.5	-0.9
Quintile 2 (8.7%-11.6%)	4.1	4.0	4.1	4.4	4.2	4.3	-5.2	-5.1	-5.1
Quintile 3 (11.6%-14.0%)	4.2	3.9	4.1	4.4	4.4	4.4	-5.9	-10.2	-7.7
Quintile 4 (14.0%-17.3%)	4.4	3.8	4.1	4.7	4.6	4.7	-5.9	-17.6	-11.7
Quintile 5 (17.3%-32.9%)	4.5	3.9	4.3	5.0	4.8	4.9	-9.3	-18.7	-12.4

# Figure 1: Spatial distribution of average visits to GP for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



# Table 3: The small areas (SA2) with the lowest and highest average visits per personto a GP for own health, 2024 estimate.

	Per		Per
Greater Sydney	person	Rest of NSW	person





3.0	Robertson - Fitzroy Falls	3.4
3.0	Port Macquarie - South	3.4
3.1	Callala Bay - Currarong	3.4
3.1	Port Macquarie - East	3.4
3.1	Huskisson - Vincentia	3.4
3.1	Port Macquarie - West	3.4
3.1	Nowra	3.4
3.1	Forster-Tuncurry Surrounds	3.4
3.1	Lord Howe Island*	3.4
3.1	Hill Top - Colo Vale	3.4
5.5	Sawtell - Boambee	4.5
5.5	Grafton	4.5
5.5	Maclean - Yamba - Iluka	4.5
5.5	Korora - Emerald Beach	4.5
5.5	Woolgoolga - Arrawarra	4.6
5.5	Grafton Surrounds	4.6
5.5	Dorrigo	4.6
5.5	Urunga	4.6
5.5	Illawarra Catchment Reserve*	4.6
6.5	Coramba - Nana Glen - Bucca	4.7
	3.0 3.0 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 5.5	3.0Robertson - Fitzroy Falls3.0Port Macquarie - South3.1Callala Bay - Currarong3.1Port Macquarie - East3.1Port Macquarie - West3.1Port Macquarie - West3.1Port Macquarie - West3.1Forster-Tuncurry Surrounds3.1Lord Howe Island*3.1Hill Top - Colo Vale5.5Sawtell - Boambee5.5Grafton5.5Savtell - Arrawarra5.5Grafton Surrounds5.5Grafton Surrounds5.5Jorrigo5.5Jorrigo5.5Illawarra Catchment Reserve*6.5Coramba - Nana Glen - Bucca

### Delayed seeing or did not see GP due to the cost

Delays seeing or not seeing a GP due to cost has dramatically increased across NSW since 2020 by 246.1%. This increase was higher in regional NSW (+252.0%) than in Greater Sydney (+237.1%), with highest increases in the Illawarra region (Figure 2).

Delays were also significantly higher in 2024 in regional NSW (15.4%) than in Greater Sydney (6.4%) by almost 2.5 times. This was particularly the case for people on low incomes (22.2%), single parent households (22.1%), people aged 15-64 not in the labour force (21.3%) and younger people aged 15-24 (20.0%).

Cohorts of the population who experienced the most significant increases in delays due to cost since 2020 were those aged 65+ in Greater Sydney (+1546.4%), even more so for those 65+ not in the labour force (+2104.6%). Also significantly impacted since 2020 were couples with dependent children (+675.1%) and those on low incomes (+628.4%) in regional NSW. Every cohort of the population captured in the data estimation experienced increases in delays due to cost since 2020.

Interestingly, despite cost pressures there is no clear link with economic disadvantage, with higher proportions of delays due to cost in areas with generally lower rates of economic disadvantage than others (Table 5).





# Table 4: The proportion of delayed seeing or did not see GP due to the cost (%), 2024 and 2020 estimate.

	2024 estimate			2020 estimate			Percentage difference		
		Rest			Rest				
	Greater	of		Greater	of		Greater	Rest of	
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Overall	6.4	15.4	9.5	1.9	4.4	2.8	237.1	252.0	246.1
Aged 15-24	6.2	20.0	11.1	1.9	5.8	3.2	219.2	243.7	245.1
Aged 25-64	7.1	16.0	10.2	2.3	5.6	3.4	205.7	184.6	202.0
Aged 65+	4.6	11.3	6.9	0.3	0.9	0.6	1546.4	1154.1	1152.3
Male	5.9	13.1	8.4	1.4	3.6	2.2	323.1	263.7	287.4
Female	6.8	17.4	10.5	2.3	5.1	3.3	193.7	243.1	222.0
Couple only	6.7	12.7	8.8	2.1	4.1	3.0	212.8	208.7	194.2
Couple with dependent									
children	5.1	16.2	9.2	1.1	2.1	1.5	345.7	675.1	503.4
Single parent households	8.6	22.1	12.1	2.0	7.0	3.6	323.8	215.1	241.6
Single person households	4.9	14.9	8.6	4.7	6.4	5.2	4.7	132.3	67.2
People aged 15 and over in									
other family households	8.7	20.2	12.4	1.9	5.3	2.9	353.7	279.4	328.3
Employed full-time	6.9	13.7	9.2	1.6	5.0	2.6	333.2	172.0	252.7
Employed part-time	5.8	16.6	9.7	1.7	5.8	3.2	246.0	186.5	205.9
Unemployed	6.7	19.0	12.3	4.9	7.3	5.7	35.1	161.3	115.0
Aged 15-64 not in labour									
force	7.8	21.3	12.5	3.5	5.5	4.2	123.5	288.3	200.6
Aged 65+ not in labour									
force	4.7	11.8	7.1	0.2	0.9	0.5	2104.6	1197.1	1252.1
Low income	4.8	22.2	11.4	2.7	3.0	2.9	76.8	628.4	300.9
Medium and high income	6.5	14.9	9.4	1.8	4.5	2.7	255.8	229.3	242.7

# Table 5: The proportion of delayed seeing or did not see GP due to the cost (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 estimate			2020 estimate			Percentage difference		
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	7.1	18.0	8.1	2.2	5.5	2.5	227.9	230.3	228.2
Quintile 2 (8.7%-11.6%)	6.2	18.5	11.1	1.9	4.7	3.0	230.6	293.3	267.8
Quintile 3 (11.6%-14.0%)	5.9	14.6	9.7	1.7	4.7	3.0	244.0	213.2	219.7
Quintile 4 (14.0%-17.3%)	6.5	15.0	10.7	1.9	4.1	3.0	247.1	263.6	258.3
Quintile 5 (17.3%-32.9%)	5.9	12.5	8.1	1.7	3.6	2.3	245.1	244.8	248.8





# Figure 2: Spatial distribution of the proportion of delayed seeing or did not see GP due to the cost for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



## Table 6: The small areas (SA2) with the lowest and highest proportion of delayed seeing or did not see GP due to the cost, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Box Hill - Nelson	1.9	Raymond Terrace	6.1
Glenhaven	1.9	Rutherford (South) - Telarah	6.2
North Kellyville	1.9	Singleton	6.3
Castle Hill - South	1.9	Tenambit - East Maitland	6.3
Kellyville - East	1.9	East Maitland - Metford	6.4
Kellyville - West	1.9	Scone Surrounds	6.4
Castle Hill - West	1.9	Maitland - North	6.4
Baulkham Hills - East	2.0	Muswellbrook	6.5
Dural - Kenthurst - Wisemans			
Ferry	2.0	Maitland	6.5
Rouse Hill - Beaumont Hills	2.0	Cessnock	6.5





Highest proportion			
Point Clare - Koolewong	11.1	Albion Park - Macquarie Pass	35.1
Erina - Green Point	11.1	Shellharbour - Oak Flats	35.1
Niagara Park - Lisarow	11.1	Thirroul - Austinmer - Coalcliff	35.4
Chittaway Bay - Tumbi Umbi	11.1	Shellharbour - Flinders	35.5
Saratoga - Davistown	11.1	Kiama	35.7
Wyoming	11.1	Helensburgh	35.8
Kariong	11.1	Kiama Hinterland - Gerringong	35.8
Kincumber - Picketts Valley	11.1	Horsley - Kembla Grange	36.0
Narara	11.2	Kiama Downs - Minnamurra	36.0
Jilliby - Yarramalong	11.2	Illawarra Catchment Reserve*	37.1

#### Waited 24 hours or more to see GP

Despite the lower number of GP visits overall and the significant increase in delaying or not seeing a GP due to cost, the pressure on GP services has not decreased; in fact the proportion of those who had to wait more than 24 hours for an urgent GP visit increased by over a third (+35.4%) since 2020.

The proportion of those waiting more than 24 hours in 2024 was higher in regional NSW (4.8%) than Greater Sydney (3.5%). Those who were more likely to wait more than 24 hours in regional NSW included people on low incomes (8.1%), aged 15-64 not in the labour force (6.6%), single parent households (6.5%), couples without children (6.4%) and women (5.9%).

While the proportion was higher in regional NSW than Greater Sydney overall, wait times for GP services appear to be worsening in Greater Sydney while remaining relatively stable in regional NSW. Since 2020 this proportion increased significantly in Greater Sydney (+86.6%) compared to regional NSW which decreased slightly over the same period (-1.1%). Cohorts most impacted included those employed part-time (+469.2%), young people aged 15-24 (+218.0%), couples without children (+137.3%) and those on low incomes (+125.8%).

While there does not appear to be a strong link between wait times and economic disadvantage, the largest increase in the proportion of those waiting were in parts of Greater Sydney with the highest rates of economic disadvantage – an increase of 94.2% for Quintile 4 (14.0%-17.3% economic disadvantage) and an increase of 141.1% for Quintile 5 (17.3%-32.9%). This was the opposite in regional NSW where areas with the same level of economic disadvantage experienced a decrease in wait times (-7.8% for Quintile 4 and -13.8% for Quintile 5).





# Table 7: The proportion of those who wait for 24 hours or more to see GP for most recent urgent medical care (%), 2024 and 2020 estimate.

	2024 estimate			2020 estimate			Percentage difference		
		Rest			Rest			Rest	
	Greater	of		Greater	of		Greater	of	
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Overall	3.5	4.8	3.9	1.9	4.9	2.9	86.6	-1.1	35.4
Aged 15-24	2.5	2.0	2.3	0.8	4.8	2.1	218.0	-58.3	10.1
Aged 25-64	3.2	5.2	3.9	1.7	5.1	2.8	83.9	2.4	38.6
Aged 65+	4.6	5.3	4.9	3.0	4.5	3.7	52.6	18.3	32.4
Male	3.7	3.5	3.6	2.1	4.4	2.9	74.1	-19.2	24.6
Female	3.3	5.9	4.2	1.6	5.3	2.9	100.4	10.9	44.5
Couple only	3.7	6.4	4.6	1.5	5.9	3.4	137.3	8.1	35.0
Couple with dependent									
children	2.8	3.1	2.9	2.6	4.7	3.4	7.4	-34.0	-15.2
Single parent households	2.6	6.5	3.6	1.2	5.1	2.4	117.0	27.4	51.1
Single person households	3.6	5.9	4.5	2.8	4.9	3.4	30.1	18.9	31.2
People aged 15 and over in									
other family households	4.3	2.9	3.8	1.6	3.8	2.2	164.3	-23.9	70.6
Employed full-time	2.5	3.7	2.9	1.4	3.2	1.9	84.0	17.1	53.5
Employed part-time	3.8	5.3	4.3	0.7	4.6	2.1	469.2	15.4	105.6
Unemployed	3.4	3.7	3.6	6.4	12.5	8.5	-46.6	-70.2	-58.1
Aged 15-64 not in labour force	4.1	6.6	5.0	2.2	6.7	3.7	84.8	-0.6	33.6
Aged 65+ not in labour force	4.5	5.3	4.8	3.1	4.9	3.9	47.0	7.7	22.7
Low income	5.4	8.1	6.4	2.4	5.6	3.7	125.8	45.5	74.6
Medium and high income	3.3	4.6	3.8	1.8	4.8	2.8	84.9	-4.3	33.2

#### Table 8: The proportion of those who wait for 24 hours or more to see GP for most recent urgent medical care (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 est	imate		2020 est	imate		Percentage difference		
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	3.6	4.4	3.6	2.2	3.8	2.4	60.1	15.7	53.3
Quintile 2 (8.7%-11.6%)	3.9	4.7	4.2	2.0	4.1	2.8	96.9	14.4	48.6
Quintile 3 (11.6%-14.0%)	3.2	5.1	4.1	1.9	4.9	3.3	69.4	3.8	24.0
Quintile 4 (14.0%-17.3%)	3.4	4.6	4.0	1.7	5.0	3.4	94.2	-7.8	18.6
Quintile 5 (17.3%-32.9%)	3.2	5.0	3.8	1.3	5.8	2.7	141.1	-13.8	39.5





Figure 3: Spatial distribution of the proportion of those who wait for 24 hours or more to see GP for most recent urgent medical care for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



Table 9: The small areas (SA2) with the lowest and highest proportion of those who wait for 24 hours or more to see GP for most recent urgent medical care, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Macquarie Fields	1.4	Ettrema - Sassafras - Budawang	2.4
Ingleburn	1.4	Robertson - Fitzroy Falls	2.5
Glenfield	1.4	Bowral	2.6
Minto - St Andrews	1.4	Bulahdelah - Stroud	2.6
Claymore - Eagle Vale - Raby	1.4	Southern Highlands	2.6
Denham Court - Bardia	1.4	Hill Top - Colo Vale	2.6
Rosemeadow - Glen Alpine	1.4	Huskisson - Vincentia	2.6
Leumeah - Minto Heights	1.4	Port Macquarie Surrounds	2.6
Campbelltown - Woodbine	1.4	Culburra Beach	2.6
Elderslie - Narellan	1.4	Sussex Inlet - Berrara	2.6





Highest proportion			
Kellyville - East	6.6	Bourke - Brewarrina	10.2
North Kellyville	6.6	Narromine	10.2
Box Hill - Nelson	6.6	Far West	10.2
Castle Hill - West	6.6	Nyngan - Warren	10.2
Baulkham Hills (West) - Bella			
Vista	6.6	Dubbo - South	10.3
Bilpin - Colo - St Albans	6.6	Dubbo - West	10.3
Galston - Laughtondale	6.7	Wellington	10.3
Dural - Kenthurst - Wisemans			
Ferry	6.7	Dubbo - East	10.3
Kurrajong Heights - Ebenezer	6.7	Walgett - Lightning Ridge	10.4
Pitt Town - McGraths Hill	6.7	Broken Hill	10.4

#### Felt GP did not spend enough time

In 2024, over 1 in 10 people (11.8%) across NSW felt their GP did not spend enough time with them, an increase by almost half since 2020 (+46.9%). This was a bigger problem in regional NSW (14.4%) compared to Greater Sydney (10.4%) and is increasing at a higher rate (+62.8% v +37.0%). Areas around Newcastle and Wollongong appeared to be most affected, as well as in the Murrumbidgee and Hunter New England regions (Figure 4).

