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### **Executive Summary**



#### Australia's health system is widely regarded as among the best in the world, but is that how patients see it?

In part 1 of this special insight series, we again ask Australians to tell us about what they want from their health practitioners - and what they're getting. The results paint a clear picture of the opinions of healthcare consumers today, giving you actionable insights to help you meet your patients' needs.

Our findings are both encouraging and illuminating. Patients told us frankly about their experiences around everything from wait times and access to affordability and value. Critically, they also shared their sense of feeling cared for and listened to. What emerged is a largely satisfied health consumer, but also a much more demanding one.

Overall, we found that Australians remained largely satisfied with the healthcare system. Importantly,

satisfaction continued to track higher and improved slightly among the estimated 4 in 10 Australians who require ongoing treatment or medication for a medical condition.

However, age, gender and location had significant impacts on responses. People in capital cities reported higher satisfaction than rural areas, and men generally remained more satisfied than women. Patients over 65 had much higher levels of satisfaction than people aged 18-24, suggesting a real gap for vounger Australians, and there was a noticeable decline in satisfaction for people who identify as LGBTQI+. Income remained a key differentiator.

General practice is still the cornerstone of the Australian healthcare system. GPs topped the list of practitioners considered the most important. People still preferred face-to-face GP and specialist consultations over telehealth options - over 9 in 10. This trend held for psychologists and psychiatrists, too, though more people also opted for video conferencing and telephone consults.

Cost-of-living pressures may be beginning to impact health decisions, as more patients reported higher prices for all healthcare practitioners. One in 2 Australians told us affordability was a key reason they had avoided seeing a health practitioner, like a GP or a dentist, in the past 12 months for a health concern - a trend that may risk delayed diagnosis and treatment. Only 1 in 2 visited a dentist in the past 12 months, and 3 in 10 haven't visited for over 3 years.

Overall patient satisfaction remained very high for most practitioners. This year, vets scored highest, bumping

optometrists from top place. Vets were also one of only two groups to report higher satisfaction, compared to last year. Satisfaction was unchanged and remained high for pharmacies and dentists, with GPs only slightly behind.

But perhaps the single most important insight is this: post-COVID, we're seeing a new breed of healthcare consumer who is not only taking a more proactive approach to managing their own health but showing less loyalty if they feel their needs aren't being met. Around a third of patients switched a health professional in the past 2-3 years, led by a growing number who have changed their GP or dentist. This trend is most active in the under-45s, and convenience, bulk billing and the ease of making an appointment seemed to be driving factors.

This is our 13th year compiling this report - and it's a little different from previous years. Health practitioners told us they wanted to hear more from patients, with more feedback in patients' own words, so they could better respond to the specific opportunities and concerns raised in this report. We have listened, and this year have included comments across a range of areas most important to health consumers.

I hope these insights are a great help for your practice as you plan for the next 12 months and beyond.

#### John Avent

Executive, NAB Health and Medfin, NAB

#### Introduction

### The Health System

#### How satisfied are **Australians with the** health system overall?

Australians remain 'moderately satisfied' with the system as a whole, with perceptions broadly unchanged over the past year, but there continue to be important differences by gender, age and location. On average, satisfaction was unchanged at 6.5 pts out of a possible 10 pts, with 1 in 3 (36%) 'very' satisfied (i.e., scored 8 pts or higher). Just over 1 in 10 (11%) were 'not very' happy (i.e., scored less than 3 pts).

Satisfaction remains highest in capital cities and lowest in rural areas. Men were slightly more satisfied but women a little less so than last year. By age, satisfaction was highest among the 18-24 age group, increased most among those aged 45-54 and was lowest in the 55-64 age group. Of concern, the gulf in satisfaction between those on higher and lower incomes widened in 2024, as satisfaction edged down in the lower income group but was unchanged for those on higher incomes. The survey also revealed an increase in satisfaction levels among NDIS participants, but a noticeable decline among Australians who identified as LGBTQI+.

#### What about those who require ongoing treatment or medication for a condition?

Around 4 in 10 Australians require ongoing treatment or medication for a medical condition, rising to over 7 in 10 among the over-65s. And for over 8 in 10 people with an ongoing condition, it is a chronic condition. Australians who require ongoing treatment or medication for a medical condition are often closer to the system and their satisfaction is particularly important. When asked to score their satisfaction with the care they receive for their condition, they scored a higher 7.5 pts in 2024

(7.4 in 2023), with over 6 in 10 (62%) 'very' satisfied (i.e., scored 8+ pts).

Satisfaction rose and remains highest among Australians living in regional cities and is lowest for those in rural areas, though has improved. Men remain more satisfied with their care than women, despite an improvement in satisfaction among women. Younger health consumers requiring ongoing care typically have higher expectations about the care they receive, with patient, satisfaction typically rising with age. While around 8 in 10 patients over the age of 65 reported high satisfaction with their care, only 3 in 10 scored highly in the 18-24 age group. Income also remains a differentiator, though satisfaction with care improved in both lower and higher income groups in 2024. NDIS participants were more satisfied with their care in 2024, but LGBTQI+ patients much less so.

#### Has demand for mental health services changed and how is the sector coping?

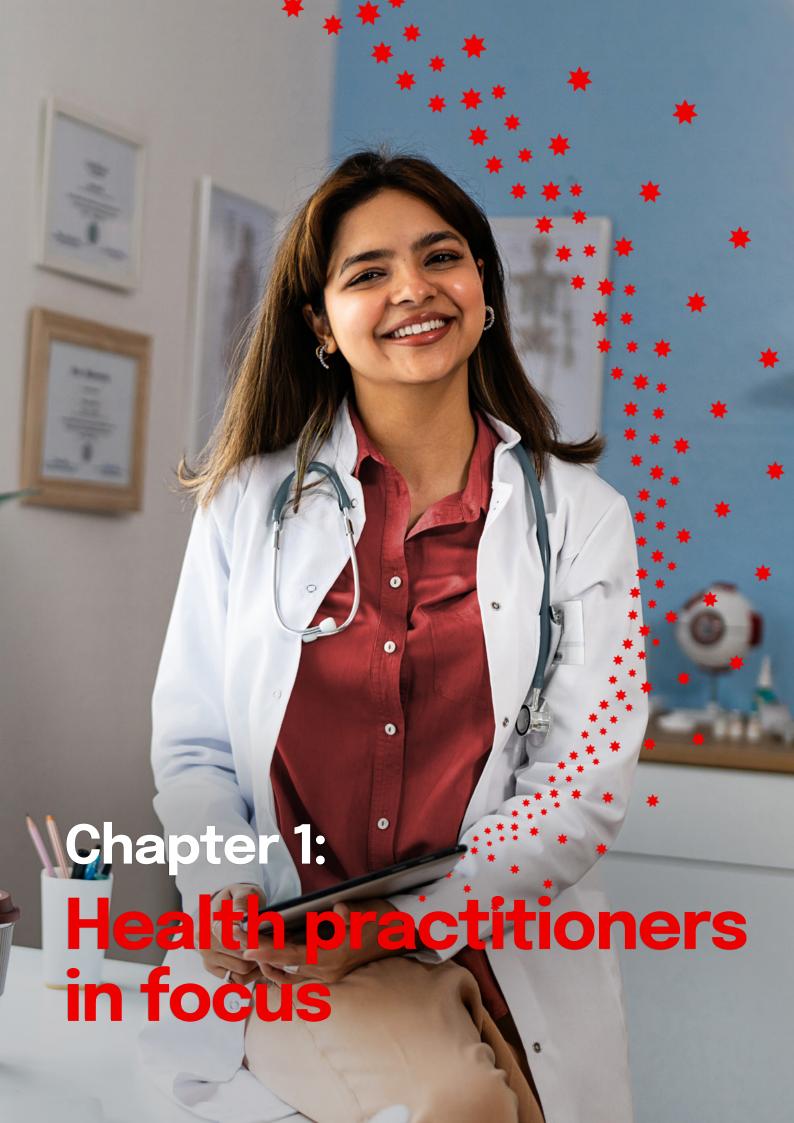
Many Australians continue to struggle with their mental health, with 16% reporting they had been diagnosed with a mental health illness or disorder over the past 12 months, though encouragingly this was down slightly from 18% in 2023. Three in 10 (30%) have been diagnosed with a mental health illness or disorder at some point in their lives. At the same time, however, the number who felt they needed professional help for their emotions, stress or mental health over the past year climbed to almost 4 in 10 (39% vs. 36% in 2023). And fewer of these Australians report getting the help they believe they needed, with just under 1 in 2 (47%) accessing care (vs. 51% in 2023). This aligns with a growing number who have reached out but were waiting to see someone - rising to almost 1 in

5 (19% vs. 15% in 2023). An unchanged 1 in 3 have not sought any help.

Encouragingly, however, it appears those in greatest need are increasingly being prioritised, with 6 in 10 (58%) people who received care waiting less than a month (24% less than two weeks and 34% two weeks to less than a month), up from 1 in 2 (51%) who waited less than a month in 2023. Fewer also endured longer wait times of over a month (1 in 3 in 2024 compared to over 4 in 10 or 42% in 2023). That said, while 6 in 10 in capital cities waited less than a month, fewer than 1 in 2 (46%) did so in rural areas. Around 6 in 10 in the higher income group also reported wait times to access care of less than a month, compared to fewer than 1 in 2 (47%) in the lower income group where more than twice as many people endured wait times of more than six months (22% lower income; 10% higher income).

#### **How satisfied are Australians** who access mental health services with the care they receive?

Importantly, those who receive help remain quite satisfied, on average scoring a solid 7.2 pts out of 10 in 2024 (though down slightly from 7.3 pts in 2023 and 7.5 pts in 2022), and over 1 in 2 (52%) were 'very' satisfied (i.e., scored 8+ pts). Satisfaction was somewhat higher in capital and regional cities than in rural areas where it also scored somewhat lower than in 2023 (6.5 pts vs. 7.1 pts). Men and women were essentially equally satisfied with the care they received. However, satisfaction ranged widely across age groups, from 7.7 pts among those aged 25-34 to 6.7 pts for those aged 18-24. NDIS participants also scored lower than last year, while those who identified as LGBTQI+ scored their satisfaction higher.



#### Overall, how satisfied are Australians with the quality of care, advice or treatment received from health practitioners?

Patient satisfaction remains high for most practitioners, though results vary across practitioner groups. This year, vets scored highest, bumping optometrists from top place in last year's survey. Vets were also one of only two groups to report higher satisfaction compared to last year (8.3 pts vs. 8.0 pts), public hospitals being the other (7.5 pts vs. 7.0 pts), But satisfaction with public hospitals remained among the lowest overall. Satisfaction was unchanged for pharmacies (8.2 pts), dentists (8.1 pts), GPs (7.8 pts) and psychologists & psychiatrists (7.4 pts), who also ranked lowest overall. But Australians who visited optometrists (8.2 pts vs. 8.4 pts in 2023), chiropractors, osteopaths & physiotherapists (8.1 pts vs. 8.3 pts), private hospitals (8.0 pts vs. 8.2 pts) and specialist doctors (7.8 pts vs. 8.2 pts) were less satisfied with the care, advice or treatment they received compared to last year.

Satisfaction was lower in regional cities for private hospitals and in rural areas for psychologists & psychiatrists. Women were much more satisfied than men with the care received from vets and psychologists & psychiatrists, and men with specialist doctors and public hospitals. People over 65 were more satisfied with optometrists, chiropractors, osteopaths & physiotherapists, specialist doctors, GPs and public hospitals. Satisfaction scored much lower among those aged 18-24 for vets, chiropractors, osteopaths & physiotherapists, specialist doctors and public hospitals. Well above average levels of satisfaction were noted for Australians who identified as LGBTQI+ for chiropractors, osteopaths & physiotherapists, but satisfaction for GPs and public hospitals in this group was well below average.

#### Who are the most commonly used health practitioners in Australia?

GPs, pharmacies and dentists remain the most commonly visited or used health practitioners by Australians.

In 2024, just over 7 in 10 (71%) of us had visited a GP in the past 12 months - albeit down from 73% in 2023 and almost 8 in 10 (78%) in 2022. Just over 6 in 10 (61%) had visited a pharmacy, unchanged from 2023 but down from 7 in 10 (70%) in 2022. An unchanged 1 in 2 (50%) had visited a dentist in 2024, unchanged from 2023 but up on 2022 (47%). Visits to optometrists fell slightly over the year (33% vs. 35%) but were still somewhat higher than in 2022 (28%). Fewer Australians visited specialist doctors (25% vs. 28%) but slightly more visited or used a public hospital (24% vs. 22%) and a chiropractor, osteopath or physiotherapist (17% vs. 15%). An unchanged 17% had visited a vet, 12% a psychologist or psychiatrist and slightly more a private hospital (12% vs. 11%). Only 6% had not visited any practitioner in the past 12 months.

Not surprisingly, visitation typically rises as Australians age, except for psychologists & psychiatrists where it was somewhat higher among those under 35. Noticeably more Australians on higher incomes had visited a dentist (55%) or vet (25%), but considerably more of those in the



lower income group a public hospital (28%). Interestingly, the number of NDIS participants (25%) and people who identified as LGBTQI+ who had visited a psychologist or psychiatrist was more than twice the Australian average. By region, many more people in capital cities had visited a dentist (55%) and in rural areas a vet (27%). More women than men had visited most practitioners in 2024, except private hospitals, with the gap greatest for public hospital use (29% women vs. 18% men), pharmacies (67% vs. 57%) and vets (21% vs. 12%). Twice as many men had not visited or used any health practitioner in the past 12 months (8% of men vs. 4% of women).

#### Who do Australians believe are most important to them in helping them manage their health?

Australians were also asked to consider which practitioners were most important to them in terms of their own or their family's health (both physical and mental). GPs topped the list, with over 9 in 10 (92%) Australians rating them in their top 5. Around 3 in 4 (73%) selected psychologists & psychiatrists and 2 in 3 dentists (65%) and specialist doctors (63%), with chiropractors, osteopaths & physiotherapists (56%) rounding out the top 5. Pharmacies (55%), public hospitals (50%) and

More women than men had visited most practitioners in 2024, except private hospitals.

optometrists (48%) were also important, according to around 1 in 2 Australians overall, with vets (31%) and private hospitals (28%) least important.

A higher number identified psychologists & psychiatrists in their top 5 in capital cities (77%), and a much higher number chiropractors, osteopaths & physiotherapists in regional cities (79%). Noticeably more women valued dentists (71%) and vets (37%), but men private hospitals (39%). By age, higher numbers in the 18-24 age group said specialist doctors (100%) and pharmacies (71%), among the 35-44 age group optometrists (60%), the 45-54 age group private hospitals (43%) and the over-65 age group psychologists & psychiatrists (100%). Noticeably more people in the higher income group valued dentists (62%), chiropractors, osteopaths & physiotherapists (59%) and vets (28%), and among those in the lower income group pharmacies (71%) and optometrists (73%). Significantly more NDIS participants put psychologists & psychiatrists (100%) in their top 5, and in the LGBTQI+ group GPs (100%), pharmacies (75%) and public hospitals (75%).

#### Do Australians believe the cost of practitioners has changed over the past year?

Cost of living pressures continue to add to a collective sense of financial stress among Australians, with more health consumers indicating higher prices for nearly all practitioners. Vets were the exception, with a basically unchanged 3 in 4 (76%) survey respondents indicating prices were more expensive (but still highest overall). Around 7 in 10 said that it was more expensive to visit a chiropractor, osteopath & physiotherapist (72% vs. 62% in 2023) and a private hospital (71% vs. 57%), and 2 in 3 said it was more costly to visit a dentist (67% vs. 62%), psychologist & psychiatrist (67% vs. 60%), pharmacy (66% vs. 61%) and specialist doctor

(63% vs. 57%). There was also a large increase in the number who said GPs (59% vs. 50% in 2023) and optometrists (49% vs. 40%) were more expensive. Price perceptions also rose for public hospitals (31% vs. 24%).

A much higher number of people in regional cities said prices were more expensive for pharmacies (72%), in rural areas optometrists (58%) and in capital cities public hospitals (36%). Interestingly, noticeably more Australians in higher than lower income groups said costs had increased for all health practitioners, especially specialists (83% of those on high incomes vs. 50% of lower income earners), GPs (69% vs. 37%), public hospitals (43% vs. 18%) and vets (80% vs. 58%).

#### What about the incidence of bulk billing and how important is it to Australians when visiting a doctor?

Six in 10 (60%) Australians were bulk billed the last time they visited a GP or doctor, down from 63% in 2023 and 71% in 2022. Numbers were down in most monitored groups. By region, bulk billing was highest in rural areas (unchanged at 64%) but fell slightly in regional and capital cities (to 60%). By age, it was highest by a significant margin among the over-65 age group who were also one of only a few groups to report higher rates of bulk billing in 2024 (76% vs. 73% in 2023). It was lowest and fell noticeably for those in the 18-24 age group (51% vs. 59% in 2023), the 25-34 age group (52% vs. 57%) and the 35-44 age group (52% vs. 61%). Bulk billing rates declined in all other age groups. Australians on lower incomes were the only other group to report higher rates of bulk billing in 2024 (81% vs. 75% in 2023), and significantly above the higher income group (51%). NDIS participants and people who identified as LGBTQI+ also reported much lower rates of bulk billing in 2024.

While fewer people report being bulk billed, the importance of bulk billing to Australians has grown. When asked how important bulk billing was when selecting a doctor, on average, Australians scored a very high 8.2 pts out of 10. It also scored very high in most key groups and increased with few exceptions. Almost 7 in 10 (68%) Australians overall believe bulk billing is extremely important when selecting a doctor (i.e., scored 8+ pts). By region, it jumped sharply to 71% in rural areas (59% in 2023) and was rated as extremely important for more women (72%) than men (64%). It ranged more widely across age groups, with around 3 in 4 (74%) in the 45-54 and over-65 age groups scoring the importance of bulk billing extremely important, falling to just over 1 in 2 (54%) in the 18-24 age group. We also noted a sizeable increase in the 25-34 age group who scored very high (69% vs. 57%), with those aged 35-44 the only group to report a fall (63% vs. 72%).

In the lower income group, the number who said it was extremely important was noticeably higher at 76% (67% in 2023), but also rose in the higher income group (64% vs. 61%). We also counted sharply higher numbers of NDIS participants (73% vs. 63%) and those in the LGBTOI+ community (74% vs. 63%) who scored the importance of bulk billing very high.

#### How easy is it to see a health practitioner and what do Australians believe would make it easier?

Australians continue to believe it is 'very' easy to see or use a range of practitioners, particularly pharmacies (scoring 8.7 out of a possible 10 pts vs. 8.8 in 2023), optometrists (8.3 pts vs. 8.5 pts) and vets (8.1 pts vs. 8.2 pts) - though all scored marginally worse than in the 2023 survey. The 2024 survey also suggests it is still quite easy to see a chiropractor, osteopath & physiotherapist (7.9 pts vs. 8.2 pts in 2023), a dentist (7.5 pts vs. 7.7 pts) and private hospital (7.5 pts vs. 7.7 pts). That said, the ease of seeing practitioners

**Australians** continue to believe it is 'very' easy to see or use a range of practitioners, particularly pharmacies, optometrists and vets.

in these areas has fallen consistently over the past two years. It is also still quite easy to see a GP (unchanged at 7.3 pts). It was somewhat easier to access a public hospital in 2024 (6.8 pts vs. 6.4 pts), but a little harder to see a specialist (6.5 pts vs. 6.8 pts). Psychologists & psychiatrists were rated hardest to see (6.4 pts vs. 6.3 pts).

Australians living in regional cities found it somewhat more difficult to use a public hospital, and in rural areas a dentist, GP and psychologist & psychiatrist. Noticeably more men said it was harder to see a vet, and women to access care from a private or public hospital, a specialist doctor and a psychologist & psychiatrist. By age, the ease of seeing or using healthcare practitioners was typically considered hardest in age groups under 35 and easiest in age groups over 65.

Patients say... When we asked Australians what they believed a health practitioner could do to make it easier to see them, many spoke of having better access to GPs who bulk billed, more generous operating hours particularly on weekends, remaining "true to their appointment times", to "stop booking appointments for 4pm and not seeing someone until 5.30 to 6pm", employing more staff and investing more in staff, working

"less sporadically" and "in the same place", introducing better booking systems and "more follow-up phone calls and reminders". Some spoke of being unable to find doctors who were taking on new patients and of the need for more Government action to reduce waiting lists in the public system, with one patient believing they were "at their worst in his 78 years", while others urged practitioners to close their books to better service existing patients. Some spoke of having to wait over a year to see a specialist and how this was weighing on them, while others mentioned having to book "three weeks in advance" for an appointment. Finally, many felt there was a need for more trained doctors while also acknowledging "how busy and overworked" their local GPs appeared.

#### **How do Australians access** their GP, specialist or psychologist or psychiatrist. and what would they prefer?

Most Australians continue to see their GP and specialist face-to-face, with 9 in 10 having a face-to-face consultation the last time they accessed treatment. Few did so via video conferencing (2% for GPs, 4% for specialists) and telephone (7% for GPs, 5% for specialists), and even fewer via email or webchat advice line or other means. Around 3 in 4 Australians who visited a psychologist or psychiatrist did so face-to-face, but compared with GPs and specialists, a much greater number had done so via video conference (16%) or telephone (10%).

