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NAB Health Insights Report

Australia's Health Scorecard 2026-27

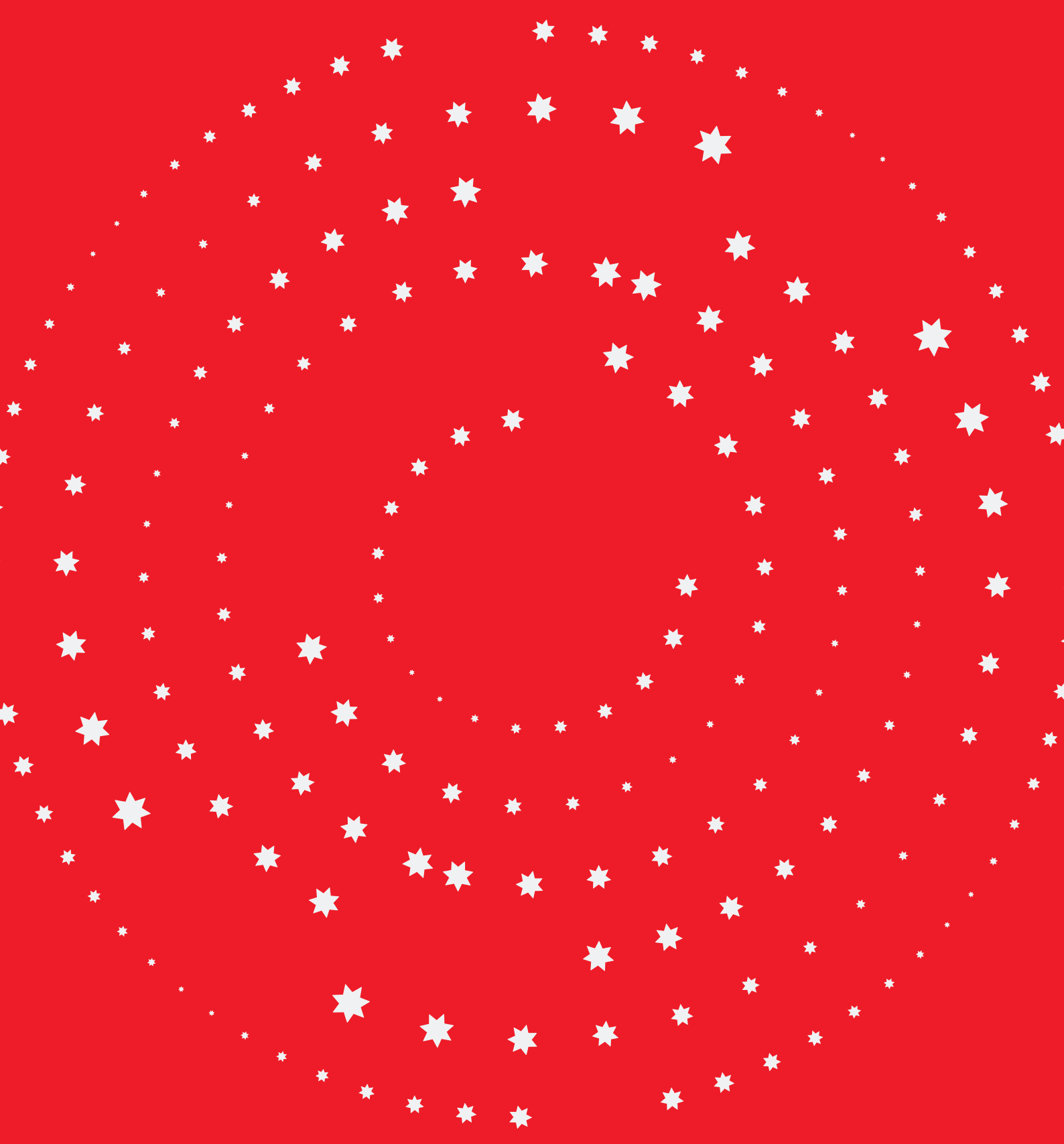
Part 1: Health Practitioners through the eyes of patients

NAB Behavioural and Industry Economics

October 2026

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Foreword

We are pleased to share the latest NAB Health Insights Report, marking 15 years of our ongoing investment in understanding the needs, behaviours and expectations of healthcare consumers across Australia.

Australia's healthcare system continues to deliver care that patients value highly, even as access, affordability and workforce pressures test providers across the sector. The 2026 NAB Health Insights Survey shows that Australians remain broadly positive about the care they personally receive. It also makes clear that their expectations now extend well beyond the consultation itself. How easily patients can secure an appointment, understand their costs, navigate the system and receive timely follow-up increasingly shapes how they assess the quality and value of their care.

For health practitioners and businesses, this presents a meaningful opportunity. The findings suggest that many of the greatest gains can come from improving the experience around strong clinical care: reducing friction,

communicating clearly, designing services for different patient needs and making each step easier to navigate.

At NAB, we hope this report provides practical insight into the changing needs of Australians and supports providers as they strengthen patient relationships, adapt their service models and continue delivering high-quality care in a complex operating environment. We celebrate 15 years of NAB Health Insights and we continue to receive feedback on how this investment in patient insights is helpful for healthcare providers.

Whether you're focused on growth, improving efficiency or preparing for what's ahead, NAB is committed to supporting Australia's healthcare sector as you continue to deliver essential care to Australians.



John Avent
Executive, NAB Health &
CEO Medfin Australia

Understanding what patients need and expect is essential to creating better healthcare experiences. To see the full picture, it's critical that we listen to both the consumers of healthcare, and those providing healthcare services every day.

At HICAPS, listening is central to how we support the healthcare industry. Through the NAB Health Insights research, we hear directly from patients about their priorities, experiences and challenges.

We share these insights so healthcare businesses can better understand the people they serve, consider new opportunities and make informed decisions.

For HICAPS, this understanding also guides how we evolve our products, services and support to meet our customers' changing needs. We hope the findings in this report provide useful context, prompt meaningful conversations and help the industry continue improving the patient experience.



Deanne Bannatyne
CEO HICAPS

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Chapter 1:

Key shifts

01

Overview

Patients are increasingly judging healthcare by the whole experience, not clinical expertise alone. Australians continue to value sound clinical care but are placing greater weight on whether care is easy to access, costs are clear, practitioners listen well and support continues beyond the consultation. These factors are becoming central to trust, continuity, recommendation and willingness to seek care early.

This overview identifies the cross-cutting patient attitudes and behaviours relevant to all health practitioners.

This is not a story of Australians losing confidence in the care they personally receive. Satisfaction with care received rose to 7.6 in 2026, with 60% rating their care highly, well above overall satisfaction with healthcare in Australia at 6.5 and 35% rating the system highly. Use of core services also increased and fewer Australians used none of the listed services. The opportunity for health businesses is to convert higher healthcare engagement into loyalty, recommendation and continuity by focusing on the levers most within



their control: access design, cost and value communication, proactive follow-up, reminders and the quality of everyday interactions.

Across the report, five practical levers stand out for health practitioners: simplifying the care journey, making value easier to see, communicating in ways patients understand, prompting earlier action and tailoring care to different patient needs.

Patients are increasingly judging healthcare by the whole experience, not clinical expertise alone.

Figure 1: Satisfaction with care received for condition (score out of 10)

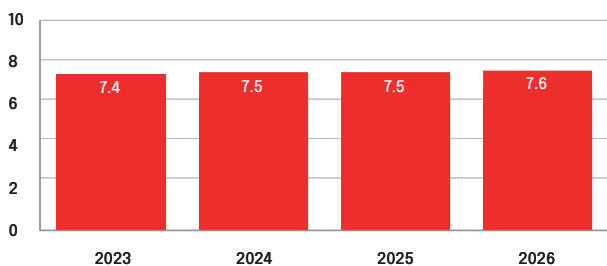
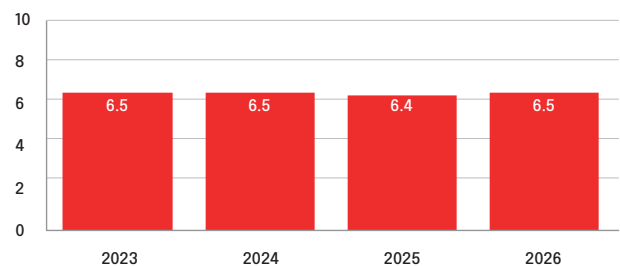


Figure 2: Satisfaction with healthcare in Australia (score out of 10)