Specific cohorts of the population in regional NSW were most impacted by this experience, particularly people on low incomes (20.8%), those employed part-time and those aged 25-64 (16.4%), women (16.2%) and those aged 15-64 not in the labour force (15.8%). Single parent households were also affected equally across regional NSW and Greater Sydney (15.6% and 15.4% respectively).

While older people aged 65+ overall experienced less dissatisfaction than the NSW average (9.4% v 11.8%), they experienced the largest increase in dissatisfaction of all cohorts since 2020 (+125.3%) particularly those not in the labour force in regional NSW (+205.9%).

2020 data estimates showed the likelihood of dissatisfaction increasing in areas with higher economic disadvantage, however this does not appear to be the case in 2024. Instead, dissatisfaction has increased the most in regional areas with lower economic disadvantage.

### Table 10: The proportion who felt GP did not spend enough time (%), 2024 and2020 estimate.

	2024 estimate			2020 esti	020 estimate			Percentage difference		
		Rest			Rest			Rest		
	Greater	er of		Greater of		Greater		of		
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW	
Overall	10.4	14.4	11.8	7.6	8.8	8.0	37.0	62.8	46.9	





Aged 15-24	11.3	8.1	10.2	5.8	8.5	6.7	96.9	-4.7	53.3
Aged 25-64	11.1	16.4	13.0	8.9	10.9	9.5	25.3	50.4	36.1
Aged 65+	7.9	12.2	9.4	4.0	4.3	4.2	95.4	181.8	125.3
Male	9.1	12.2	10.2	7.0	7.7	7.2	30.1	58.2	40.4
Female	11.5	16.2	13.1	8.1	9.8	8.7	42.0	64.9	51.3
Couple only	9.4	15.0	11.4	8.9	10.9	9.8	5.2	37.6	16.0
Couple with dependent									
children	11.0	13.0	11.7	7.4	5.8	6.8	49.0	124.9	73.8
Single parent households	15.4	15.6	15.4	6.3	11.1	7.7	145.5	40.8	99.7
Single person households	9.5	15.6	11.8	10.0	15.3	11.5	-5.2	2.0	2.1
People aged 15 and over in									
other family households	11.1	14.0	12.0	8.9	8.7	8.9	24.3	59.8	35.5
Employed full-time	10.9	14.0	11.9	8.0	9.8	8.5	36.7	42.7	40.2
Employed part-time	10.3	16.4	12.5	7.5	9.7	8.3	37.1	69.0	50.5
Unemployed	14.0	11.3	12.8	13.7	8.4	11.9	2.3	35.1	7.6
Aged 15-64 not in labour									
force	12.1	15.8	13.4	8.4	12.3	9.7	43.6	28.2	37.3
Aged 65+ not in labour force	7.5	12.7	9.3	4.1	4.2	4.1	82.5	205.9	124.5
Low income	10.7	20.8	14.5	7.0	12.1	9.1	52.8	72.1	60.4
Medium and high income	10.4	13.9	11.6	7.6	8.5	7.9	35.8	64.5	46.5

# Table 11: The proportion who felt GP did not spend enough time (%) by populationweighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 estimate			2020 est	imate		Percentage difference		
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	8.9	15.8	9.6	6.6	8.7	6.8	34.5	81.0	40.1
Quintile 2 (8.7%-11.6%)	10.4	15.6	12.4	7.7	8.5	8.0	34.4	83.1	54.6
Quintile 3 (11.6%-14.0%)	10.5	14.2	12.1	7.5	9.0	8.2	39.8	57.7	48.1
Quintile 4 (14.0%-17.3%)	11.6	14.5	13.0	8.1	8.6	8.4	43.3	67.5	55.6
Quintile 5 (17.3%-32.9%)	11.3	12.7	11.7	8.4	9.4	8.7	35.4	35.5	35.6





Figure 4: Spatial distribution of the proportion who felt GP did not spend enough time for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



## Table 12: The small areas (SA2) with the lowest and highest proportion of those who felt GP did not spend enough time, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Terrey Hills - Duffys Forest	7.6	Bulahdelah - Stroud	8.7
Manly - Fairlight	7.7	Tuncurry	8.8
North Narrabeen - Warriewood			
(South)	7.7	Taree	8.8
Freshwater - Brookvale	7.7	Port Macquarie - West	8.8
Dee Why - North	7.7	Laurieton - Bonny Hills	8.8
Belrose	7.7	South West Rocks	8.8
Forestville - Killarney Heights	7.7	Gloucester	8.9
Manly Vale - Allambie Heights	7.7	Forster	8.9
Balgowlah - Clontarf - Seaforth	7.7	Port Macquarie - East	8.9
Narrabeen - Wheeler Heights	7.7	Taree Surrounds	8.9
Highest proportion			
Avoca Beach - Copacabana	15.1	Figtree - Keiraville	28.3





Box Head - MacMasters Beach	15.1	Albion Park - Macquarie Pass	28.3
Chittaway Bay - Tumbi Umbi	15.1	Illawarra Catchment Reserve*	28.4
Tuggerah - Kangy Angy	15.1	Kiama Hinterland - Gerringong	28.4
Bateau Bay - Killarney Vale	15.1	Wollongong - East	28.4
Kincumber - Picketts Valley	15.1	Shellharbour - Flinders	28.5
Niagara Park - Lisarow	15.1	Kiama Downs - Minnamurra	28.5
Gorokan - Kanwal - Charmhaven	15.1	Helensburgh	28.6
Erina - Green Point	15.1	Thirroul - Austinmer - Coalcliff	28.6
Wyoming	15.1	Horsley - Kembla Grange	28.7

### **Medical Specialist services**

#### **Key findings**

- Although average visits to a specialist and the proportion of people waiting longer than acceptable have remained relatively stable overall since 2020, experiences with delays due to cost and dissatisfaction with time spent have worsened significantly.
- The overall number of average visits to medical specialists has remained relatively stable since 2020 (1.3 visits per person), however the picture is different for specific cohorts. There was a significant increase in the number of visits for people living alone (+48.9%) and for single parent households (+38.9%), and a significant decrease in visits for those unemployed (-36.6%), couples with dependent children (-36.1%) and those aged 15-64 not in the labour force (-20.5%).
- Similar to GP services, the most significant change since 2020 has been the large increase in people delaying or not seeing a specialist due to the cost. The proportion of people delaying or not seeing a medical specialist due to cost across NSW has increased by 115.9%. Cohorts in regional NSW were most affected, including couples with dependent children (+545.8%), older people aged 65+ not in the labour force (+469.0%) and older people aged 65+ (+460.2%).
- People in regional NSW are almost twice as likely as Greater Sydney to be affected by delays due to cost (24.0% v 12.7%), particularly those aged 15-64 not in the labour force (33.5%), on low incomes (32.8%), in single parent households (29.6%) and unemployed (29.4%).
- In 2024 more than 1 in 5 people in NSW (23.4%) waited longer than they felt was acceptable to see a specialist, rising to more than 1 in 4 in regional NSW (26.5%).
- The proportion of people who felt their specialist did not spend enough time with them has increased across NSW since 2020 (+21.0%), particularly for couples with dependent children (+84.9%), those aged 65+ not in the labour force (+65.6%) and single parent households (+64.4%) and those aged 15-64 not in the labour force (+60.6%).





One of the more surprising findings is that while the number of specialist visits for people who are unemployed decreased by over a third (-36.6%) since 2020 – which could be theorised is related to affordability – the proportion of those who delayed or did not see a specialist due to cost also decreased over the same period. There were also less people unemployed who felt they waited longer than acceptable to see a specialist and felt dissatisfied with the time spent.

#### Average visits to a specialist

The overall number of average visits to medical specialists has remained relatively stable since 2020 (1.3 visits per person). There has been some change across specific cohorts however – there was a significant increase in the number of visits for people living alone (+48.9%) and for single parent households (+38.9%), and a significant decrease in visits for those unemployed (-36.6%), couples with dependent children (-36.1%) and those aged 15-64 not in the labour force (-20.5%). Both the increase and decrease in visits for these cohorts were more significant in Greater Sydney than regional NSW.

Across NSW, there were a higher number of specialist visits across northern parts of Greater Sydney reaching into the Nepean Blue Mountains and Newcastle regions, and higher visits in Western and Far West NSW (Figure 5). Across NSW, areas with less economic disadvantage were more likely to have a higher number of specialist visits (Table 14). Areas within Greater Sydney with the highest economic disadvantage experienced the largest decrease in specialist visits since 2020 (-10.6%), which could be related to affordability.

	2024 esti	imate 2020 estimate Per					Percenta	Percentage difference		
		Rest			Rest			Rest		
	Greater	of		Greater	of		Greater	of		
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW	
Overall	1.3	1.2	1.3	1.3	1.3	1.3	0.1	-5.3	-1.8	
Aged 15-24	0.7	0.8	0.7	0.9	0.8	0.9	-25.3	10.4	-15.0	
Aged 25-64	1.2	1.1	1.2	1.2	1.2	1.2	4.9	-11.9	-1.2	
Aged 65+	2.0	1.8	1.9	2.3	1.6	2.0	-11.7	10.5	-2.5	
Male	1.2	1.0	1.1	1.0	1.2	1.1	13.3	-16.7	1.4	
Female	1.4	1.4	1.4	1.6	1.3	1.5	-8.1	5.2	-4.1	
Couple only	1.5	1.3	1.4	1.7	1.4	1.6	-13.4	-11.1	-11.4	
Couple with dependent										
children	1.0	0.9	1.0	1.7	1.3	1.5	-39.2	-29.9	-36.1	
Single parent households	1.4	1.3	1.4	0.9	1.2	1.0	52.8	13.4	38.9	
Single person households	1.6	1.6	1.6	0.9	1.4	1.1	73.4	11.3	48.9	
People aged 15 and over in										
other family households	1.1	1.3	1.2	1.2	1.3	1.3	-12.0	1.4	-7.7	

### Table 13: Average visits per person to a medical specialist for own health, 2024 and2020 estimate.





Employed full-time	1.0	0.9	0.9	0.8	0.8	0.8	13.5	6.9	11.0
Employed part-time	1.4	0.9	1.2	1.1	1.0	1.1	23.2	-9.7	12.3
Unemployed	0.5	1.2	0.8	1.0	1.6	1.2	-47.2	-28.8	-36.6
Aged 15-64 not in labour force	1.4	1.7	1.5	1.9	1.9	1.9	-26.0	-9.5	-20.5
Aged 65+ not in labour force	2.0	1.9	2.0	2.2	1.7	2.0	-7.4	14.9	1.8
Low income	1.4	1.5	1.4	1.5	1.3	1.4	-8.6	13.5	-0.6
Medium and high income	1.3	1.2	1.3	1.3	1.3	1.3	1.2	-6.6	-1.5

# Table 14: Average visits per person to a medical specialist for own health by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 est	imate		2020 est	imate		Percenta	Percentage difference		
		Rest			Rest					
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of		
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW	
Quintile 1 (3.5%-8.7%)	1.5	1.3	1.5	1.4	1.3	1.4	5.9	1.4	5.6	
Quintile 2 (8.7%-11.6%)	1.4	1.2	1.3	1.3	1.3	1.3	5.5	-3.2	2.2	
Quintile 3 (11.6%-14.0%)	1.2	1.2	1.2	1.3	1.3	1.3	-1.2	-5.4	-3.0	
Quintile 4 (14.0%-17.3%)	1.2	1.1	1.2	1.2	1.2	1.2	-2.1	-7.7	-4.9	
Quintile 5 (17.3%-32.9%)	1.1	1.2	1.2	1.3	1.3	1.3	-10.6	-6.0	-8.9	





Figure 5: Spatial distribution of average visits to medical specialist for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



# Table 15: The small areas (SA2) with the lowest and highest average visits perperson to a medical specialist for own health, 2024 estimate.

	per		per
Greater Sydney	person	Rest of NSW	person
Lowest average visits			
Rosehill - Harris Park	0.9	Gunnedah	0.8
Parramatta - North	0.9	Narrabri	0.8
Wentworthville - Westmead	0.9	Armidale	0.8
Chester Hill - Sefton	0.9	Tamworth - North	0.9
Parramatta - South	0.9	Tamworth Surrounds	0.9
Fairfield - East	0.9	Tamworth - East	0.9
Carlingford - East	1.0	Inverell	0.9
Pendle Hill - Girraween	1.0	Moree	0.9
Regents Park	1.0	Tamworth - West	0.9
Auburn - North	1.0	Tenterfield	0.9
Highest average visits			
Rouse Hill - Beaumont Hills	1.8	Warners Bay - Boolaroo	1.6
Dural - Kenthurst - Wisemans			
Ferry	1.8	Merewether - The Junction	1.6





Castle Hill - North	1.8	Belmont - Bennetts Green	1.6
North Kellyville	1.8	Swansea - Caves Beach	1.6
Kellyville - West	1.8	Beresfield - Hexham	1.6
Kellyville - East	1.8	Wangi Wangi - Rathmines	1.6
Bilpin - Colo - St Albans	1.8	Newcastle Port - Kooragang	1.6
Kurrajong Heights - Ebenezer	1.8	Belmont South - Blacksmiths	1.6
Castle Hill - West	1.8	Toronto - Awaba	1.6
Box Hill - Nelson	1.8	Far West	1.6

 $^{\ast}\text{SA2}$  area with low accuracy

#### Delayed seeing or did not see specialist due to cost

The proportion of people delaying or not seeing a medical specialist due to cost across NSW has more than doubled since 2020 (from 7.9%), with more than 1 in 6 people affected in 2024 (17.0%) – an increase of 115.9%. People in regional NSW are almost twice as likely as Greater Sydney to be affected by cost (24.0% v 12.7%), particularly those aged 15-64 not in the labour force (33.5%), on low incomes (32.8%), in single parent households (29.6%) and unemployed (29.4%).

Cohorts in regional NSW also experienced the largest increase in delays due to cost since 2020, including couples with dependent children (+545.8%), older people aged 65+ not in the labour force (+469.0%) and older people aged 65+ (+460.2%).

Interestingly, people who are unemployed were the only cohort of the population to have experienced a decrease in delays due to cost since 2020 (-13.3%), particularly those in Greater Sydney (-56.4%).

Areas across NSW with higher proportion of delays due to cost in 2024 were in the Illawarra and Murrumbidgee regions (Figure 6). However, the biggest increases in delays since 2020 affected people across Far West and Western NSW, Nepean Blue Mountains and down to Southern NSW.

Regional areas with high economic disadvantage were also more affected than Greater Sydney areas with high economic disadvantage (for example, 17.9% v 12.6% in Quintile 5 areas). However, both within regional NSW and within Greater Sydney, the largest increase in delays due to cost since 2020 occurred in areas with the lowest economic disadvantage.

### Table 16: The proportion of delayed seeing or did not see medical specialist due to the cost (%), 2024 and 2020 estimate.