Australians are broadly accessing GPs and specialists in line with their preferred method of doing so, with about 9 in 10 also preferring faceto-face and few preferring video conferencing (3% for GPs, 6% for specialists) or via telephone (7% for GPs, 5% for specialists). Very few also have any appetite for using email or a webchat advice line or other methods. On average, Australians



are also accessing psychologists & psychiatrists in line with their preferred method of doing so, with 3 in 4 also preferring face-to-face, 13% video conferencing and 11% telephone, with little interest in using email or a webchat advice line or other methods. But we did find gaps where reality and preferences did not align as closely.

In terms of face-to-face appointments, we noted much larger numbers who accessed their psychologist or psychiatrist in this way more than they preferred in regional cities (72% preferred; 80% accessed), among men (79% vs. 88%), in the 18-24 age group (65% vs. 78%) and NDIS participants (65% vs. 74%). For video conferencing, we noted much larger numbers who accessed this method more than they preferred in capital cities (13% preferred; 18% accessed), women (18% vs. 26%), in the 55-64 (0% vs. 13%) and over-65 age groups (0% vs. 14%) and those on lower incomes (11% vs. 22%), and for telephone calls in the 18-24 age group (17% vs. 4%). We also noted a much lower number of people who accessed their psychologist or psychiatrist face-to-face than they

preferred in rural areas (93% preferred; 86% accessed), among women (68% vs. 61%) and the 55-64 age group (87% vs. 73%). For video conferencing, much fewer people in the higher income group also accessed them than preferred (17% preferred vs. 9% accessed), and noticeably fewer interacted via telephone than they would have preferred in regional cities (12% preferred; 4% accessed), in the 18-24 (17% vs. 4%) and over-65 (14% vs. 0%) age groups, the lower income group (33% vs. 22%), NDIS participants (30% vs. 17%) and those who identified as LGBTQI+ (17% vs. 9%).

#### Do Australians believe healthcare represents good value for money and what do they believe would make it better value?

The cost of healthcare does not always equal value. Australians, on average, scored the value of care, advice or treatment highest for pharmacies (8.1 pts) and optometrists (8.0 pts). Chiropractors, osteopaths & physiotherapists and public hospitals were next (7.6 pts), followed by private hospitals (7.5 pts). Australians also scored value relatively high for GPs,

specialist doctors, dentists and vets (7.3 pts), and lowest for psychologists & psychiatrists (7.1 pts). Around 7 in 10 also believe optometrists and pharmacies offered 'excellent' value (i.e., scored 8+ pts), and around 6 in 10 for public hospitals, specialist doctors, private hospitals and chiropractors, osteopaths & physiotherapists. Around 1 in 2 said dentists, vets and psychologists & psychiatrists offered excellent value. Around 1 in 10 Australians scored value 'very poor' for specialist doctors, the highest of all practitioners.

Patients say... When we asked Australians what they believed a health practitioner could do to offer better 'value', while many spoke of cost with prices better reflecting the actual time spent and fees that cover the Medicare gap, others wanted longer appointments and feeling less rushed, being on time, taking more time to "really listen" rather than a quick "10 minute consultation before moving on to your next patient", more "straightforward answers and solutions", more "long-term solutions", a more "holistic approach to health and welfare", more home

visits, practitioners making "too many assumptions" about them, more attention paid to being COVID safe including better air filtration and mandatory masking, and making the practice feel more "welcoming". Other themes were not having to obtain and pay for an annual referral from a GP to see the specialist for those with ongoing, chronic conditions, being more specific as to why follow-up appointments were needed and waiting times of up to two weeks "just to get a telehealth" appointment.

Australians, on average, scored the value of care, advice or treatment highest for pharmacies.

### Do Australians believe health practitioners really listen to them and what would make them feel more listened to?

The survey results suggest they mostly do, though some perhaps more than others. Optometrists came out on top scoring 8.1 pts out of a possible 10, followed by pharmacies and vets (8.0 pts). All other practitioners also scored quite high - from 7.7 pts for dentists to 7.2 pts for public hospitals. The share of Australians scoring practitioners very high (i.e., scored 8+ pts) ranged from 2 in 3 for pharmacies, optometrists, vets and chiropractors, osteopaths & physiotherapists to 1 in 2 for psychologists & psychiatrists and public hospitals. It was also pleasing to find very few scored their experiences

low (i.e., scored less than 3 pts) – from 1% for optometrists and private hospitals to 8% for public hospitals.

We did note some differences across key groups. People in rural areas scored listening somewhat lower for vets, chiropractors, osteopaths & physiotherapists and psychologists & psychiatrists. Women and men were in broad agreement, except for vets, public hospitals and specialist doctors. Australians aged over 65 typically scored higher for all practitioners, particularly chiropractors, osteopaths & physiotherapists, specialist doctors, GPs and public hospitals. By income, the biggest differences related to specialist doctors (8.1 pts lower income; 7.2 pts higher income). Australians who identified as LGBTQI+ rated listening for chiropractors, osteopaths & physiotherapists well above the average (8.8 pts), but GPs (6.8 pts), psychologist & psychiatrists (6.8 pts) and public hospitals (6.5 pts) lower.

Patients say... When invited to share what practitioners could do better to make them feel listened to, many spoke of taking more interest in them "as an individual", understanding that "I live with my condition", not being "put in box because of my medication", being more "supportive of alternative views" and less "patronising and condescending", asking more questions about "my thoughts on what is happening", being more talkative and building rapport, more eye contact and "getting off the computer", more continuity of doctors to avoid feeling like "no one fully understands the full situation", involving patients more in their diagnosis and treatment, more appointments after work hours and weekends, making new patients feel "just as valued as existing ones" and getting to know the family medical history, not continuing to work on the previous patient's documents during their consultation, giving them the "full time paid for", less judgment, not being late for the appointment time "they themselves set", surveys "with prizes to honestly give our valuable comments", and being able to discuss multiple concerns rather than limiting their attention to one per appointment. Others mentioned practitioners having a narrow focus, with one noting that during her baby's six-week check-up "the doctor failed to ask me about my own mental and physical health". Another theme revolved around affirmation of how patients feel about their illness and recognition of their anxieties and nervousness and "seeming like they don't really care".

# Do Australians believe health practitioners really care about them as a person and what would make them feel more cared for?

For the first time, we also asked Australians to rate the extent they felt cared for as a person by health practitioners (i.e., sensitive to their needs, respected, friendly). Overall, practitioners scored well, though it did range across practitioner groups. Chiropractors, osteopaths & physiotherapists led the way (8.2 pts out of 10), just ahead of optometrists and vets (8.0 pts). Other practitioners also scored quite highly - from 7.9 pts for pharmacies to 7.2 pts for public hospitals. Many Australians also scored practitioner care very high (i.e., scored 8+ pts), though this ranged somewhat more, from around 3 in 4 for chiropractors, osteopaths & physiotherapists to just over 1 in 2 for public hospitals. Very few Australians overall scored the extent they felt cared for as low (i.e., scored less than 3 pts) for all practitioner groups - from just 1% for private hospitals, optometrists and pharmacies to 8% for specialist doctors and public hospitals.

Australians aged over 65 scored chiropractors, osteopaths & physiotherapists, specialist doctors, GPs and public hospitals higher than

did those in all other age groups. Income was not an important determinant, with both lower and higher income groups scoring about the same for all practitioners, except specialist doctors (somewhat higher in the lower income group). Interestingly, a much lower number of people in rural areas scored high for chiropractors, osteopaths & physiotherapists, vets, specialist doctors, psychologists & psychiatrists and public hospitals. Far fewer NDIS participants scored chiropractors, osteopaths & physiotherapists high (54%) compared to the national average, but vets much higher (83%). Among people who identified as LGBTOI+ we also noted a much lower number who scored high for GPs (44%) and public hospitals (43%).

Patients say... When asked to share what more could be done, many spoke of wanting more empathy and not diminishing their concerns, of trying to make them feel as comfortable as possible when explaining their problems, being more careful during examinations and treatments to "not hurt me", spending more time and not trying to "shuffle me out the door ASAP", making the practice a "warmer and quieter place", remembering them and checking files before the appointment, treating patients as individuals "rather than just another patient that's on your list of tasks for the day", more suitable information guides for those who are legally blind, following up by "giving us a call", believing the patient's "lived experience", to "actually call me to follow up if I have a test done", being "less judgmental of my body" and not treating patients like a "disembodied carcass", and offering more aftertreatment check-ups to encourage good choices and more advice on the best ways to achieve "my own health goals" while also advising "the best medical choices to get there". Some felt they were being "gaslighted".

#### Do practitioners use language that patients can easily understand and what more could be done?

Overall, practitioners also scored very well in this area but results did range somewhat across practitioner groups. Chiropractors, osteopaths & physiotherapists scored highest (8.4 pts out of 10), just ahead of vets (8.2 pts), optometrists (8.2 pts), pharmacists (8.2 pts) and dentists (8.0 pts). All other practitioners scored quite high and in a narrow range - from 7.9 pts for specialist doctors to 7.5 pts for public hospitals. The average score masks a large number of people who scored very high (i.e., scored 8+ pts) - ranging from over 3 in 4 for vets and chiropractors, osteopaths & physiotherapists to around 6 in 10 for public hospitals, psychologists & psychiatrists and private hospitals. Very few scored low (i.e., scored less than 3 pts) for all practitioners - from none at all for optometrists (0%) to 7% for psychologists & psychiatrists.

1 in 2 Australians who believe they should have visited a health practitioner more in the past year were unable to do so.

Patients say... When sharing how practitioners could help their patients better understand them, a number referenced "slowing down when talking", especially for those "who have a thick accent", less jargon, asking if they have any questions and ensuring

the patient understands what they have been told, offering more printed information with more "flyers to take home" and providing "reference materials that I can follow up on by myself", being "more personable and less aloof and distant", understanding that "people have different comfort and boundaries", better explaining their role as a practitioner including "what they're able to treat and what not", recording what they say so patients can relisten later at home or writing down what they say and any specific terminology, discussing "in plain English", not "making me feel they have all the answers before they have heard the symptoms fully", not "just looking at pathology results but listening and evaluating symptoms being described", taking things "step by step", and explaining how patients could get more help if needed and where to get it. While some wanted things explained to them in more "normal terms", others spoke of not assuming they were not capable of understanding more complex topics. Finally, some suggested having the ability to email any question after appointments if they thought of them.

#### **How do Australians rate the** overall practice environment and what more could practitioners do to improve it?

Most practitioners scored very well. Chiropractors, osteopaths & physiotherapists scored highest (8.3 pts out of 10), ahead of optometrists (7.9 pts), dentists (7.9 pts), vets (7.9 pts), private hospitals (7.8 pts), pharmacies (7.8 pts) specialist doctors (7.8 pts), GPs (7.6 pts) and psychologists & psychiatrists (7.5 pts). Public hospitals scored lowest (6.9 pts). The majority or patients also scored the overall environment high (i.e., scored 8+ pts), particularly for chiropractors, osteopaths & physiotherapists (8 in 10 patients). Around 7 in 10 scored the overall environment for specialist doctors, private hospitals, dentists, and optometrists high, and around

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6 in 10 for pharmacies, vets, GPs and psychologists & psychiatrists. Fewer than 1 in 2 (46%), however, scored the overall environment at public hospitals high. Few Australians scored overall environment low (i.e., scored less than 3 pts) across all practitioners with the exception of public hospitals – from none at all for chiropractors and physiotherapists to 9% for public hospitals. The over-65s scored all practitioners highest, especially optometrists (8.4 pts), pharmacies (8.2 pts), specialist doctors (8.5 pts), GPs (8.1 pts) and public hospitals (8.0 pts).

Patients say... Suggestions to improve the practitioner environment include more cleanliness, having "fewer sick patients in the waiting room" and more private waiting rooms to protect other patients, more COVID safety including mandatory masking by staff and patients, and full sanitising stations and proper air purification in the public areas and every consult room. Others spoke of making the practice "feel less like a retail space" or "a factory turning out patients", more cleanliness, a dedicated waiting area at pharmacies while patients wait for prescriptions and service, "warmer and friendlier receptionists" and greeting people when they arrive, "more hues of colour" to help alleviate stress, being "less clinical and a bit more homely", providing a

cleaner-smelling environment through scented candles or oils, providing tea- and coffee-making facilities and dedicated areas for people with sick children. Some wanted better-quality televisions and lamented the loss of magazines while others wanted TVs removed "because of noise", easier access to washrooms, less clutter, a more laid-back dress code, better temperatures, improving the acoustics "so it's not so loud", more windows and plants, and seating arrangements that provide more comfort and space between people rather than feeling like "cattle in a pen". Some, however, felt that any additional improvements would come with a catch because "if it costs, they will charge".

## Are Australians needing care avoiding doing so, from which practitioners, and why have they avoided them?

Of concern, 1 in 2 Australians who believe they should have visited a health practitioner more in the past year were unable to do so, potentially risking more serious health consequences by delaying treatment. The most common practitioners missed were dentists (21%) and GPs (17%). Around 1 in 10 did not see a specialist doctor, psychologist & psychiatrist, pharmacy, optometrist or chiropractor, osteopath or

physiotherapist, despite believing they needed to. Interestingly, least likely to have not been used were vets (2%), along with private (4%) and public hospitals (7%).

When asked why they had not visited, reasons differed considerably by type of health practitioner. According to around 1 in 2 Australians overall, the most common reason for not having visited a chiropractor, osteopath or physiotherapist (54%), dentist (51%) or psychologist & psychiatrist (49%) was affordability. Around 4 in 10 also cited affordability as the main barrier to visiting optometrists (39%) and specialist doctors (38%), and 1 in 3 private hospitals (33%). Only 1 in 10, however, said affordability was the reason for not using a public hospital (11%), 2 in 10 for not visiting pharmacies (21%) and GPs (21%) and 3 in 10 vets (29%). Interestingly, a much higher 46% did not visit a pharmacy and 44% a public hospital because they were 'self-managing', with 1 in 3 also selfmanaging for vets (33%) and 3 in 10 for psychologists & psychiatrists (30%) and private hospitals (28%). Getting an appointment to see a specialist was a reason for noticeably more people (28%) than for other health practitioners. Around 1 in 4 did not know who to see in relation to vets. with lack of time cited as a reason by somewhat more people for not visiting or using an optometrist (28%) and public hospital (24%).

### How often are Australians really visiting a dentist and why are they not doing so more often?

The Australian Dental Association (ADA) recommends everyone has a regular dental check-up. The ideal interval is every six months. Australians still fall well short, with only 1 in 2 having visited a dentist in the past 12 months (33% in the past three months; 20% the past year). Of concern, around 3 in 10 had not visited for three or more years. By region, around 6 in 10 in capital

cities had visited a dentist in the past year, compared to only 1 in 2 in rural areas. Australians over 65 were the most vigilant group, with around 2 in 3 having visited a dentist in the past year compared to just 4 in 10 among the 18-24 age group. Noticeably more people on higher incomes had visited a dentist more often. Having private health cover was also important, with almost 2 in 3 with cover visiting a dentist in the past 12 months, compared to only 4 in 10 without.

Australians who had not visited a dentist in the past year were asked why they had not. Cost remains a key and even greater issue for more Australians in 2024. Over 1 in 2 (53%) cited cost, up from 49% in 2023 and 43% in 2002. Just over 1 in 4 (27%), however, said they had no reason to visit, down from 37% in 2002 and 31% in 2023. With more people not visiting dentists because of cost and fewer believing they did not have a need to visit one, cost of living pressures may be forcing more Australians to defer visiting dentists at a time when more are experiencing dental health issues. An unchanged 1 in 5 did not visit because of anxiety or fear, but slightly more due to a lack of time (20% vs. 18% in 2023). Slightly more cited embarrassment as a reason (12% vs. 9%) and forgetting to book a check-up (11% vs. 8%). Cost was key across the country, particularly in rural areas (67%). It also weighed more heavily in the 55-64 (71%) and 45-54 (65%) age groups. Lack of time impacted more in the 25-34 (32%), 35-44 (30%) and 18-24 (27%) age groups, and forgetting to book in the 25-34 age group (21%). Interestingly, cost impacted a broadly similar number of high and low income earners (49% & 46% respectively). Having private health cover was also important. with a much lower number with cover not visiting because of cost (43%).

#### Are Australians accessing the private system to reduce waiting times and get an appointment more quickly?

We were also keen to learn if those who did visit a specialist in the past 12 months accessed the private system to get an appointment more quickly. Overall, 4 in 10 (39%) said they had chosen to access the private system and had seen a specialist. A further 13% had tried to but have not yet seen their specialist. Around 1 in 2 had not tried to access the private system. That said, almost twice as many people in capital cities had accessed the private system than those in rural areas. Noticeably more men had also accessed the private system than women. Not surprisingly, income also matters, with a much greater number in the higher income group indicating they had accessed the private system to see a specialist than in the lower income group. Significantly more people with private health cover (53%) and NDIS participants (50%) also accessed the private system and saw a specialist compared to the average Australian.

### Are Australians switching practitioners and what matters most when searching for a new health professional?

NAB Health also explored if Australians had switched health professionals in the past 2-3 years because they were dissatisfied in some way. Of concern, the results point to a higher number who did. In 2024, only 2 in 3 Australians overall indicated they did not switch, compared to 7 in 10 in 2023. This was led by large rises in the number who switched GPs (19% vs. 14% in 2023) and dentists (13% vs. 8%). We noted smaller increases for specialist doctors (7% vs. 5%), optometrists (6% vs. 4%), psychologists & psychiatrists (5% vs. 3%), chiropractors, osteopaths & physiotherapists (3% vs. 2%) and vets (3% vs. 2%). By region, more people in regional and capital cities had switched dentists than in rural

areas, while somewhat more women switched GPs than men (23% vs. 15%). Outliers by age included much higher numbers of those in the 25-34 age group who switched GPs (32%) and specialist doctors (12%), and those in the 18-24 age group psychologists & psychiatrists (12%). More in the 18-24 and 25-34 age groups also switched dentists. Far more people over 45 did not switch any health professional than those under 45. A well above average number of NDIS participants switched specialist doctors, dentists and psychologists & psychiatrists, and in the LGBTQI+ group GPs, dentists and psychologists & psychiatrists (22%), with far fewer in both groups also indicating they did not switch any practitioners.

Cost of living pressures may be forcing more Australians to defer visiting dentists at a time when more are experiencing dental health issues.

A convenient location (58%), bulk billing (53%) and ease of making an appointment (50%) are key, according to most Australians, when looking for a new health professional. Around 4 in 10 said convenient hours and cost or out-of-pocket expenses also mattered, and 3 in 10 professional training and qualifications. An unchanged 1 in 4 said recommendations from family or friends was key and 1 in 5 recommendations from other health professionals. This year, slightly more were influenced by patient (14% vs.

12% in 2023) or positive Google and online reviews (12% vs. 11%), and fewer than 1 in 10 by access to telemedicine or virtual visits. Convenient hours were important for somewhat more people in capital cities. By gender, a much higher number of women than men valued ease of appointments, cost, recommendations from family or friends and user reviews from other patients. By age, more older Australians valued a convenient location, bulk billing, ease of getting an appointment and qualifications, but more people under 34 valued positive Google reviews and other online reviews, and in the 25-34 age group telemedicine and virtual visits. Bulk billing was more important for significantly more people in the lower income group, but for those on higher incomes convenient hours and recommendations from family or friends were more important. Somewhat more NDIS participants valued telemedicine and virtual visits, and in the LGBTQI+ community cost, user reviews from other patients and positive Google and other online reviews.

Finally, what do dissatisfied patients really want?

Patient satisfaction remains high for most practitioners. While the number of dissatisfied Australians is low, we were also keen to better understand their concerns. Sometimes the most annoyed patient can be the most insightful. The top response for around 7 in 10 of those very dissatisfied was "listen to me". Around 1 in 2 wanted better value for money, for practitioners to spend more time with them, shorter waiting lists and more friendliness and respect. Around 4 in 10 wanted more help to understand the nature and causes of their health issue and to be told what they needed to do to prevent and minimise symptoms or prevent further problems or recurrence of their health issue. Helping them understand what their prescribed medications

do was also highlighted by 1 in 3 very dissatisfied patients, while 3 in 10 pointed to extended availability, being involved in decisions made and a more welcoming environment. Almost 1 in 5 said use less complex language.

The top response for around 7 in 10 very dissatisfied patients was "listen to me".



Australia's healthcare system consistently ranks among the best in the world. In 2024, the CEOWORLD Health Care Index ranked Australia third best of 110 countries based on medical infrastructure & professionals, medicine availability & cost and Government readiness. In its most recent report, the Commonwealth Fund's healthcare system performance rankings also placed Australia third for overall healthcare performance and best overall for equity and healthcare outcomes. OECD data across its 38 member countries further shows that Australia compares well on many health measures, particularly perceived health status, mortality and public and private health insurance cover.

**OECD data shows Australia compares** well on many health measures, particularly perceived health status, mortality and public and private health insurance cover.