02

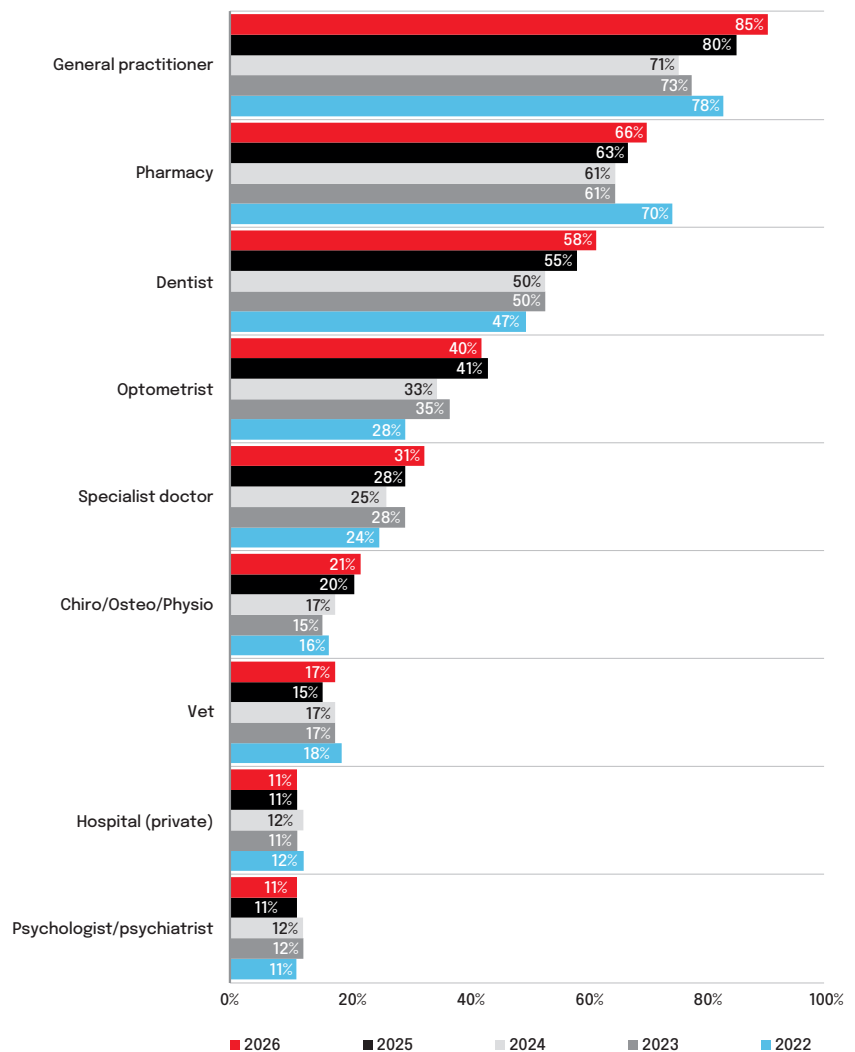
Key shifts

Key shifts over the past 12 months

Compared with last year, Australians are more engaged with healthcare, but their experiences are becoming more varied. The practical message is that demand is rising while experience is becoming more segmented: practices that understand where friction is highest for their own patients will be better placed to build trust, encourage earlier care-seeking and strengthen long-term relationships.

- **Healthcare engagement** has increased, with more Australians using core services such as GPs, pharmacies, dentists and specialists. The share of Australians who visited a GP over the past year rose to 85% from 80%, pharmacy use to 66% from 63%, dentist visits to 58% from 55% and specialist use to 31% from 28%.
- **Headline satisfaction** remained broadly stable, but lived experience became more uneven across age, income, geography and cohort.
- **Bulk billing** rebounded sharply, with 68% bulk billed at their last GP visit, up from 58%, but affordability remains embedded in how people choose and use care.
- **Waiting lists** remained the most stubborn quality issue, barely easing from 46% to 45% as the main improvement Australians wanted to see.
- **Provider switching** eased, but nearly one in three Australians still changed at least one health professional because of dissatisfaction, with GPs and dentists most affected.
- **Mental health** remains an important example of the broader earlier-action challenge, with fewer people receiving help and more not seeking support at all.

Figure 3: Have you used or visited any of these health practitioners in the past year?



Key shifts over the past five years

Over the past five years, patient expectations have shifted from accepting disruption to expecting care that is practical, clear, affordable, connected and responsive to personal circumstances. Clinical competence remains essential, but patients increasingly judge quality through the whole journey: how easy care is to access, how clearly it is explained, how transparent the cost feels and how well support continues after the consultation.

- **Affordability** has become more central as cost-of-living pressures makes patients more conscious of value and out-of-pocket costs.
- **Digital convenience** has shifted from a temporary pandemic workaround to a broader expectation around booking, reminders, communication and follow-up.
- **Trust** has become more conditional and relationship-based, with patients distinguishing between confidence in individual practitioners and frustration with the wider system.

03

Who patients see as most important to their health

GPs remain the clear centre of the system. Among those who used a GP in the past year, 76% ranked them as the most important practitioner for their or their family's overall health, confirming their enduring role as the trusted first point of contact, coordinator and provider of whole-of-person care.

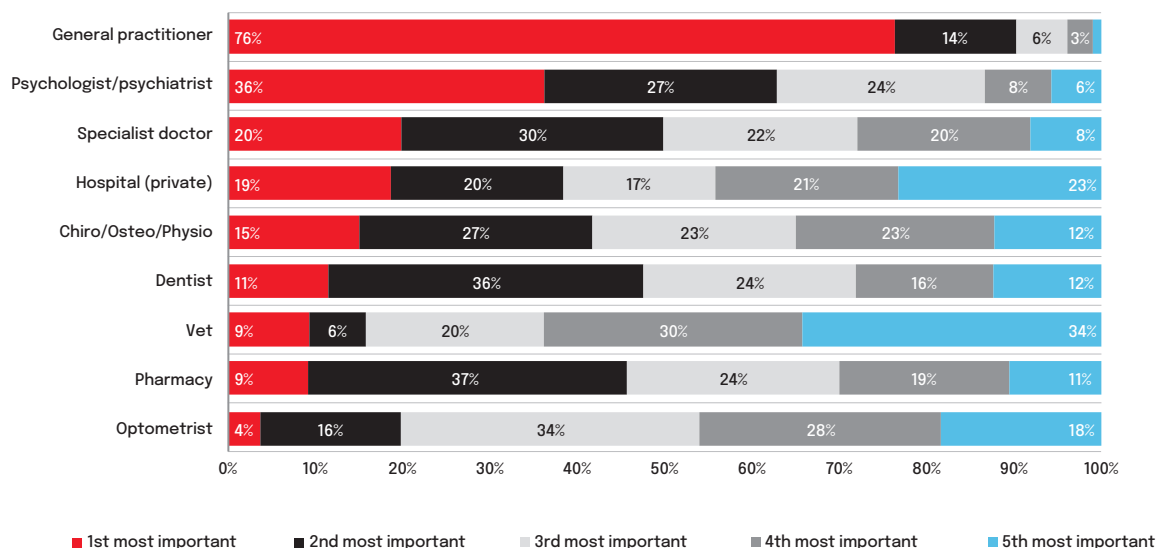
But the results also show a broader definition of health taking hold. Among people who used psychologists or psychiatrists, 36% ranked them first, with many others placing them second or third. Mental health care is no longer peripheral; for a meaningful share of users, it is central to overall wellbeing.

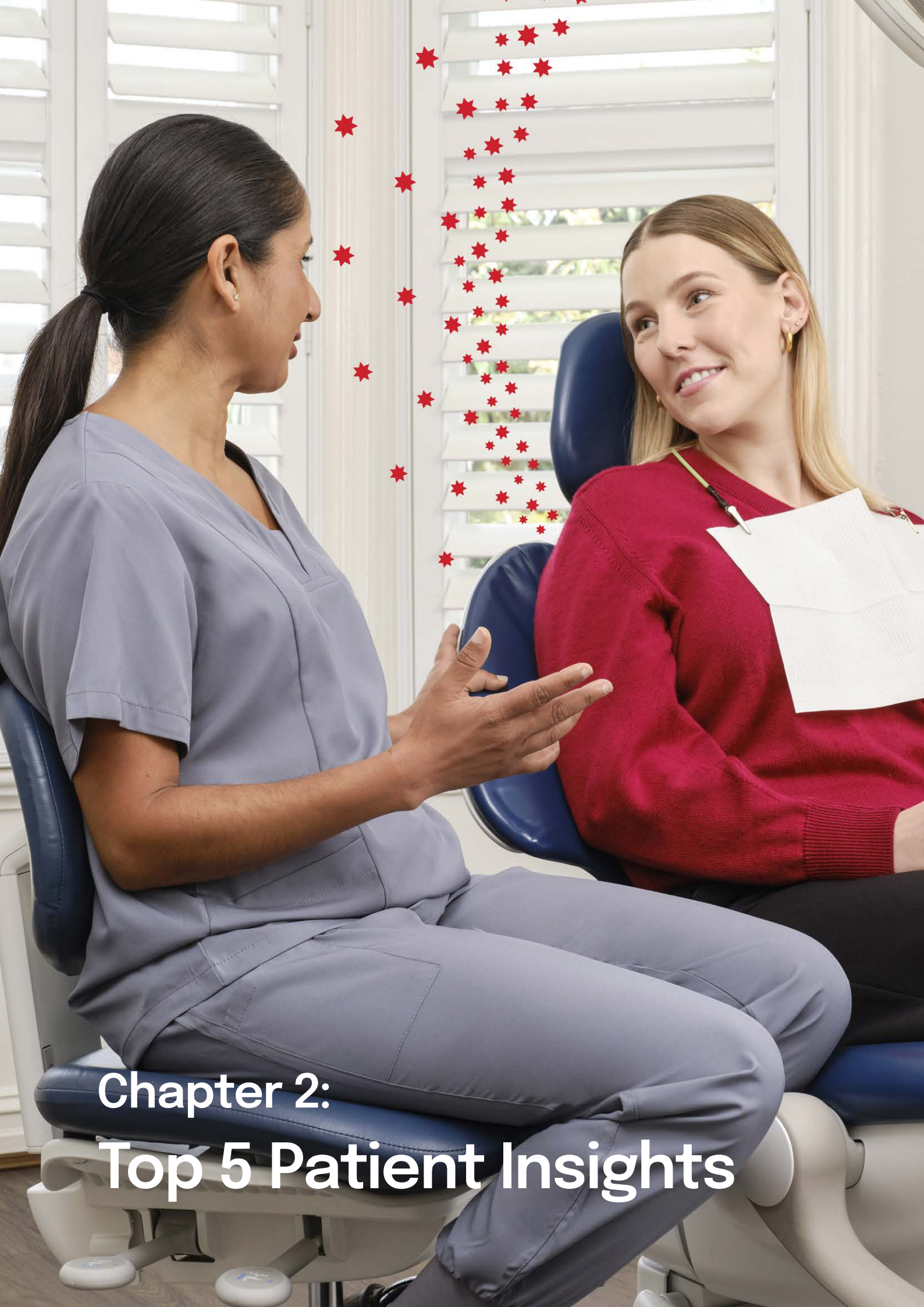
Other practitioners play different but still important roles. Specialists, pharmacies and dentists are less often ranked first, but are frequently placed second or third, while allied health providers, optometrists and vets appear more situational or need-specific. The practical implication is that care quality is judged against the



role patients expect each setting to play - continuity from GPs, trust from mental health providers, expertise from specialists, convenience from pharmacies and value from dentists.