	2024 est	imate		2020 estimate			Percentage difference		
		Rest		Rest				Rest	
	Greater	of		Greater	of		Greater	of	
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Overall	12.7	24.0	17.0	7.8	7.9	7.9	62.1	201.8	115.9
Aged 15-24	14.6	27.5	20.4	13.4	13.5	13.4	9.0	104.3	52.4





Aged 25-64	15.7	26.8	20.0	9.4	10.0	9.6	66.0	168.8	108.2
Aged 65+	7.0	16.3	10.1	2.0	2.9	2.3	254.8	460.2	332.9
Male	12.4	21.4	15.9	7.0	6.8	6.9	77.7	212.1	129.2
Female	13.0	26.1	17.9	8.5	8.9	8.7	52.0	192.8	106.8
Couple only	12.3	19.2	14.8	10.1	7.3	9.0	22.5	163.1	64.9
Couple with dependent									
children	14.1	28.9	20.5	5.9	4.5	5.3	139.9	545.8	283.6
Single parent households	15.6	29.6	19.8	9.9	8.8	9.5	58.3	236.6	108.7
Single person households	8.9	22.5	14.1	10.4	20.3	12.9	-14.2	11.2	8.8
People aged 15 and over in									
other family households	15.3	27.9	20.2	6.3	15.8	8.9	144.1	76.3	126.6
Employed full-time	16.2	23.2	19.0	9.4	7.5	8.8	73.1	209.7	115.6
Employed part-time	11.7	22.9	16.0	7.8	8.9	8.2	49.7	156.9	95.4
Unemployed	9.0	29.4	21.2	20.7	29.9	24.4	-56.4	-1.7	-13.3
Aged 15-64 not in labour force	16.1	33.5	23.0	10.2	10.8	10.4	57.1	211.6	120.9
Aged 65+ not in labour force	7.4	17.2	10.7	1.6	3.0	2.2	351.7	469.0	382.4
Low income	15.4	32.8	22.7	12.0	9.2	10.8	27.8	255.5	108.8
Medium and high income	12.6	23.3	16.6	7.5	7.8	7.6	68.1	199.7	119.6

#### Table 17: The proportion of delayed seeing or did not see medical specialist due to the cost (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 est	imate		2020 est	imate		Percentage difference		
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	12.5	27.3	14.0	6.5	6.6	6.5	93.7	313.0	116.4
Quintile 2 (8.7%-11.6%)	12.4	29.4	19.6	8.2	8.3	8.2	51.1	255.3	138.3
Quintile 3 (11.6%-14.0%)	12.8	23.0	17.7	8.1	7.6	7.9	57.3	200.8	123.5
Quintile 4 (14.0%-17.3%)	13.5	23.8	19.1	9.0	8.2	8.6	49.6	190.2	121.5
Quintile 5 (17.3%-32.9%)	12.6	17.9	14.6	8.5	8.0	8.4	48.1	125.1	74.9





Figure 6: Spatial distribution of the proportion of delayed seeing or did not see medical specialist due to the cost for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



# Table 18: The small areas (SA2) with the lowest and highest proportion of delayedseeing or did not see medical specialist due to the cost, 2024 estimate.

Greater Sydney)	All (%)	Rest of NSW	All (%)
Lowest proportion			
Badgerys Creek*	7.5	Raymond Terrace	6.8
Box Hill - Nelson	7.7	Rutherford (South) - Telarah	6.8
North Kellyville	7.7	Singleton	7.0
Kellyville - East	7.7	Scone Surrounds	7.0
Castle Hill - West	7.7	Tenambit - East Maitland	7.1
Dural - Kenthurst - Wisemans			
Ferry	7.8	East Maitland - Metford	7.1
Bilpin - Colo - St Albans	7.8	Maitland - North	7.1
Kellyville - West	7.8	Muswellbrook	7.1
Rouse Hill - Beaumont Hills	7.8	Kurri Kurri - Abermain	7.1
Castle Hill - South	7.8	Cessnock	7.2
Highest proportion			
Bargo	24.3	Thirroul - Austinmer - Coalcliff	47.8





Claymore - Eagle Vale - Raby	24.4	Shellharbour - Oak Flats	47.8
Picton - Tahmoor - Buxton	24.4	Wollongong - East	47.9
Elderslie - Narellan	24.4	Helensburgh	48.2
Bradbury - Wedderburn	24.4	Shellharbour - Flinders	48.2
Ingleburn	24.5	Kiama	48.4
Minto - St Andrews	24.5	Kiama Downs - Minnamurra	48.4
Campbelltown - Woodbine	24.5	Kiama Hinterland - Gerringong	48.6
Leumeah - Minto Heights	24.6	Illawarra Catchment Reserve*	48.8
Macquarie Fields	24.7	Horsley - Kembla Grange	48.8

#### Waited longer than felt acceptable to see specialist

In 2024 more than 1 in 5 people in NSW (23.4%) waited longer than they felt was acceptable to see a specialist, rising to more than 1 in 4 in regional NSW (26.5%). Overall this has increased slightly since 2020 (+1.8%) but again looks different in the regions, with an increase of 9.0% in regional NSW but a decrease of 3.0% in Greater Sydney. With the exception of the Newcastle region, the proportion of people with unacceptable wait times increased the further out from Greater Sydney (Figure 7), likely due to less availability of specialist services in regional and remote areas.

The proportion of specific cohorts waiting longer than acceptable in Greater Sydney compared to the same cohorts in regional NSW was similar across most groups, however the biggest discrepancies between metro and regional were among those unemployed (27.5% in Greater Sydney v 13.5% in regional NSW), aged 65+ not in the labour force (13.2% v 26.4%), aged 65+ (12.8% v 25.3%) and single person households (19.1% v 28.8%).

Similar to delays due to cost, the cohort experiencing the largest decrease in the proportion of unacceptable wait times were the unemployed (-36.2%), particularly in regional NSW (-53.6%).

Unlike 2020 estimates, in 2024 wait times do not appear to be linked with economic disadvantage. In regional NSW, people in less economically disadvantaged areas were more likely to wait longer than acceptable to see a specialist. This could be based on their potentially higher expectations of wait times, however this is unclear.

#### Table 19: The proportion of those who wait for longer than acceptable to see medical specialist (%), 2024 and 2020 estimate.

	2024 estir	2020 est	imate		Percentage difference				
		Rest			Rest			Rest	
	Greater	of		Greater	of		Greater	of	
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Overall	21.6	26.5	23.4	22.2	24.3	22.9	-3.0	9.0	1.8
Aged 15-24	19.6	11.6	16.1	21.3	14.9	19.7	-7.9	-22.3	-18.3
Aged 25-64	26.9	29.8	27.9	24.5	27.9	25.6	9.6	6.8	9.0





Aged 65+	12.8	25.3	16.9	17.5	20.1	18.5	-27.1	26.2	-8.6
Male	20.2	24.5	21.8	21.2	20.1	20.8	-5.0	21.9	4.5
Female	22.6	28.0	24.6	23.0	27.9	24.6	-1.6	0.4	-0.2
Couple only	21.7	26.2	23.2	18.4	21.6	19.7	17.7	21.3	18.2
Couple with dependent									
children	24.8	24.2	24.5	19.9	22.4	20.8	24.7	7.9	17.9
Single parent households	25.6	32.8	27.9	25.5	26.1	25.7	0.2	25.4	8.4
Single person households	19.1	28.8	22.7	28.5	37.9	31.0	-33.1	-23.9	-26.8
People aged 15 and over in									
other family households	18.3	27.4	21.5	23.4	27.0	24.3	-21.9	1.5	-11.4
Employed full-time	24.3	27.4	25.5	22.7	21.0	22.2	7.1	30.8	14.5
Employed part-time	22.8	24.4	23.4	21.7	29.0	24.3	4.8	-15.9	-3.9
Unemployed	27.5	13.5	19.7	32.0	29.1	30.8	-14.2	-53.6	-36.2
Aged 15-64 not in labour									
force	28.2	30.9	29.2	25.6	31.1	27.4	10.3	-0.7	6.6
Aged 65+ not in labour force	13.2	26.4	17.5	17.7	19.3	18.4	-25.7	36.6	-4.9
Low income	21.9	26.6	23.7	21.5	29.7	24.9	1.6	-10.4	-4.9
Medium and high income	21.6	26.5	23.3	22.3	23.6	22.7	-3.3	12.2	2.6

#### Table 20: The proportion of those who wait for longer than acceptable to see medical specialist (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 est	imate		2020 est	imate		Percentage difference		
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	19.9	32.2	21.1	20.0	22.4	20.2	-0.1	43.5	4.3
Quintile 2 (8.7%-11.6%)	22.2	29.4	25.1	21.3	24.3	22.5	3.9	21.1	11.5
Quintile 3 (11.6%-14.0%)	21.7	28.2	24.7	23.1	23.8	23.4	-6.1	18.1	5.2
Quintile 4 (14.0%-17.3%)	23.2	25.2	24.3	23.5	24.9	24.2	-1.1	1.3	0.2
Quintile 5 (17.3%-32.9%)	22.1	21.0	21.7	24.6	24.6	24.6	-10.5	-14.4	-11.9





Figure 7: Spatial distribution of the proportion of those who wait for longer than acceptable to see medical specialist for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



#### Table 21: The small areas (SA2) with the lowest and highest proportion of those who wait for longer than acceptable to see medical specialist, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Wetherill Park Industrial*	12.9	Lord Howe Island*	10.5
Mascot	15.5	Forster-Tuncurry Surrounds	10.8
Sydney (South) - Haymarket	15.5	Bulahdelah - Stroud	10.8
Glebe - Forest Lodge	15.6	Port Macquarie Surrounds	10.9
Marrickville - South	15.6	Port Macquarie - South	10.9
Marrickville - North	15.6	Gloucester	10.9
Pagewood - Hillsdale -			
Daceyville	15.6	Port Macquarie - East	10.9
Chippendale	15.6	South West Rocks	10.9
Petersham - Stanmore	15.6	Wingham	11.0





Waterloo	15.6	Wauchope	11.0
Highest proportion			
Ingleburn	30.2	Dubbo - West	38.1
Douglas Park - Appin	30.3	Walgett - Lightning Ridge	38.2
Minto - St Andrews	30.3	Dubbo - South	38.3
Currans Hill	30.3	Dubbo - East	38.3
Claymore - Eagle Vale - Raby	30.3	Coonamble	38.3
Elderslie - Narellan	30.4	Gilgandra	38.5
Macquarie Fields	30.4	Wellington	38.5
Campbelltown - Woodbine	30.5	Bourke - Brewarrina	38.7
Bradbury - Wedderburn	30.5	Broken Hill	38.9
Leumeah - Minto Heights	30.5	Far West	38.9

#### Felt specialist did not spend enough time

The proportion of people who felt their specialist did not spend enough time with them has increased across NSW since 2020 (+21.0%), particularly for couples with dependent children (+84.9%), those aged 65+ not in the labour force (+65.6%) and single parent households (+64.4%) and those aged 15-64 not in the labour force (+60.6%).

These cohorts were also those who generally felt the most dissatisfaction with time spent across NSW (aged 15-64 not in the labour force 14.1%; single parent households 13.3%; couples with dependent children 13.2%), and this was even higher for those in regional NSW (15.3%, 17.9% and 16.2% respectively).

The cohort who experienced the largest decrease in dissatisfaction with time spent was those unemployed (-70.8%).

Parts of western Sydney, the Central Coast, Western NSW Southern NSW and the Murrumbidgee regions were more likely to feel dissatisfaction with time spent (Figure 8). Interestingly, the link with economic disadvantage was different for Greater Sydney and regional NSW. Within Greater Sydney, areas with higher economic disadvantage were more likely to have higher proportions of dissatisfaction with time spent, but this was the opposite in regional NSW.

Table 22: The proportion who felt medical	specialist dic	d not spend	enough	time (%),
2024 and 2020 estimate.				

	2024 estimate			2020 estimate			Percentage difference		
		Rest			Rest			Rest	
	Greater	of		Greater	of		Greater	of	
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Overall	8.2	11.2	9.3	6.5	9.9	7.7	26.5	13.4	21.0
Aged 15-24	6.7	5.9	6.4	7.6	4.4	6.7	-12.4	33.9	-5.0





Aged 25-64	10.1	13.0	11.1	7.7	12.9	9.5	31.0	0.2	17.5
Aged 65+	5.3	9.8	6.8	3.3	5.8	4.3	59.2	67.1	57.4
Male	7.5	11.0	8.8	4.6	8.5	6.0	61.9	30.1	44.9
Female	8.7	11.4	9.7	7.9	11.2	9.0	10.6	1.8	7.7
Couple only	7.2	7.9	7.4	5.8	12.0	8.2	23.6	-34.6	-9.9
Couple with dependent									
children	11.2	16.2	13.2	6.7	7.9	7.1	67.7	104.5	84.9
Single parent households	11.3	17.9	13.3	7.3	9.5	8.1	54.6	87.6	64.4
Single person households	7.3	13.5	9.6	7.1	19.3	10.1	2.5	-30.3	-5.3
People aged 15 and over in									
other family households	6.7	7.2	6.9	4.9	12.6	7.0	36.2	-42.9	-1.6
Employed full-time	7.8	12.3	9.4	7.2	11.4	8.5	8.0	7.9	10.8
Employed part-time	8.0	9.4	8.5	7.2	10.5	8.3	11.6	-10.4	1.9
Unemployed	4.9	4.6	4.7	13.4	20.0	16.1	-63.6	-77.2	-70.8
Aged 15-64 not in labour force	13.4	15.3	14.1	7.3	11.9	8.8	84.2	28.7	60.6
Aged 65+ not in labour force	5.8	9.4	7.0	3.3	5.6	4.2	75.8	68.8	65.6
Low income	6.1	8.2	6.9	7.0	9.4	8.0	-13.6	-12.7	-14.1
Medium and high income	8.3	11.4	9.4	6.4	9.9	7.6	29.6	14.9	23.6

# Table 23: The proportion who felt medical specialist did not spend enough time (%)by population weighted SA2 quintile of economic disadvantage, 2024 and2020 estimate.