But are Australians satisfied with their local healthcare system and have their perceptions changed over the past year? Our 2024 survey findings suggest they remain 'moderately satisfied', with perceptions unchanged over the year. On average, they scored their satisfaction with healthcare at an unchanged 6.5 pts out of 10 in 2024 (where 10 is completely satisfied). A broadly unchanged 1 in 3 (36%) also said they were 'very' satisfied with the system (i.e., scored 8 pts or higher). Just over 1 in 10 (11%) Australians, however, were 'not very'

Figure 1: Satisfaction with healthcare in Australia

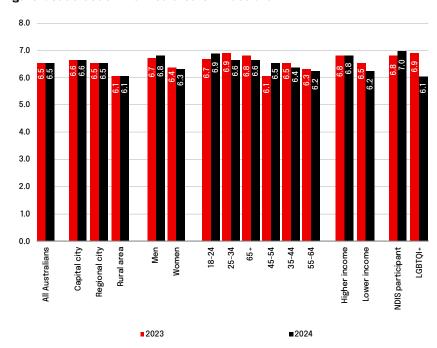
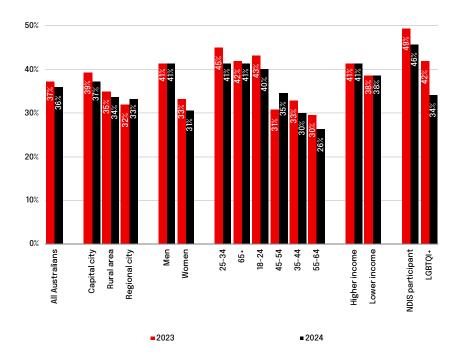


Figure 2: Satisfaction with healthcare in Australia (high)



happy (i.e., scored less than 3 pts). Overall satisfaction with Australia's healthcare system was unchanged across regions and remained highest in capital cities (6.6 pts) and lowest in rural areas (6.1 pts). Men were slightly more satisfied (6.8 pts, up from 6.7 pts in 2023), but women a little less so (6.3 pts, down from 6.4 pts). By age, satisfaction scored highest in the 18-24 age group and increased (6.9 pts, up from 6.7 pts). It increased most in the 45-54 age group (6.5 pts, up from 6.1 pts) and was lowest in the 55-64 age group (6.2 pts, down from 6.3 pts). The gulf in satisfaction levels between Australians in higher and lower income groups widened in 2024, as satisfaction edged down in the lower income group (6.2 pts, down from 6.5 pts) and was unchanged in the higher income group (6.8 pts). The survey also revealed an increase in satisfaction levels among NDIS participants (7.0 pts, up from 6.8 pts), but a noticeable decline among Australians who identified as LGBTQI+ (6.1 pts, down from 6.9 pts).

The number who scored satisfaction high ranged narrowly from 37% in capital cities to 33% in regional cities. It remained significantly higher for men (41%) than women (31%). Though falling over the year, we noted a significantly higher number with high levels of satisfaction in the 18-24, 25-34 and over-65 age groups (around 4 in 10), especially when compared to those in the 55-64 age group (around 1 in 4). Income was not an important factor, with the number reporting high satisfaction ranging from 41% in the higher income group to 38% in the lower income group. It fell noticeably among Australians who identified as LGBTQI+ (34%, down from 42% in 2023).

Figure 3: Satisfaction with care receiving for condition

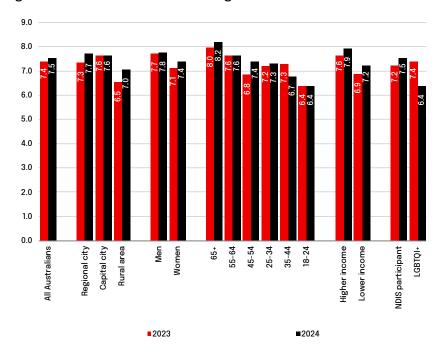
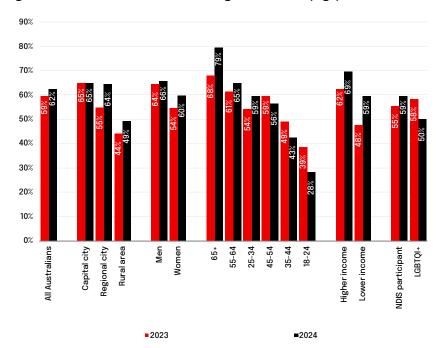


Figure 4: Satisfaction with care receiving for condition (high)



Patient satisfaction is an important and commonly used indicator for measuring the quality of healthcare. It shows whether a patient's expectations about a health encounter were met. Patient satisfaction matters because it can lead to patient loyalty, better clinical outcomes and patient compliance. When NAB asked survey participants who required ongoing treatment or medication for a medical condition to score satisfaction with the care they were receiving for their condition, they scored a higher 7.5 pts in 2024 (7.4 pts in 2023). In addition, over 6 in 10 (62%) were 'very satisfied' (59% in 2023) with their care, with only 6% not very satisfied (i.e., scored 3 pts or less) - a small improvement from 2023 when 7% said they were not very satisfied.

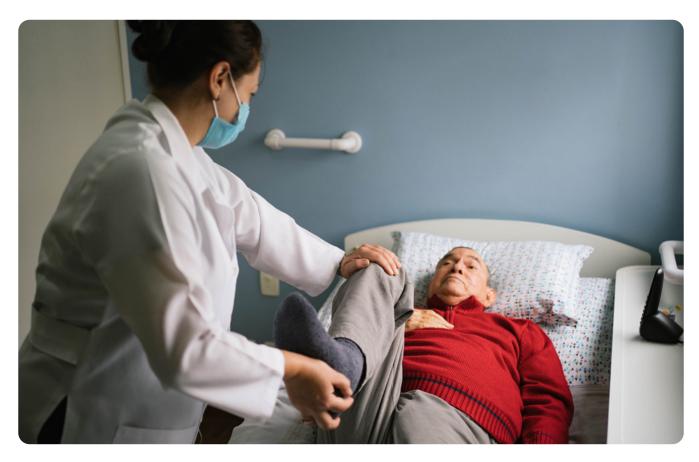
Satisfaction with care received remains highest in regional cities and increased to 7.7 pts in 2024 (7.3 pts in 2023). It was unchanged in capital cities (7.6 pts) and lowest in rural areas,

though increased somewhat to 7.0 pts (6.5 pts in 2023). Around 2 in 3 people in capital (65%) and regional cities (64%) reported high satisfaction, compared to 1 in 2 (49%) in rural areas where twice as many said they were not very satisfied (10%) than in capital and regional cities (5%). Men (7.8 pts) were more satisfied with their care than women despite satisfaction among women rising to 7.4 pts (7.1 pts in 2023). The number of men who reported high levels of patient satisfaction inched up to 66% in 2024 (64% in 2023), but increased more noticeably among women (60%, up from 54% in 2023).

Our survey findings suggest younger health consumers are typically more demanding or have higher expectations about the care they receive, with patient satisfaction increasing with age. In 2024, patient satisfaction scored lowest in the 18-24 age group (unchanged at 6.4 pts) and typically increased with age to 8.2 pts in the over-65 age group.

Moreover, around 8 in 10 (79%) patients over the age of 65 reported high satisfaction with their care, compared to around 3 in 10 (28%) in the 18-24 age group. The 35-44 age group was the outlier, reporting the second lowest level of satisfaction with the care they received (6.7 pts), with just 43% in this group very satisfied.

Income remains a differentiator, though satisfaction with care improved in both lower and higher income groups in 2024 – from 6.9 pts to 7.2 pts and 7.6 pts to 7.9 pts respectively. The number of highly satisfied patients also increased in both groups, particularly in the lower income group (59%, up from 48% in 2023). NDIS participants were more satisfied with their care (7.5 pts, up from 7.2 pts), but LGBTQI+ patients much less so (6.4 pts, down from 7.4 pts), with the number of highly satisfied patients in this group falling to 50% (58% in 2023).



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Many Australians struggle with mental health illness or disorders (such as depression or bipolar, anxiety, personality disorders, eating disorders, psychotic disorders like schizophrenia, trauma-related disorders such as post-traumatic stress and substance abuse disorders, etc).

The 2024 NAB Health Insights Report found 16% of Australians had a diagnosed mental health illness or disorder in the past 12 months (18% in 2023), while 3 in 10 (30%) had been diagnosed at some point in their life (32% in 2023). However, the number who felt they needed professional help for their emotions, stress or mental health climbed to almost 4 in 10 (39%) in 2024 (36% in 2023).

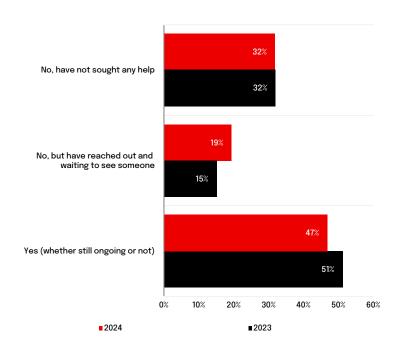
When Australians who felt they needed professional help were asked if they got help (whether still ongoing or not) slightly fewer indicated they did (47% in 2024 vs. 51% in 2023).

However, more Australians were waiting to access mental healthcare, with the number having reached out and waiting to see someone, rising to almost 1 in 5 (19%) in 2024 from 15% in 2023. An unchanged 1 in 3 (32%) had not sought any help.

We also noted that noticeably fewer people got help in regional cities (41%) and in the 35-44 (38%) and 18-24 (41%) age groups when compared to the Australian average.

Noticeably more people living in regional cities (32%), aged 35-44 (28%) and NDIS participants (29%) had reached out but were still waiting for help, while a significantly higher number aged 45-54 (43%) did not seek any help at all.

Figure 5: Did you get professional help you needed for emotions, stress or mental health?



16% of Australians had a diagnosed mental health illness or disorder in the past 12 months.

Figure 6: Got professional help needed for emotions, stress or mental health (2024)

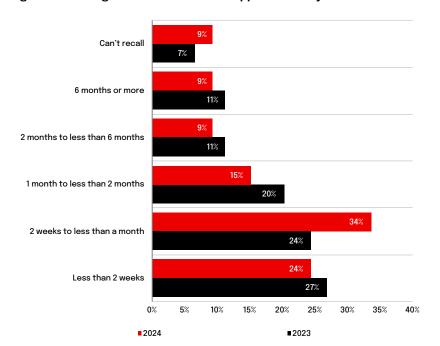
	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Yes	47%	50%	41%	44%	44%	50%	41%	50%	38%	44%	62%	59%	47%	48%	56%	49%
No but waiting	19%	16%	32%	15%	24%	14%	24%	20%	28%	10%	15%	7%	21%	19%	29%	25%
No	32%	33%	27%	35%	30%	33%	34%	30%	29%	43%	24%	26%	29%	32%	13%	26%

Australia's mental health sector has been under pressure in recent years amid growing demand for mental health services. Meeting demand has been problematic amid shortages of mental health workers. Indeed, recent national workforce research and analysis suggest critical shortages across all professions in the mental health workforce, according to the Australian Government's National Mental Health Commission 2023 National Report Card on mental health and wellbeing.

Encouragingly, however, when NAB asked surveyed Australians who got the professional help needed in the past 12 months how long it took to access it, we saw an improvement in wait times. In particular, the 2024 survey found almost 6 in 10 (58%) waited less than a month (24% less than two weeks and 34% two weeks to less than a month), compared to 1 in 2 (51%) who waited less than a month in 2023. Noticeably fewer also endured longer wait times of more than a month (1 in 3 or 33%) in 2024, compared to over 4 in 10 (42%) in the 2023 survey.



Figure 7: How long it took to access the support or care you needed



Patient experiences did, however, vary across demographic groups. By region, 6 in 10 (61%) capital city residents waited less than a month, compared to 46% in rural areas. Wait times of more than six months were three times more prevalent in regional cities (18%) than capital cities (6%).

Women and men experienced broadly similar wait times in most of these time frames - though noticeably more women said they waited more than six months (12% women; 5% men).

By age, a much higher number in the 35-44 (77%) and 25-34 (61%) age groups waited less than a month, whereas noticeably more in the 18-24 (45%) and 45-54 (52%) age groups waited more than a month to access support.

Around 6 in 10 (61%) Australians in the higher income group reported wait times to access care of less than a month, compared to 47% in the lower income group, where more than twice as many endured wait times of more than six months (22% lower income; 10% higher income).

Figure 8: Time taken to access the support or care you needed (2024)

	Australia	Capital city	Regional city	Ruralarea	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+	
Less than 2 weeks	24%	23%	23%	29%	21%	26%	24%	27%	23%	15%	10%	50%	22%	21%	17%	13%	
2 weeks-1 month	34%	38%	31%	17%	38%	31%	21%	34%	54%	37%	48%	6%	25%	40%	31%	38%	
1-2 months	15%	16%	8%	25%	17%	14%	18%	14%	19%	22%	10%	0%	16%	19%	34%	34%	
2-6 months	9%	12%	3%	4%	7%	10%	18%	9%	4%	11%	0%	0%	6%	8%	3%	3%	
6+ months	9%	6%	18%	13%	5%	12%	11%	11%	0%	7%	10%	19%	22%	10%	3%	13%	
Can't recall	9%	6%	18%	13%	12%	7%	8%	5%	0%	7%	24%	25%	9%	2%	11%	0%	

We asked Australians who sought professional help how helpful it was in assisting them to manage their emotions, stress or mental health. On average, they scored it 'quite' helpful at a solid 7.2 pts in 2024 (where 10 is extremely helpful) - though this was down slightly from 7.3 pts in the 2023 survey and 7.5 pts in 2022.

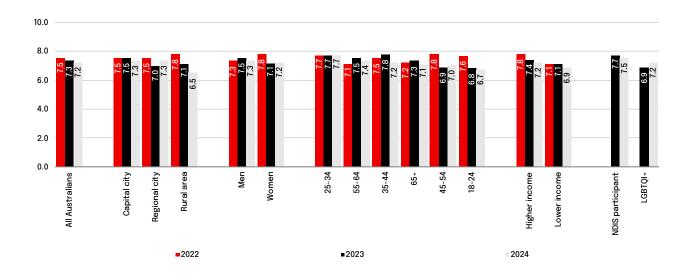
By region, help scored equal highest in capital and regional cities (7.3 pts),

and lowest in rural areas where it also fell to 6.5 pts (7.1 pts in 2023). Men scored it slightly less helpful in 2024 (7.3 pts, down from 7.5 pts), but still higher than women who scored a slightly higher 7.2 pts in 2024 (7.1 pts in 2023).

People in the 25-34 age group scored highest at an unchanged 7.7 pts, and the 18-24 age group lowest (6.7 pts, down from 6.8 pts in 2023). Help received fell most in the 35-44 age

group (7.2 pts, down from 7.8 pts). Australians in both the higher (7.2 pts, down from 7.4 pts) and lower income groups (6.9 pts, down from 7.1 pts) found it less helpful in 2024. NDIS participants also scored the help they received lower (7.5 pts. down from 7.7 pts), but those who identified as LGBTQI+ higher (7.2 pts, up from 6.9 pts).

Figure 9: How helpful was help you received in assisting you to manage your emotions, stress or mental health?



Not only was help scored quite high in 2024, over 1 in 2 (52%) Australians said it was 'very' helpful in assisting them manage their mental health (i.e., scored 8+ pts). By region, the number who found it very helpful was highest in regional cities and increased sharply to 54% (42% in 2023), ahead of capital cities where it eased to 53% (57% in 2023). It was lowest by some margin at 42% in rural areas and fell from 46% last year. More women (53%) found it very helpful than men (50%), reversing the trend from 2023.

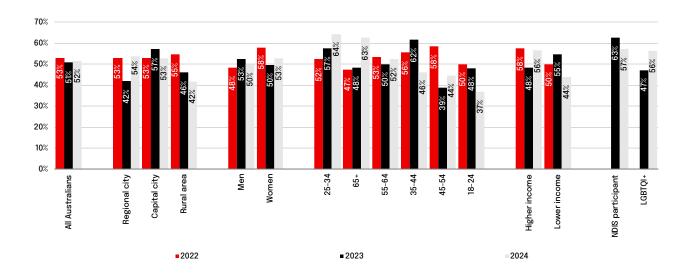
By age, around 2 in 3 Australians in the 25-34 (64%) and over-65 (63%) age groups found the assistance

they received very helpful in 2024, representing significant increases from 2023 (57% and 48% respectively). It was lowest and fell heavily for those aged 18-24 to around 1 in 3 or 37% (48% in 2023), and was also sharply lower in the 35-44 age group (46%, down from 62%).

The number of people in the higher income group who said it was very helpful increased to 56% in 2024 (48% in 2023), but it fell to 44% in the lower income group (55% in 2023). A lower 57% of NDIS participants scored the help they received very high in 2024 (63% in 2023), but people who identified as LGBTQI+ scored higher (56%, up from 47% last year).

By region, the number who found the help they received to manage emotions, stress or mental health very helpful was highest in regional cities.

Figure 10: How helpful was help you received in assisting you to manage your emotions, stress or mental health? (high)







The 2024 NAB Health Insights Report reaffirms that GPs, pharmacies and dentists are the most commonly visited or used health practitioners by Australians.

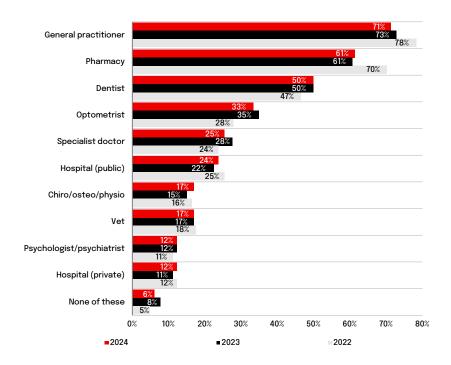
In 2024, visitation and use remained highest for GPs, with just over 7 in 10 (71%) Australians overall visiting one in the past 12 months - though this was down from 73% in the 2023 survey and almost 8 in 10 (78%) in 2022. This trend is consistent with the latest Australian Bureau of Statistics data. which also showed that GPs were the most commonly seen health professionals in 2022-23 but the proportion who saw a GP fell.

NAB's survey also found that just over 6 in 10 (61%) Australians visited a pharmacy in the past 12 months, unchanged from the previous year but down from 7 in 10 (70%) in the 2022 survey. An unchanged 1 in 2 (50%) visited a dentist in 2024, and it remains above the level recorded in the 2022 survey (47%).

Visitation or use changed only marginally over the past year for all other health practitioners. Visits to optometrists fell slightly to 33% (35% in 2023) but are still somewhat higher than in 2022 (28%). Slightly fewer Australians visited specialist doctors (25%, down from 28%), but slightly more visited or used a public hospital (24%, up from 22%) or a chiropractor, osteopath or physiotherapist (17%, up from 15%). An unchanged 17% visited a vet and an unchanged 12% a psychologist or psychiatrist in 2024, but a slightly higher 12% a private hospital (11% in 2024).

A lower 6% signalled they did not visit any of these practitioners in the past 12 months, down from 8% in the 2023 survey.

Figure 11: Have you used or visited any of these health practitioners in the past year?



In 2024, visitation and use remained highest for GPs. with just over 7 in 10 Australians overall visiting one in the past 12 months.

Figure 12: Used or visited these health practitioners in the past 12 months (2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lowerincome	Higher income	NDIS participant	LGBTQI÷
General practitioner	71%	73%	67%	68%	68%	75%	48%	60%	69%	68%	85%	92%	69%	70%	57%	61%
Pharmacy	61%	60%	63%	67%	57%	67%	52%	54%	53%	56%	67%	83%	62%	59%	51%	54%
Dentist	50%	55%	40%	43%	46%	54%	45%	42%	47%	46%	58%	62%	45%	55%	35%	44%
Optometrist	33%	34%	29%	37%	29%	38%	16%	19%	19%	30%	52%	60%	33%	28%	24%	28%
Specialist doctor	25%	25%	30%	22%	24%	27%	10%	15%	17%	26%	36%	44%	27%	22%	30%	20%
Hospital (public)	24%	21%	30%	28%	18%	29%	32%	32%	13%	19%	22%	25%	28%	19%	25%	26%
Chiro/osteo/ physio	17%	17%	17%	16%	14%	19%	15%	19%	15%	13%	21%	18%	14%	16%	17%	21%
Vet	17%	14%	18%	27%	12%	21%	17%	18%	12%	18%	19%	18%	14%	22%	10%	22%
Psychologist/ psychiatrist	12%	13%	11%	10%	11%	13%	18%	20%	10%	13%	10%	3%	11%	10%	25%	27%
Hospital (private)	12%	12%	11%	9%	13%	10%	17%	8%	11%	8%	12%	15%	11%	14%	12%	8%
None of these	6%	6%	5%	7%	8%	4%	9%	7%	6%	11%	3%	1%	8%	4%	7%	2%

By region, a much higher number of people in capital cities visited a dentist (55%) in 2024 and in rural areas a vet (27%) compared to other areas. More women than men visited most practitioners in 2024, except private hospitals (13% men; 10% women). The gap was biggest for public hospital use (29% women; 18% men), pharmacies (67% vs. 57%) and vets (21% vs. 12%). Twice as many men did not visit or use any of these health practitioners in the past 12 months (8% men; 4% women). The survey also found that visitation and use for most practitioners typically rises as Australians grow older, except for psychologists & psychiatrists where visitation was somewhat higher in those under 35. Noticeably more Australians in the higher income group visited dentists

(55%) and vets (22%) in the past 12 months, but considerably more in the lower income group a public hospital (28%). We also found that the number of NDIS participants (25%) and people who identify as LGBTQI+ (27%) who visited psychologists & psychiatrists in the past 12 months was more than twice the Australian average.