Figure 4: Order of importance to you or your family's overall health from practitioners used or visited over past year





Chapter 2: Top 5 Patient Insights

01

**Simplify the care journey
- make care easier to
access, use and follow up**

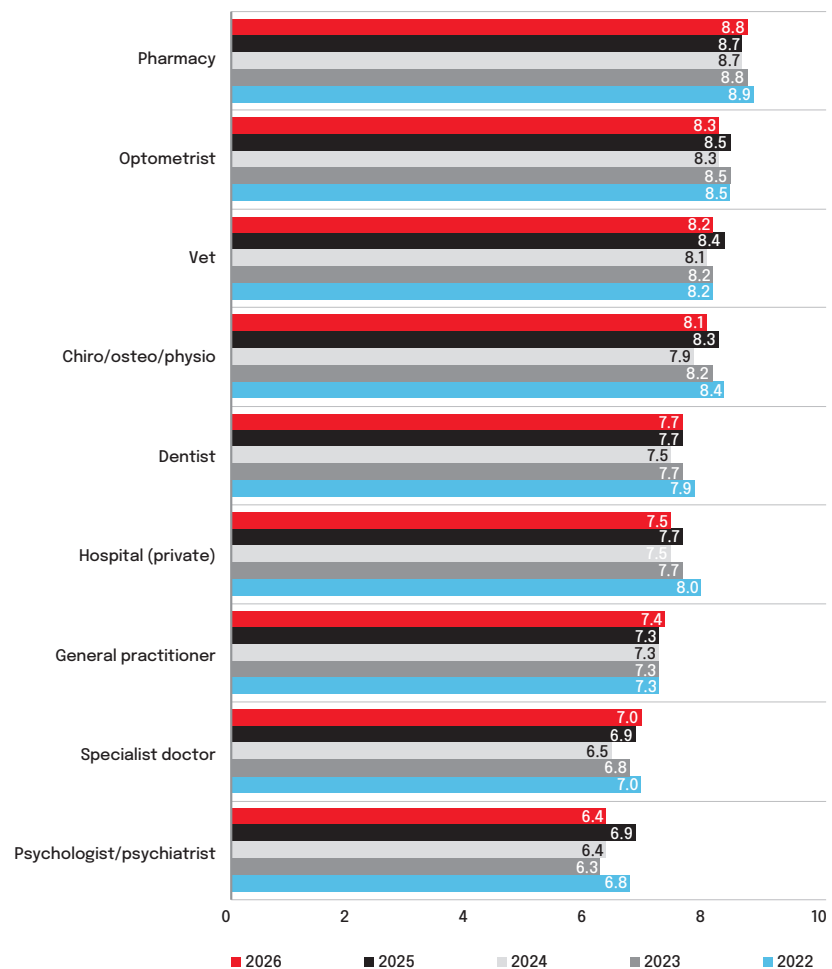
Across the survey, access is one of the clearest practical levers health businesses can act on. Pharmacies and optometrists show what low-friction access can look like: easy to use, familiar, convenient and relatively simple to navigate. But patients define access more broadly than getting an appointment. They point to faster bookings, simpler online systems, clearer reminders, telehealth or phone options for routine matters, better communication of results and easier follow-up.

The rural result adds an encouraging nuance. Rural Australians still face access challenges, yet satisfaction with the care they receive has risen sharply. This suggests patients can distinguish between the difficulty of getting care and the value of the care they receive once seen. For many providers, the biggest opportunity may sit around the consultation, not only inside it: booking, triage, reception, wait-time communication, results handling, reminders, rebooking and aftercare.

For practices, access and follow-up should be treated as part of care quality, patient experience and business performance. Almost half of Australians still experienced some

Patients describe access more broadly than getting an appointment.

Figure 5: How easy was it to get to see or use each of these health practitioners?

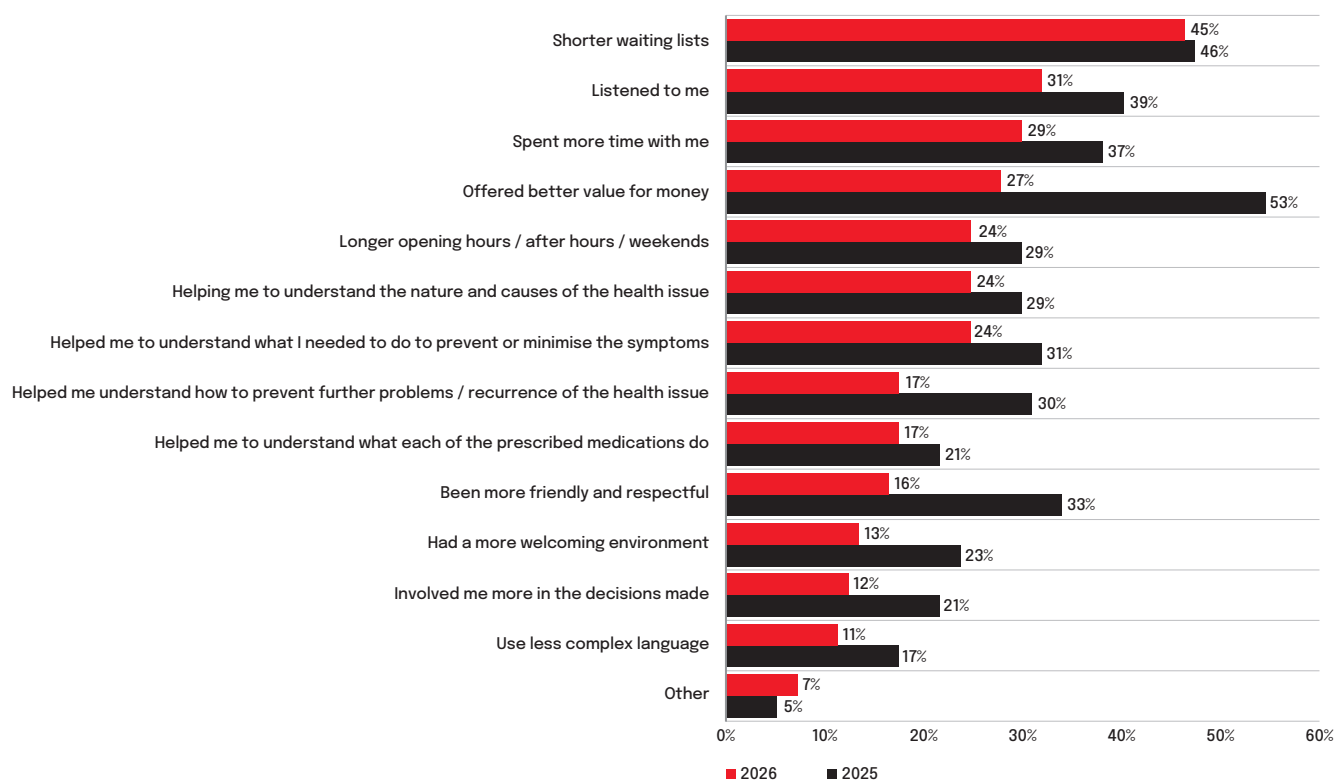


form of unmet care over the past year, with dentists, GPs and specialists the most commonly missed services. The practical question is whether patients can find care, book it, understand the next step and follow through. Access is not separate from quality; it is one of the ways patients experience quality.

When asked how practitioners could make care easier to access, use or follow up, patients described practical improvements rather than wholesale change: “a better booking process,” the “ability to book online,” being able to “see available appointments and select a time that suits you,” appointments “available outside

regular business hours,” seeing “the same doctor,” and follow-up through reminders, emails or calls after tests. But easier access is not digital-only: as one patient put it, “sometimes it’s just easier to talk to the receptionist.” Others pointed to avoidable friction after the consultation, including having to attend and pay “just for my doctor to tell my results for a blood test” when “they could email it to me instead.” The message is constructive: access is not only about availability, but also reliability, continuity, respect for patients’ time and reducing the effort required to get in, stay connected and know what comes next.

Figure 6: How could overall quality of care have be improved: All health practitioners



02

Make value easier to see

Cost remains a major barrier to care, but patients are not judging price alone. They are judging value. The strongest value perceptions appear where care feels predictable, accessible, useful and clearly explained. These settings offer an important benchmark: patients are more likely to see value when they understand what they are paying for, feel the consultation is thorough, receive clear explanations and know what follow-up may involve.

Missed care is not one problem. For routine and front-line services, many patients are effectively self-triaging: managing the issue themselves, putting it off or deciding it is not urgent enough to act on. For higher out-of-pocket services such as dental, specialist, mental health and allied health care, the barrier is more often cost, sometimes reinforced by appointment difficulty. This is why value matters: patients need to feel that care is worth the money, time and effort required to follow through.

For practitioners, affordability is therefore a communication challenge as well as a billing challenge. Clear upfront information about fees, inclusions, likely out-of-pocket costs, payment options and lower-cost pathways can reduce anxiety and help patients make informed decisions. Where fees cannot be reduced, practices can still strengthen perceived value by explaining the purpose of care, the reasoning behind recommendations and what happens next.