	2024 estimate			2020 estimate			Percentage difference		
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	7.3	13.1	7.9	5.3	8.1	5.6	38.4	61.3	41.2
Quintile 2 (8.7%-11.6%)	8.0	13.2	10.0	6.5	9.5	7.7	22.4	38.8	29.6
Quintile 3 (11.6%-14.0%)	8.5	10.9	9.6	6.7	9.8	8.1	27.0	11.3	18.4
Quintile 4 (14.0%-17.3%)	8.8	10.7	9.7	7.1	10.0	8.6	23.6	6.7	13.6
Quintile 5 (17.3%-32.9%)	8.9	9.7	9.2	7.5	10.9	8.5	18.8	-11.3	7.1





Figure 8: Spatial distribution of the proportion who felt medical specialist did not spend enough time for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



## Table 24: The small areas (SA2) with the lowest and highest proportion of thosewho felt medical specialist did not spend enough time, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Caringbah South	2.0	Lismore	3.3
Woronora Heights	2.0	Tweed Heads South	3.4
Sylvania - Taren Point	2.0	Murwillumbah	3.4
Illawong - Alfords Point	2.0	Ballina	3.4
Lilli Pilli - Port Hacking - Dolans			
Вау	2.0	Evans Head	3.4
Gymea - Grays Point	2.0	Goonellabah	3.4
Cronulla - Kurnell - Bundeena	2.0	Tweed Heads	3.4
Caringbah	2.0	Casino Surrounds	3.4
Oyster Bay - Como - Jannali	2.0	Kyogle	3.4
Menai - Lucas Heights -			
Woronora	2.1	Casino	3.4
Highest proportion			





Epping (East) - North Epping	12.4	Illawarra Catchment Reserve*	20.4
Gladesville - Huntleys Point	12.4	Kiama Hinterland - Gerringong	20.5
North Ryde - East Ryde	12.4	Thirroul - Austinmer - Coalcliff	20.5
Eastwood	12.5	Kiama Downs - Minnamurra	20.6
West Ryde - Meadowbank	12.5	Shellharbour - Oak Flats	20.6
Ryde - North	12.5	Albion Park - Macquarie Pass	20.6
Pennant Hills - Cheltenham	12.5	Shellharbour - Flinders	20.8
Epping (NSW) - West	12.5	Wollongong - East	20.8
Macquarie Park - Marsfield	12.6	Helensburgh	21.0
Ryde - South	12.7	Horsley - Kembla Grange	21.2

### **Dental Professional services**

#### **Key findings**

- Generally, regional NSW continues to be impacted more significantly than Greater Sydney and NSW overall, both in the current proportion of people reporting negative patient experience with dental services and largest increase in negative experiences since 2020.
- While there has been a modest increase in the overall number of visits to a dentist since 2020 (+8.5%), some groups in regional NSW have been affected more including people aged 15-64 not in the labour force (+35.4%) and single parent households (+35.3%). By contrast, those who are unemployed in regional NSW decreased their visits by 23.8%.
- In 2024 just over 1 in 5 people (21.4%) in NSW delayed or did not see a dentist due to cost, rising to almost a third (30.4%) of regional NSW, almost twice the rate of Greater Sydney (16.5%). All cohorts of the population were more impacted by cost in regional NSW, particularly those unemployed (43.8%), on low incomes (42.4%) and single parent households (38.0%).
- The overall proportion of people waiting one month or more to see a dentist through the public dental system, while relatively low (5.6%), has grown 16.8% since 2020 and by 37.0% in regional NSW. People in single parent households experienced the most change (+468.8%).
- Single parent households were also the group with the highest increase in dissatisfaction with time spent (+152.6%), despite generally low levels of dissatisfaction overall (2.5%).
- In Greater Sydney, people in areas with high rates of economic disadvantage are more likely to delay seeing a dentist due to cost and wait one month or more for public dental appointments. However, the proportion of people delaying due to cost and waiting for public dental has increased at a higher rate in areas with less economic disadvantage, suggesting these pressures are being felt across the Greater Sydney community.





#### Average visits to dentist

Across NSW there has been a modest increase in the number of visits to a dentist since 2020 (+8.5%), with the increase higher in regional NSW compared to Greater Sydney (+13.4% v +6.4%). This was particularly the case in Western NSW, Central Coast and North Coast (Figure 9).

The number of visits across specific cohorts are fairly consistent, ranging between 0.8-1.4 visits, however changes since 2020 have impacted some groups more than others. People on low incomes have experienced the most change, with the number of visits for this group increasing by 42.1%. In regional NSW, people aged 15-64 not in the labour force and in single parent households have also increased their visits by over a third (+35.4% and +35.3% respectively). By contrast, those who are unemployed in regional NSW decreased their visits by 23.8%.

While in 2024 areas with the least economic disadvantage were slightly more likely to visit the dentist overall compared to areas with the highest economic disadvantage, the largest increase in visits since 2020 (+20.7%) were in regional areas with the highest rates of economic disadvantage.

	2024 estimate			2020 estimate			Percentage difference		
		Rest			Rest			Rest	
	Greater	of		Greater	of		Greater	of	
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Overall	1.2	1.0	1.1	1.1	0.9	1.0	6.4	13.4	8.5
Aged 15-24	1.3	1.2	1.3	1.2	1.1	1.2	10.6	11.6	10.7
Aged 25-64	1.1	1.0	1.0	1.0	0.8	1.0	7.2	17.5	9.7
Aged 65+	1.2	1.1	1.2	1.3	1.0	1.2	-3.1	6.9	2.4
Male	1.1	0.9	1.0	1.0	0.8	0.9	13.8	7.2	11.5
Female	1.2	1.2	1.2	1.2	1.0	1.1	0.7	18.5	6.0
Couple only	1.2	1.0	1.1	1.1	0.9	1.0	10.6	13.4	13.2
Couple with dependent									
children	1.2	1.0	1.2	1.2	1.0	1.2	-0.9	3.1	0.7
Single parent households	1.1	1.1	1.1	1.0	0.8	1.0	6.7	35.3	14.3
Single person households	1.2	1.1	1.2	1.1	1.1	1.1	5.6	-2.4	2.3
People aged 15 and over in									
other family households	0.9	0.9	0.9	0.9	0.7	0.9	-3.0	29.2	4.7
Employed full-time	1.0	1.0	1.0	1.0	0.8	1.0	0.3	16.9	4.0
Employed part-time	1.4	1.1	1.3	1.2	1.1	1.1	16.6	2.3	11.6
Unemployed	0.7	0.8	0.7	0.8	1.0	0.9	-8.8	-23.8	-14.5
Aged 15-64 not in labour									
force	1.2	1.1	1.2	1.1	0.8	1.0	13.2	35.4	19.4
Aged 65+ not in labour force	1.2	1.1	1.2	1.2	0.9	1.1	-0.3	16.4	7.8
Low income	1.1	1.0	1.1	0.8	0.7	0.8	43.7	37.2	42.1

### Table 25: Average visits per person to a dentist for own health, 2024 and 2020 estimate.




Medium and high income	1.2	1.0	1.1	1.1	0.9	1.0	4.1	11.1	6.0
------------------------	-----	-----	-----	-----	-----	-----	-----	------	-----

## Table 26: Average visits per person to a dentist for own health by populationweighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 est	imate		2020 estimate			Percentage difference		
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	1.3	1.1	1.3	1.2	1.0	1.2	4.3	8.3	4.6
Quintile 2 (8.7%-11.6%)	1.2	1.0	1.1	1.1	0.9	1.0	6.9	16.5	10.4
Quintile 3 (11.6%-14.0%)	1.1	1.0	1.1	1.1	0.9	1.0	5.0	7.1	6.0
Quintile 4 (14.0%-17.3%)	1.1	1.0	1.0	1.0	0.9	1.0	5.8	13.2	9.2
Quintile 5 (17.3%-32.9%)	1.0	1.1	1.1	0.9	0.9	0.9	10.5	20.7	13.6

#### Figure 9: Spatial distribution of average visits to dentist for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.







## Table 27: The small areas (SA2) with the lowest and highest average visits per person to a dentist for own health, 2024 estimate.

	per		per
Greater Sydney	person	Rest of NSW	person
Lowest average visits			
Wetherill Park Industrial*	0.8	Wentworth-Balranald Region	0.6
Guildford - South Granville	0.9	Dubbo Surrounds	0.6
Auburn - South	0.9	Walgett - Lightning Ridge	0.6
Regents Park	0.9	Dubbo - South	0.6
Chester Hill - Sefton	0.9	Broken Hill	0.6
South Wentworthville	0.9	Narromine	0.6
Guildford West - Merrylands			
West	0.9	Far West	0.6
Fairfield - East	0.9	Coonamble	0.6
Greystanes - South	0.9	Dubbo - West	0.6
Merrylands - Holroyd	0.9	Dubbo - East	0.6
Highest average visits			
Castle Hill - Central	1.5	Pottsville	1.2
Rouse Hill - Beaumont Hills	1.5	Helensburgh	1.2
West Pennant Hills	1.5	Kiama Hinterland - Gerringong	1.2
Kellyville - East	1.5	Murwillumbah Surrounds	1.2
Castle Hill - South	1.5	Bangalow	1.2
Glenhaven	1.5	Figtree - Keiraville	1.2
Box Hill - Nelson	1.5	Tweed Heads South	1.2
Kellyville - West	1.5	Kingscliff - Fingal Head	1.2
Cherrybrook	1.5	Casino	1.2
Castle Hill - East	1.5	Lennox Head - Skennars Head	1.2

\*SA2 area with low accuracy

#### Delayed seeing or did not see dentist due to cost

In 2024 just over 1 in 5 people (21.4%) in NSW delayed or did not see a dentist due to cost, rising to almost a third (30.4%) of regional NSW, almost twice the rate of Greater Sydney (16.5%). All cohorts of the population were more impacted by cost in regional NSW, particularly those unemployed (43.8%), on low incomes (42.4%) and single parent households (38.0%).

Overall, delays due to cost increased by almost a quarter since 2020 (+24.5%). The largest increases were generally felt in regional NSW, affecting young people aged 15-24 the most (+136.4%) and older people aged 65+ not in the labour force (+95.4%). In Greater Sydney, single parent households experienced the greatest increase by 78.6%.

Across NSW, areas in the Murrumbidgee and Illawarra region were most impacted by delays due to cost, followed by regions across Southern, Western and Far West NSW (Figure 10). Unsurprisingly, parts of Greater Sydney with lower rates of economic disadvantage were less impacted (Table 29).

#### UNIVERSITY OF CANBERRA



However, this was not necessarily the case for regional NSW, and across NSW the highest increases in delays since 2020 were in areas with less economic disadvantage – this indicates increasing cost pressures affecting groups across a range of income brackets.

	2024 esti	mate		2020 estimate			Percentage difference		
		Rest			Rest			Rest	
	Greater	of		Greater	of		Greater	of	
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Overall	16.5	30.4	21.4	14.4	23.2	17.2	14.3	31.3	24.5
Aged 15-24	12.8	29.8	18.9	11.7	12.6	11.9	9.4	136.4	57.9
Aged 25-64	18.1	32.9	23.5	16.2	29.2	20.3	11.7	12.7	15.9
Aged 65+	14.0	22.6	16.9	9.9	12.8	11.0	41.5	76.7	53.1
Male	15.8	27.7	20.0	13.2	20.7	15.6	20.0	33.6	28.4
Female	17.0	32.6	22.6	15.4	25.2	18.6	10.1	29.5	21.5
Couple only	15.2	25.0	18.5	15.7	28.6	21.0	-3.2	-12.8	-12.1
Couple with dependent									
children	13.6	29.6	19.9	11.4	16.6	13.2	19.4	78.8	50.7
Single parent households	23.0	38.0	26.7	12.9	21.4	15.3	78.6	77.9	74.3
Single person households	17.8	33.7	23.6	23.9	37.9	27.8	-25.5	-10.9	-15.2
People aged 15 and over in									
other family households	22.6	41.1	29.0	20.6	37.8	25.2	9.7	8.6	14.9
Employed full-time	15.8	28.5	20.3	13.9	19.5	15.4	13.9	46.4	32.2
Employed part-time	14.6	32.3	21.2	11.7	26.5	16.9	25.5	21.9	25.7
Unemployed	17.3	43.8	28.7	28.8	44.2	34.5	-40.0	-0.9	-16.9
Aged 15-64 not in labour force	21.8	35.4	26.5	19.6	32.2	23.7	11.2	9.8	11.7
Aged 65+ not in labour force	14.8	24.2	17.9	10.2	12.4	11.0	45.8	95.4	62.2
Low income	22.8	42.4	30.6	25.9	29.4	27.3	-11.9	44.2	11.9
Medium and high income	16.1	29.6	20.9	13.6	22.5	16.4	18.7	31.6	27.5

## Table 28: The proportion of delayed seeing or did not see dentist due to the cost (%), 2024 and 2020 estimate.

# Table 29: The proportion of delayed seeing or did not see dentist due to the cost (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 est	imate		2020 estimate			Percentage difference			
		Rest			Rest					
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of		
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW	
Quintile 1 (3.5%-8.7%)	15.0	30.9	16.4	10.3	19.0	11.0	45.7	63.0	49.3	
Quintile 2 (8.7%-11.6%)	16.6	32.5	23.0	13.9	22.8	17.2	19.4	42.4	33.6	
Quintile 3 (11.6%-14.0%)	16.0	29.5	22.1	15.1	22.8	18.4	6.2	29.9	20.1	
Quintile 4 (14.0%-17.3%)	17.6	30.9	24.5	17.4	24.0	20.6	1.4	28.8	18.9	
Quintile 5 (17.3%-32.9%)	18.2	28.3	21.7	18.7	24.3	20.4	-2.8	16.4	6.7	





Figure 10: Spatial distribution of the proportion of delayed seeing or did not see dentist due to the cost for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



## Table 30: The small areas (SA2) with the lowest and highest proportion of delayed seeing or did not see dentist due to the cost, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Rose Bay - Vaucluse - Watsons			
Вау	10.4	Raymond Terrace	16.7
South Coogee	10.4	Rutherford (South) - Telarah	17.0
Bondi Beach - North Bondi	10.5	Scone Surrounds	17.0
Coogee - Clovelly	10.5	Singleton	17.0
Kensington (NSW)	10.5	Tenambit - East Maitland	17.1
Randwick - North	10.5	Maitland - North	17.2
Kingsford	10.5	East Maitland - Metford	17.2
Bellevue Hill	10.5	Muswellbrook	17.4
Paddington - Moore Park	10.5	Anna Bay	17.5
Dover Heights	10.5	Maitland	17.5
Highest proportion			
Claymore - Eagle Vale - Raby	26.2	Berkeley - Lake Heights - Cringila	47.1





Douglas Park - Appin	26.2	Shellharbour - Flinders	47.2
Camden - Ellis Lane	26.3	Thirroul - Austinmer - Coalcliff	47.3
Mount Annan	26.3	Kiama	47.5
Bradbury - Wedderburn	26.3	Helensburgh	47.5
Minto - St Andrews	26.3	Kiama Hinterland - Gerringong	47.6
Picton - Tahmoor - Buxton	26.4	Horsley - Kembla Grange	47.6
Bargo	26.4	Kiama Downs - Minnamurra	47.9
Macquarie Fields	26.4	Ettrema - Sassafras - Budawang	47.9
Wetherill Park Industrial*	40.1	Illawarra Catchment Reserve*	49.0

#### Waited one month or more on a public dentistry waiting list

Overall, the proportion of people waiting one month or more to see a dentist through the public dental system, while relatively low (5.6%), has grown 16.8% since 2020. While down slightly in Greater Sydney (-4.2%), this jumps to a 37.0% increase in regional NSW, with almost 1 in 10 people (9.4%) in regional NSW now waiting one month or more for a public dental appointment, more than twice the rate of Greater Sydney (3.8%). This is particularly affecting people in the Murrumbidgee and Southern NSW regions (Figure 11).