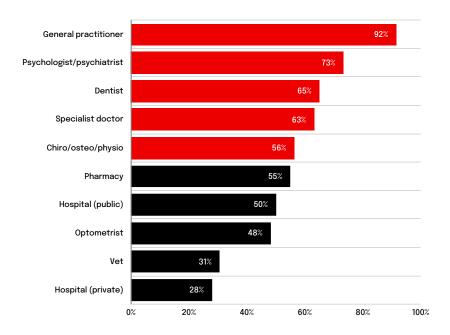
Surveyed Australians who said they had visited or used more than five health practitioners over the past 12 months were asked to consider which were the most important in terms of their own or their family's health (both physical and mental).

GPs topped the list for importance, with over 9 in 10 (92%) survey respondents rating them in their top 5. Around 3 in 4 (73%) selected

psychologists & psychiatrists, 2 in 3 dentists (65%) and specialist doctors (63%), with chiropractors, osteopaths & physiotherapists (56%) rounding out the top 5. Pharmacies (55%), public hospitals (50%) and optometrists (48%) were also important, according to around 1 in 2 Australians overall, with private hospitals (28%) and vets (31%) least important.

By region, we noted a much higher number who identified psychologists & psychiatrists in their top 5 in capital cities (77%), and chiropractors, osteopaths & physiotherapists in regional cities (79%). Noticeably more women valued dentists (71%) and vets (37%), but men private hospitals (39%).

Figure 13: Top 5 health practitioners visited over past year considered most important to your overall health



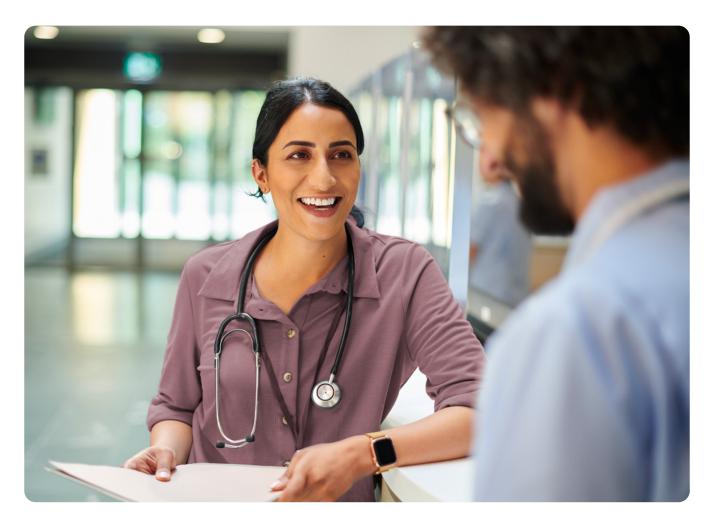


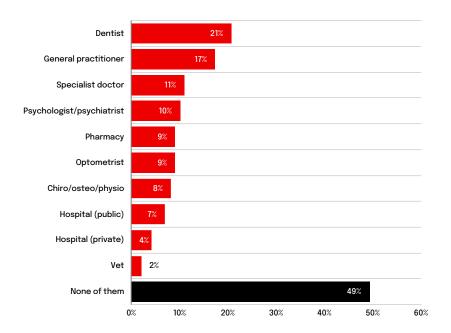
Figure 14: Top 5 health practitioners considered most important to your overall health (2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI÷
General practitioner	92%	93%	87%	90%	90%	92%	71%	94%	91%	88%	93%	94%	89%	93%	88%	100%
Psychologist/ psychiatrist	73%	77%	63%	67%	69%	75%	60%	82%	83%	50%	88%	100%	80%	73%	100%	80%
Dentist	65%	68%	65%	50%	54%	71%	50%	69%	73%	48%	79%	64%	47%	62%	57%	50%
Specialist doctor	63%	66%	58%	57%	63%	64%	100%	56%	63%	42%	67%	71%	65%	62%	57%	50%
Chiro/osteo/ physio	56%	54%	79%	33%	52%	59%	40%	73%	67%	47%	60%	53%	38%	59%	50%	50%
Pharmacy	55%	54%	60%	50%	49%	58%	71%	44%	50%	50%	50%	62%	71%	50%	50%	75%
Hospital (public)	50%	51%	55%	38%	55%	48%	50%	50%	50%	58%	47%	48%	71%	65%	0%	75%
Optometrist	48%	49%	52%	36%	50%	47%	20%	40%	60%	35%	52%	54%	73%	43%	0%	40%
Vet	31%	32%	29%	27%	19%	37%	14%	30%	0%	36%	36%	39%	0%	28%	0%	0%
Hospital (private)	28%	36%	0%	25%	39%	20%	33%	25%	0%	43%	33%	22%	29%	27%	50%	50%

By age, we noted higher numbers in the 18-24 age group for specialist doctors (100%) and pharmacies (71%), the 35-44 age group optometrists (60%), the 45-54 age group private hospitals (43%) and the over-65 age group psychologists & psychiatrists (100%). Key differences by income included the higher number in the higher income group who valued dentists (62%), chiropractors, osteopaths & physiotherapists (59%) and vets (28%), and in the lower income group pharmacies (71%) and optometrists (73%). Significantly more NDIS participants put psychologists & psychiatrists (100%) in their top 5 than the Australian average, and people who identified as LGBTQI+ GPs (100%), pharmacies (75%) and public hospitals (75%).

Significantly more **NDIS** participants put psychologists & psychiatrists in their top 5 health practitioners than the Australian average.

Figure 15: Which health practitioners should you have visited in past year but were unable to do so for some reason?





In the 2024 survey, NAB asked Australians for the first time to tell us which health practitioners they should have seen or used more in the past 12 months but were unable to do so for some reason. While pleasing that 1 in 2 (49%) did not put off visiting them, 1 in 2 did, potentially risking more serious consequences by delaying.

The highest number unable to visit a practitioner – around 1 in 5 – did not see a dentist (21%) or GP (17%). Around 1 in 10 did not see a specialist doctor (11%), psychologist & psychiatrist (10%), pharmacy (9%), optometrist (9%) or chiropractor, osteopath or physiotherapist (8%). They were least likely to have not used a vet (2%) or private (4%) and public (7%) hospital.

By region, a much higher number in a rural area did not visit a dentist (28%) and in regional cities a private hospital (9%). Responses did not vary materially between men and women, except for a somewhat higher number of women who did not see an optometrist (12%). It was also apparent younger people under 35 did not visit most health practitioners, except specialist doctors.

Figure 16: Health practitioners needed to see but unable to do so for some reason

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lowerincome	Higher income	NDIS participant	LGBTQI÷
Dentist	21%	19%	22%	28%	19%	22%	27%	29%	18%	18%	21%	14%	26%	21%	21%	31%
General practitioner	17%	15%	22%	21%	17%	17%	20%	19%	19%	20%	17%	11%	16%	15%	21%	26%
Specialist doctor	11%	9%	12%	17%	9%	13%	10%	12%	11%	8%	15%	10%	14%	10%	20%	19%
Psychologist/ psychiatrist	10%	10%	11%	11%	9%	11%	17%	19%	11%	6%	8%	2%	12%	9%	23%	29%
Optometrist	9%	8%	9%	12%	7%	12%	12%	9%	8%	12%	7%	7%	12%	9%	9%	20%
Pharmacy	9%	8%	10%	10%	10%	8%	14%	15%	9%	6%	6%	5%	9%	7%	9%	13%
Chiro/osteo/ physio	8%	7%	9%	11%	6%	10%	12%	16%	8%	6%	4%	3%	9%	9%	9%	16%
Hospital (public)	<b>7</b> %	6%	7%	11%	7%	7%	11%	18%	4%	4%	4%	1%	9%	8%	15%	9%
Hospital (private)	4%	3%	9%	2%	4%	4%	4%	10%	6%	2%	1%	2%	4%	5%	15%	14%
Vet	2%	2%	2%	4%	2%	2%	5%	3%	3%	3%	0%	0%	3%	1%	4%	7%
None of these	49%	53%	42%	45%	52%	47%	35%	33%	44%	53%	57%	70%	45%	51%	27%	22%

Responses also did not vary widely in higher and lower income groups, except for a somewhat higher number in the lower income group who did not see a dentist (26%). In contrast, a well above average number of NDIS participants did not see or use a specialist doctor (20%), psychologist & psychiatrist (23%) or private or public hospital (15%), and in the LGBTQI+ group a dentist (31%), psychologist & psychiatrist (29%), GP (26%), specialist doctor (19%), optometrist (20%), chiropractor, osteopath or physiotherapist (16%), private hospital (14%) or vet (7%). A well below average number of NDIS participants (27%) and in the LGBTQI+ group (22%) also did not put off seeing practitioners.



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Chiro/osteo/physio Dentist Psychologist/psychiatrist Optometrist Specialist doctor Hospital (private) 12% General practitioner Pharmacy Hospital (public) 24% 20% 40% 60% 80% 100% 120% 140%

Figure 17: Why you did not visit these practitioners more over the past year

Survey participants who were unable to see or use health practitioners over the past 12 months were also asked why they did not. The reasons differed considerably for different types of health practitioners.

■ Could not get an appointment

Could not afford it

According to around 1 in 2 Australians overall, the most common reason for not visiting a chiropractor, osteopath or physiotherapist (54%), dentist (51%) or psychologist & psychiatrist (49%) was affordability. Around 4 in 10 also cited affordability as the main barrier to visiting optometrists (39%) and specialist doctors (38%), and 1 in 3 private hospitals (33%). Only 1 in 10, however, said affordability was the reason for not using a public hospital (11%), 2 in 10 not visiting pharmacies (21%) and GPs (21%) and 3 in 10 vets (29%). Interestingly, a much higher 46% did not visit a pharmacy and 44% a public hospital because they were self-managing their condition, with 1 in 3 also self-managing for vets (33%) and around 3 in 10 for psychologists & psychiatrists (30%) and private hospitals (28%).

■I am managing it myself

Don't know who to see

Getting an appointment to see a specialist (28%) was problematic for noticeably more people than for other health practitioners. Around 1 in 4 (24%) did not know who to see in relation to vets, with lack of time cited as a reason by somewhat more people for not visiting or using an optometrist (28%) and public hospital (24%).

**Getting to see** a specialist was problematic for noticeably more people than for other health practitioners.

■I haven't had time/put it off



Our survey results suggest specialist doctors are hardest to see, with almost 3 in 10 (28%) Australians who should have visited one in the past year not doing so because they could not get an appointment time (see figure 17). In this section, however. we explore if those who did visit a specialist in the past 12 months accessed the private system to get an appointment more quickly.

Overall, 4 in 10 (39%) said they accessed the private system and saw a specialist. A further 13% have tried to access the private system but have not yet seen their specialist. Around 1 in 2 (49%) have not tried to access the private system.

The overall result, however, masks significant differences in how access to specialists was gained. By region, almost twice as many people in capital cities (43%) accessed the private system and saw a specialist than in

rural areas (23%). However, almost twice as many in rural areas tried to access the private system but have yet to see their specialist (21%) than in capital (11%) and regional (12%) cities. A somewhat higher number in rural areas have also not tried to access the private system (56%).

Noticeably more men (47%) accessed the private system and saw their specialist than women (33%), but significantly more women have not tried to access the system (55% women; 40% men).

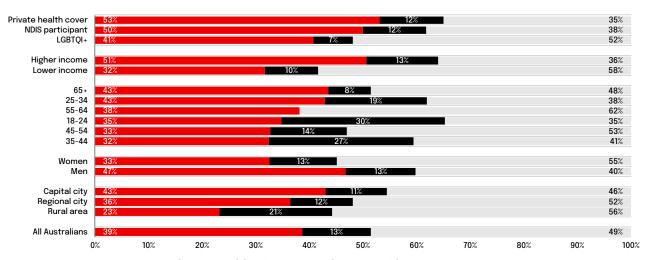
By age, the number who accessed the private system and saw their specialist ranged from 43% in the over-65 age group to 32% in the 35-44 age group. Significantly more people in the 18-24 (30%) and 35-44 (27%) age groups, however, tried to access the private system but have not yet seen a specialist, while those who have not tried to access the private system was

lowest in the 18-24 age group (35%) and highest in the 55-64 age group (62%).

Income matters, with a much greater number in the higher income group indicating they accessed the private system and saw a specialist (51%) than in the lower income group (32%). But a much bigger proportion in the lower income group had not tried to access the private system (58%) than the higher income group (36%).

Significantly more Australians who had private health cover (53%) and NDIS participants (50%) accessed the private system and saw a specialist compared to the average Australian, while a well below average 1 in 3 in both groups have not tried to access the private system. Behaviours among Australians who identified as LGBTQI+ were broadly in line with the Australian average.

Figure 18: Accessed private system in order to get an appointment more quickly to see a specialist doctor in the past 12 months



- Yes, I have accessed the private system, and seen my specialist
- Yes, I have tried to access the private system, but have not yet accessed my specialist
- No. I have not tried to access the private system



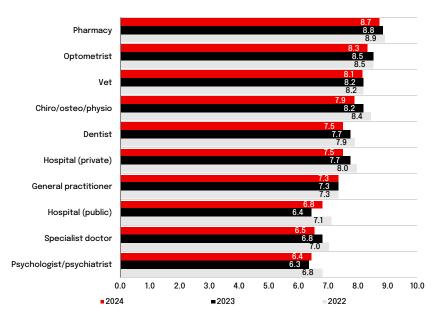
Australians who visited a practitioner in the past 12 months agree it is still 'very' easy to see or use pharmacies (8.7 pts in 2024, down from 8.8 pts in 2023) or to see an optometrist (8.3 pts, down from 8.5 pts) and vet (8.1 pts, down from 8.2 pts) - though they scored it marginally harder to see or use all these practitioners than in the 2023 survey.

The 2024 survey also suggests it is quite easy to see or use chiropractors, osteopaths & physiotherapists (7.9 pts, down from 8.2 pts), dentists (7.5 pts, down from 7.7 pts) and private hospitals (7.5 pts, down from 7.7 pts). That said, the ease of seeing these health practitioners has also fallen consistently over the past two years and is now considered somewhat harder than in 2022. It is still relatively easy to see a GP (unchanged at 7.3 pts).

Australians said it was somewhat easier to use public hospitals in 2024 (6.8 pts, up from 6.4 pts), but a little harder to see a specialist (6.5 pts, down from 6.8 pts). Despite improving a little, they also rated psychologists & psychiatrists hardest to see (6.4 pts, up from 6.3 pts) and still somewhat harder than in 2022.

Australians living in regional cities found it somewhat more difficult to use a public hospital (6.3 pts), and in rural areas dentists (7.0 pts), GPs (6.7 pts) and psychologists & psychiatrists (5.5 pts). Noticeably more men scored it harder to see a vet (7.4 pts), and women private (7.0 pts) and public (6.5 pts) hospitals, specialist doctors (6.2 pts) and psychologists & psychiatrists (6.2 pts).

Figure 19: How easy was it to get to see or use each of these health practitioners?



Australians said it was a little easier to use public hospitals in 2024 than in 2023, but a little harder to see a specialist.

By age group, the ease of seeing or using healthcare practitioners was typically considered hardest in age groups under 35 and easiest in age groups over 55. Experiences broadly aligned for most providers in higher and lower income groups, though lower income groups said it was not

as easy to see an optometrist (7.8 pts) or psychologist & psychiatrist (5.6 pts) and in the higher income group a specialist (6.0 pts). NDIS participants did not deviate significantly from the Australian average, except for rating it somewhat harder to see an optometrist (7.5 pts). Australians

who identified as LGBTQI+ also said it was harder to see an optometrist (7.3 pts) as well as a dentist (6.9 pts), but thought it was much easier to use a private hospital (8.5 pts) or see a specialist doctor (7.1 pts) than the average Australian.

Figure 20: Ease of seeing or using health practitioners (2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Pharmacy	8.7	8.8	8.6	8.7	8.8	8.7	8.0	8.3	8.5	8.6	9.2	9.3	8.7	8.7	8.9	8.3
Optometrist	8.3	8.3	8.8	7.9	8.3	8.3	6.8	7.8	8.4	8.3	8.6	8.5	7.8	8.6	7.5	7.3
Vet	8.1	8.0	8.5	8.1	7.4	8.5	7.4	8.0	7.9	8.1	8.3	8.8	8.1	7.8	8.2	7.8
Chiro/osteo/ physio	7.9	7.9	7.8	7.8	7.9	7.8	6.9	7.5	7.3	8.5	8.1	8.7	8.1	7.6	7.7	8.4
Dentist	7.5	7.6	7.5	7.0	7.5	7.5	6.8	7.4	7.4	7.5	7.8	7.8	6.8	7.8	7.1	6.9
Hospital (private)	7.5	7.5	7.5	7.7	7.7	7.0	6.9	6.9	7.7	8.0	8.3	7.7	8.2	7.1	7.7	8.5
General practitioner	7.3	7.4	7.3	6.7	7.3	7.3	6.8	7.0	7.1	7.5	7.2	7.7	7.0	7.4	7.2	7.3
Hospital (public)	6.8	7.0	6.3	7.2	7.2	6.5	5.8	7.2	6.2	6.8	6.9	7.6	6.9	6.9	7.2	7.1
Specialist doctor	6.5	6.6	6.5	6.4	6.9	6.2	5.9	5.5	6.5	5.6	6.5	7.4	6.9	6.0	6.2	7.1
Psychologist/ psychiatrist	6.4	6.5	6.7	5.5	6.7	6.2	6.0	6.3	6.5	6.8	6.9	6.6	5.6	6.8	6.8	6.6

More availability - longer hours/weekends/more appointments Cheaper/lower cost Bulk billing More specialists/fewer patients Nothing More telehealth Give better advice Be on time Book online & better booking systems Follow up Shorter waitlists Longer consults

Figure 21: What health practitioners could do to make it easier for you to see them

# What health consumers say health practitioners could do to make it easier to see them...

5%

15%

20%

25%

0%

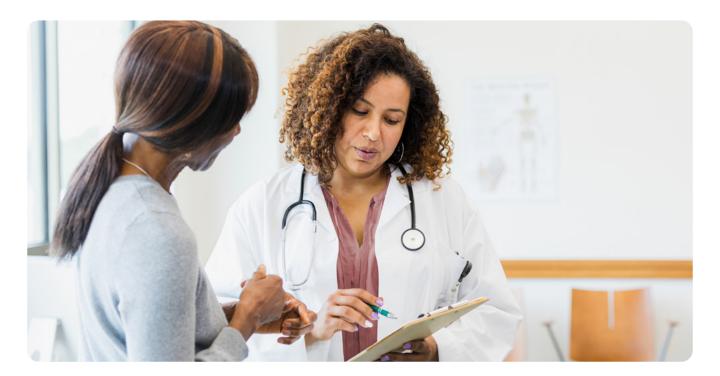
"We need more doctors. and they seem to be very busy and overworked. Reduce waiting lists, which are the worst I have ever seen in my 78 years."

"Blend new wave with up-to-date modern thinking, not oldfashioned by the book." "Push the government on ways to reduce the waiting lists under public health. Waiting for over a year to see a specialist is so detrimental to overall health."

30%

35%

"There should be way more GPs who bulk bill. It's crazy that in the city I can't find one I like nearby who is taking new patients."



Around 7 in 10 Australians also said that it was more expensive to visit chiropractors, osteopaths & physiotherapists (72%, up from 62% in 2023) and private hospitals (71%, up from 57%), while 2 in 3 said it cost more to see dentists (67%, up from 62%), psychologists & psychiatrists (67%, up from 60%), pharmacies (66%, up from 61%) and specialist doctors (63%, up from 57%).

We also noted a large increase in the number who said GPs (59%, up from 50%) and optometrists (49%, up from 40%) cost more. It was lowest for public hospitals, but also increased to 31% (24% in 2023).

We noted a large increase in the number of Australians who said GPs and optometrists cost more in 2024 than in 2023.

Figure 22: How has the price of health practitioner services changed in past 12 months?