Patients' comments show how closely value is tied to affordability, predictability, time and usefulness. Some asked for "bulk billing," "no gap payments," "less out of pocket

Figure 7: Was the care, advice or treatment received good value for money (score out of 10)

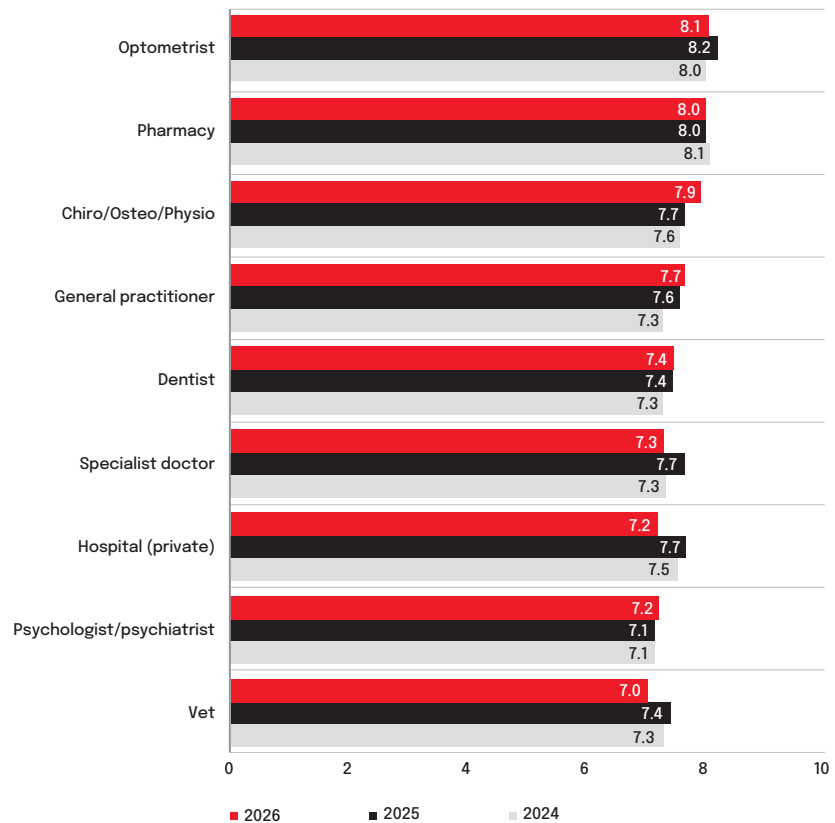
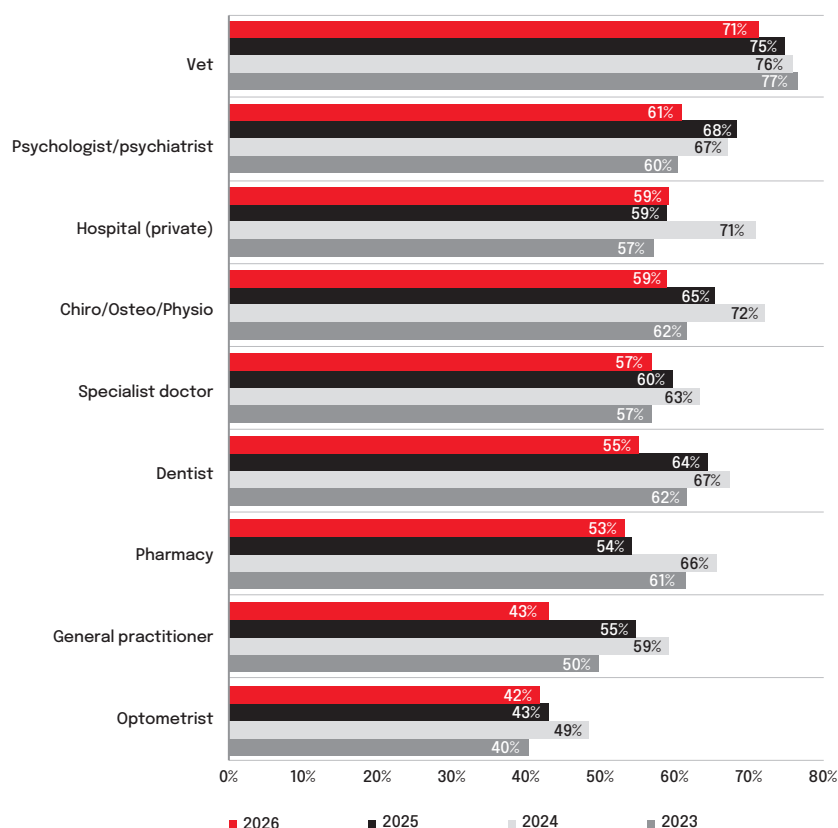


Figure 8: How has the price of these services changed over the past 12 months (more expensive)



Where fees cannot be reduced, practices can still strengthen perceived value by explaining the purpose of care, the reasoning behind recommendations and what happens next.

expense” or fees “closer to Medicare rebates,” while others questioned high costs where appointments felt too brief, such as “\$400 for a sub 10-minute appointment is out of my range.” But patients are not only asking for cheaper care; they want value to be more visible. They want practitioners to “explain the breakdown of costs better,” “advertise fees before I book,” and make clearer what is included in the consultation fee, such as follow-up calls or result discussions. Value also depends on whether care feels worthwhile: being “listened to, not brushed off,” receiving useful advice, having enough time and leaving with clear next steps. The message is that patients are more likely to accept cost when the price feels fair, transparent and matched by meaningful care.



03

Communicate in ways patients understand - listening and plain language build trust

Patients want care to feel clinically competent, but also attentive, respectful and easy to understand.

Allied and community-based settings show the value of relational, clear care: when practitioners listen carefully, explain simply and involve patients in decisions, care is more likely to feel personal, trusted and useful. The opportunity for all providers is to make those behaviours more consistent, especially where time pressure, complexity or repeat visits can make patients feel less certain about what happens next.

For practices, communication quality is now a core clinical and commercial capability. Active listening, plain language, teach-back, written instructions, room for questions and clear next steps can improve confidence, adherence and trust. Patient comments reinforce the same message: people want practitioners to look at them rather than the screen, explain conditions in plain English, check understanding and provide written summaries they can refer to later. A technically competent consultation can still disappoint if patients leave confused, rushed or unsure what to do next.

In patients' own words, good communication starts with a simple request: "Just listen." Patients want practitioners to ask better questions, allow time to explain symptoms in their own way, and avoid making assumptions before hearing the full story. They also want attention to be visible - to "look at me not computer screen" and speak directly, with eye contact and focus. Plain language matters just as much: patients want practitioners to "explain in terms that we can understand. Not in doctor

Figure 9: Felt listened to and included in decisions about your care without being rushed (score out of 10)

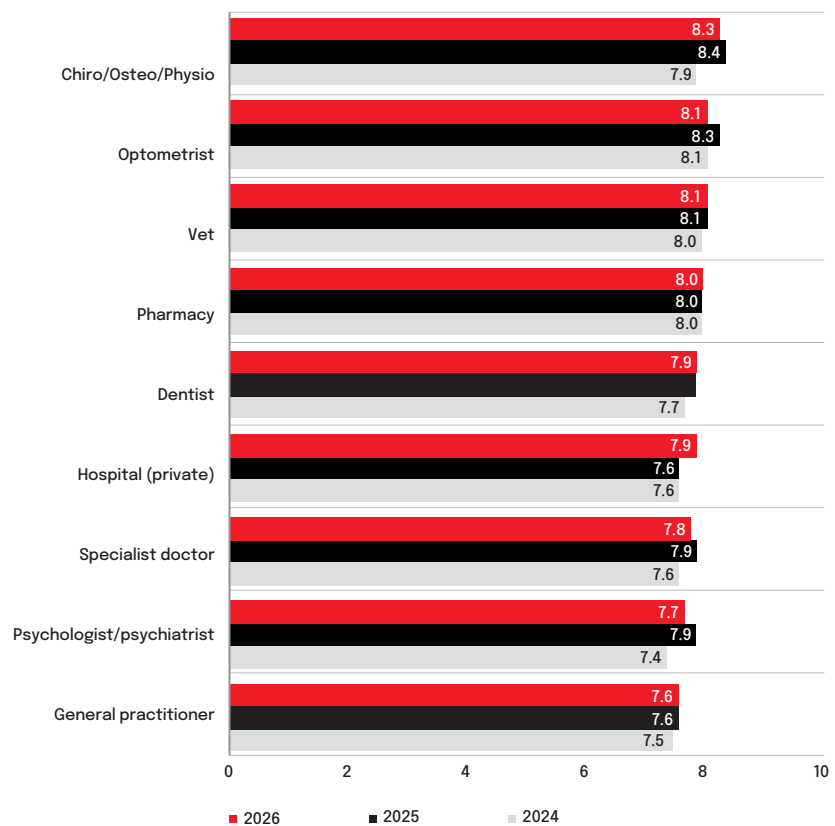
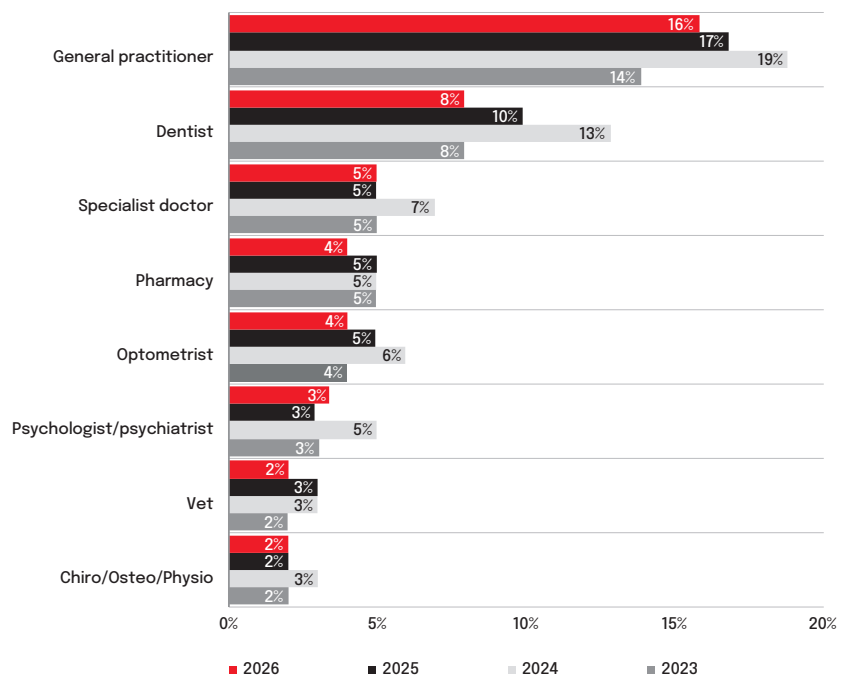
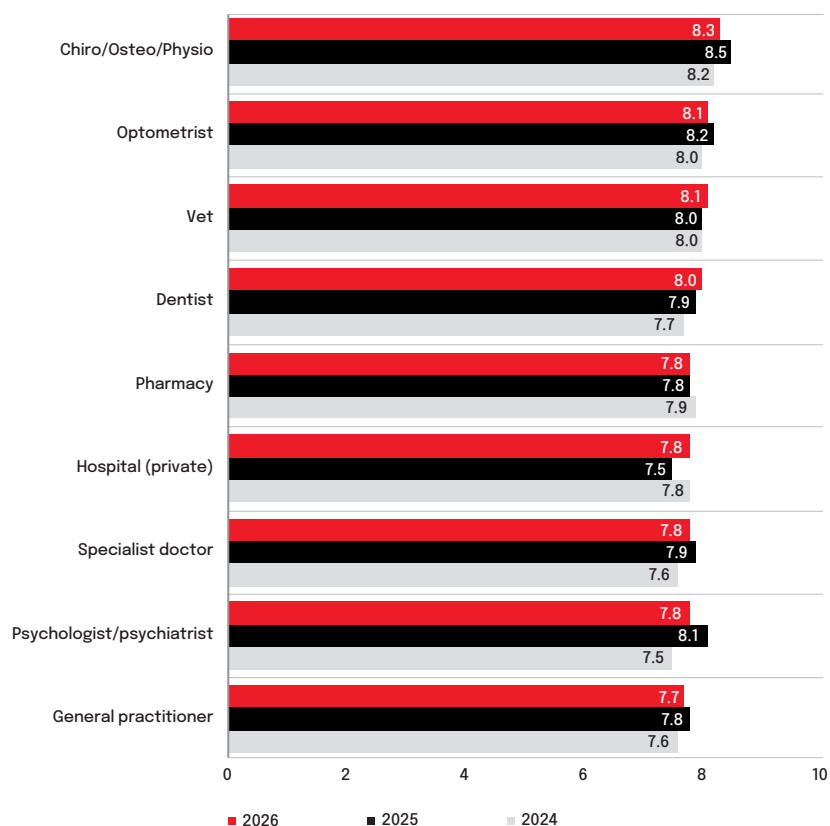