The situation worsens for specific cohorts of the population. In regional NSW, groups most likely to wait are those unemployed (31.8%), single parent households (24.3%), people on low incomes (20.4%) and those not in the labour force of all ages (19.7%). People in single parent households experienced the most change since 2020 with an overall increase of 468.8% in the proportion of those waiting, even more so in Greater Sydney (+537.5%).

Within Greater Sydney, people in areas with higher economic disadvantage were more likely to wait to see a public dentist, but this was not the case in regional NSW. In fact, in regional NSW the largest increase in people waiting were in areas with less economic disadvantage, and the only decrease was in areas with the highest economic disadvantage.

dentist (%), 2024 and 2020 estimate.										
	2024 estimate			2020 estimate			Percentage difference			
	Greater Sydney	Rest of NSW	NSW	Greater Sydney	Rest of NSW	NSW	Greater Sydney	Rest of NSW	NSW	
Overall	3.8	9.4	5.6	3.9	6.9	4.8	-4.2	37.0	16.8	
Aged 15-24	3.4	6.9	4.6	3.9	7.0	4.7	-12.7	-0.5	-3.7	
Aged 25-64	3.3	7.7	4.8	3.4	7.5	4.5	-0.2	2.8	6.0	
Aged 65+	5.2	16.6	8.7	6.1	5.2	5.7	-14.9	220.0	51.7	
Male	3.7	8.5	5.3	3.5	6.0	4.3	5.9	42.2	24.0	
Female	3.8	10.1	5.9	4.3	7.6	5.3	-11.1	33.1	11.8	

## Table 31: The proportion of those who wait for a month or more to see public dentist (%), 2024 and 2020 estimate.





Couple only	3.9	8.5	5.4	7.4	12.0	9.2	-47.1	-29.1	-41.2
Couple with dependent									
children	1.3	2.9	1.9	2.4	3.4	2.7	-43.1	-14.3	-29.2
Single parent households	12.6	24.3	15.2	2.0	4.6	2.7	537.5	426.4	468.8
Single person households	5.3	18.3	9.6	8.8	18.4	11.2	-40.1	-0.5	-14.6
People aged 15 and over in									
other family households	4.5	19.2	8.8	8.5	16.3	10.4	-47.5	17.6	-15.1
Employed full-time	1.3	3.0	1.9	0.5	1.5	0.8	143.3	103.9	141.8
Employed part-time	1.6	4.4	2.6	1.5	3.5	2.1	8.9	25.7	20.1
Unemployed	7.8	31.8	15.6	10.7	20.4	14.1	-27.2	56.1	11.0
Aged 15-64 not in labour force	9.8	19.7	13.0	11.6	22.4	14.7	-15.5	-12.0	-11.9
Aged 65+ not in labour force	5.8	19.7	10.0	7.4	5.8	6.8	-21.9	242.2	47.4
Low income	11.5	20.4	14.7	16.5	17.8	17.1	-30.5	14.2	-13.8
Medium and high income	3.4	8.8	5.1	3.2	5.8	3.9	6.8	50.9	30.4

#### Table 32: The proportion of those who wait for a month or more on a public dentistry waiting list (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 est	imate		2020 est	imate		Percentage difference		nce
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	2.6	8.4	3.1	1.7	4.7	2.0	49.8	78.2	56.7
Quintile 2 (8.7%-11.6%)	3.4	11.2	6.3	2.6	5.8	3.7	30.6	95.5	70.7
Quintile 3 (11.6%-14.0%)	4.1	9.1	6.2	4.3	6.5	5.2	-3.5	39.5	19.4
Quintile 4 (14.0%-17.3%)	4.8	9.4	7.0	5.2	7.5	6.3	-7.0	24.7	12.3
Quintile 5 (17.3%-32.9%)	4.9	8.0	5.9	7.9	8.5	8.0	-37.5	-5.7	-26.1





Figure 11: Spatial distribution of the proportion of those who wait for a month or more on a public dentistry waiting list for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



#### Table 33: The small areas (SA2) with the lowest and highest proportion of those who wait for a month or more on a public dentistry waiting list, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Royal National Park*	0.7	Brunswick Heads - Ocean Shores	2.2
Woronora Heights	0.8	Kingscliff - Fingal Head	2.2
Gymea - Grays Point	0.8	Bangalow	2.2
Caringbah South	0.8	Casino	2.2
Oyster Bay - Como - Jannali	0.8	Ballina	2.2
Sutherland - Kirrawee	0.8	Pottsville	2.2
Caringbah	0.8	Tweed Heads	2.2
Miranda - Yowie Bay	0.8	Lennox Head - Skennars Head	2.2
Cronulla - Kurnell - Bundeena	0.8	Byron Bay	2.3
Loftus - Yarrawarrah	0.8	Banora Point	2.3
Highest Proportion			
Box Head - MacMasters Beach	6.5	Tumbarumba	25.7





Chittaway Bay - Tumbi Umbi	6.5	Gundagai	25.8
Kariong	6.5	Temora	26.0
Jilliby - Yarramalong	6.5	Tumut Surrounds	26.2
Calga - Kulnura	6.5	Wagga Wagga Surrounds	26.2
Niagara Park - Lisarow	6.5	Junee	26.7
Erina - Green Point	6.6	Griffith Surrounds	27.2
Saratoga - Davistown	6.6	Leeton	27.4
Kincumber - Picketts Valley	6.7	Narrandera	29.0
Wetherill Park Industrial*	17.9	Ettrema - Sassafras - Budawang	34.7

#### Felt dentist did not spend enough time

The proportion of those who felt their dentist did not spend enough time with them remains low across NSW (2.5%) and has decreased slightly since 2020 (-3.8%). While the proportion is only slightly higher in regional NSW (3.7%), this represents a 42.1% increase since 2020, compared to a 26.5% decrease in Greater Sydney. Dissatisfaction with time spent is highest in parts of Far West, Western and Northern NSW, as well as parts of the Hunter region (Figure 12).

People were more likely to feel dissatisfied if they were in regional NSW and unemployed (12.8%), on low incomes (8.2%) or in single parent households (6.0%). Similar to wait times, single parent households were the cohort most affected since 2020 (+152.6%), again higher in Greater Sydney (+176.4%). As with GPs and specialists, the data did not show a clear link between levels of dissatisfaction and economic disadvantage, although there did appear to be a relationship between the two in 2020 data.

	2024 estimate		2020 est	2020 estimate		Percentage difference		ence	
		Rest			Rest			Rest	
	Greater	of		Greater	of		Greater	of	
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Overall	1.9	3.7	2.5	2.6	2.6	2.6	-26.5	42.1	-3.8
Aged 15-24	1.1	1.5	1.2	2.4	1.4	2.1	-54.2	6.8	-42.4
Aged 25-64	2.3	4.5	3.0	2.8	3.1	2.9	-19.1	42.6	4.1
Aged 65+	1.5	2.9	1.9	2.2	2.0	2.1	-30.1	43.2	-8.1
Male	2.2	2.5	2.3	2.4	2.6	2.5	-10.2	-4.7	-8.2
Female	1.7	4.8	2.7	2.7	2.7	2.7	-38.3	77.5	-0.6
Couple only	1.1	2.8	1.7	3.7	2.3	3.2	-69.2	25.4	-46.9
Couple with dependent									
children	1.8	3.7	2.5	2.5	2.0	2.3	-27.8	79.5	6.7
Single parent households	4.6	6.0	4.9	1.7	2.7	1.9	176.4	119.8	152.6
Single person households	3.5	4.9	3.9	3.3	3.9	3.4	5.1	25.2	14.2

## Table 34: The proportion who felt dentist did not spend enough time (%), 2024 and2020 estimate.





People aged 15 and over in									
other family households	2.1	5.1	3.0	4.4	5.0	4.5	-52.9	3.2	-34.7
Employed full-time	1.8	3.3	2.3	2.5	2.2	2.4	-26.8	52.4	-3.1
Employed part-time	1.9	4.0	2.6	2.2	2.0	2.1	-14.8	100.6	21.9
Unemployed	4.2	12.8	7.0	5.4	8.5	6.4	-20.6	51.1	9.3
Aged 15-64 not in labour force	2.3	3.6	2.7	3.4	4.3	3.7	-32.6	-16.7	-26.2
Aged 65+ not in labour force	1.5	3.3	2.1	2.2	1.9	2.1	-28.6	69.4	-0.4
Low income	3.4	8.2	5.1	3.8	5.4	4.5	-12.2	50.8	14.3
Medium and high income	1.8	3.5	2.4	2.5	2.4	2.5	-27.2	47.4	-4.1

#### Table 35: The proportion who felt dentist did not spend enough time (%) by population weighted SA2 quintile of economic disadvantage, 2024 and 2020 estimate.

	2024 estimate		2020 estimate			Percentage difference			
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	1.8	4.0	1.9	2.4	2.6	2.4	-25.8	54.8	-18.6
Quintile 2 (8.7%-11.6%)	1.6	3.7	2.4	2.4	2.8	2.5	-33.7	30.8	-7.1
Quintile 3 (11.6%-14.0%)	2.1	4.0	2.9	2.7	2.5	2.6	-23.2	60.1	10.3
Quintile 4 (14.0%-17.3%)	2.1	3.3	2.7	2.8	2.6	2.7	-26.3	27.6	-1.8
Quintile 5 (17.3%-32.9%)	2.2	4.1	2.8	3.0	2.7	2.9	-25.6	49.8	-2.6





Figure 12: Spatial distribution of the proportion who felt dentist did not spend enough time for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.



## Table 36: The small areas (SA2) with the lowest and highest proportion of those who felt dentist did not spend enough time, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Calga - Kulnura	0.6	Huskisson - Vincentia	1.1
The Entrance	0.6	Berry - Kangaroo Valley	1.2
Jilliby - Yarramalong	0.7	Bowral	1.2
Summerland Point -			
Gwandalan	0.7	Robertson - Fitzroy Falls	1.2
Narara	0.7	Southern Highlands	1.2
Woy Woy - Blackwall	0.7	Mittagong	1.2
Point Clare - Koolewong	0.7	Nowra	1.2
Wyong	0.7	Sussex Inlet - Berrara	1.2
Budgewoi - Buff Point -			
Halekulani	0.7	Walcha	1.3
Wamberal - Forresters Beach	0.7	Ulladulla	1.3
Highest proportion			





Schofields - East	3.7	Kingscliff - Fingal Head	6.7
Hassall Grove - Plumpton	3.7	Pottsville	6.8
Marsden Park - Shanes Park	3.8	Murwillumbah	6.8
Doonside - Woodcroft	3.8	Mullumbimby	6.8
Glendenning - Dean Park	3.8	Brunswick Heads - Ocean Shores	6.9
Kellyville Ridge - The Ponds	3.8	Ballina Surrounds	6.9
Acacia Gardens	3.8	Byron Bay	6.9
Riverstone	3.8	Murwillumbah Surrounds	7.0
Lethbridge Park - Tregear	3.9	Lismore Surrounds	7.0
Wetherill Park Industrial*	6.3	Terranora - North Tumbulgum	7.3

#### **Hospital Emergency Departments**

#### **Key findings**

- Despite the generally low number of emergency department visits compared to previous health services, almost 1 in 4 people in NSW (23.2%) most recently went to the ED due to their GP being unavailable. This was higher in regional NSW (27.6%) and more likely to occur in areas with higher economic disadvantage.
- People in regional NSW are also more likely to have felt that their GP could have provided care for their most recent ED visit, at 18.2% (compared to 16.0% overall and 14.4% in Greater Sydney). This was particularly the case for young people aged 15-24 (33.2%) and those unemployed (32.0%).

#### Average visits to ED

The average number of visits to hospital emergency departments in 2024 is relatively low compared to average visits to GP, medical specialist or dentist services, ranging from 0.2-0.5 visits per person.

Despite this, the estimated spatial distribution of average visits to EDs (Figure 13) seems to suggest that the further a person lives from Sydney, the higher the average number of visits per person.

There are also specific cohorts of the population in regional NSW who are more likely to visit EDs – those in single parent households (0.5), aged 15-64 not in the labour force (0.5), unemployed (0.4) and on low incomes (0.4). There was no strong link apparent between ED visits and economic disadvantage.





#### Table 36: Average visits per person to hospital emergency department, 2024

	<b></b>		
es	π	10	te.

	2024 estimate		
		Rest	
	Greater	of	
	Sydney	NSW	NSW
Overall	0.2	0.3	0.2
Aged 15-24	0.2	0.3	0.3
Aged 25-64	0.2	0.3	0.2
Aged 65+	0.2	0.3	0.3
Male	0.2	0.2	0.2
Female	0.2	0.3	0.2
Couple only	0.2	0.3	0.2
Couple with dependent children	0.2	0.2	0.2
Single parent households	0.2	0.5	0.3
Single person households	0.3	0.3	0.3
People aged 15 and over in other family households	0.2	0.4	0.2
Employed full-time	0.1	0.2	0.2
Employed part-time	0.2	0.2	0.2
Unemployed	0.2	0.4	0.3
Aged 15-64 not in labour force	0.2	0.5	0.3
Aged 65+ not in labour force	0.3	0.3	0.3
Low income	0.2	0.4	0.3
Medium and high income	0.2	0.3	0.2

## Table 37: Average visits per person to hospital emergency department bypopulation weighted SA2 quintile of economic disadvantage, 2024 estimate.

	2024 estimate				
		Rest			
2021 rates of economic	Greater	of			
disadvantage	Sydney	NSW	NSW		
Quintile 1 (3.5%-8.7%)	0.2	0.3	0.2		
Quintile 2 (8.7%-11.6%)	0.2	0.3	0.2		
Quintile 3 (11.6%-14.0%)	0.2	0.3	0.2		
Quintile 4 (14.0%-17.3%)	0.2	0.3	0.2		
Quintile 5 (17.3%-32.9%)	0.2	0.3	0.2		





Figure 13: Spatial distribution of average visits to emergency department for NSW and the Greater Sydney region in 2024 estimate.



## Table 38: The small areas (SA2) with the lowest and highest average visits perperson to emergency department for own health, 2024 estimate.

	per		per
Greater Sydney	person	Rest of NSW	person
Lowest average visits			
Parramatta - North	0.1	Thirroul - Austinmer - Coalcliff	0.2
Rosehill - Harris Park	0.1	Berkeley - Lake Heights - Cringila	0.2
Parramatta - South	0.1	Albion Park - Macquarie Pass	0.2
Wentworthville - Westmead	0.1	Wollongong - West	0.2
Auburn - North	0.1	Figtree - Keiraville	0.2
Regents Park	0.1	Wollongong - East	0.2
Northmead	0.1	Dapto - Avondale	0.2
North Parramatta	0.1	Kiama	0.2





Guildford West - Merrylands			
West	0.1	Shellharbour - Flinders	0.2
Granville - Clyde	0.1	Woonona - Bulli - Russell Vale	0.2
Highest average visits			
Woy Woy - Blackwall	0.3	Moama	0.4
Saratoga - Davistown	0.3	Dubbo Surrounds	0.4
Kariong	0.3	Corowa Surrounds	0.4
Wamberal - Forresters Beach	0.3	Lavington	0.4
Niagara Park - Lisarow	0.3	Tocumwal - Finley - Jerilderie	0.4
Erina - Green Point	0.3	Deniliquin	0.4
Terrigal - North Avoca	0.3	Albury Surrounds	0.4
Calga - Kulnura	0.3	Corowa	0.4
Avoca Beach - Copacabana	0.3	Wentworth-Balranald Region	0.4
Kincumber - Picketts Valley	0.3	Deniliquin Surrounds	0.4
+0.4.0			

Aged 25-64

Aged 65+

#### Visited ED due to GP being unavailable

Despite the low number of emergency department visits, the data also shows that almost 1 in 4 people in NSW (23.2%) most recently went to the ED due to their GP being unavailable. As with other patient experience measures already discussed, this was higher in regional NSW (27.6%) compared to Greater Sydney (19.7%).