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lowerincome	Higher income	NDIS participant	LGBTQI+
Vet	76%	75%	74%	79%	71%	77%	81%	64%	86%	83%	75%	73%	58%	80%	83%	86%
Chiro/osteo/ physio	72%	76%	63%	73%	75%	70%	63%	85%	73%	67%	75%	62%	68%	74%	69%	79%
Hospital (private)	71%	73%	72%	50%	72%	68%	75%	100%	67%	67%	55%	61%	57%	71%	90%	83%
Dentist	67%	69%	64%	59%	71%	64%	69%	70%	65%	67%	77%	59%	66%	71%	83%	79%
Psychologist/ psychiatrist	67%	64%	73%	75%	67%	67%	81%	81%	60%	56%	50%	29%	65%	81%	70%	77%
Pharmacy	66%	64%	72%	60%	60%	70%	77%	71%	66%	67%	68%	54%	61%	71%	67%	66%
Specialist doctor	63%	64%	65%	58%	66%	62%	69%	65%	71%	74%	64%	55%	50%	83%	64%	79%
General practitioner	59%	61%	59%	53%	57%	61%	79%	71%	66%	65%	59%	39%	37%	69%	63%	77%
Optometrist	49%	48%	44%	58%	49%	49%	65%	71%	38%	53%	40%	46%	45%	52%	71%	62%
Hospital (public)	31%	36%	26%	23%	34%	29%	47%	47%	11%	33%	13%	10%	18%	43%	83%	57%

Perceptions of how prices have changed varied in key groups. By region, we noted a much higher number in regional cities who said prices were more expensive for pharmacies (72%), in rural areas optometrists (58%) and in capital cities public hospitals (36%), but a much lower number in rural areas for private hospitals (50%) and in capital cities psychologists & psychiatrists (64%). Perceptions did not vary materially between men and women, though somewhat more men said costs had risen for dentists (71% vs. 64%) and more women pharmacies (70% vs. 60%). All survey participants in the 25-34 age group pointed to higher costs for private hospitals (100%). Over 8 in 10 (81%) in age groups under 35. however, said costs had risen for psychologists & psychiatrists, and around 1 in 2 (47%) public hospitals.

Somewhat more people in the 18-24 age group also pointed to higher costs associated with GPs (79%) and in the 25-34 age group optometrists (71%).

Noticeably more people in the higher income group said costs had increased for all practitioners, especially specialists (83% vs. 50% for the lower income group), GPs (69% vs. 37%), public hospitals (43% vs. 18%) and vets (80% vs. 58%). Well above average numbers of NDIS participants said it was more expensive to see vets (83%), to visit a private hospital (90%), dentist (83%), optometrist (71%) and public hospital (83%), and in the LGBTQI+ group vets (86%), private hospitals (83%), psychologists & psychiatrists (77%), specialists (79%), GPs (77%), optometrists (62%) and public hospitals (57%).



The cost of healthcare does not always equal value. Value has to do with more than just what something is worth in monetary terms. Value can also be linked directly to people's own experiences and perspectives, their age, circumstances, cultural influences and even simple things like easy access to healthcare services in their local community. In this section, we explore if Australians who used a health practitioner in the past year thought the care, advice or treatment they received was good value for money.

Across monitored health practitioners, Australians, on average, scored the value of care, advice or treatment highest for pharmacies (8.1 pts) and optometrists (8.0 pts). Chiropractors, osteopaths & physiotherapists and public hospitals were next highest (7.6 pts), followed by private hospitals (7.5 pts). Australians also scored value relatively highly for GPs, specialist doctors, dentists and vets (7.3 pts) and psychologists & psychiatrists (7.1 pts).

Looking beyond the averages, the survey found 7 in 10 Australians also think optometrists (69%) and pharmacies (68%) offered 'excellent' value (i.e., scored 8+ pts), and around 6 in 10 public hospitals (59%), specialist doctors (58%), private hospitals (57%) and chiropractors, osteopaths & physiotherapists (56%). Around 1 in 2 said dentists (53%), vets (52%) and psychologist & psychiatrists (52%) offered excellent value for the care, advice or treatment they received. Interestingly, 1 in 10 Australians scored the value of the care, advice or treatment they received 'very poor' for specialist doctors, the highest of all practitioners.

Figure 23: Was the care, advice or treatment you received good value for money?

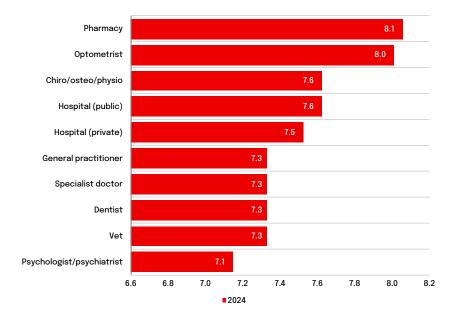


Figure 24: Was the care, advice or treatment you received good value for money? (Distribution)

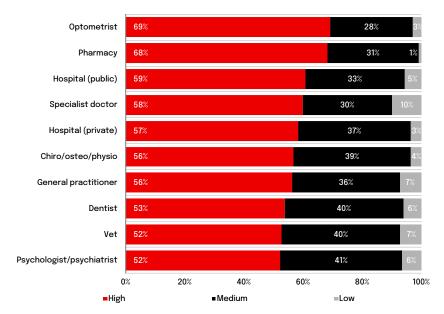


Figure 25: Value for money: Care, advice or treatment (score, 2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Pharmacy	8.1	8.0	8.1	8.1	8.2	7.9	7.4	7.7	7.8	7.8	8.2	8.7	8.1	8.0	7.8	7.9
Optometrist	8.0	7.9	8.7	7.8	8.1	7.9	7.2	6.8	7.9	8.3	7.7	8.6	7.8	8.1	7.3	7.5
Chiro/osteo/ physio	7.6	7.6	7.8	7.7	7.7	7.6	6.2	7.8	7.6	7.5	7.5	8.4	7.3	7.0	7.6	8.2
Hospital (public)	7.6	7.6	7.7	7.4	7.8	7.5	6.6	7.2	7.7	7.6	8.2	8.7	7.7	7.6	7.1	6.3
Hospital (private)	7.5	7.4	7.8	8.5	7.9	6.8	7.3	7.0	6.2	7.9	8.4	8.4	8.1	6.8	8.3	8.3
General practitioner	7.3	7.3	7.6	7.1	7.4	7.3	6.3	6.8	6.8	7.3	7.4	8.3	7.5	7.1	7.1	6.8
Specialist doctor	7.3	7.5	7.1	6.8	7.7	7.0	6.2	6.7	6.7	6.5	7.2	8.4	8.2	6.6	7.1	7.4
Dentist	7.3	7.3	7.5	7.1	7.3	7.4	6.8	7.5	6.9	7.3	7.3	7.8	7.0	7.2	7.0	7.3
Vet	7.3	7.2	7.6	7.2	6.5	7.7	6.2	7.4	7.4	7.3	7.2	7.8	7.6	6.9	6.0	7.9
Psychologist/ psychiatrist	7.1	7.5	6.9	5.4	7.0	7.3	6.7	7.1	7.4	7.4	7.6	7.0	6.9	7.2	7.3	6.9

Value perception varied within key groups. By region, people in regional cities valued optometrists much higher (8.7 pts) and in rural areas private hospitals (8.5 pts). In capital cities, psychologists & psychiatrists were valued more highly (7.5 pts), especially when compared to rural areas (5.4 pts). By gender, men valued private hospitals much more than women (7.9 pts vs. 6.8 pts), but women vets (7.7 pts vs. 6.5 pts).

By age, those over 65 put much higher value on pharmacies (8.7 pts), public hospitals (8.7 pts), chiropractors, osteopaths & physiotherapists (8.4 pts), specialists (8.4 pts) and GPs (8.3 pts) than other age groups. Those aged 25-34 valued optometrists

somewhat lower (6.8 pts), in the 35-44 age group private hospitals (6.2 pts) and in the 18-24 age group GPs (6.3 pts), chiropractors, osteopaths & physiotherapists (6.2 pts), specialist doctors (6.2 pts) and vets (6.2 pts).

The main differences by income were the higher values placed on private hospitals (8.1 pts vs. 6.8 pts), specialist doctors (8.2 pts vs. 6.6 pts) and vets (7.6 pts vs. 6.9 pts) in the lower income group. NDIS participants scored value noticeably above the Australian average for private hospitals (8.3 pts) and much lower for vets (6.0 pts). Australians who identified as LGBTQI+ also put much higher value on private hospitals (8.3 pts) but lower value on public hospitals (6.3 pts).

The main differences by income were the higher values placed on private hospitals, specialist doctors and vets in the lower income group.

Figure 26: Value for money: Care, advice or treatment (high, 2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lowerincome	Higher income	NDIS participant	LGBTQI+
Optometrist	69%	65%	85%	65%	72%	67%	53%	45%	66%	70%	67%	80%	59%	60%	73%	62%
Pharmacy	68%	67%	69%	70%	73%	64%	52%	62%	59%	61%	74%	83%	56%	67%	67%	68%
Hospital (public)	59%	57%	64%	57%	56%	60%	37%	53%	56%	56%	74%	82%	44%	59%	57%	33%
Specialist doctor	58%	61%	58%	46%	64%	53%	46%	31%	50%	44%	59%	78%	52%	75%	41%	50%
Hospital (private)	57%	56%	56%	67%	63%	48%	45%	46%	33%	56%	82%	83%	80%	71%	43%	83%
Chiro/osteo/ physio	56%	54%	60%	60%	59%	54%	25%	59%	50%	60%	63%	69%	54%	53%	44%	57%
General practitioner	56%	54%	63%	52%	58%	53%	33%	43%	44%	55%	58%	76%	43%	59%	48%	50%
Dentist	53%	53%	56%	53%	55%	52%	42%	54%	40%	58%	54%	63%	45%	46%	55%	56%
Vet	52%	48%	58%	57%	43%	57%	44%	50%	57%	54%	45%	62%	17%	63%	50%	71%
Psychologist/ psychiatrist	52%	55%	55%	25%	44%	59%	48%	43%	53%	56%	71%	57%	43%	53%	55%	36%

In terms of people who scored value high, the biggest outliers by demographic group were the much higher number in regional cities who valued optometrists (85%), men private hospitals (63%), women vets (57%) and psychologists & psychiatrists (59%), the over-65 age group specialist doctors (78%) and GPs (76%), the 55-64 age group psychologists & psychiatrists (71%), the higher income group specialist doctors (75%) and vets (63%) and those who identify as LGBTQI+ private hospitals (83%) and vets (71%).

Cheaper Bulk billing/free Better advice/fix the problem Don't know 12% Take more time/be more thorough Listen/more attentive/care Reduce out-of-pocket expenses Availability Be on time Follow up 5% 10% 15% 20% 25% 30%

Figure 27: What could a health practitioner do to offer you better value for money?

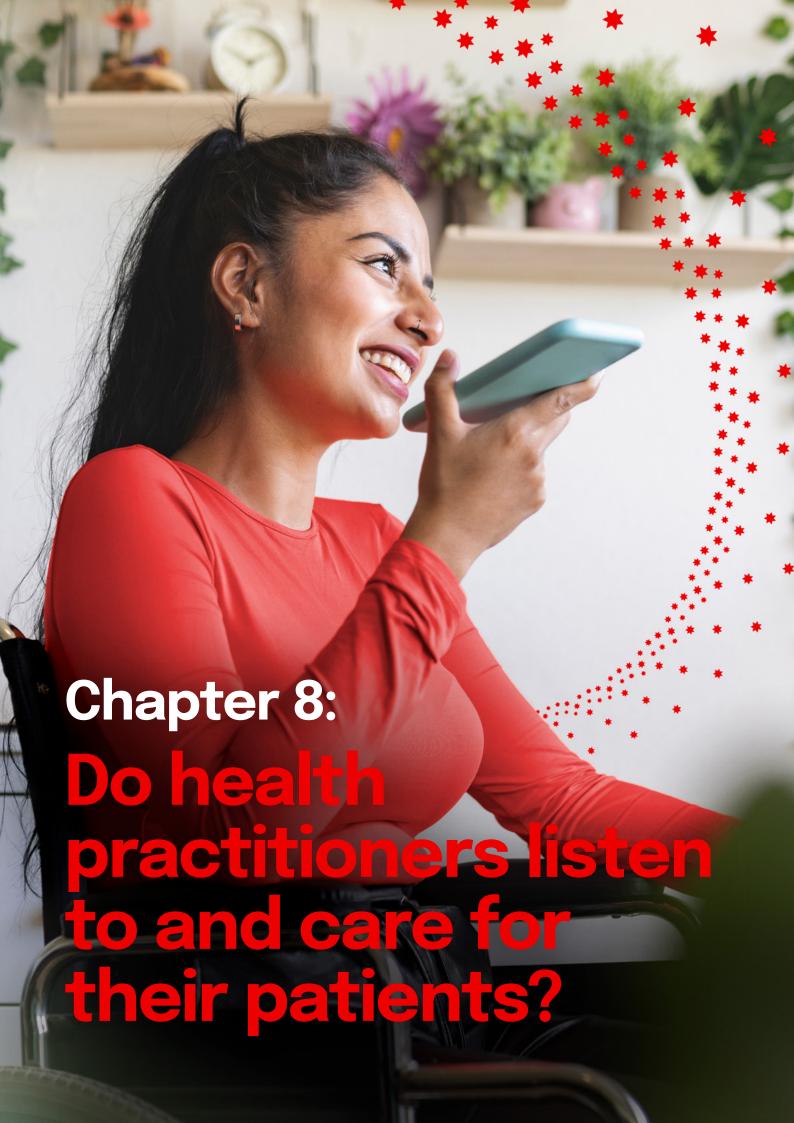
The chart above groups hundreds of comments we received from Australians into key themes when asked what a health practitioner could do to offer them better value for money. Cost was the most common theme, with over 1 in 4 (27%) Australians stating health practitioners could be cheaper, while 1 in 5 (22%) wanted better access to bulk billing, with 7% indicating practitioners could reduce out-of-pocket expenses. Around 13%, however, believe better advice and fixing the problem would add better value, while 1 in 10 believe practitioners could offer better value by taking more time and being more thorough (9%) and being more attentive, caring and listening more (9%). Other themes where Australians believe practitioners could offer better value for money included being available (4%), on time (2%) and following up after consultations (1%). Just over 1 in 10 did not know (12%).

Over 1 in 4
Australians
said health
practitioners could
be cheaper, while
1 in 5 wanted
better access to
bulk billing.

### What patients say health practitioners could do to offer better 'value'...

- "Medicare pays for all of my medical expenses so I'm already getting good value for money."
- "Take more time to listen instead of rushing through the appointment. Listen to concerns properly. I find doctors (mostly GPs) make assumptions about issues without listening to what I have to say."
- "Test results should be sent to the patient, then the patient can decide whether to continue with the same health practitioner or change."

- "Make sure all medical facilities are COVID safe air filtration/ purification and mandatory masking. Sick people are the most vulnerable to COVID and need better protections!"
- "Have knowledge and skills in the area of medicine. I find that I'm needing to be prescriptive in guiding the GP. It's also difficult in my area to find any other GPs who are taking new clients."
- "Charge lower consultation fees, particularly specialist medical practitioners. Also, patients with ongoing, chronic conditions should not have to obtain and pay for an annual referral from a GP to see the specialist managing their health condition. This is a waste of resources and imposes unnecessary cost on patients."
- "Longer appointments so I don't feel rushed and sent on my way quickly."



Patients highly value being listened to by their health practitioners. They want to be taken seriously, heard and understood. Studies suggest listening to patients is essential to help alleviate suffering. According to a study published in the Harvard Business Review, actively listening to patients conveys respect for their self-knowledge and builds trust. It allows the health practitioner to assume the role of the trusted intermediary who not only provides relevant medical knowledge but also translates it into options in line with patients' own stated values and priorities. It is only through shared knowledge, transmitted in both directions, that physicians and patients can co-create an authentic, viable care plan (Harvard Business Review: 'Making time to Really Listen to Your Patients', October 2017).

In this section, we explore for the first time the extent Australians who visited health practitioners in the past year felt they were listened to and involved in the decisions about their care and had their concerns and questions heard without being rushed.

The survey results suggest they mostly do, though some a little more than others. When patients were asked to score if they felt listened to, optometrists came out on top, at 8.1 pts out of 10 (10 is completely listened to), followed by pharmacies (8.0 pts) and vets (8.0 pts). All other practitioners also score quite high ranging from 7.9 pts for chiropractors, osteopaths & physiotherapists to 7.2 pts for public hospitals.

Figure 28: Felt listened to and included in decisions about your care without being rushed

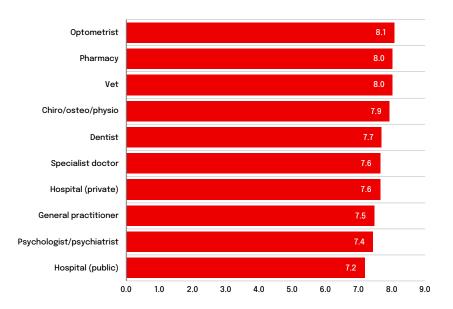
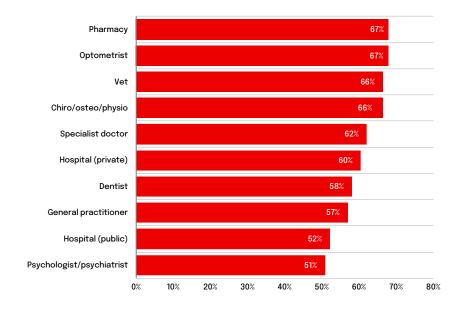


Figure 29: Felt listened to and included in decisions about your care without being rushed (high)





A large number of Australians also scored practitioner listening very high (i.e., scored 8+ pts), ranging from 2 in 3 for pharmacies (67%), optometrists (67%), vets (66%) and chiropractors, osteopaths & physiotherapists (66%) to 1 in 2 for public hospitals (52%) and psychologists & psychiatrists (51%). It was also pleasing to find very few Australians who scored

their experiences low (i.e., scored less than 3 pts), ranging from just 1% for optometrists and private hospitals to 8% for public hospitals.

Figure 30: Listening to patients (score, 2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Optometrist	8.1	8.0	8.4	7.9	8.1	8.0	7.2	7.5	7.8	7.6	8.2	8.5	7.9	8.2	8.1	7.6
Pharmacy	8.0	8.1	8.1	7.8	8.2	7.9	7.4	7.7	7.6	7.6	8.4	8.6	8.0	7.9	8.1	7.7
Vet	8.0	8.1	8.3	7.2	7.5	8.2	6.9	7.9	7.9	8.0	8.5	8.2	7.4	7.8	7.8	8.0
Chiro/osteo/ physio	7.9	8.0	8.1	7.2	7.8	8.0	6.8	8.0	8.0	7.6	7.6	8.9	7.2	8.0	8.1	8.8
Dentist	7.7	7.8	7.7	7.3	7.6	7.8	7.2	7.4	7.2	7.5	8.0	8.3	7.4	7.8	7.5	7.2
Specialist doctor	7.6	7.8	7.4	7.4	8.2	7.2	7.0	6.8	7.5	6.8	7.4	8.6	8.1	7.2	7.6	7.6
Hospital (private)	7.6	7.7	7.4	8.0	7.8	7.5	7.3	7.1	7.5	7.7	8.2	8.2	7.9	7.1	8.2	8.2
General practitioner	7.5	7.5	7.5	7.3	7.6	7.3	6.6	7.1	6.9	7.5	7.6	8.2	7.4	7.5	7.1	6.8
Psychologist/ psychiatrist	7.4	7.6	7.4	6.5	7.2	7.7	6.9	7.5	7.4	7.6	7.9	7.4	7.1	7.8	7.6	6.8
Hospital (public)	7.2	7.3	6.9	7.2	7.6	6.9	6.3	7.1	6.9	7.0	7.4	8.3	7.3	7.2	7.2	6.5

Figure 31: Listening to patients (high, 2024)

	Australia	Capital city	Regional city	Rural area	u	Women	24	34	44	54	64		Lowerincome	Higher income	NDIS participant	LGBTQI÷
	Aus	Cal	Reg	Bur	Men	Wo	18-24	25-34	35-44	45-54	55-64	65+	Lov	Hig	<u>N</u>	LGE
Pharmacy	67%	68%	69%	61%	71%	64%	52%	63%	59%	59%	73%	81%	64%	66%	74%	64%
Optometrist	67%	66%	75%	63%	68%	66%	41%	61%	62%	50%	70%	79%	62%	69%	71%	62%
Vet	66%	68%	77%	50%	62%	70%	31%	64%	64%	75%	75%	77%	53%	65%	33%	57%
Chiro/osteo/ physio	66%	66%	74%	47%	63%	68%	38%	68%	68%	53%	63%	86%	37%	67%	62%	71%
Specialist doctor	62%	62%	65%	58%	69%	56%	62%	31%	58%	41%	68%	79%	73%	47%	60%	50%
Hospital (private)	60%	60%	61%	67%	65%	55%	55%	54%	53%	56%	82%	67%	64%	49%	70%	67%
Dentist	58%	59%	59%	53%	57%	59%	53%	49%	43%	52%	68%	74%	56%	58%	52%	50%
General practitioner	57%	57%	60%	55%	59%	56%	36%	48%	41%	56%	59%	78%	59%	52%	55%	50%
Hospital (public)	52%	51%	52%	57%	58%	48%	42%	52%	28%	41%	52%	82%	61%	47%	61%	52%
Psychologist/ psychiatrist	51%	58%	45%	17%	50%	52%	29%	51%	60%	63%	71%	29%	35%	61%	61%	45%

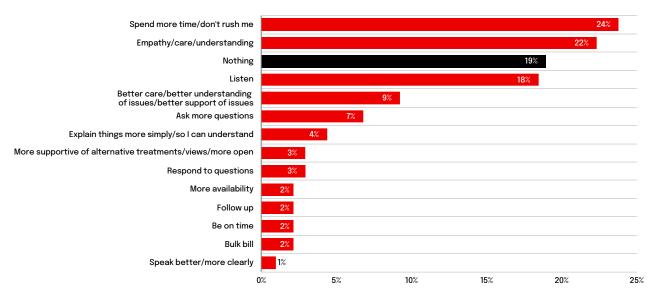
We did, however, note some differences across key groups. By region, people in rural areas scored listening somewhat lower for vets (7.2 pts), chiropractors, osteopaths & physiotherapists (7.2 pts) and psychologists & psychiatrists (6.5 pts) than other regions. Women and men were in broad agreement, except for vets (8.2 pts women; 7.5 pts men) and specialist doctors (8.2 pts men; 7.2 pts women). Australians over 65 typically scored higher for all practitioners, particularly chiropractors, osteopaths & physiotherapists (8.9 pts), specialist doctors (8.6 pts), public hospitals (8.3 pts) and GPs (8.2 pts). By income, the biggest differences related to specialist doctors (8.1 pts lower income; 7.2 pts higher income). Australians who identified as LGBTQI+

rated listening for chiropractors, osteopaths & physiotherapists well above the average (8.8 pts), but GPs (6.8 pts), psychologist & psychiatrists (6.8 pts) and public hospitals (6.5 pts) somewhat lower.