Figure 10: Extent everything explained to you and in language you could understand (score out of 10)



language,” “explain the pros and cons of different treatment options,” and “check to see you understand, encourage questions, give time to absorb information.” Several also asked for written summaries or take-home information they can absorb later. Framed positively, these comments show that small behaviours - listening before advising, explaining options clearly, checking understanding and setting out next steps - can turn clinical expertise into care that feels more respectful, collaborative and trustworthy.

Figure 11: Felt cared for as a person (score out of 10)



Active listening, plain language, teach-back, written instructions, room for questions and clear next steps can improve confidence, adherence and trust.



04

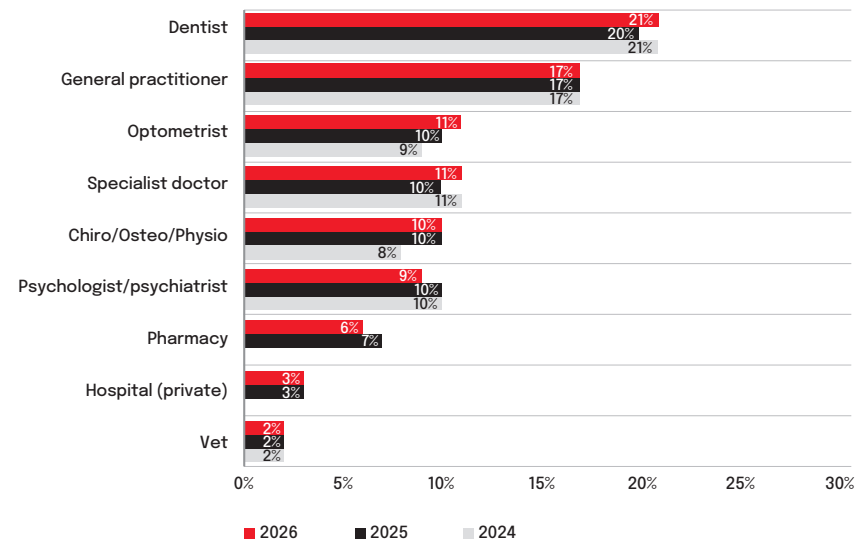
Prompt earlier action - before problems escalate

Unmet care remains one of the clearest warning signs in the survey. Almost half of Australians say there was at least one type of health practitioner they should have visited in the past year but did not. Dentists remain the most missed service, followed by GPs and specialists - showing that delayed care is not confined to complex or acute needs. It is also happening in routine, preventive and front-line care.

The pattern points to a practical challenge for health providers: people often recognise they need care, but cost, access, waiting times, uncertainty or low perceived urgency stop them from acting. The burden is not evenly shared, with unmet need highest among younger adults, lower-income households, NDIS participants and LGBTQI+ Australians.

For practitioners, the message is simple: delayed care is not a lack of demand - it is demand that has stalled. This is a whole-of-practice issue, not a problem confined to one setting. Practices can help patients

Figure 12: Practitioners you should you have visited in past year but unable to

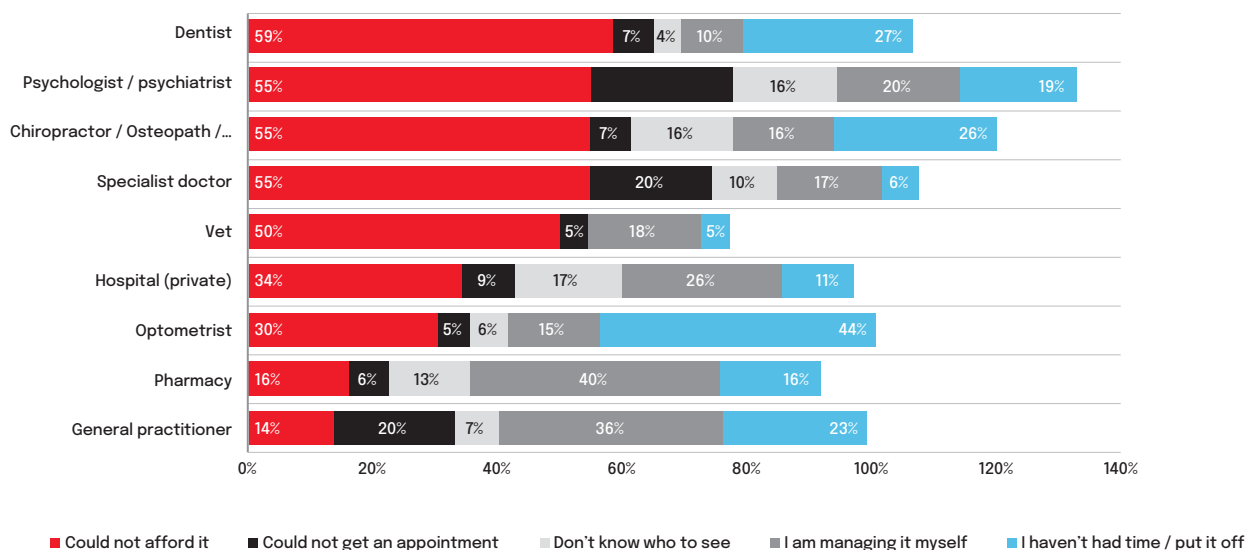


act earlier by making the next step easier, clearer and more worthwhile: strengthening recalls, following up missed appointments, communicating results clearly, explaining when care should not be delayed and making prevention, review and follow-up feel normal rather than optional.

Patients often described earlier action in simple operational terms: "booking follow ups and reminder setting," "booking further appointments for you while you are in the room," "after our test is done, they should

call us," or "calling over the phone and checking with me after 3 days about my health." Others suggested email or text reminders, automated check-up prompts, clearer test-result communication and being contacted when another appointment is needed, while some simply valued practitioners who "stay in touch" or make direct contact easier. These are modest interventions, but they help shift follow-up from something patients must remember to something practices actively support.

Figure 13: Why you did not visit practitioners more over the past year (2026)



05

Tailor care to different patient needs - not the average patient

There is no single average patient experience. Needs and friction points vary by age, income, geography, gender and patient cohort. Women are more connected to care than men across several major services, including GPs, pharmacies and mental health. Age gaps are even more pronounced: 98% of Australians aged 65+ visited a GP over the past year, compared with 75% of those aged 25-34. Lower-income Australians are more likely to use essential services such as GPs and pharmacies, but less likely to access services that often involve greater out-of-pocket costs, including dentists. Rural Australians are more likely than those in capital cities to use pharmacies, while capital-city Australians are more likely to visit a dentist.

Unmet needs, value perceptions, listening and communication experiences all show that friction is not evenly distributed: some patients face higher unmet needs, while others are more critical of value, clarity or ease of access. The most useful response is not to design a separate system for every group, but to understand which patients a practice serves and where friction is most likely to occur. Billing models, appointment formats, reminder systems, digital options, communication style, privacy, accessibility and follow-up should be reviewed through the lens of different patient groups, not only the overall average.

The care environment also shapes patient experience. Reception, staff friendliness, waiting-room comfort, privacy, cleanliness, signage, delay communication and hand-offs after the consultation all influence whether care feels professional, respectful and well organised. These details may seem peripheral, but patients often read them as signals of how

Unmet needs, value perceptions, listening and communication experiences all show that friction is not evenly distributed: some patients face higher unmet needs, while others are more critical of value, clarity or ease of access.

much the practice values them. Patients are not asking for luxury; they are asking for practical signals



of care – “better chairs,” enough space, visible cleanliness, clearer advice on how long they may have to wait and, as one respondent put it, the simple fact that “It starts with a friendly greeting by the receptionist.”