People most likely to visit the ED due to GP unavailability included those unemployed in regional NSW (49.6%), young people in regional NSW aged 15-24 (43.1%) and people in Greater Sydney employed part-time (33.3%).

In regional NSW the proportion of ED visits due to GP unavailability is higher in parts of the Hunter region, Northern and Southern NSW (Figure 14).

The data shows that generally, areas with higher economic disadvantage are more likely to have higher proportions of people going to EDs due to GP unavailability (25.2% in Quintile 5 compared to 18.4% in Quintile 1).

26.1

19.8

21.9

13.4

23.7

15.9

# unavailability (%), 2024 estimate. 2024 estimate Rest Greater of Sydney NSW NSW Overall 19.7 27.6 23.2 Aged 15-24 21.5 43.1 32.4

## Table 39: The proportion of went to emergency department due to GP unavailability (%), 2024 estimate.





Male	17.5	28.2	22.1
Female	21.8	27.2	24.2
Couple only	19.6	31.1	24.9
Couple with dependent children	21.3	26.7	23.8
Single parent households	25.6	25.5	25.6
Single person households	14.5	21.1	17.2
People aged 15 and over in other family households	21.2	27.8	23.9
Employed full-time	18.2	26.1	21.5
Employed part-time	33.3	25.2	29.6
Unemployed	24.7	49.6	37.8
Aged 15-64 not in labour force	14.6	30.7	22.6
Aged 65+ not in labour force	13.7	22.6	17.1
Low income	17.5	27.0	22.3
Medium and high income	19.8	27.7	23.3

#### Table 40: The proportion of went to emergency department due to GP unavailability (%) by population weighted SA2 quintile of economic disadvantage, 2024 estimate.

	2024 estimate			
		Rest		
2021 rates of economic	Greater	of		
disadvantage	Sydney	NSW	NSW	
Quintile 1 (3.5%-8.7%)	17.7	23.5	18.4	
Quintile 2 (8.7%-11.6%)	19.5	24.5	21.8	
Quintile 3 (11.6%-14.0%)	21.2	27.8	24.8	
Quintile 4 (14.0%-17.3%)	21.1	28.3	25.4	
Quintile 5 (17.3%-32.9%)	20.5	31.1	25.2	





Figure 14: Spatial distribution of the proportion of went to emergency department due to GP unavailability for NSW and the Greater Sydney region in estimate.



## Table 41: The small areas (SA2) with the lowest and highest proportion of went toemergency department due to GP unavailability, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Castle Cove - Northbridge	9.3	Wentworth-Balranald Region	16.3
Wetherill Park Industrial*	9.3	Far West	16.3
Cremorne - Cammeray	9.3	Albury Surrounds	16.5
Chatswood - East	9.3	Нау	16.5
St Leonards - Naremburn	9.3	Albury - South	16.6
Neutral Bay - Kirribilli	9.3	Wentworth - Buronga	16.6
Greenwich - Riverview	9.3	Dubbo Surrounds	16.6
Turramurra	9.3	Albury - East	16.7
Lindfield - Roseville	9.4	Deniliquin	16.7
Hornsby - East	9.4	Nyngan - Warren	16.8





Highest proportion			
Berala	29.4	Tamworth Surrounds	37.8
South Wentworthville	29.4	Moree	37.9
Granville - Clyde	29.4	Armidale Surrounds - North	37.9
Oatlands - Dundas Valley	29.5	Inverell	38.0
Fairfield - East	29.7	Tamworth - East	38.0
Merrylands - Holroyd	29.7	Inverell Surrounds - East	38.0
Guildford West - Merrylands			
West	29.7	Glen Innes	38.1
Chester Hill - Sefton	29.9	Inverell Surrounds - West	38.2
Guildford - South Granville	29.9	Gunnedah Surrounds	38.3
Regents Park	30.1	Tenterfield	38.5

#### Felt GP could have provided care for most recent ED visit

People in regional NSW are also more likely to have felt that their GP could have provided care for their most recent ED visit, at 18.2% (compared to 16.0% overall and 14.4% in Greater Sydney). This was particularly the case for young people aged 15-24 (33.2%) and those unemployed (32.0%). Within Greater Sydney, the group most impacted were couples with dependent children (23.4%).

The cohort least likely to feel that their most recent ED visit could have been avoided through GP care were older people aged 65+ (9.1% and 9.3% for 65+ not in the labour force).

In regional NSW, areas most impacted were those in the Hunter region and Northern NSW (Figure 15). In Greater Sydney, southeastern Sydney and a small pocket in northern Sydney (including Epping, Ryde and Macquarie Park) were the most impacted (Figure 15, Table 30). While the data did not show a clear relationship with quintile of economic disadvantage in Greater Sydney, the proportion was generally higher in regional areas with higher economic disadvantage.

	2024 est	2024 estimate		
		Rest		
	Greater	of		
	Sydney	NSW	NSW	
Overall	14.4	18.2	16.0	
Aged 15-24	15.5	33.2	24.4	
Aged 25-64	16.5	16.9	16.7	
Aged 65+	8.7	9.7	9.1	
Male	13.9	16.1	14.8	
Female	14.8	20.0	17.2	
Couple only	8.4	18.2	12.9	
Couple with dependent children	23.4	18.3	21.1	

## Table 42: The proportion who felt GP could have provided care for most recent visit to emergency department (%), 2024 estimate.





Single parent households	17.3	27.4	21.2
Single person households	12.8	12.6	12.7
People aged 15 and over in other family households	14.1	21.7	17.1
Employed full-time	17.2	18.2	17.6
Employed part-time	17.5	22.0	19.5
Unemployed	17.2	32.0	25.0
Aged 15-64 not in labour force	10.8	18.2	14.5
Aged 65+ not in labour force	9.2	9.3	9.3
Low income	13.9	18.7	16.3
Medium and high income	14.4	18.1	16.0

#### Table 43: The proportion who felt GP could have provided care for most recent visit to emergency department (%) by population weighted SA2 quintile of economic disadvantage, 2024 estimate.

	2024 estimate				
		Rest			
2021 rates of economic	Greater	of			
disadvantage	Sydney	NSW	NSW		
Quintile 1 (3.5%-8.7%)	14.8	16.8	15.1		
Quintile 2 (8.7%-11.6%)	14.6	15.1	14.8		
Quintile 3 (11.6%-14.0%)	15.8	18.3	17.2		
Quintile 4 (14.0%-17.3%)	14.6	19.0	17.3		
Quintile 5 (17.3%-32.9%)	11.9	20.3	15.6		





Figure 15: Spatial distribution of the proportion who felt GP could have provided care for most recent visit to emergency department for NSW and the Greater Sydney region in 2024 estimate.



#### Table 44: The small areas (SA2) with the lowest and highest proportion of those who felt GP could have provided care for most recent visit to emergency department, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Wetherill Park Industrial*	1.6	Нау	8.8
Horsley Park - Kemps Creek	2.3	Wentworth-Balranald Region	8.9
Leppington - Catherine Field	2.3	Condobolin	8.9
Austral - Greendale	2.3	Albury Surrounds	9.0
West Hoxton - Middleton			
Grange	2.3	Wentworth - Buronga	9.0
Cobbitty - Bringelly	2.4	Deniliquin Surrounds	9.1





Edmondson Park	2.4	Tocumwal - Finley - Jerilderie	9.2
Holsworthy - Wattle Grove	2.4	Corowa Surrounds	9.2
Oran Park	2.4	Deniliquin	9.2
Cecil Hills	2.4	Corowa	9.3
Highest proportion			
North Ryde - East Ryde	28.0	Muswellbrook	31.3
Pennant Hills - Cheltenham	28.0	Branxton - Greta - Pokolbin	31.4
Ryde - North	28.1	Rutherford (North) - Aberglasslyn	31.4
Gladesville - Huntleys Point	28.1	Tenambit - East Maitland	31.4
Epping (East) - North Epping	28.2	Nelson Bay Peninsula	31.4
West Ryde - Meadowbank	28.3	Kurri Kurri - Abermain	31.5
Eastwood	28.3	Cessnock	31.6
Epping (NSW) - West	28.6	Lemon Tree Passage - Tanilba Bay	31.7
Macquarie Park - Marsfield	28.8	Maitland	31.7
Ryde - South	28.8	Tea Gardens - Hawks Nest	31.8

#### **Health Status**

#### **Key findings**

- Half of the NSW population reported having a long-term health condition (50.5%), higher in regional NSW (57.3%). While this mostly affected people aged 65+, the likelihood was also higher for regional people in single person households (73.3%), unemployed (73.2%), on low incomes (67.6%) and aged 15-64 not in the labour force (66.6%). Long-term conditions also grew significantly in regional young people aged 15-24 by more than half since 2020 (+51.6%).
- The overall proportion of people who assess their own health status as 'poor' is relatively low (3.6%), although it follows the pattern of higher proportions in regional NSW (4.1%) and for people aged 65+. In regional NSW, groups more likely to have 'poor' health status were those unemployed (9.8%), on low incomes (8.0%) and in single person households (7.3%).
- Overall, more than half of the NSW population reported having private health insurance (57.9%), with higher rates in Greater Sydney (62.6%) and lower in regional NSW (49.0%). Private health insurance was lowest among regional people who are unemployed (29.4%), in single parent households (31.5%) and on low incomes (32.1%). Unsurprisingly, there was a clear pattern of higher private health insurance ownership in areas with less economic disadvantage.

#### Long-term health conditions

In 2024, half (50.5%) of the population across NSW reported having a long-term health condition. These include arthritis or osteoporosis, asthma, cancer, diabetes, heart conditions, mental health





conditions or long-term injury. The proportion was higher in regional NSW (57.3%) compared to Greater Sydney (46.8%) and appears to be concentrated in the outer parts of Greater Sydney as well as across Northern and Far West NSW, and the Hunter region (Figure 16).

Unsurprisingly, the proportion of long-term conditions was highest for older people aged 65+ (81.4%) and those aged 65+ not in the labour force (84.5%). However, the proportion was also much higher than the NSW average for regional people in single person households (73.3%), unemployed (73.2%), on low incomes (67.6%) and aged 15-64 not in the labour force (66.6%).

The proportion of long-term conditions has remained relatively stable since 2020 overall, however some groups have experienced larger increases and decreases during this period. For example, long-term conditions grew significantly for young people aged 15-24 in regional NSW by more than half (+51.6%), and for single parent households both in regional NSW (+44.5%) and Greater Sydney (+34.7%). Long-term conditions have also grown overall for people in single person households (+40.8%). By contrast, long-term conditions decreased significantly for couples across NSW, both those with children (-39.2%) and in couple only households (-21.0%).

The data did not show a clear link between quintile of economic disadvantage at SA2 level and the proportion of long-term health conditions.

	2024 estimate		2020 estimate			Percentage difference			
		Rest			Rest			Rest	
	Greater	of		Greater	of		Greater	of	
	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Overall	46.8	57.3	50.5	46.1	58.1	50.3	1.5	-1.4	0.4
Aged 15-24	24.2	45.8	31.4	24.6	30.2	26.4	-2.0	51.6	18.9
Aged 25-64	41.3	51.1	44.8	42.5	53.2	46.0	-2.7	-3.9	-2.4
Aged 65+	79.4	85.3	81.4	82.3	86.6	84.2	-3.5	-1.5	-3.3
Male	44.2	52.7	47.2	43.0	56.5	47.7	2.8	-6.8	-1.1
Female	49.3	61.8	53.6	49.1	59.7	52.7	0.3	3.6	1.6
Couple only	53.4	60.9	56.0	68.5	74.0	70.9	-22.1	-17.7	-21.0
Couple with dependent children	31.1	42.7	35.5	51.8	68.6	58.3	-39.9	-37.8	-39.2
Single parent households	44.8	51.9	46.5	33.2	35.9	34.1	34.7	44.5	36.4
Single person households	63.3	73.3	67.0	43.9	56.5	47.6	44.2	29.8	40.8
People aged 15 and over in									
other family households	48.4	67.1	54.1	49.7	63.3	53.5	-2.7	6.1	1.2
Employed full-time	33.3	43.8	37.0	34.4	41.9	36.7	-3.2	4.5	1.0
Employed part-time	39.9	48.9	43.2	41.0	48.3	43.6	-2.7	1.4	-1.1
Unemployed	40.5	73.2	52.9	38.3	62.7	46.5	5.9	16.8	13.7
Aged 15-64 not in labour force	51.4	66.6	56.5	52.4	64.3	56.5	-2.0	3.6	0.1
Aged 65+ not in labour force	82.3	88.9	84.5	83.9	88.4	85.9	-1.9	0.5	-1.7
Low income	54.1	67.6	59.0	57.3	66.5	61.1	-5.6	1.7	-3.5

## Table 45: The proportion of people with long term-health conditions (%), 2024 and2020 estimate.





Medium and high income	46.3	56.6	49.9	45.2	57.1	49.3	2.6	-1.0	1.4
i lealain ana ingi illeoine	40.0	00.0	-0.0	40.2	07.1	40.0	2.0	1.0	<b>T</b>

## Table 46: The proportion of people with long term-health conditions (%) bypopulation weighted SA2 quintile of economic disadvantage, 2024 estimate.

	2024 estimate		2020 estimate			Percentage difference			
		Rest			Rest				
2021 rates of economic	Greater	of		Greater	of		Greater	Rest of	
disadvantage	Sydney	NSW	NSW	Sydney	NSW	NSW	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	47.4	57.9	48.4	44.1	53.4	45.0	7.4	8.3	7.5
Quintile 2 (8.7%-11.6%)	49.0	56.7	52.0	47.5	56.2	51.0	3.2	0.9	2.0
Quintile 3 (11.6%-14.0%)	45.0	57.4	50.5	45.1	57.4	50.7	-0.3	-0.1	-0.4
Quintile 4 (14.0%-17.3%)	47.2	57.2	52.2	47.1	59.7	53.3	0.2	-4.3	-2.2
Quintile 5 (17.3%-32.9%)	45.4	57.8	49.5	47.7	60.4	51.6	-4.9	-4.2	-4.0

#### Figure 16: Spatial distribution of the proportion of people with long-term health conditions for NSW and the Greater Sydney region in 2024 and their changes from 2020 estimate.