The survey also revealed very low numbers of people in rural areas (17%), the 18-24 and over-65 age groups (29%) and the lower income group (35%) who scored listening very high for psychologists & psychiatrists, in the 18-24 age group vets (31%) and chiropractors, osteopaths & physiotherapists (38%), the 25-34 age group specialist doctors (31%), the 35-44 age group public hospitals (28%), the lower income group chiropractors, osteopaths & physiotherapists (37%) and among NDIS participants vets (33%).

**Australians who** identified as LGBTQI+ rated listening for chiropractors, osteopaths & physiotherapists well above the average.

Figure 32: What a health practitioner could do to make you feel more listened to and included



The chart above groups hundreds of comments we received into key themes when asked what a health practitioner could do to make their patients feel more listened to. The length of appointments and feeling understood, cared for and heard were priorities. In particular, around 1 in 4 (24%) want practitioners to spend more time with them and not be rushed.

while 1 in 5 said they could show empathy, care and understanding (22%) and listen to them (18%). Other themes that emerged included better understanding or support of issues (9%), asking more questions (7%), having things explained simply so they could understand (4%), for practitioners to be more supportive of alternative treatments and views

(3%) and respond to their questions (3%). Other suggestions that could make them feel heard included more availability (2%), follow up (2%), being on time (2%), offering bulk billing (2%) and speaking better and more clearly. Around 1 in 5 (19%) said there was nothing they could do.

# What patients say health practitioners could do to make them feel more 'listened to'...

- "Take more interest in the individual instead of rushing everyone through as quickly as possible."
- "To really be able to have a quality discussion with a GP means longer appointments that cost more. It's the system. In terms of specialists, once you manage to get into to one under public health, for the most part you're listened to and included."
- "I had my six-weeksafter-birth check-up. I wasn't asked about my mental or physical health, just about the newborn."
- "Maintain eye contact with me as I'm explaining concerns and offer support and listen empathetically."

- "Take the time to understand and don't judge me. Don't jump to conclusions and don't be late for appointments you set."
- "Actually listen and actually ask relevant questions. It seems like they're going through a script and not engaging."
- "Reflective listening. Show me you have heard me by repeating what I've said. Listen to my ideas and communicate in a way that I understand."
- "Affirm how I feel about my illnesses rather than brush off anxieties and nervousness."

- "Listen to me. Don't talk about your life or continue working on previous patients' documents, and pay attention."
- "Be more supportive of alternative views and involve me in the diagnosis and treatment."
- "Don't push me out the door if you're a minute over time, or give me the full time I paid for."
- "Focus on multiple concerns rather than limited to one per appointment."

A care-centred approach to patients treats each person respectfully as an individual human being and not just as a condition to be treated. It involves seeking out and understanding what is important to the patient, fostering trust and establishing mutual respect. Acknowledging and taking care of patient concerns demonstrates that health practitioners see each of their patients as individuals with unique needs.

For the first time, we also asked Australians to rate the extent they felt cared for as a person by health practitioners (i.e., sensitive to their needs, felt respected, friendly, etc). Overall, practitioners scored well, though it did range somewhat across practitioner groups. Chiropractors, osteopaths & physiotherapists led the way, scoring 8.2 pts out of 10 (where 10 is feeling completely cared for), just ahead of optometrists (8.0 pts) and vets (8.0 pts). All other practitioners also scored quite high for care ranging from 7.9 pts for pharmacies to 7.2 pts for public hospitals.

A large number of Australians also scored practitioner care very high (i.e., scored 8+ pts), though this ranged from around 3 in 4 (73%) for chiropractors, osteopaths & physiotherapists to just over 1 in 2 (54%) for public hospitals. Very few Australians overall scored the extent they felt cared for as a person low (i.e., scored less than 3 pts) across all practitioner groups, ranging from just 1% for private hospitals, optometrists, pharmacies and vets to 8% for specialist doctors and public hospitals.

Figure 33: Felt cared for as a person

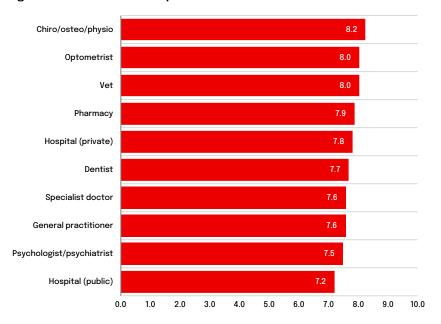
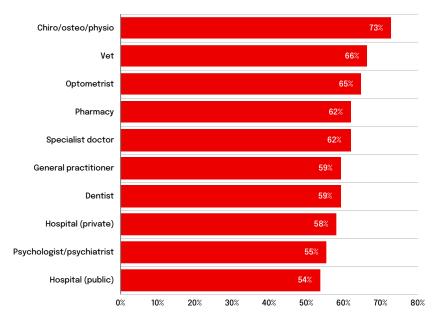


Figure 34: Felt cared for as a person (high)



Perceptions of care did not vary significantly across regions, except for psychologists & psychiatrists, who were scored somewhat lower in rural areas (6.8 pts). We did not see any large differences between women and men. Australians aged over 65 rated the extent they felt cared for as a person much higher for chiropractors, osteopaths & physiotherapists (9.1 pts), specialist doctors (8.6 pts), public

hospitals (8.6 pts) and GPs (8.4 pts) than did Australians in all other age groups.

Income was not an important determinant, with lower and higher income groups scoring the extent they felt cared for about the same for all practitioners, except specialist doctors, who were scored somewhat higher in the lower income group (7.8 pts). NDIS participants

scored care basically in line with the national average, as did people who identified as LGBTQI+, except for chiropractors, osteopaths & physiotherapists (9.1 pts), who were scored well above average, and GPs (6.8 pts) and public hospitals (6.3 pts), which scored well below average.

Figure 35: Cared for as a person (score, 2024)

	Australia	Capital city	Regional city	Ruralarea	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/osteo/ physio	8.2	8.2	8.4	7.9	8.2	8.3	7.9	8.4	7.9	8.1	7.7	9.1	8.1	8.1	8.2	9.1
Optometrist	8.0	7.9	8.5	8.2	8.2	7.9	8.0	7.2	7.8	7.9	7.8	8.5	7.9	8.0	8.1	8.1
Vet	8.0	8.1	8.1	7.6	7.8	8.2	7.2	7.9	7.1	8.2	8.5	8.7	8.1	7.8	8.2	8.2
Pharmacy	7.9	7.8	8.0	7.9	8.1	7.7	7.2	7.4	7.6	7.7	8.1	8.6	8.0	7.7	7.7	7.9
Hospital (private)	7.8	7.9	7.6	8.0	7.8	7.7	7.7	7.0	6.9	8.1	8.7	8.5	7.9	7.7	7.9	8.2
Dentist	7.7	7.7	7.7	7.5	7.6	7.8	7.2	7.4	7.3	7.6	8.2	8.1	7.3	7.8	7.7	7.8
Specialist doctor	7.6	7.7	7.4	7.6	7.9	7.3	7.1	6.7	6.9	6.7	7.6	8.6	7.8	7.0	7.5	8.0
General practitioner	7.6	7.5	7.6	7.6	7.6	7.5	7.0	7.0	6.9	7.6	7.6	8.4	7.6	7.5	7.2	6.8
Psychologist/ psychiatrist	7.5	7.6	7.5	6.8	7.3	7.7	7.0	7.3	7.5	8.1	7.9	7.7	7.6	7.6	7.6	7.5
Hospital (public)	7.2	7.2	7.2	7.2	7.6	6.9	6.5	6.6	6.9	7.3	7.3	8.6	7.2	7.4	7.2	6.3

Figure 36: Cared for as a person (high, 2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/osteo/ physio	73%	73%	77%	60%	71%	74%	69%	79%	55%	60%	67%	93%	 74%	67%	54%	79%
Vet	66%	68%	71%	57%	69%	65%	44%	68%	43%	71%	70%	85%	63%	61%	83%	71%
Optometrist	65%	61%	77%	65%	71%	61%	65%	48%	59%	58%	59%	78%	62%	68%	71%	71%
Pharmacy	62%	61%	64%	61%	66%	59%	50%	55%	54%	59%	66%	75%	61%	60%	63%	64%
Specialist doctor	62%	63%	63%	50%	66%	58%	46%	35%	50%	38%	73%	81%	70%	47%	52%	64%
General practitioner	59%	58%	62%	62%	60%	58%	49%	43%	40%	58%	64%	81%	61%	56%	53%	44%
Dentist	59%	59%	62%	55%	59%	59%	51%	49%	47%	54%	72%	73%	56%	62%	55%	65%
Hospital (private)	58%	60%	50%	67%	59%	55%	55%	38%	20%	67%	82%	89%	64%	57%	50%	50%
Psychologist/ psychiatrist	55%	58%	55%	42%	52%	59%	43%	49%	67%	69%	71%	43%	59%	61%	61%	59%
Hospital (public)	54%	56%	55%	43%	58%	50%	39%	50%	39%	48%	57%	82%	55%	59%	61%	43%

The survey did reveal much lower numbers in rural areas who scored care high for chiropractors, osteopaths & physiotherapists (60%), vets (57%), specialist doctors (50%), psychologists & psychiatrists (42%) and public hospitals (43%), and in regional cities private hospitals (50%). More people over 65 scored all practitioners higher than other age groups, except

for psychologists & psychiatrists. We counted much lower numbers in the 35-44 age group who scored high for chiropractors, osteopaths & physiotherapists (55%), 18-24 (44%) and 35-44 (43%) age groups vets, 25-34 age group optometrists (48%), 25-34 (35%) and 45-54 (38%) age groups specialist doctors and 35-44 age group private hospitals (20%). By income, the biggest

difference related to specialist doctors (70% lower income: 47% higher income). Far fewer NDIS participants scored chiropractors, osteopaths & physiotherapists high (54%) compared to the national average, but vets much higher (83%). Among people who identified as LGBTQI+ we also noted a much lower number who scored high for GPs (44%) and public hospitals (43%).

Care/more empathy/less judgmental Nothing Listen/more attentive Take more time Provide better care Work with me Follow up Ask more questions More availability Respond to questions Cheaper Bulk bill Be on time

Figure 37: What a health practitioner could do to make you feel more cared for

The chart above groups hundreds of comments into key themes when asked what a health practitioner could do to make them feel more cared for as a person. One in 4 (25%) wanted them to be more caring and empathetic and less judgmental and 1 in 5 (22%) said listening and being

more attentive would help. Around 1 in 10 wanted practitioners to take more time (11%) and provide better care (10%). Other common themes related mostly to communication and included practitioners working with me (6%), following up (5%), asking more questions (5%) and responding

10%

to questions (3%). Access and cost also resonated, with survey participants saying more availability (3%), being cheaper (2%), bulk billing (2%) and being on time (1%) would also help them feel more cared for. Just over 1 in 5 (22%) indicated there was nothing they could do.

30%

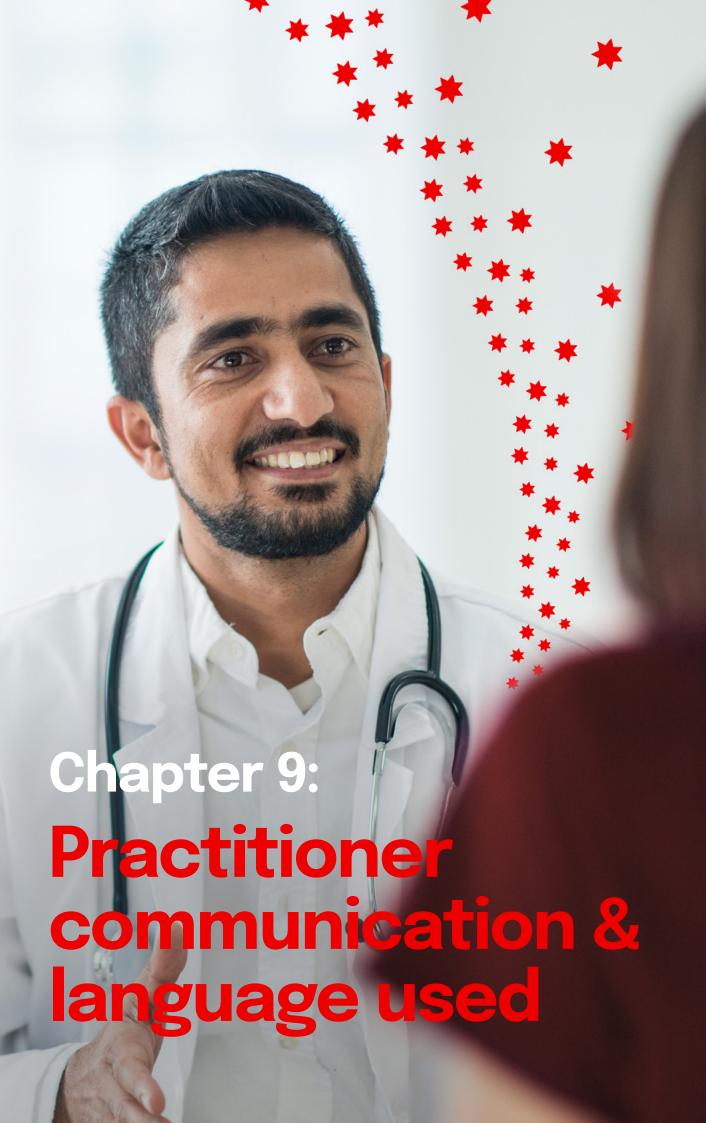
20%

## What patients say health practitioners could do to make them feel more 'cared for'...

"Show more empathy and don't diminish my concerns. Try making me feel as comfortable as possible when explaining my problems."

"Show an interest in who I am. Listen to my opinion and validate it. This is my healthcare; I should be driving the decisions. Health professionals should be encouraging my good choices and advising the best way to achieve my healthy goals, while advising the best medical choices to get there."

"Stop gaslighting us. Listen when we speak and believe our lived experience!"



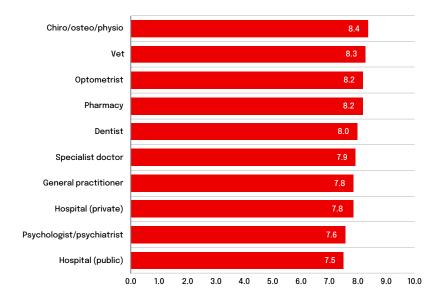
According to the Australian Commission on Safety and Quality in Healthcare, effective communication and the accurate transfer of information between health practitioners and the person in their care are essential to ensuring safe patient care. Patients should also be supported to understand their care, treatment and support options, and the risks, benefits and outcomes of these options. It is important they have access to the relevant information so they can make informed decisions that are right for them.

In this section, we explore for the first time the extent Australians

feel that everything was explained to them about the problem or conditions, the medications and follow-up instructions, and in language they could understand. Overall, practitioners scored very well in this area, but it did range somewhat across practitioner groups. Chiropractors, osteopaths & physiotherapists scored highest, at 8.4 pts out of 10 (10 is completely), just ahead of vets (8.3 pts), optometrists (8.2 pts), pharmacy (8.2 pts) and dentists (8.0 pts). All other practitioners were scored quite high and in a narrow range of 7.9 pts for specialist doctors to 7.5 pts for public hospitals.

A large number of Australians also scored practitioner care very high (i.e., scored 8+ pts), though this ranged more widely from over 3 in 4 for chiropractors, osteopaths & physiotherapists (78%) and vets (76%) to around 6 in 10 for public hospitals (56%), psychologists & psychiatrists (60%) and private hospitals (60%). Very few Australians overall scored the extent they felt everything was explained to them and in language they could understand low (i.e., scored less than 3 pts) for all practitioner groups, ranging from none at all for optometrists (0%) to 7% for psychologists & psychiatrists.

Figure 38: Extent everything explained to you and in language you could understand

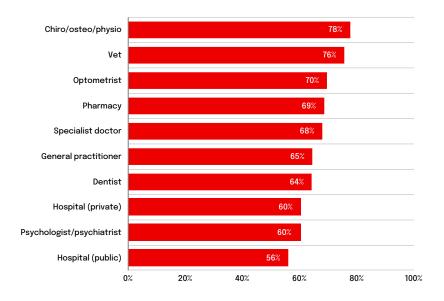


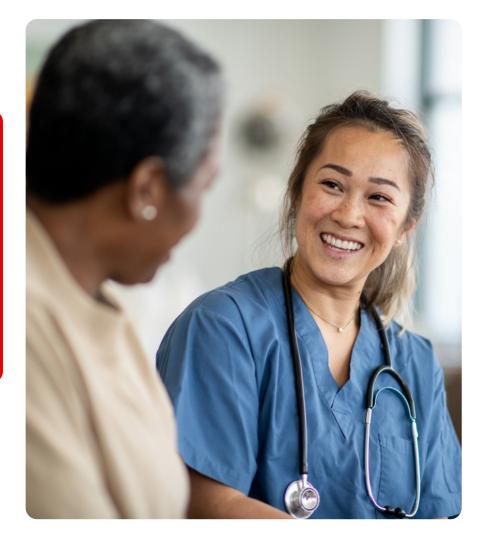
Perceptions of care did not vary significantly across regions, except for psychologists & psychiatrists, who scored somewhat lower in rural areas (6.6 pts) and private hospitals, which scored somewhat higher (8.7 pts). The main differences in experiences between women and men were for vets (8.6 pts women; 7.6 pts men), specialist doctors (8.2 pts men; 7.7 pts women) and public hospitals (7.8 pts men; 7.3 pts women).

By age, those aged 18-24 scored vets somewhat lower than in all other age groups (7.1 pts), but in the over-65 group somewhat higher for specialist doctors (8.8 pts) and public hospitals (8.4 pts). People in the lower income group valued the explanations they received from specialist doctors (8.3 pts) higher than in the higher income group (7.5 pts). NDIS participants scored all practitioners in line with the national average, as did people who identified as LGBTQI+, except public hospitals, which scored well below average (6.6 pts).

People in the lower income group valued the explanations they received from specialist doctors higher than in the higher income group.

Figure 39: Extent everything explained to you and in language you could understand (high)





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Figure 40: Extent everything explained to you and in a language you could understand (score, 2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGВТQI÷
Chiro/osteo/ physio	8.4	8.4	8.5	7.9	8.3	8.4	8.3	8.0	8.1	8.7	7.9	9.1	8.2	8.4	8.5	8.9
Vet	8.3	8.6	7.9	7.9	7.6	8.6	7.1	8.0	8.1	8.5	8.9	8.7	8.0	8.0	8.7	7.8
Optometrist	8.2	8.1	8.4	8.4	8.3	8.1	7.3	7.4	8.0	8.0	8.3	8.6	8.1	8.2	8.1	7.9
Pharmacy	8.2	8.2	8.0	8.3	8.3	8.2	8.1	7.4	7.8	8.2	8.0	8.5	8.2	8.2	8.1	7.8
Dentist	8.0	8.0	8.0	8.0	7.8	8.1	7.5	7.8	7.8	7.7	8.4	8.4	7.9	8.1	7.9	7.7
Specialist doctor	7.9	8.0	7.8	7.9	8.2	7.7	7.6	7.0	7.3	7.4	7.8	8.8	8.3	7.5	8.0	7.9
General practitioner	7.8	7.9	7.8	7.8	7.9	7.8	7.2	7.4	7.4	7.9	8.0	8.5	7.9	7.8	7.5	7.3
Hospital (private)	7.8	7.9	7.1	8.7	7.9	7.6	7.4	7.5	7.5	8.1	8.1	8.2	7.9	7.7	8.1	8.0
Psychologist/ psychiatrist	7.6	7.7	7.4	6.6	7.4	7.7	7.2	7.5	7.4	7.9	8.1	7.3	7.4	7.7	7.7	7.3
Hospital (public)	7.5	7.6	7.3	7.6	7.8	7.3	7.0	7.1	7.6	7.6	7.6	8.4	7.3	7.8	7.6	6.6

Figure 41: Extent everything explained to you and in a language you could understand (high, 2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI÷
Chiro/osteo/ physio	78%	78%	83%	67%	75%	80%	75%	71%	68%	93%	75%	90%	74%	79%	77%	86%
Vet	76%	87%	68%	70%	62%	83%	50%	75%	79%	79%	85%	81%	68%	70%	83%	71%
Optometrist	70%	68%	75%	70%	73%	68%	41%	55%	72%	65%	71%	79%	66%	71%	71%	62%
Pharmacy	69%	69%	67%	70%	71%	71%	67%	58%	62%	63%	65%	76%	68%	69%	72%	66%
Specialist doctor	68%	66%	74%	67%	73%	64%	62%	50%	46%	56%	73%	85%	78%	58%	71%	64%
General practitioner	65%	64%	67%	64%	64%	65%	51%	54%	49%	67%	69%	81%	67%	62%	53%	52%
Dentist	64%	64%	67%	63%	63%	65%	51%	58%	63%	61%	73%	73%	60%	70%	66%	59%
Hospital (private)	60%	63%	44%	83%	61%	58%	45%	54%	47%	67%	73%	83%	64%	54%	70%	67%
Psychologist/ psychiatrist	60%	62%	64%	42%	62%	59%	52%	59%	73%	56%	71%	43%	59%	68%	65%	64%
Hospital (public)	56%	58%	52%	57%	54%	57%	50%	43%	44%	67%	57%	79%	57%	59%	56%	38%

Among those who scored practitioners high, key differences included a much lower number in rural areas who scored chiropractors, osteopaths & physiotherapists (67%) and psychologists & psychiatrists (42%) high and in regional cities private hospitals (44%), but a much higher number in capital cities who scored vets high (87%). Noticeably more women scored vets high than men (83% vs. 62%), but more men specialist doctors (73% vs. 64%).