The patient voice also shows why tailoring matters. For some, care is easier when it is “close by, easy to see or talk to”; for others, it means being “contactable online,” having “appointments outside of office hours,” weekend access, direct contact channels or being able to manage appointments through an app. But tailoring is not only operational. Patients also want practitioners to “get to know you better as a person,” “understand my lifestyle,” and avoid assuming “one size fits all.” Several comments called for care that means “treating patients as whole individuals,” being “interested in you as a person & not just the problem you are presenting for,” and simply remembering to “see me as a person.” The constructive lesson is that practices do not need to solve every barrier at once, but they do need to know which

barriers – practical, emotional, financial or personal – matter most for the patients they serve.

Patients are not asking health practitioners to do one extraordinary thing; they are asking for care that feels easier, clearer, fairer and more human at every step. In practical terms, that means five connected levers: simplify the care journey, make value easier to see, communicate in ways patients understand, prompt earlier action and tailor care to different patient needs. Access is shaped by simple booking, flexible appointments, timely follow-up and practical use of digital tools. Value is shaped not only by cost, but by whether fees feel transparent, time feels meaningful and patients leave with useful advice and confidence about next steps. Inside the consultation, the strongest themes are listening, respect and explanation: patients want practitioners to take their concerns seriously, involve them in decisions, explain options in plain English and recognise that people bring their own history, circumstances and knowledge of their bodies.

Practices do not need to solve every barrier at once, but they do need to know which barriers – practical, emotional, financial or personal – matter most for the patients they serve.

Overall, the message is clear: good healthcare is not experienced only through clinical expertise, but through the way that expertise is delivered – with clarity, continuity, empathy and practical support. The next question is how those expectations play out across different care settings.





Chapter 3: Relative strengths by care setting

Relative strengths by care setting

The modality results show that patients distinguish clearly between the role a practitioner plays and the experience they deliver. These comparisons should not be read as an overall ranking or league table, because each setting operates with different levels of complexity, urgency, access pressure and cost exposure. They are most useful for identifying what patients respond to in different settings and where each part of the sector can strengthen the experience. Across the results, the best patient experience appears to be easy to access, clearly explained, personally attentive, transparent on value and supported by reliable follow-up.

Overall satisfaction with the quality of care, advice and treatment remains strong across most care settings. Optometrists and allied health providers receive particularly strong ratings, with dentists, pharmacies, vets, GPs, specialists and private hospitals also rated positively. The pattern suggests patients respond

especially well to care that feels clear, personal, practical and well organised. Mental health providers operate in more complex and capacity-constrained environments, which makes consistent experience harder to deliver, but the results also point to practical opportunities around communication, navigation, follow-up and support before and after care.

- **Allied health stands out for its strong patient experience**, with chiropractors, osteopaths and physiotherapists consistently rated strongly for feeling listened to, feeling cared for, communication, value for money, overall environment and recommendation. This makes allied health a strong example of relational, attentive care, and shows the value of communicating in ways patients understand while tailoring care to individual needs.
- **Optometrists perform strongly on access and clarity**, as well as communication, value and quality.

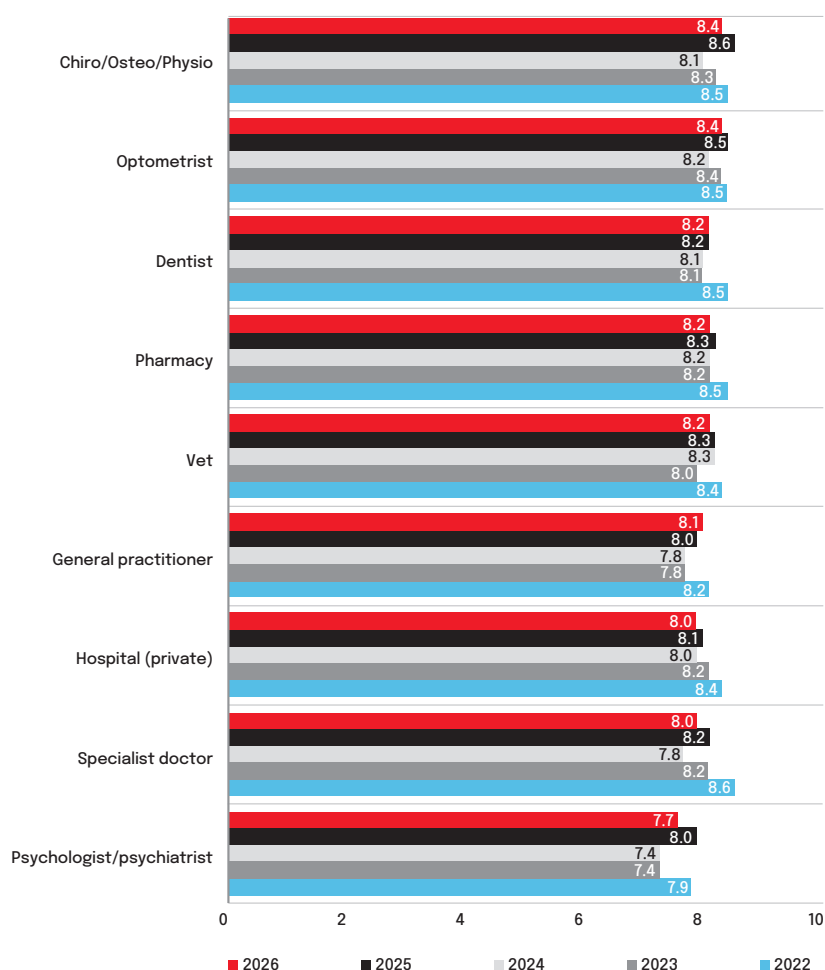
Overall satisfaction with the quality of care, advice and treatment remains strong across most care settings.

With 40% of Australians using optometrists in the past year, they offer a strong example of how to simplify the care journey and make value easier to see at scale.

- **Pharmacies perform particularly strongly on convenience**, with very strong access and everyday use. Their role is often more practical and transactional than relational,



Figure 14: Satisfaction with the quality of care, advice & treatment you received (score out of 10)



but that is also their strength: pharmacies show the value of low-friction care that is easy to find, easy to use and embedded in daily life.

- **Dentists perform better on experience than affordability pressures might suggest**, rating strongly on feeling cared for, being listened to, communication and quality, even though cost remains a barrier for many patients. The income gap in use - 54% among lower-income Australians versus 64% among higher-income Australians - reinforces how affordability shapes access even when experience is strong, making visible value

and clear fee communication especially important.

- **GPs remain the system anchor, with the biggest opportunities around access, time, continuity and communication.** GP use rose to 85% and reaches 98% among Australians aged 65+, confirming their central role in coordination and ongoing care. Among those who used a GP in the past year, 76% ranked them as the most important practitioner for their or their family's overall health. The practical opportunity is to simplify the care journey in high-volume primary care so it feels easier to access, less rushed and better supported before and after the consultation.

- **Specialists are valued for expertise, with opportunities to strengthen access, explanation and perceived value.** Because specialist care is often higher cost, referral-based and more complex to navigate, clear communication about fees, options, timelines and next steps can make the experience feel more transparent, understandable and worthwhile.
- **Private hospitals are rated positively for the quality of care, advice and treatment they provide.** Their opportunity is to make complex care feel easier to navigate through clear communication about admission, costs, treatment, results, discharge and follow-up. This can help patients understand what to expect at each stage and strengthen confidence and continuity before, during and after their hospital stay.

The pattern suggests patients respond especially well to care that feels clear, personal, practical and well organised. Mental health providers operate in a more complex and capacity-constrained environment.

- **Mental health providers are highly valued by many, with opportunities to make support easier to start and sustain.** Among those needing support, 47% received help while 37% did not seek help at all, reinforcing the importance of reducing friction, keeping people connected and making support feel worthwhile once received. Among those who used psychologists or psychiatrists, 36% ranked them as the most important practitioner for their or their family's overall health, showing that mental health support is increasingly viewed as core healthcare, not peripheral care. The priority is to prompt earlier action and support continuity once care begins.
- **Vets are valued where care feels reassuring, clear and compassionate.** Their role is often episodic but emotionally important, meaning value, explanation and follow-up matter because decisions can involve

both cost and attachment. The same practical levers apply: make value visible, communicate clearly and help owners understand what happens next.

Key take aways

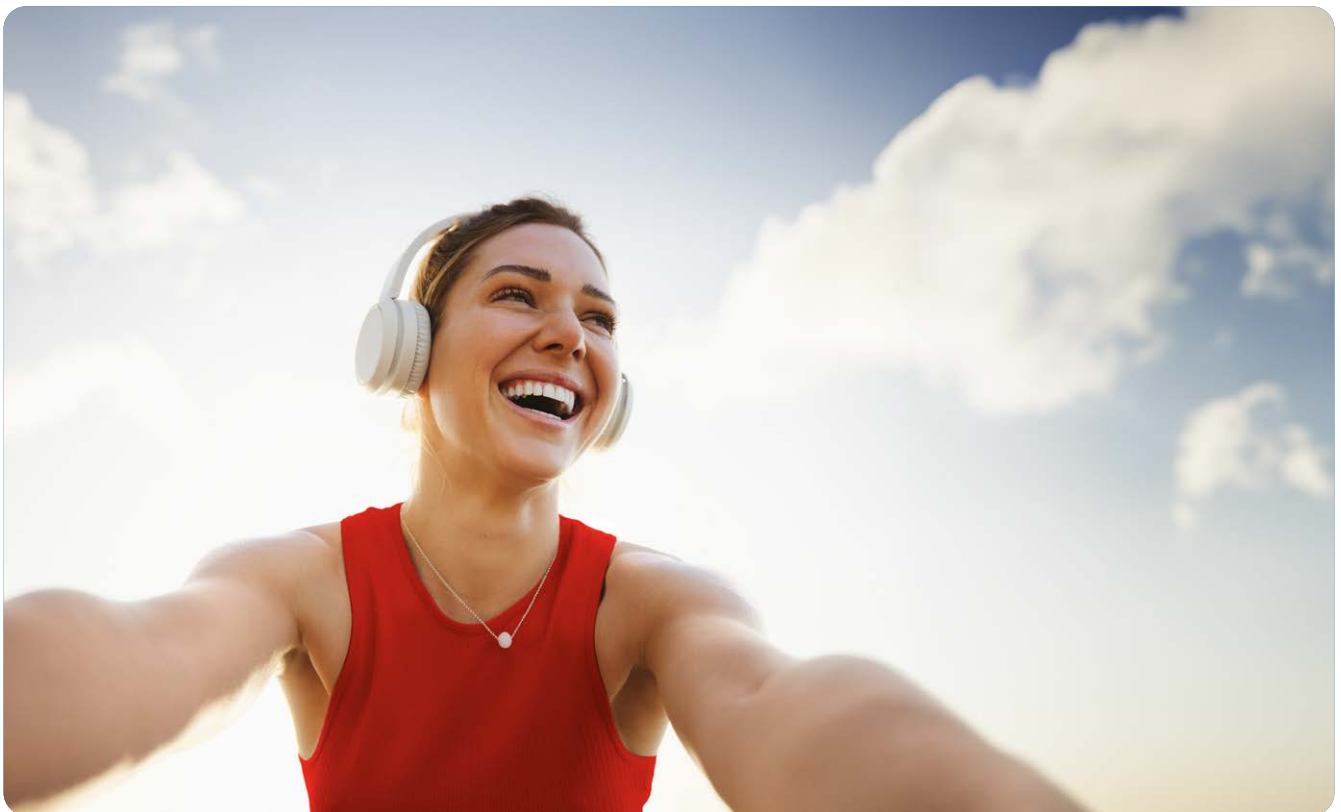
Taken together, the five practical levers apply across healthcare, but each setting has a different priority.