## Table 47: The small areas (SA2) with the lowest and highest proportion of peoplewith long term health condition, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Parramatta - North	37.4	Casino	48.2
		Brunswick Heads - Ocean	
Rosehill - Harris Park	37.7	Shores	48.3
North Parramatta	38.0	Tweed Heads South	48.6
Wentworthville -			
Westmead	38.1	Ballina	48.7
Auburn - North	38.1	Albion Park - Macquarie Pass	48.7
Parramatta - South	38.1	Tweed Heads	48.7
Sydney Airport*	38.3	Lismore	48.8
Northmead	38.3	Wollongong - East	48.8
Eastlakes	38.5	Pottsville	48.9
Pendle Hill - Girraween	38.5	Wollongong - West	49.0
Highest proportion			
Blue Haven - San Remo	56.5	Cessnock Surrounds	64.9
Camden - Ellis Lane	56.5	Williamtown - Medowie - Karuah	64.9
		Lemon Tree Passage - Tanilba	
Currans Hill	56.7	Вау	65.1
Douglas Park - Appin	56.7	Scone	65.2
Denham Court - Bardia	56.7	Dungog	65.3
The Oaks - Oakdale	56.8	Singleton Surrounds	65.3
Spring Farm	56.8	Scone Surrounds	65.6
Bargo	56.8	Muswellbrook Surrounds	65.7
Mount Annan	56.8	Ettrema - Sassafras - Budawang	65.9
Wetherill Park Industrial*	70.5	Tea Gardens - Hawks Nest	66.0

\*SA2 area with low accuracy

#### **Poor self-assessed health status**

The overall proportion of people who assess their own health status as 'poor' is relatively low (3.6%), although it follows the pattern that this proportion is higher in regional NSW (4.1%) and lower in Greater Sydney (3.3%).

Similar to long-term health conditions, older people aged 65+ and those aged 65+ not in the labour force are most likely to report poor health status (7.6% and 8.9%), particularly for those residing in regional NSW (9.0% and 10.4%). Other groups more likely to report poor health status include those unemployed (9.8%), on low incomes (8.0%) and in single person households (7.3%) – all in regional NSW.

Spatial estimation indicates Northern NSW has the highest proportion of people reporting poor health status (Figure 17).

## UNIVERSITY OF CANBERRA



Areas with the lowest economic disadvantage were the least likely to assess their own health status as 'poor' (3.1% overall for Quintile 1), compared to 3.9% for Quintile 4 and 3.7% for Quintile 5.

Cotimate.			
	2024 estimate		
		Rest	
	Greater	of	
	Sydney	NSW	NSW
Overall	3.3	4.1	3.6
Aged 15-24	0.6	1.6	0.9
Aged 25-64	2.8	3.1	2.9
Aged 65+	6.9	9.0	7.6
Male	3.1	3.6	3.3
Female	3.5	4.6	3.9
Couple only	3.3	4.0	3.5
Couple with dependent children	1.8	2.1	1.9
Single parent households	3.4	1.9	3.0
Single person households	5.9	7.3	6.4
People aged 15 and over in other family households	4.1	5.9	4.6
Employed full-time	0.8	0.5	0.7
Employed part-time	0.6	2.9	1.4
Unemployed	1.8	9.8	4.8
Aged 15-64 not in labour force	7.8	6.9	7.5
Aged 65+ not in labour force	8.1	10.4	8.9
Low income	4.9	8.0	6.0
Medium and high income	3.2	3.8	3.4

## Table 48: The proportion of people with poor self-assessed health status (%), 2024 estimate.

## Table 49: The proportion of people with poor self-assessed health status (%) bypopulation weighted SA2 quintile of economic disadvantage, 2024 estimate.

	2024 estimate			
		Rest		
2021 rates of economic	Greater	of		
disadvantage	Sydney	NSW	NSW	
Quintile 1 (3.5%-8.7%)	3.1	3.6	3.1	
Quintile 2 (8.7%-11.6%)	3.5	3.7	3.6	
Quintile 3 (11.6%-14.0%)	3.3	4.2	3.7	
Quintile 4 (14.0%-17.3%)	3.5	4.4	3.9	
Quintile 5 (17.3%-32.9%)	3.5	4.0	3.7	





Figure 17: Spatial distribution of the proportion of people with poor self-assessed health status for NSW and the Greater Sydney region in 2024 estimate.



## Table 50: The small areas (SA2) with the lowest and highest proportion of peoplewith poor self-assessed health status, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
St Marys - North St Marys	1.2	Bathurst - East	1.8
Penrith	1.3	Bathurst - West	1.8
Colyton - Oxley Park	1.3	Mudgee	1.8
Kingswood - Werrington	1.4	Orange - North	1.8
Jamisontown - South Penrith	1.4	Bathurst - South	1.8
Cambridge Park	1.4	Lithgow	1.9
Richmond - Clarendon	1.4	Mudgee Surrounds - West	1.9
Windsor - Bligh Park	1.4	Orange	1.9
Katoomba - Leura	1.4	Blayney	1.9





Emu Plains - Leonay	1.4	Lithgow Surrounds	1.9
Highest proportion			
Sydney (North) - Millers Point	5.4	Glen Innes	11.2
Camperdown - Darlington	5.4	Moree	11.2
Erskineville - Alexandria	5.4	Quirindi	11.3
Waterloo	5.5	Armidale Surrounds - South	11.3
Rosebery - Beaconsfield	5.5	Inverell Surrounds - West	11.5
Zetland	5.5	Narrabri Surrounds	11.6
Mascot	5.6	Inverell Surrounds - East	11.6
Sydney (South) - Haymarket	5.6	Gunnedah Surrounds	11.6
Banksmeadow	6.5	Walcha	11.8
Wetherill Park Industrial*	20.0	Armidale Surrounds - North	12.2

#### Private health insurance cover

Overall, more than half of the NSW population reported having private health insurance (57.9%), with higher rates in Greater Sydney (62.6%) and lower in regional NSW (49.0%), particularly in areas across the Far West, Murrumbidgee and Northern NSW (Figure 18). Private health insurance ownership soars to over 80% in the northern parts of Sydney (Table 36), consistent with low rates of economic disadvantage in these areas.

Private health insurance was lowest among cohorts in regional NSW include those unemployed (29.4%) and on low incomes (32.1%). It was also low among single parent households in regional NSW (31.5%), in stark contrast to couples with dependent children in Greater Sydney (71.0%) who were the cohort with the highest ownership of private health insurance across NSW. This was followed by people employed full time in Greater Sydney (68.7%).

Unsurprisingly, there is a clear pattern of higher private health insurance ownership in areas with less economic disadvantage (for example, 71.1% in Quintile 1 compared to 51.1% in Quintile 5).

## Table 51: The proportion of people with private health insurance (%), 2024estimate.

	2024 est	2024 estimate	
		Rest	
	Greater	of	
	Sydney	NSW	NSW
Overall	62.6	49.0	57.9
Aged 15-24	61.8	42.0	55.2
Aged 25-64	62.8	49.8	58.1
Aged 65+	62.8	51.4	58.9
Male	61.6	49.2	57.1
Female	63.6	48.9	58.5





Couple only	66.2	56.7	62.9
Couple with dependent children	71.0	53.6	64.5
Single parent households	47.0	31.5	43.2
Single person households	56.5	39.2	50.0
People aged 15 and over in other family households	49.4	32.0	44.1
Employed full-time	68.7	57.1	64.5
Employed part-time	65.9	48.5	59.6
Unemployed	43.8	29.4	38.4
Aged 15-64 not in labour force	50.3	36.1	45.5
Aged 65+ not in labour force	60.9	47.0	56.3
Low income	43.9	32.1	39.7
Medium and high income	63.9	50.2	59.1

## Table 52: The proportion of people with private health insurance (%) by populationweighted SA2 quintile of economic disadvantage, 2024 estimate.

	2024 estimate		
		Rest	
2021 rates of economic	Greater	of	
disadvantage	Sydney	NSW	NSW
Quintile 1 (3.5%-8.7%)	72.9	54.2	71.1
Quintile 2 (8.7%-11.6%)	63.8	51.7	59.1
Quintile 3 (11.6%-14.0%)	60.8	49.6	55.8
Quintile 4 (14.0%-17.3%)	56.8	47.8	52.3
Quintile 5 (17.3%-32.9%)	53.8	45.6	51.1





Figure 18: Spatial distribution of the proportion of people with private health insurance for NSW and the Greater Sydney region in 2024 estimate.



## Table 53: The small areas (SA2) with the lowest and highest proportion of peoplewith private health insurance, 2024 estimate.

Greater Sydney	All (%)	Rest of NSW	All (%)
Lowest proportion			
Wetherill Park Industrial*	20.6	Coramba - Nana Glen - Bucca	35.5
Lurnea - Cartwright	45.4	Ettrema - Sassafras - Budawang	35.9
Horsley Park - Kemps Creek	45.4	Lord Howe Island*	37.6
Bonnyrigg Heights - Bonnyrigg	45.9	Grafton Surrounds	37.7
St Johns Park - Wakeley	45.9	Woolgoolga - Arrawarra	37.9
Ashcroft - Busby - Miller	46.1	Urunga	37.9
Cabramatta West - Mount			
Pritchard	46.2	Bellingen	38.1
Chipping Norton - Moorebank	46.4	Korora - Emerald Beach	38.3
Casula	46.4	Dorrigo	38.3
Cabramatta - Lansvale	46.5	Grafton	38.6
Highest proportion			
North Sydney - Lavender Bay	80.6	Newcastle - Cooks Hill	63.1
Neutral Bay - Kirribilli	80.6	Wallsend - Elermore Vale	63.2





Gordon - Killara	80.6	Hamilton - Broadmeadow	63.2
Mosman - South	80.6	Wickham - Carrington - Tighes Hill	63.3
Artarmon	80.7	Merewether - The Junction	63.3
Greenwich - Riverview	80.7	Mayfield - Warabrook	63.3
Chatswood - East	80.8	Mount Hutton - Windale	63.4
Wahroonga (West) - Waitara	80.8	Maryland - Fletcher - Minmi	63.4
Castle Cove - Northbridge	81.0	Waratah - North Lambton	64.2
Hornsby - East	81.1	Shortland - Jesmond	64.3

#### Conclusion

This report contributes to a body of evidence showing that social determinants can present a major barrier to health access, experience and outcomes.

It finds that generally, patient experience has worsened across a range of health service types and measures, particularly when it comes to cost as a barrier to seeking health care. It also shows that not only is patient experience poorer for specific cohorts of the population today, but that some have been impacted more than others over the past four years.

The data also shows that certain patterns have changed since 2020. Poorer patient experience is not as strongly linked with higher economic disadvantage, and not always with unemployment and/or low-income status. Worse patient experience now appears to be more consistently linked with regional disadvantage, supported by spatial modelling that showed generally worsening patient experience the further out from Sydney someone is located.

Poorer patient experience is also more prevalent among specific groups, including older people, single parents and couples with dependent children. Particularly for single parent households, there was a higher proportion of delays seeing or not seeing GPs, medical specialists and dentists due to cost and a higher proportion of waiting longer for urgent GP visits and public dental care.

The report also finds that across NSW, lack of affordability appears to be playing a more widespread role than in 2020. Across GP, specialist and dental services, people were increasingly delaying or not seeing a practitioner due to cost in areas with generally lower economic disadvantage, indicating that cost pressures are now affecting people across a range of demographic groups and income brackets. Other unexpected findings included that patient experience has improved in some areas for specific cohorts such as people who are unemployed, particularly when it comes to specialist health care.

This report reveals important new evidence that identifies some new patterns and challenges others. It shows that patient experience can be highly complex and diverse, with a range of contributing factors and socioeconomic indicators that can play an important role in how people access and experience health care in NSW.





### **Technical Appendix**

The 2020 NCOSS patient experience project identified the ABS Patient Experience Survey (PES) as the appropriate data source to analyse the connectivity between geographical disadvantage and the patient experience in those areas. This had implications for the geographical classifications that were used, as PES data is only accessible at SA4 level. To resolve this, the University of Canberra conducted a geo-spatial simulation to create SA2 results from the SA4 data. Besides conducting this analysis for the overall population, we also looked at patterns for different demographic groups according to economic disadvantage. The following demographic groups were further identified to be appropriate for this analysis due to its relationship to both economic disadvantage and patient experience:

- 1. Men
- 2. Women
- 3. Young People
- 4. Working age
- 5. Older People
- 6. Employed FT
- 7. Employed PT

- 8. Unemployed
- 9. Adults not in the Workforce
- 10. Older people not in the Workforce
- 11. Couple only Households
- 12. Couple with children Households
- 13. Single Parents
- 14. Single Person

Following consultation with NCOSS, it was decided to analyse PES data related to the below service types:

- General Practitioners (GP)
- Medical specialists
- Dental professionals
- Hospital emergency department

Patient experience data analysed included:

- Average number of visits
- Delayed seeing or did not see practitioner due to cost
- Waited a period of time to see practitioner
- Felt practitioner did not spend enough time
- Emergency department visit due to GP unavailability
- Felt GP could have provided care for emergency department visit

Additional data estimation was conducted for:

- Long-term health conditions
- Poor self-assessed health status
- Private health insurance cover





Even though the selection of four service types and the fourteen population groups reduced the scope of the work, the results from our modelling were still too large to analyse in one report. In addition, there were different results for different demographic groups for different health services. To summarise the results, we identified and interrogated patterns by key themes. These included regional/city aggregates, remoteness area and demographic groups. We also identified prominent (i.e. large score) results within the selected service types to identify groups that varied significantly in their access or satisfaction with services.

Analysing the proportion of people waiting a period of time for the different service types can be contentious. This is because the specific period of time is different across the service types and this is reflected in the questionnaire. For GPs, the question was the length of time between making appointment and seeing GP for most recent urgent medical care and based on the discussion and literature, 24 hours was considered to be the threshold. For medical specialists, the question was whether the person waited longer than felt acceptable to get an appointment with medical specialist. For dental professional, the question was the length of most recent time placed on a public dentistry waiting list before receiving care with one month agreed to be the threshold. Besides the different periods of time, adjustments had to be made to account for the need to see a GP for urgent care, being placed on the public dentistry waiting list, and getting a referral for medical specialist services. However, the same adjustment process from the 2020 research resulted in a very different denominator in 2024 for GP and dental professional services. Therefore, to allow direct comparison to be made across time, we are using the number of people who are visiting GPs and dental professionals in both the 2020 and 2024 estimation while keeping the number of people who received referrals for a medical specialist. This resulted in slightly different number for the current 2020 estimate to the previous publication but it has the same definition with our 2024 estimate to be comparable and reliable.