By age, we counted far fewer people aged 18-24 who scored vets (50%) and optometrists (41%) high. Far fewer people in the over-65 age group scored high for psychologists & psychiatrists (43%) but were by far the most positive about specialist doctors (85%), GPs (81%) and public hospitals (79%). Lower and higher income groups were in broad agreement, except for specialist doctors (78% vs. 58%) and private hospitals (64% vs. 54%), which were scored high by a lot more

people in the lower income group, and dentists, who scored high for more people in the higher income group (70% vs. 60%). Dentists scored well below average for NDIS participants (53%) and in the LGBTQI+ group (52%), with public hospitals also much lower in the LGBTQI+ group (38%).

Figure 42: What a health practitioner could do to help you better understand them

The chart above groups hundreds of comments into key themes when asked what a health practitioner could do to help them better understand them. By far the most common thing was explaining things and communicating more, according to just over 1 in 5 (22%) people. Around 1 in 10 (12%) said using simple or

layman's language and speaking English would help. Other themes that resonated were to be more empathetic and open and less judgmental, printing out information and written instructions, and taking more time (7%). Six per cent want practitioners to listen to them, and 5% to speak clearly. Follow-

10%

15%

20%

up options, better service, asking questions (2%) and speaking their language (1%) were also seen as things they could do to help.

25%

30%

#### What patients say health practitioners could do to make them feel more 'understood'...

5%

"Explain their role as a practitioner. What they're able to treat me with, what they're not able to do, how I can get more help if needed and where to get it.

Explain my condition so I can easily understand and manage it myself (if possible)."

"Explain things in 'normal terms' and ensure patients understand you. Also ask if they have any questions." "Talk to the patient not at them. We're all different. I understand more than they sometimes think I do."

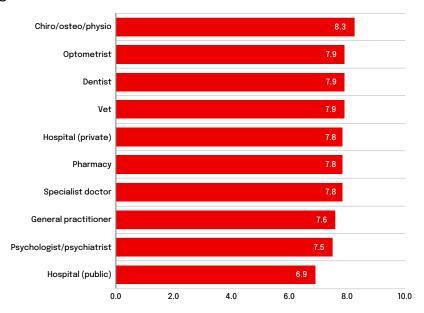


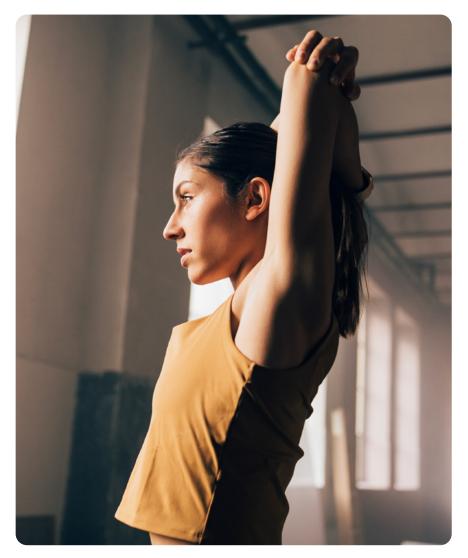
Research has shown that the built environment (the ambience of the rooms, patient facilities, comfortable seating, friendly staff, etc, in which healthcare is delivered) can exert significant effects on patients and improve overall healthcare quality. An enhanced environment is associated with improvements in patients' perception of patient-doctor communication, reduction in anxiety and increases in patient satisfaction.

In this section, we ask Australians to rate the overall environment of the practitioners they visited over the past year. Most practitioners scored well in this area. Chiropractors, osteopaths & physiotherapists were scored highest, at 8.3 pts out of 10 (10 is completely), ahead of optometrists (7.9 pts), dentists (7.9 pts), vets (7.9 pts), private hospitals (7.8 pts), pharmacies (7.8 pts), specialist doctors (7.8 pts), GPs (7.6 pts) and psychologists & psychiatrists (7.5 pts). The overall environment for public hospitals scored more moderately (6.9 pts).

The majority of patients also scored the overall environment high (i.e., scored 8+ pts), particularly for chiropractors, osteopaths & physiotherapists (around 8 in 10 or 79%). Around 2 in 3 scored the overall environment for specialist doctors (68%), private hospitals (65%), dentists (65%) and optometrists (64%) high, and around 6 in 10 for pharmacies (59%), vets (59%), GPs (58%) and psychologists & psychiatrists (56%). Fewer than 1 in 2 (46%), however, scored the overall environment at public hospitals high. Few Australians scored all practitioner environments low (i.e., scored less than 3 pts), ranging from none at all for vets (0%) to 9% for public hospitals.

Figure 43: Overall environment



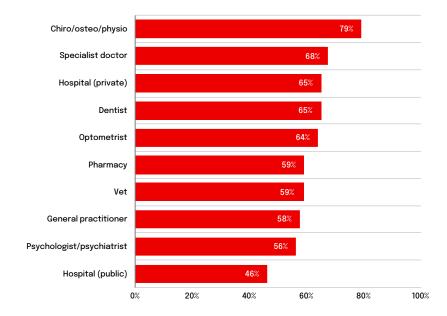


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Perceptions did vary across monitored groups. In regional cities, the practice environment scored somewhat lower for private hospitals (7.3 pts) and in rural areas for psychologists & psychiatrists (6.8 pts), but it was higher in rural areas for specialist doctors (8.2 pts). Men rated specialist doctors a bit higher than women (8.1 pts vs. 7.5 pts), and women vets (8.2 pts vs. 7.4 pts). The over-65s scored all practitioners highest, especially specialist doctors (8.5 pts), optometrists (8.4 pts), pharmacies (8.2 pts), GPs (8.1 pts) and public hospitals (8.0 pts). Those aged 25-34, however, scored optometrists (7.1 pts) and private hospitals (6.9 pts) lower, and among the 18-24 age group public hospitals were scored somewhat lower than other age groups (6.2 pts). The lower income group rated private hospitals well above the higher income group (8.4 pts vs. 7.8 pts), but the reverse was noted among the higher income group for psychologists & psychiatrists (7.8 pts vs. 7.2 pts). NDIS participant scores did not deviate much from the average, but the LGBTQI+ group were somewhat less positive about environments for specialist doctors (6.9 pts) and public hospitals (6.1 pts).

The LGBTQI+ group were somewhat less positive about environments for specialist doctors and public hospitals.

Figure 44: Overall environment (high)



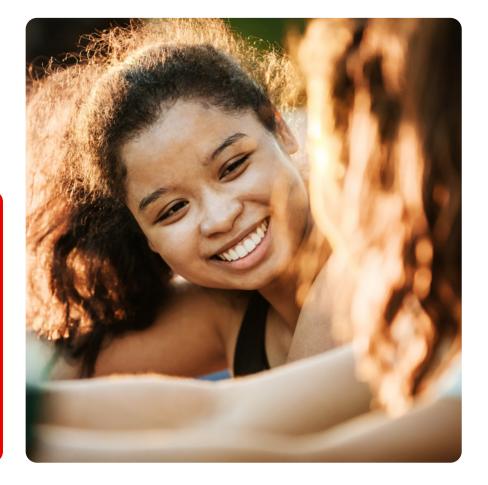


Figure 45: Overall environment (score, 2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/osteo/ physio	8.3	8.2	8.5	8.1	8.4	8.2	8.2	8.4	7.8	8.2	8.1	8.5	8.2	8.1	8.4	8.8
Optometrist	7.9	7.9	8.2	7.9	7.9	8.0	8.3	7.1	7.7	7.8	7.7	8.4	7.8	7.9	8.1	7.7
Dentist	7.9	7.9	8.1	7.8	7.8	8.0	8.0	7.8	7.5	7.7	8.1	8.3	7.9	8.0	7.8	7.9
Vet	7.9	7.8	8.1	8.0	7.4	8.2	7.4	8.1	7.5	7.9	7.6	8.5	8.1	7.7	8.2	8.3
Hospital (private)	7.8	8.0	7.3	8.2	7.8	7.9	7.7	6.9	7.4	8.4	8.3	8.5	8.4	7.8	8.4	7.8
Pharmacy	7.8	7.7	7.9	7.8	7.9	7.7	7.5	7.6	7.7	7.6	7.6	8.2	7.8	7.7	7.7	7.6
Specialist doctor	7.8	7.8	7.5	8.2	8.1	7.5	6.8	6.9	7.7	7.1	7.9	8.5	7.9	7.5	7.9	6.9
General practitioner	7.6	7.6	7.6	7.5	7.6	7.6	7.3	7.3	7.2	7.6	7.6	8.1	7.6	7.6	7.4	7.1
Psychologist/ psychiatrist	7.5	7.6	7.5	6.8	7.4	7.6	7.0	7.6	7.4	7.8	7.6	8.0	7.2	7.8	7.5	7.5
Hospital (public)	6.9	6.9	6.8	7.2	7.4	6.6	6.2	7.0	6.1	6.6	6.9	8.0	7.1	6.9	7.2	6.1

Figure 46: Overall environment (high, 2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/osteo/ physio	<b>₹</b>	77%	89%	73%	80%	79%	81%	88%	73%	80%	71%	79%	63%	81%	69%	86%
Specialist doctor	68%	65%	72%	71%	75%	61%	62%	50%	63%	50%	80%	77%	73%	63%	68%	50%
Hospital (private)	65%	68%	50%	83%	61%	71%	60%	38%	53%	78%	73%	89%	79%	60%	70%	67%
Dentist	65%	64%	70%	61%	63%	67%	65%	64%	54%	60%	68%	74%	60%	66%	62%	68%
Optometrist	64%	64%	71%	58%	61%	67%	59%	48%	62%	53%	59%	78%	53%	64%	65%	57%
Pharmacy	59%	57%	64%	59%	62%	57%	58%	50%	53%	55%	52%	75%	60%	56%	63%	52%
Vet	59%	52%	68%	64%	52%	62%	38%	64%	64%	54%	45%	77%	63%	59%	50%	64%
General practitioner	58%	57%	64%	49%	56%	59%	52%	52%	49%	53%	60%	69%	55%	59%	53%	44%
Psychologist/ psychiatrist	56%	61%	50%	42%	54%	59%	43%	54%	60%	63%	71%	57%	53%	61%	48%	55%
Hospital (public)	46%	45%	47%	50%	48%	45%	39%	47%	22%	41%	35%	74%	55%	40%	61%	43%

A much bigger number of respondents in regional cities scored the overall environment high for chiropractors, osteopaths & physiotherapists (89%), and a much lower number for private hospitals (50%), particularly compared to rural areas (83%). By age, noticeably more over-65s scored the environment high for optometrists (78%), pharmacies (75%) and public hospitals (74%), but far fewer in the 25-34 age group specialist doctors (50%), optometrists (48%) and private hospitals (38%), and in the 35-44age group public hospitals (22%).

A lot more people in the higher income group scored the overall environment high for chiropractors, osteopaths & physiotherapists (81% vs. 63%), but in the lower income group private (79% vs. 60%) and public (55% vs. 40%) hospitals. A much higher number of NDIS participants scored public hospitals high (61%), but far fewer in the LGBTQI+ scored specialist doctor (50%) and GP environments (44%) high.

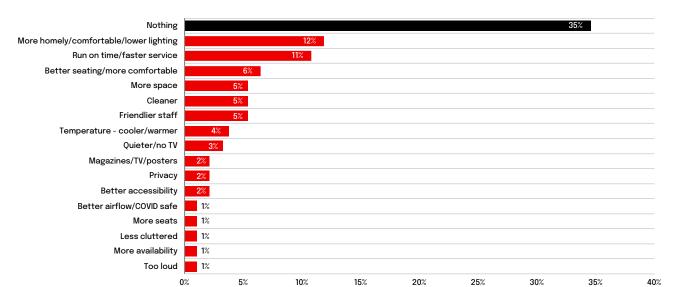


Figure 47: What a health practitioner could do to improve overall practice environment

#### What patients say health practitioners could do to make the practice environment more appealing...

"Improve communication of their support team members (such as reception) and improve the layout, patient flow and cleanliness of their overall clinic environment."

"More of a relaxed, cozy, friendly ambience. More hues of colour and a more laid-back dress code and seating arrangement." "Have fewer sick patients in the waiting room and more private waiting rooms so people walking past outside don't see."

"Give more space between people so that others don't get in your space. Don't overcrowd waiting rooms so social distancing is a viable option." "Make it COVID safe.

Mandatory masking
with N95 or better (by
staff and patients), full
sanitising stations and
proper air purification
in the public areas and
every consult room.
And also make it feel
less like a retail space!"



Patient satisfaction with the quality of care, advice or treatment they received from health practitioners in the past 12 months remained high for most practitioners in 2024, though results varied across practitioner groups.

Patient satisfaction was, however, scored lower for all health practitioners compared to 2022 when NAB first asked this question.

Australians who visited health practitioners in 2024 rated their satisfaction with the quality of care,

Australians who visited health practitioners in 2024 rated their satisfaction with the quality of care, advice or treatment received highest for vets.

advice or treatment received highest for vets, bumping optometrists from last year's top place.

Vets were also one of only two groups to report higher satisfaction compared to last year (8.3 pts, up from 8.0 pts). Public hospitals were the only other health service to record higher satisfaction (7.5 pts, up from 7.0 pts), but satisfaction with public hospitals remained among the lowest of all health practitioners.

Among other health practitioners, satisfaction was unchanged for

pharmacies (8.2 pts), dentists (8.1 pts), GPs (7.8 pts) and psychologists & psychiatrists (7.4 pts), who ranked lowest overall.

Australians who visited optometrists (8.2 pts, down from 8.4 pts in 2023), chiropractors, osteopaths & physiotherapists (8.1 pts, down from 8.3 pts), private hospitals (8.0 pts, down from 8.2 pts) and specialist doctors (7.8 pts, down from 8.2 pts) were less satisfied with the care, advice or treatment they received in 2024 compared to 2023.

Figure 48: Satisfaction with the quality of care, advice and treatment you received

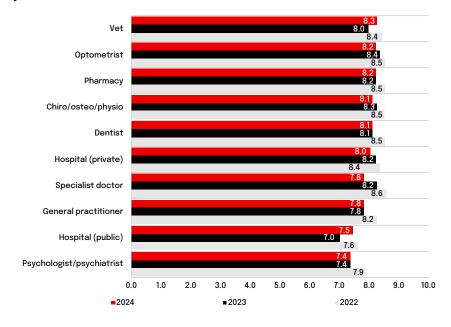


Figure 49: Satisfaction with overall quality of care, advice or treatment received (score, 2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lowerincome	Higher income	NDIS participant	LGBTQI+
Vet	8.3	8.3	8.5	8.1	7.8	8.6	6.8	8.4	8.4	8.5	8.5	8.8	8.2	8.2	8.3	8.3
Optometrist	8.2	8.2	8.5	8.2	8.3	8.2	7.8	7.4	8.1	8.2	8.0	8.7	8.1	8.3	8.3	7.8
Pharmacy	8.2	8.2	8.2	8.2	8.3	8.1	7.5	7.8	8.1	8.1	8.4	8.8	8.2	8.1	8.1	7.9
Chiro/osteo/ physio	8.1	8.1	8.3	7.9	7.9	8.3	7.0	8.1	7.9	8.3	8.0	9.0	7.7	7.9	8.0	9.0
Dentist	8.1	8.1	8.1	7.9	8.0	8.2	7.9	7.8	7.7	8.0	8.3	8.5	7.9	8.2	8.0	8.0
Hospital (private)	8.0	8.1	7.6	8.7	8.1	7.8	7.9	7.5	7.3	8.1	8.7	8.7	8.2	7.9	8.9	8.2
Specialist doctor	7.8	7.9	7.6	8.0	8.1	7.6	6.8	7.2	7.3	7.2	7.7	8.8	8.1	7.3	7.6	7.5
General practitioner	7.8	7.8	7.9	7.7	7.9	7.8	7.1	7.3	7.2	7.9	7.9	8.6	7.8	7.7	7.5	7.1
Hospital (public)	7.5	7.5	7.3	7.5	7.8	7.2	6.6	7.2	7.4	7.4	7.4	8.8	7.6	7.7	7.4	6.5
Psychologist/ psychiatrist	7.4	7.6	7.2	6.8	7.2	7.7	7.0	7.3	7.6	8.1	7.6	7.3	7.2	7.9	7.4	7.5

The level of satisfaction with the quality of care, advice or treatment Australians received varied somewhat across key groups. In the regions, we recorded somewhat lower levels of satisfaction in regional cities with private hospitals (7.6 pts) and in rural areas psychologists & psychiatrists (6.8 pts).

Women were somewhat more satisfied than men with the care received from vets (8.6 pts vs. 7.8 pts) and psychologists & psychiatrists (7.7 pts vs. 7.2 pts), and men with specialist doctors (8.1 pts vs. 7.6 pts) and public hospitals (7.8 pts vs. 7.2 pts).

By age, we recorded much higher levels of satisfaction in the over-65 age group for chiropractors, osteopaths & physiotherapists (9.0 pts), specialist doctors (8.8 pts),

public hospitals (8.8 pts), optometrists (8.7 pts) and GPs (8.6 pts), and in the 45-54 age group for psychologists & psychiatrists (8.1 pts) relative to other age groups. Satisfaction, however, scored much lower among those aged 18-24 for chiropractors, osteopaths & physiotherapists (7.0 pts), vets (6.8 pts), specialist doctors (6.8 pts) and public hospitals (6.6 pts).

Income did not materially impact satisfaction with the overall quality of care, advice or treatment patients received in the past year, with both higher and lower income groups scoring most health practitioners around the same. The exceptions were specialist doctors, who were scored somewhat higher for satisfaction in the lower income group (8.1 pts vs. 7.3 pts) and in the higher income group psychologists

& psychiatrists, who were scored higher (7.9 pts vs. 7.2 pts). We also recorded well above average levels of satisfaction among Australians who identified as LGBTQI+ for chiropractors, osteopaths & physiotherapists (9.0 pts), but well below average levels of satisfaction for GPs (7.1 pts) and public hospitals (6.5 pts).

The World Health Organisation (WHO) defines quality of care as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Fortunately, Australia ranks among the highest countries globally for the overall quality of health, with high levels of patient satisfaction around the quality of care, advice and treatment they receive.

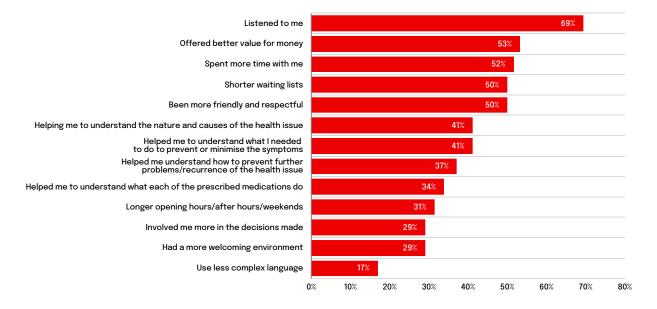
Though this latest NAB Health Insights Special Report also shows few surveyed Australians were not very satisfied with the overall quality of care, advice or treatment they received from health practitioners overall, to better understand how quality of care could be improved we asked those who scored the quality of care they received relatively low (i.e., scored less than 4 pts) how it could have been improved. We found that across all health practitioners there were common areas of concern.

In total, 7 in 10 (69%) who visited a health practitioner over the past year and were not very satisfied with the quality

of care they received said it could have been improved if the practitioner had listened to them. Around 1 in 2 said the overall quality of care could have been improved by offering better value for money (53%), with the practitioner spending more time with them (52%). having shorter waiting lists (50%) and being more friendly and respectful (50%). For around 4 in 10 Australians, being helped to understand the nature and causes of their health issue (41%) and told what they needed to do to prevent and minimise symptoms (41%) or prevent further problems or recurrence of the health issue (37%) were key. Helping them understand what their prescribed medications

do was also highlighted by 1 in 3 (34%) patients, and extended availability (31%), being involved in decisions made (29%) and a more welcoming environment (29%) could have also been improved. Almost 1 in 5 (17%) said it could have been improved by using less complex language.