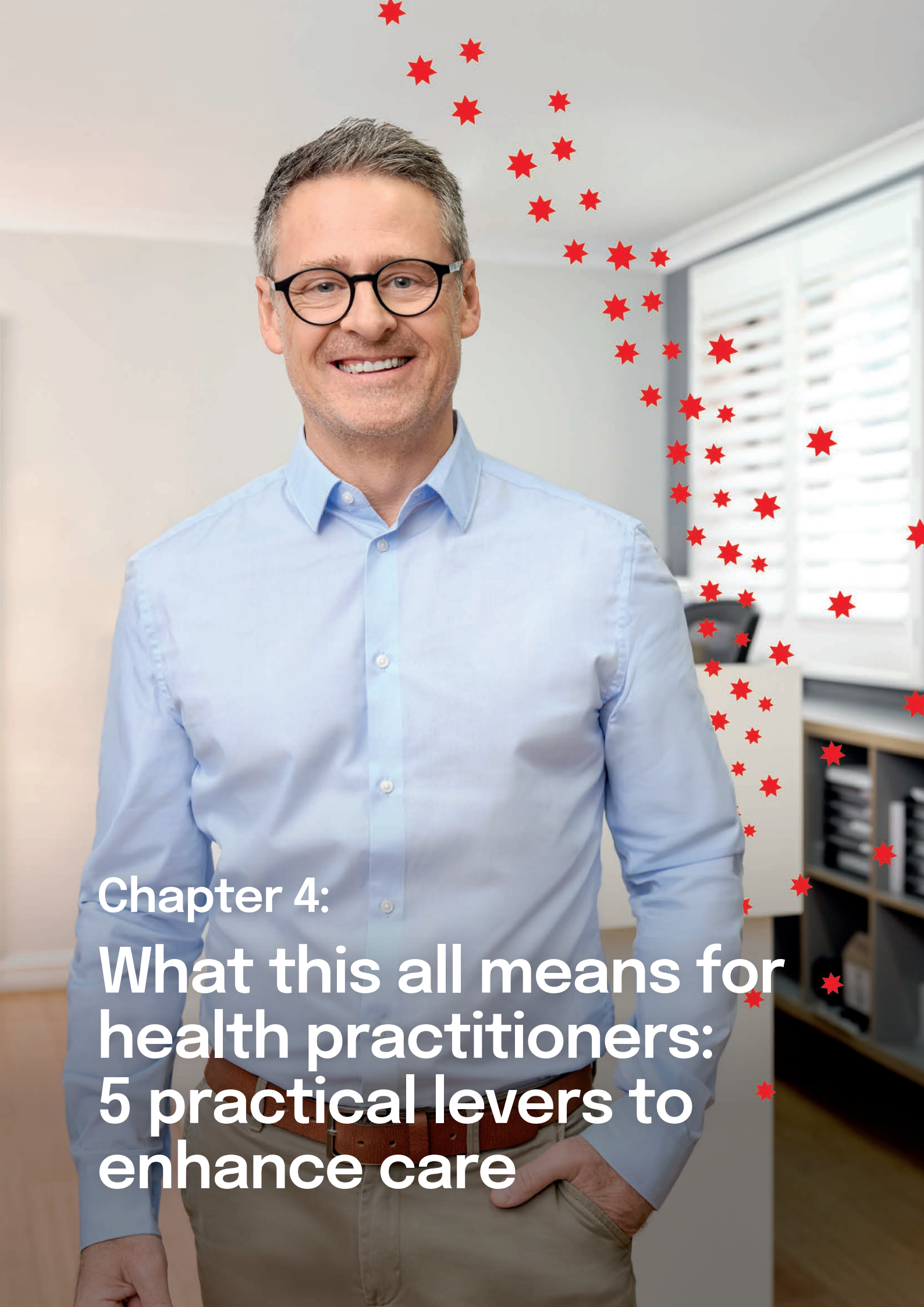
GPs need to simplify the care journey for high-reach primary care; pharmacies show the value of low-friction everyday support; dentists and specialists need to make value easier to see where out-of-pocket costs or complex decisions matter; allied health shows the strength of relational, tailored care; for private hospitals, a key opportunity is to communicate in ways patients understand through clearer navigation, explanation and handover; mental health providers benefit from prompting earlier action and making support easier to start

and sustain; and vets show how clear communication and visible value matter when care decisions are emotionally charged as well as practical.

Rural and regional results also show that even where access is harder, strong care experiences can still build confidence and satisfaction.

GPs remain the system anchor, with the biggest opportunities around access, time, continuity and communication.



A man with short grey hair and black-rimmed glasses is smiling at the camera. He is wearing a light blue button-down shirt and khaki trousers with a brown belt. He is standing in an office environment with a bookshelf and a window with blinds in the background. Numerous red, five-pointed stars are floating in the air around him, primarily concentrated on the right side of the frame.

Chapter 4: What this all means for health practitioners: 5 practical levers to enhance care

For health practitioners, the practical message is clear: patient experience is now part of care quality and business performance. The strongest opportunities are to simplify the care journey, make value easier to see, communicate in ways patients understand, prompt earlier action and tailor care to different patient needs.

Not every barrier patients describe is within an individual practice's control. Workforce shortages. Medicare settings, local service availability and broader cost pressures all shape the experience. But many of the things patients notice most are local and practical: whether the phone is answered, appointments are visible, costs are clear, reception is helpful, results are communicated, follow-up is prompted and continuity is supported.

Used as a checklist, the five levers help practices identify where care is easiest to access, where value is clearest, where communication builds trust, where earlier action can be prompted and where service design needs to better reflect different patient needs.

These recommendations should be read as practical prompts rather than universal prescriptions. They focus on credible, actionable steps that practices can reasonably consider within their own clinical, regulatory, workforce and local service context, while recognising that some patient experiences are shaped by broader system pressures beyond an individual provider's control.

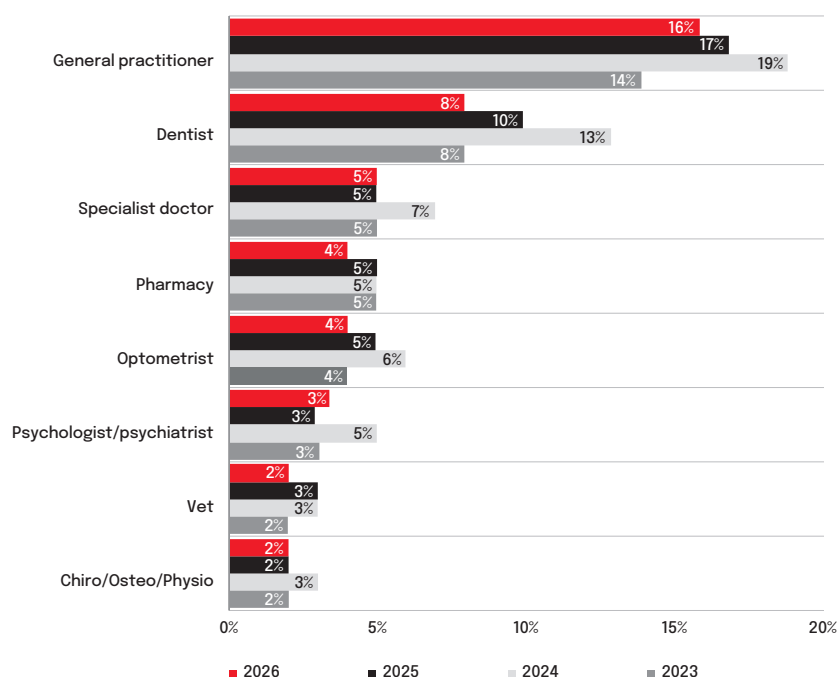
1. Simplify the care journey

by reviewing the main points of friction patients encounter before, during and after care, including booking, reception, waiting, privacy, results communication, hand-offs and follow-up, then prioritising the changes most feasible for the practice to implement.

Used as a checklist, the five levers help practices identify where care is easiest to access, where value is clearest, where communication builds trust.



Figure 15: Health professionals switched in the last 2-3 years because of being dissatisfied in some way



2. Make value easier to see

by providing clearer information on fees, billing expectations, inclusions, likely out-of-pocket costs, written next steps and follow-up pathways where appropriate.

3. Communicate in ways patients

understand by using plain language, listening actively, checking understanding, inviting questions and setting out clear next steps, especially where care is complex, costly or emotionally charged.