#### The modelling method

Patient experience data is available through the Australian Bureau of Statistics (ABS) micro dataset 4840.0 Patient Experiences in Australia. This research accesses more recent 2022-23 data through the ABS DataLab. The data are available at the SA4 level. This is equivalent to a region, with a population of approximately 300,000 people. A key challenge for this project was the translation of patient experience data from SA4 to SA2 level so that comparisons and mapping could be done. SA2 areas usually equate to a suburb in cities with an average of around 10,000 people. The ABS considers that this geography represents a community that interacts socially and economically. To translate the data from SA4 to SA2, we adopted a methodology that had been specifically developed for highly confidentialised data with relatively small sample size (Vidyattama et al, 2015).

The first step followed the reweighting process of Tanton et al (2011). This approach requires a Census (in this case the 2021 Census) for small area benchmarks and the unit record data from the ABS 2020-21 Survey of Income and Housing. The reason for using this survey was the large number of observations and that it has been proven to be able to be reweighted to produce reasonable





estimates. The benchmarked variables needed to be available on both the population census and the survey, using the same definitions and the same categories. The benchmarks also needed to be related to the final variable that is required from the spatial microsimulation model – in this case, poverty rates. This means benchmarks like income and number of people in the household by age (so that the income can be equivalised to take into account the number of people in the household), and housing costs for after housing poverty, were required. The model used for this report uses 9 benchmarks from the 2021 Census as indicated in Table 54.

	Benchmark	Description
1	NPRD_2*HIND_2	Number of Persons Usually Resident in Dwelling by Total Household Income (weekly)
2	TENLLD_2*HIND_2	Tenure and Landlord Type by Total Household Income (weekly)
3	HCFMD_2*HIND_2	Family Household Composition by Total Household Income (weekly)
4	RNTRD_2*HIND_2	Rent (weekly) by Total Household Income (weekly)
5	MRERD_2*HIND_2	Mortgage repayments by Total Household Income (weekly)
6	AGE_2*HIND_2	Age of person (15+) by Total Household Income (weekly)
7	HIED_2*HIND_2	Equivalised Total Household Income (weekly) by Total Household Income (weekly)
8	LFSP_2*AGE_2	Labour Force Status by Age of person (15+)
9	QALLP_2	Non School Qualification

#### Table 54: Benchmarks for the modelling.

In addition, in this report we:

- Used households from the Greater Capital City Statistical Area (GCCSA) to populate the SA2s in that GCCSA. This means we only used households from Sydney to populate SA2s in Sydney.
- Reduced the number of benchmarks if the model failed for an area. This is done according to the sequence in the table. The lower number of benchmarks means fewer constraints and a higher possibility of achieving an acceptable result. If the estimate is produced with less than 7 benchmarks, then the estimate is excluded from the overall database as unreliable.

The technique then used a regression method to impute the specific conditions that were available from the Patient Experience Survey (PES) onto the synthetic database. The regression on variables





of interest from the PES produced the coefficients needed for the imputation of the variables onto the available unit record data. The regression used binomial independent variables of whether the individual is in the demographic groups mentioned above. These include:

- Employed full time
- Employed part time
- Unemployed
- Not in labour force age 15-64
- Male
- Female
- Age 15-24
- Age 25-64
- In couple only household
- In couple with children household
- In single parent household
- In lone person household
- In household with equivalised income under \$400/week
- In household with equivalised income between \$400 to \$1000/week
- In household with equivalised income between \$1000 to \$2000/week
- In household with equivalised income above \$2000/week
- Different occupations
- each SA4

Given most of the variables of interest were binomial (two values - except for the number of visits), the model used was a probit regression model. The estimated coefficient for each independent variable listed above then allowed us to find the probability of the condition for each observation. The unit record data that we used for this regression was the PES 2022-23. We then applied the coefficients to the synthetic population estimated above for different SA2s. By using the SA2 synthetic population, we can utilise the individual fixed effect of each SA4 as one of the predictors in imputing all the necessary variables from PES. The flowchart of this process is shown in Figure 19.





#### Figure 19: The patient experience at SA2 estimation process.



#### Validation

Validation of the modelling is essential. The validation of the small area estimates was carried out in three ways:

- Looking at the proportion of areas for which we get convergence;
- Comparing estimates from our spatial microsimulation model for low income with estimates from the Census to identify how close our model predicts incomes from the Census. If we get reasonable estimates of low income from our model, we would expect reasonable estimates of poverty rates; and





• a comparison of the aggregate number of the indicators that can be derived from the survey.

The first method of testing the reliability of our model is to look at the percentage of areas that provided estimates given a number of benchmarks. Reducing the number of benchmarks means that the model works (converges), but the estimates are not as good as when we have used fewer benchmarks. At some point, we decide that the estimate was not good enough to be published. Areas without reliable estimates are usually remote areas; or areas with very low population (e.g. industrial areas or national parks). The proportion of areas that have converged in this model are shown in Table 55. It can be seen that 9 benchmarks have been mostly used to get estimates for small areas in Sydney and the rest of NSW.

	Number of	Number of Benchmarks used					
GCCSA	3 or 4	5	6	7	8	9	8 or more
1GSYD	0.0%	0.0%	0.3%	1.8%	3.1%	94.8%	97.8%
1RNSW	0.0%	0.3%	2.6%	2.7%	10.0%	84.5%	94.5%
2GMEL	0.0%	0.0%	1.5%	1.0%	1.4%	96.1%	97.6%
2RVIC	0.0%	0.2%	0.0%	2.7%	6.3%	90.7%	97.0%
3GBRI	0.0%	0.4%	2.1%	6.5%	8.3%	82.6%	90.9%
3RQLD	0.0%	0.6%	2.3%	5.3%	5.0%	86.7%	91.7%
4GADE	0.0%	0.0%	1.3%	2.1%	6.9%	89.7%	96.6%
4RSAU	0.0%	1.4%	0.4%	1.7%	22.6%	74.0%	96.5%
5GPER	0.0%	0.0%	0.6%	2.3%	2.0%	95.1%	97.1%
5RWAU	0.7%	1.3%	9.2%	5.0%	5.4%	78.4%	83.9%
6GHOB	0.0%	0.0%	0.0%	25.8%	14.2%	60.0%	74.2%
6RTAS	0.0%	0.0%	1.3%	10.1%	4.5%	84.1%	88.6%
7GDAR	0.0%	0.0%	7.8%	20.0%	6.5%	65.7%	72.2%
7RNTE	10.2%	34.4%	15.3%	14.8%	0.0%	25.2%	25.2%
8ACTE	0.1%	0.0%	5.5%	4.0%	4.7%	85.8%	90.5%
Australia	0.0%	0.3%	1.6%	3.2%	5.0%	89.8%	94.8%

#### Table 55: Number of Benchmarks Used (% of population)

Note: G means Greater (Capital Cities Areas); R means the Remainder (of the State/Territory)

Based on this result, estimates were produced using 6, 7, 8 or 9 benchmarks. Estimates were produced for a total of 622 SA2s in NSW in 2021. Areas where results could not be derived using 6 or more benchmarks were marked with asterisk (\*) in this report and will be removed from the map. Reliable estimates were not able to be produced for 20 SA2s in 2021. These areas are listed below:

• Greater Sydney: Prospect Reservoir, Port Botany Industrial, Sydney Airport, Centennial Park, Holsworthy Military Area, Blue Mountains – North, Blue Mountains – South,





Rookwood Cemetery, Smithfield Industrial, Yennora Industrial, Badgerys Creek, Wetherill Park Industrial, Royal National Park

 Rest of NSW: Deua – Wadbilliga, Wollangambe – Wollemi, Port Kembla Industrial, Illawarra Catchment Reserve, Lord Howe Island, Newcastle Port – Kooragang, Ettrema -Sassafras – Budawang.

Another method to validate estimates at the small area level is to use the standard error around identity (SEI) (Edwards and Tanton 2013). To validate the small area estimates, the proportion of people living in a household with income less than \$800/week as well as household with equivalised income less than \$300 a week from both the Census and from the model (which based on the time of the project, was SpatialMSM22B) are calculated. The two income thresholds are chosen based on the closest half median income measured available directly from Census.

Figure 20 indicates a very close estimate was achieved (0.9959 R squared and 0.9638 SEI). In Figure 20, the vertical axis is the estimate from Census and the horizontal axis is the estimate from the model for each SA2. If the Census and the model gave exactly the same result for all areas, all points would fall on the 45 degree line (shown as a solid line in Figure 20). The SEI is the variability of the estimates around this 45 degree line (the line of identity). Achieving a good result using Household equivalised income is more difficult for this model since it is only being used partially as benchmark number 7. Nevertheless, the SEI shows an acceptable result of 0.70. The R squared is the correlation between the Census and model estimates and is much higher at 0.98.




## Figure 20: Validation of proportion of persons living with household income less than \$800/week (Spatial MSM and Census data)



The last validation of the estimates was to compare the estimated indicators at the aggregate level to reliable estimates from the survey (see Table 56). These estimates for larger areas from the survey (Sydney/Rest of NSW) have enough sample size on the survey to be reliable. These results show that the estimates we used in the study were reasonably reliable; however some estimates not used in the study were unreliable.

These results also show that all the estimates provided in this Report are modelled, and that the modelling process introduces errors. While all efforts have been made to produce reasonable estimates, including validation of the estimates, as shown in this section, no estimate should be treated as perfect. All estimates suffer from model error, and survey error from the original ABS survey data. Other methods may produce different estimates, due to different assumptions and methods. The method used here is deterministic, meaning the estimates can be reproduced using the same method, data, benchmarks and assumptions that have been used – there is no probabilistic (random) element in the model. The authors are happy to be contacted to discuss the method further.





## Table 56: Validation using reliable aggregate results (Spatial MSM and Census)

## data).

GCCSA	Sydney			Rest of NSW		
By population age 15 and above	From survey	From Model	Accuracy (Survey / Model)	From survey	From Model	Accuracy (Survey / Model)
average number of visits to GP	4.28	4.13	0.96	4.00	3.91	0.98
average number of visits to medical specialist	1.36	1.30	0.96	1.17	1.20	0.97
average number of visits to dental professional	1.18	1.16	0.98	1.02	1.02	1.00
average number of visits to emergency department	0.20	0.19	0.91	0.28	0.28	0.97
proportion of those who stated they need to visit GP	0.84	0.83	0.99	0.83	0.83	0.99
proportion of those who have visited GP	0.84	0.82	0.98	0.81	0.81	1.00
proportion of those who have visited GP for urgent medical care	0.08	0.07	0.93	0.09	0.09	0.97
proportion of those who have to wait 24 hours or more for GP urgent visit	0.03	0.03	0.93	0.04	0.04	0.94
proportion of those who have felt not often GP spent enough time	0.09	0.09	0.96	0.12	0.12	0.93
proportion of those who need but delay or not visit GP due to the cost	0.06	0.05	0.84	0.14	0.13	0.88
proportion of those who get referral from GP to visit medical specialist	0.41	0.38	0.92	0.40	0.40	0.99
proportion of those who stated they need to visit medical specialist	0.44	0.41	0.93	0.46	0.47	0.99
proportion of those who have visited medical specialist	0.39	0.36	0.92	0.36	0.38	0.96
proportion of those who have felt not often medical specialist spent enough time	0.04	0.03	0.79	0.04	0.04	0.99
proportion of those who need but delay or not visit medical specialist due to the cost	0.06	0.05	0.86	0.12	0.11	0.93
proportion of those who have felt the waiting time for medical specialist unacceptable	0.09	0.08	0.88	0.11	0.11	0.99
proportion of those who stated they need to visit dental professional	0.64	0.63	0.99	0.66	0.65	0.98
proportion of those who have visited dental professional	0.54	0.54	1.00	0.49	0.49	0.99
proportion of those who have visited public dental professional	0.03	0.04	0.87	0.06	0.06	0.92





GCCSA	Sydney			Rest of NSW		
By population age 15 and above	From survey	From Model	Accuracy (Survey / Model)	From survey	From Model	Accuracy (Survey / Model)
proportion of those who have to wait a	0.03	0.02	0.65	0.05	0.05	0 93
month for dental professional visit	0.05	0.02	0.05	0.05	0.05	0.55
proportion of those who have felt not						
often dental professional spent enough	0.01	0.01	0.94	0.02	0.02	0.99
time						
proportion of those who need but delay						
or not visit dental professional due to	0.12	0.10	0.84	0.23	0.20	0.85
the cost						
proportion of those who has private	0.61	0.63	0.97	0.51	0.49	0.97
health insurance cover	0.01	0.00	0.07	0.01	0115	0.07
proportion of those who been to						
hospital emergency department for	0.14	0.13	0.90	0.18	0.18	0.99
own health						
proportion of those who need but delay						
or not visit dental professional due to	0.14	0.13	0.90	0.18	0.18	0.99
the cost						
proportion of those who main reason						
went to hospital emergency	0.03	0.02	0.83	0.06	0.05	0.87
department is GP unavailability						
proportion of those who felt at the time						
that a GP could have provided care for	0.02	0.02	0.94	0.04	0.03	0.73
most recent time went to ED						
proportion of those who have Arthritis	0.17	0.14	0.76	0.25	0.23	0.90
or osteoporosis						
proportion of those who have Asthma	0.10	0.09	0.91	0.12	0.12	0.95
proportion of those who have Cancer	0.04	0.03	0.69	0.04	0.04	0.90
proportion of those who have Diabetes	0.09	0.07	0.66	0.05	0.07	0.83
proportion of those who have Heart or	0 14	0 12	0.90	0 16	0 17	0 91
circulatory condition	0.11	0.12	0.50	0.10	0.17	0.51
proportion of those who have Mental	0 14	0.13	0.95	0.20	0.18	0 93
health condition	0.14	0.15	0.55	0.20	0.10	0.55
proportion of those who have Long	0.08	0.08	0 94	0.13	0.12	0 91
term injury	0.00	0.00	0.51	0.10	0.12	0.51
proportion of those who have Other	0 18	0 16	0.89	0.20	0 19	0 99
long term condition	0.10	5.20	0.00	5.20	5.15	5.55
proportion of those who have No	0.49	0.53	0.93	0.43	0.43	1.00
condition	5.45	5.55	0.00	5.75	0.40	1.00





## References

Edwards, K. L., & Tanton, R. (2012). Validation of spatial microsimulation models. In *Spatial microsimulation: A reference guide for users* (pp. 249-258). Dordrecht: Springer Netherlands.

Tanton, R., Vidyattama, Y., Nepal, B., & McNamara, J. (2011). Small area estimation using a reweighting algorithm. Journal of the Royal Statistical Society: Series A (Statistics in Society), 174(4), 931-951.

Vidyattama, Y., Tanton, R., & Biddle, N. (2015). Estimating small-area Indigenous cultural participation from synthetic survey data. Environment and Planning A, 47(5), 1211-1228. https://doi.org/10.1177/0308518X15592314

Vidyattama, Y., Brown, L., Tanton, R., and NSW Council of Social Service (NCOSS). (2023), Mapping Economic Disadvantage in New South Wales, 2021. NATSEM, Faculty of Business, Government and Law, University of Canberra. Report Commissioned by NCOSS