4. Prompt earlier action through

appropriate reminders, recalls, review prompts, missed-appointment follow-up and clear guidance on when care should not be delayed, while recognising clinical judgement, consent and privacy requirements.

5. Tailor care to different patient

needs by reviewing whether convenience, cost, continuity, communication and trust differ across the patient groups each practice serves, then adapting service design where practical and appropriate.

Provider switching is a useful retention signal. Most patients remain with their health professionals, but switching shows that loyalty should not be taken for granted. It is often the visible end point of earlier friction – difficulty getting appointments, unclear costs, rushed communication, weak follow-up or a poor sense of value. Monitoring switching, lapsing patients and recurring friction points can help practices strengthen relationships before people leave.

The practices best placed to build trust will be those that make good care easier to find, easier to understand, easier to continue and easier to act on before problems escalate.

The findings in this report are grounded directly in patients' own experiences and responses. The research draws on a statistically robust survey of more than 1,000 Australians, with the sample structured to be representative across age, employment type, location and income. The results therefore reflect what patients themselves told us about the care they receive, the barriers they face and the practical changes that would make healthcare easier, clearer and more responsive to their needs.



Chapter 5:

Customer stories

Stronger together: How one vet built a powerful network

Dr Alison Taylor's Capital Paws Group is proving that collaboration can be a powerful growth strategy, connecting like-minded colleagues to create new opportunities for vet practices and their people.

Growing up on a hobby farm outside Goulburn and observing the skill with which the local vet treated her family's horses inspired animal lover Dr Alison Taylor to pursue a similar career path.

After graduating from Sydney University in 1998, she spent close to a decade working in practices at home and abroad before taking the plunge and becoming an owner herself.

"As a young vet, I was involved in the management and development of the practices I was working in and it seemed like an obvious transition," Dr Alison says.

"I was really motivated by the prospect of being able to make decisions and

have things done the way I wanted; to have some control over outcomes."

Putting a vision into practice

NAB Health, together with its specialist healthcare arm Medfin Finance, were there at the beginning. A loan from Medfin Finance enabled Dr Alison to buy into a suburban Canberra practice alongside two partners. It was a conventional pathway to ownership but her subsequent business journey has been anything but.

In the intervening 15 years, she acquired equity in 10 more practices and facilities in the Canberra and Queanbeyan districts, including the Kippax Veterinary Hospital, a purpose-built clinic in Holt offering emergency and routine care.

As her network grew, Dr Alison brought the practices together under the Capital Paws Group, creating a thriving cooperative of professionals whose

expertise spans every aspect of veterinary science, from diagnostic imaging and dermatology to exotic animal medicine and surgery. Collectively, they employ 150 staff, including 60 vets, who conduct around 3,500 consults a month.

The practices share a common database and communications platform, provide sick and holiday cover for one another and refer patients internally when specialist care is required. There are training and mentoring programs for staff and a strong emphasis on wellbeing and work-life balance – foreign concepts for many standalone vet practice owners, historically.

"We've set up a model that allows us to operate sustainably and efficiently and take advantage of economies of scale, while maintaining private ownership," Dr Alison says.



Taking a solution focused approach

While there have been challenges along the journey, experience has taught Dr Alison that there's a solution for every problem.

"If you look after the people you work with, and yourself, things tend to work out," she says. "Be smart and clever but also be kind – that's the approach I take."

Finding and retaining good people, whether they're partners, employees or advisers, is also key. "You get out of people what you put in so it's important to foster the relationships that make it work," she says.

Looking ahead to a strong, independent future

While Capital Paws has reached critical mass, Dr Alison will continue to explore opportunities to expand its reach.

A new animal hospital is currently under construction to replace the existing one in the Canberra suburb of Holder. Slated to open in early 2027, it will include a second hospital for their referral service.

"Sustainable success is the long-term goal – to have enough people, good systems and good support staff so the businesses can keep running well," she says.

Giving back to communities

Supporting animal health programs in Indigenous communities, a passion project since 2010, will also remain a focus for Dr Alison.

Twice a year, she travels to the Northern Territory with a delegation of volunteer vets and vet nurses to provide free desexing and parasite control treatment for pets whose owners have limited access to vet services.

One of the big misconceptions is that the dogs in these communities

are strays. In reality, they are owned pets that are deeply valued within Indigenous communities, where they provide companionship, security and, for some families, assist with hunting.

"There's a great sense of satisfaction from being able to make a positive contribution to Indigenous affairs," Dr Alison says.

"It's a service [these communities] want and it enables us to learn about their culture and connect with them. That's a great opportunity and a privilege for our staff, and it helps us keep things in perspective too."

Partnering with a bank that helps healthcare businesses innovate and grow

Dr Alison has been a NAB customer for over 15 years with NAB Health and its specialist healthcare arm, Medfin Finance, enabling her to grow the Capital Paws footprint.

She's used business finance to buy into practices and has appreciated the responsive service provided by NAB.

"NAB has helped me grow my business by working in partnership with us to identify what our needs are and then help support us to get there," Dr Alison says. "Sometimes we've had to come up with some creative solutions together, but they've certainly been

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willing to do that and been available to support us in our growth."

It's a relationship NAB values too. "Building a successful healthcare business isn't straightforward and maintaining a cooperative network of professionals is an extraordinary achievement", says Executive, NAB Health and CEO, Medfin John Avent.

"NAB prides itself on backing businesses that find smart ways to 'change the game' and we'll continue to support Dr Alison as she reshapes the veterinary services market in the ACT and builds a sustainable service delivery model for others to emulate."



From family dentist to purpose-led paediatric practice

Through thoughtful growth, clinical leadership and community engagement, Dr James Lucas has built a specialist paediatric dental practice guided as much by compassion as expertise.

An invitation to study postgraduate paediatric dentistry changed the course of Dr James Lucas's career. Originally a family dentist, he went on to specialise in dental trauma and the care of medically compromised children – work that has greatly improved the lives of countless young people and their families in Australia and overseas.

With a career spanning more than four decades, Dr Lucas's impact on paediatric dentistry has been immeasurable. He has made his mark as a consultant and Deputy Director of the Dental Department at the Royal Children's Hospital in Melbourne, as well as President of both the Australasian Academy of Paediatric Dentistry and the Australian and New Zealand Society of Paediatric Dentistry.

But some of his most meaningful work has been further afield. For more than a decade, Dr Lucas volunteered as a visiting consultant at the National Hospital of Odontostomatology in Ho Chi Minh City, Vietnam, providing hands-on clinical teaching and working alongside local clinicians caring for children with cleft lips and palates. In recognition of his service to paediatric dentistry and the dental community, he was awarded a Member of the Order of Australia in 2019.

The business of care

His achievements don't stop there though. Alongside his clinical and academic work, Dr Lucas has also built a thriving business. His practice, Lucas Dental Care, gained strong momentum early on and now operates across three locations: Glen Iris, Bundoora and Mornington.

"We opened the first surgery in Glen Iris in 2003 to provide general family dentistry, as well as treatment for children and patients with special needs," he says.

"We decided to buy and rebuild a property, and NAB helped us every step of the way," Dr Lucas says.

"That's now our three-story flagship dental practice, which opened in 2019."



It soon became clear there was overwhelming demand for specialised care. In response, the practice expanded to Bundoora and Mornington, with both locations dedicated to supporting children with medical and behavioural needs.

Dr Lucas values the collaborative environment. “[Like Glen Iris], the Bundoora and Mornington practices are located within dental hubs where specialists can share infrastructure,” he says. “We consult with each other and often treat the same patients, which works well for everyone.”

A long-term partnership

Dr Lucas’s relationship with NAB stretches back decades, beginning with a loan for his first home and evolving alongside his career and growing practice. As Lucas Dental Care expanded from a single surgery into a multi-site operation, access to the right financial support became increasingly important.

That support was particularly critical when the Glen Iris building was earmarked for redevelopment.

“We decided to buy and rebuild a property, and NAB helped us every step of the way,” Dr Lucas says. “That’s now our three-story flagship dental practice, which opened in 2019.”

Over the years, Dr Lucas has also embraced new tools and services as they’ve emerged. He began banking with NAB Health when it was launched and, by coincidence, was already using Medfin for leasing and equipment purchases when it became part of NAB. He has also used HICAPS since its introduction to streamline claiming and transaction solutions and improve cash flow.

“When you’re developing practices as we have, you need confidence in the people providing finance and advice,” Dr Lucas says. “That’s always been the case with NAB. Andrew Francis, my relationship banker, is excellent – knowledgeable, practical and very helpful.”

John Avent, Executive, NAB Health, says the relationship reflects NAB’s focus on supporting health professionals as their businesses evolve. “It’s a pleasure to hear James talk about the different ways we’ve supported him and his practice over the years,” he says. “We look forward to continuing that partnership in the years ahead.”

A commitment to community

Dr Lucas has no plans to expand the footprint of his business, but he is focused on extending its influence and depth of expertise.

“That may mean bringing more paediatric dentists into the practice and supporting them to help build an even more specialised centre,” he explains.

Alongside clinical excellence, Dr Lucas is equally committed to supporting children’s wellbeing more broadly. The practice sponsors the Children’s Program at the Melbourne Fringe Festival, as well as Polyglot Theatre – one of Australia’s leading children’s theatre companies – which takes performances directly into schools.

He also regularly visits kindergartens and primary schools to give children a gentle, positive introduction to dental care. In addition to authoring research papers and academic chapters, Dr Lucas has co-authored a children’s book about dentistry.

“Our brand is about making children feel happy and comfortable,” he says. “That’s something I’m keen to keep building on in the years ahead.”

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The information contained in this article is intended to be of a general nature only. It has been prepared without taking into account any person’s objectives, financial situation or needs. Before acting on the information in this article, you should seek professional advice and consider whether it is appropriate for you in light of your objectives, financial situation and needs. Terms, conditions, fees, charges, eligibility and lending criteria apply to NAB Health products. Application for credit are subject to credit assessment criteria.



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