Figure 50: How could quality of care been improved: All health practitioners



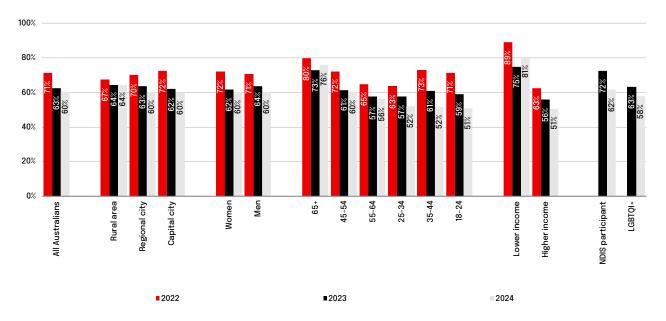


In this section we explore how often Australians have been bulk billed for eligible health services. The survey results suggest that 6 in 10 (60%) Australians were bulk billed the last time they visited their GP or

doctor, down from 63% in 2023 and 71% in 2022. The decline affirms Health Department data released in August 2024 that shows the GP bulk billing rate decreased over the 2023-24 financial year by a further three percentage

points to 77.3%, while the number of bulk billed GP services provided to Australians also decreased by 2.4 million compared to the previous year.

Figure 51: Bulk billed the last time visited your GP/doctor



NAB's survey findings also show the number of Australians who were bulk billed the last time they visited their GP or doctor fell in most monitored groups over the year, with all groups also reporting lower rates of bulk billing relative to 2022 when NAB first tracked this data.

By region, bulk billing was highest in rural areas at an unchanged 64% but fell in both regional (60% vs. 63% in 2023) and capital cities (60% vs. 62%). Fewer women (60% vs. 62%) and men (60% vs. 64%) were bulk billed. By age, bulk billing was highest by a significant margin in the over-65 age group, who were also one of only two groups to

By age, bulk billing was highest by a significant margin in the over-65 age group.

report higher rates of bulk billing in 2024 (76%, up from 73% in 2023). It was lowest and fell noticeably in the 18-24 (51% vs. 59%) and 25-34 (52% vs. 57%) age groups. Bulk billing rates also declined in all other age groups.

Australians in the lower income group were the other group to report higher rates of bulk billing in 2024 (81%, up from 75% in 2023), whereas it declined in the higher income group (51% vs. 56%). NDIS participants (62% vs. 72%) and people who identified as LGBTQI+ (58% vs. 63%) also reported much lower rates of bulk billing the last time they visited a GP or doctor in 2024.

Figure 52: Proportion of GP visits bulk billed over the past year

2022

NAB's survey results also indicate a lower number of all visits to GPs and doctors over the past year were bulk billed compared to the previous year. In 2023, the proportion of all visits that were bulk billed fell to 58% from 62% in 2023 but was higher than in 2022 (55%).

Though unchanged in regional cities (60%), it fell in both rural areas (59% vs. 64%) and capital cities (57% vs. 62%). It was lower for both men (59% vs. 63%) and women (57% vs. 61%). By age, it was highest by a large margin and increased in the over-65 age group (75% vs. 73%) and fell in all other age groups (particularly in the 45-54 and 35-44 age groups), with all age groups under 65 estimating that around 1 in 2 of all visits to GPs or doctors were

bulk billed in the past year. However, more Australians in the lower income group reported a higher rate of bulk billing for all visits over the past year (78% vs. 71%), whereas it fell noticeably in the higher income group (46% vs. 56%). NDIS participants (57% vs. 68%) and people who identified as LGBTQI+ (52% vs. 59%) also reported much lower rates of bulk billing in 2024.

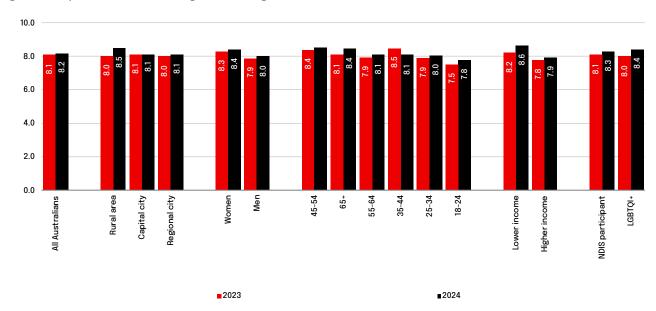
**2023** 

Despite falling in most groups over the previous year, the proportion of GP visits over the past year that were bulk billed was higher than in 2022 in all groups, except rural areas (unchanged at 59%) and the 55-64 (53% vs. 54%) and 45-54 age groups (51% vs. 59%).

More Australians in the lower income group reported a higher rate of bulk billing for all visits over the past year.

2024

Figure 53: Importance of bulk billing when seeing a doctor



While NAB's 2024 survey found fewer people were bulk billed in the past 12 months, it also reveals the importance of bulk billing to Australians has grown. When asked how important bulk billing was when selecting a doctor, on average, Australians scored a very high 8.2 pts out of 10 (where 10 is extremely important), up from 8.1 pts in the 2023 survey.

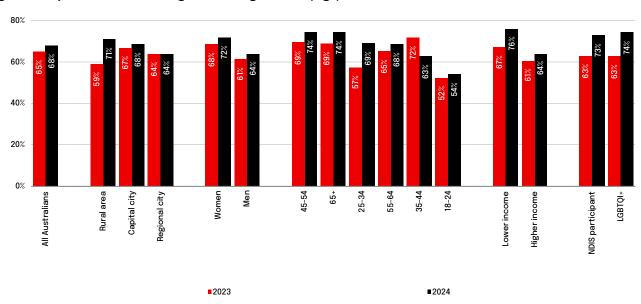
The importance of bulk billing also scored very high in most key groups and increased with few exceptions.

By region, it scored somewhat higher (and highest) in rural areas, at 8.5 pts (8.0 pts in 2023), lifted in regional cities (8.1 pts vs. 8.0 pts), but was unchanged in capital cities (8.1 pts). The importance of bulk billing was more important for women (8.4 pts vs. 8.3 pts) than men (8.0 pts vs. 7.9 pts) but lifted in both groups. By age, importance ranged from 8.5 pts in the 45-54 age group to 7.8 pts in the 18-24 age group. All age groups also said it was more important in the 2024 survey than last year, except in the 35-44 age group (8.1 pts vs. 8.5 pts).

With lower income earners reporting much higher cost of living stress (NAB Consumer Sentiment Survey Q2 2024), it was not surprising the importance of bulk billing rose somewhat more in the lower income group to 8.6 pts (8.2 pts in 2023), though it also increased in the higher income group (7.9 pts vs. 7.8 pts). NDIS participants (8.3 pts vs. 8.1 pts) and people in the LGBTQI+ group (8.4 pts vs. 8.0 pts) also said bulk billing was more important in 2024.



Figure 54: Importance of bulk billing when seeing a doctor (high)



The survey also found almost 7 in 10 (68%) Australians overall believe bulk billing is extremely important when selecting a doctor (i.e., scored 8+ pts), up from 65% in 2023. By region, the number who scored it extremely important in rural areas jumped sharply to 71% (59% in 2023). It was extremely important for more women (72%, up from 68%) than men (64%, up from 61%). It ranged more widely across age groups, with around 3 in 4 (74%) in the 45-54 and over-65 age groups scoring bulk billing extremely important, falling to just over 1 in 2 (54%) in the 18-24 age group. We also noted a sizeable increase in the 25-34 age group who scored very

high (69%, up from 57% in 2023), with people aged 35-44 the only group to report a fall (63%, down from 72%).

In the lower income group, the number who said it was extremely important was noticeably higher at 76% (67% in 2023), but also rose in the higher income group (64%, up from 61%). We also counted sharply higher numbers of NDIS participants (73%, up from 63%) and in the LGBTQI+ group (74%, up from 63%) who scored the importance of bulk billing very high.

Almost 7 in 10
Australians
believe bulk billing
is extremely
important when
selecting a doctor.



#### **General practitioners**

Most Australians access treatment from GPs face-to-face. NAB's 2024 survey found 9 in 10 (90%) had a faceto-face consultation the last time they accessed treatment from a GP, and only 2% via video conferencing and 7% by telephone. We did not score a sufficient response for accessing a GP by email or webchat advice line or other means. The overall trend did not vary materially across monitored groups, but access was more nuanced within these groups.

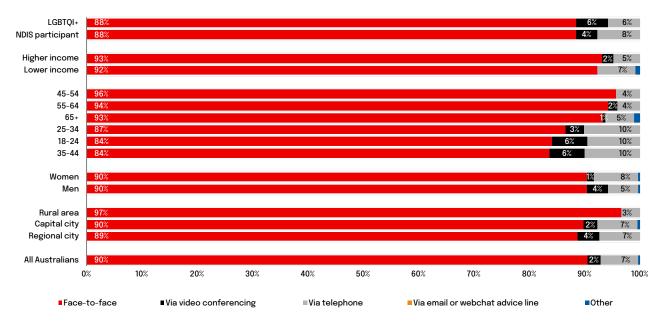
By region, a somewhat higher number accessed their GP via a face-to-face consultation in rural areas (97%) than in capital (90%) and regional (89%) cities. Twice as many people in regional cities (4%) did so via video conferencing than in capital cities (2%), with no response recorded in rural areas. However, more than twice as many in regional and capital cities (7%) accessed a GP via telephone than in rural areas (3%). A similar number of men and women (90%) saw a GP face-to-face. Somewhat more men, however, did so via video conferencing (4% vs. 1%), and somewhat more women via telephone (8% vs. 5%).

We found a much wider spread by age. Whereas almost all Australians in the 45-54 (96%), 55-64 (94%) and over-65 (93%) age groups accessed their GP via face-to-face consultation. it was somewhat lower in the 35-44 and 18-24 age groups (84%) and the 25-34 age group (87%). Video conferencing was most common in the 18-24 and 35-44 age groups (6%), with around twice as many people under 44 (1 in 10) accessing a GP via telephone than in older age groups.

A basically similar number of people in the higher (93%) and lower (92%) income groups had a face-toconsultation with their GP the last time they used one. While slightly more in the higher income group video conferenced (2% vs. 0%), slightly more in the lower income group used a telephone (7% vs. 5%). We also noted that NDIS participants and people who identified as LGBTQI+ were somewhat more likely to have accessed a GP via video conference compared to the Australian average.

A somewhat higher number of Australians accessed their GP via a face-to-face consultation in rural areas than in capital and regional cities.

Figure 55: How did you access treatment from GP when last visited?

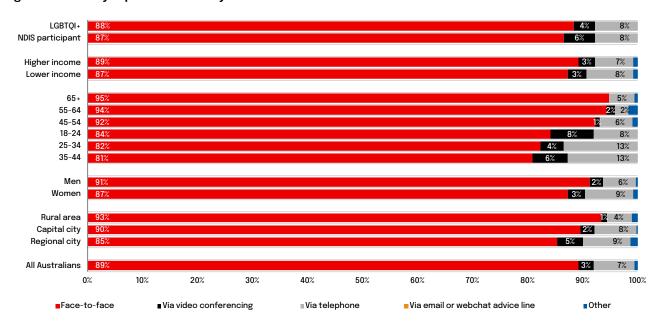


Importantly, Australians are accessing GPs in line with their preferred method of doing so. When asked how they prefer to access their GP, the results, on average, lined up with how they accessed treatment the last time they used a GP – about 9 in 10 (89%) face-to-face, 3% via video conferencing and 7% via telephone, with very little appetite for using email or a webchat advice line or any other methods.

We also discovered few differences between access and preference in all groups, apart from slightly higher numbers accessing GPs more than they prefer to face-to-face in regional cities (85% preferred; 89% accessed), women (87% vs. 90%), the 25-34 (82% vs. 87%), 35-44 (81% vs. 84%) and 45-54 (92% vs. 96%) age groups, and in lower (87% vs. 92%) and higher (89% vs. 93%) income groups. We

also found slightly lower numbers who accessed GPs via telephone than they prefer in the 25-34 (13% preferred; 10% accessed) and 35-44 (13% vs. 10%) age groups, and via video conferencing in the lower income group (3% preferred; 0% accessed).

Figure 56: How do you prefer to access your GP?



#### **Specialist doctors**

Most Australians also access treatment from specialist doctors face-to-face. NAB's 2024 survey found 9 in 10 (90%) had a face-to-face consultation, 4% a video conference and 5% by telephone. Very few accessed specialists via email or webchat advice line or any other means. Access did, however, vary across monitored groups.

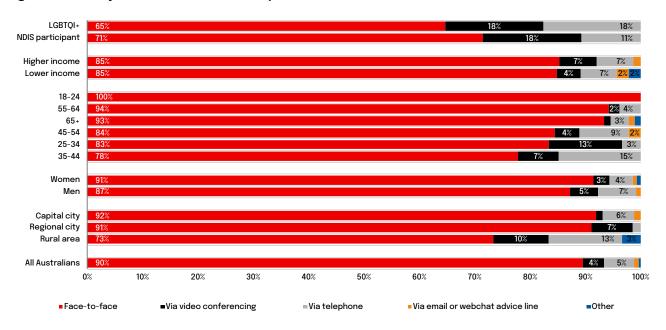
By region, a somewhat higher number had a face-to-face consultation with their specialist doctor in capital (92%) and regional (91%) cities than in rural areas (73%), where a much higher number accessed them by video conference (10%) or telephone (13%). Slightly more women than men accessed their specialist face-to-face (91% vs. 87%), but somewhat more men by telephone (7% vs. 4%).

By age, the number of people who accessed their specialist doctor face-to-face ranged from 78% in the 35-44 age group to 100% in the 18-24 age group. The survey also found access to specialist doctors via video conference was much more

common in the 25-34 age group (13%) compared to all other age groups, as was access via telephone in the 35-44 age group (15%).

A similar number of people in the higher and lower income groups had a face-to-face consultation with their specialist doctor (85%), but slightly more in the higher income group via video conference (7% vs. 4%).

Figure 57: How did you access treatment from specialist doctor when last visited?



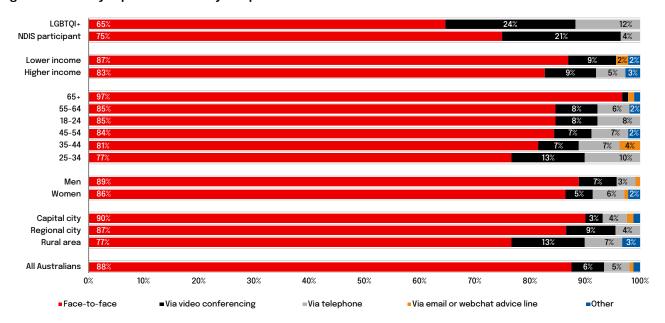
Overall, Australians are accessing specialist doctors in line with their preferred method of doing so. When asked how they prefer to access them, the results also mirror closely how they actually accessed treatment the last time they used a specialist - 9 in 10 (88%) face-toface, 6% via video conference and 5% via telephone, with very little appetite for using email or a webchat advice line or any other methods.

However, unlike access and preference for GPs, we discovered some bigger gulfs between access and preferences for specialist doctors in monitored groups. In terms of face-to-face appointments, we noted much larger numbers who accessed their specialist in this way more than

they preferred - particularly those in the 18-24 age group (85% preferred; 100% accessed), 55-64 age group (85% vs. 94%) and 25-34 age group (77% vs. 83%). We also noted larger numbers who accessed specialists by telephone more than they preferred in the 35-44 age group (7% preferred; 15% accessed), lower income group (0% vs. 7%) and the LGBTQI+ group (12%)vs. 18%). The survey also revealed much lower numbers of people who accessed specialist doctors via video conference more than they preferred in the 18-24 age group (8% preferred; 0% accessed), the 55-64 age group (8% vs. 2%) and the LGBTQI+ group (24% vs. 18%), and via telephone in the 18-24 (8% vs. 0%) and 25-34 (10% vs. 3%) age groups.

Unlike access and preference for **GPs, we discovered** some bigger gulfs between access and preferences for specialist doctors.

Figure 58: How do you prefer to access your specialist doctor?



#### **Psychologists & Psychiatrists**

Around 3 in 4 (73%) Australians who visited a psychologist or psychiatrist did so face-to-face. Though a relatively high number, it fell well short of the 9 in 10 Australians who saw GPs and specialist doctors face-to-face. Instead, a much greater number accessed a psychologist or psychiatrist via video conference (16%) or telephone (10%). Access did, however, vary across monitored groups.

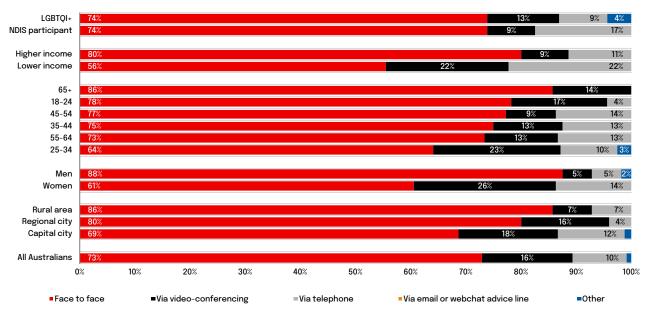
Almost 9 in 10 (86%) had a face-toface consultation in rural areas, but this fell to just 7 in 10 (69%) in capital cities. Instead, far more people in capital (18%) and regional (16%) cities met through video conferencing more than double that in rural areas (7%). A significantly higher number in capital cites also accessed their appointment via telephone (12%). Almost 9 in 10 (88%) men met faceto-face compared to just 6 in 10 (61%) women. But five times as many women (26%) accessed psychologists & psychiatrists via video conferencing than men (5%), and about three times as many via telephone (14% vs. 5%).

By age, face-to-face access ranged from almost 9 in 10 (86%) in the over-65 age group to 2 in 3 (64%) in the 25-34 age group, where significantly more people accessed their appointment via video conferencing than in all other age groups (23%). It was also apparent that far fewer people in the over-65 (0%) and 18-24 (4%) age groups accessed their appointment via telephone compared to 1 in 10 or more who did in all other age groups.

Significantly more people in the higher income group (80%) had a face-to-face consultation with their psychologist or psychiatrist than in the lower income group (56%). In contrast, significantly more in the lower income group accessed them via video conferencing (22% vs. 9%) and by telephone (22% vs. 11%). NDIS participants were much more likely to have done so by telephone than the average Australian (17%), but less than via video conference (9%), while somewhat more in the LGBTQI+ group accessed them by other means (4%).

Significantly more people in the higher income group had a face-to-face consultation with their psychologist or psychiatrist than in the lower income group.

Figure 59: How did you access treatment from psychologist or psychiatrist?

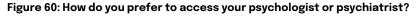


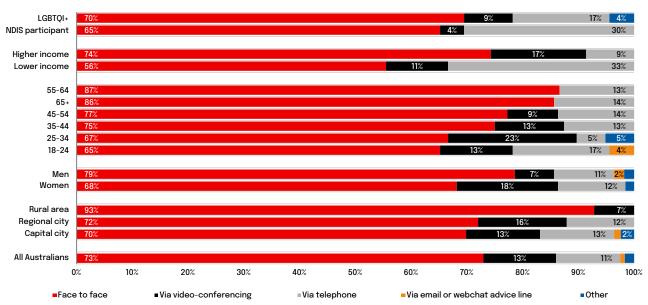
On average, Australians are also accessing psychologists & psychiatrists in line with their preferred method of doing so. When asked how they prefer to access them, the results align closely with how they accessed treatment the last time they visited one - 3 in 4 (73%) faceto-face, 13% via video conferencing and 11% via telephone, with little appetite for using email or a webchat advice line or any other methods.

But we did find gaps where access and preferences did not align as closely. In terms of face-to-face appointments, we noted much larger numbers who accessed their psychologist or psychiatrist in this way more than they preferred in regional cities (72% preferred; 80% accessed), among men (79% vs. 88%), in the 18-24 age group (65% vs. 78%) and among NDIS participants (65% vs. 74%). For video conferencing, we noted much larger numbers who accessed them more than they preferred in capital cities

(13% preferred; 18% accessed), among women (18% vs. 26%), in the 55-64 (0% vs. 13%) and over-65 (0% vs. 14%) age groups and in the lower income group (11% vs. 22%), and for telephone calls in the 18-24 age group (17% vs. 4%).

We also noted a much lower number of people who accessed their psychologist or psychiatrist faceto-face than they preferred in rural areas (93% preferred; 86% accessed), among women (68% vs. 61%) and in the 55-64 age group (87% vs. 73%). For video conferencing, much fewer people in the higher income group accessed them less than preferred (17% vs. 9%), and noticeably fewer interacted via telephone than preferred in regional cities (12% preferred; 4% accessed), in the 18-24 (17% vs. 4%) and over-65 (14% vs. 0%) age groups. in the lower income group (33% vs. 22%), among NDIS participants (30% vs. 17%) and among those who identified as LGBTQI+ (17% vs. 9%).





### The voice of Australian patients.

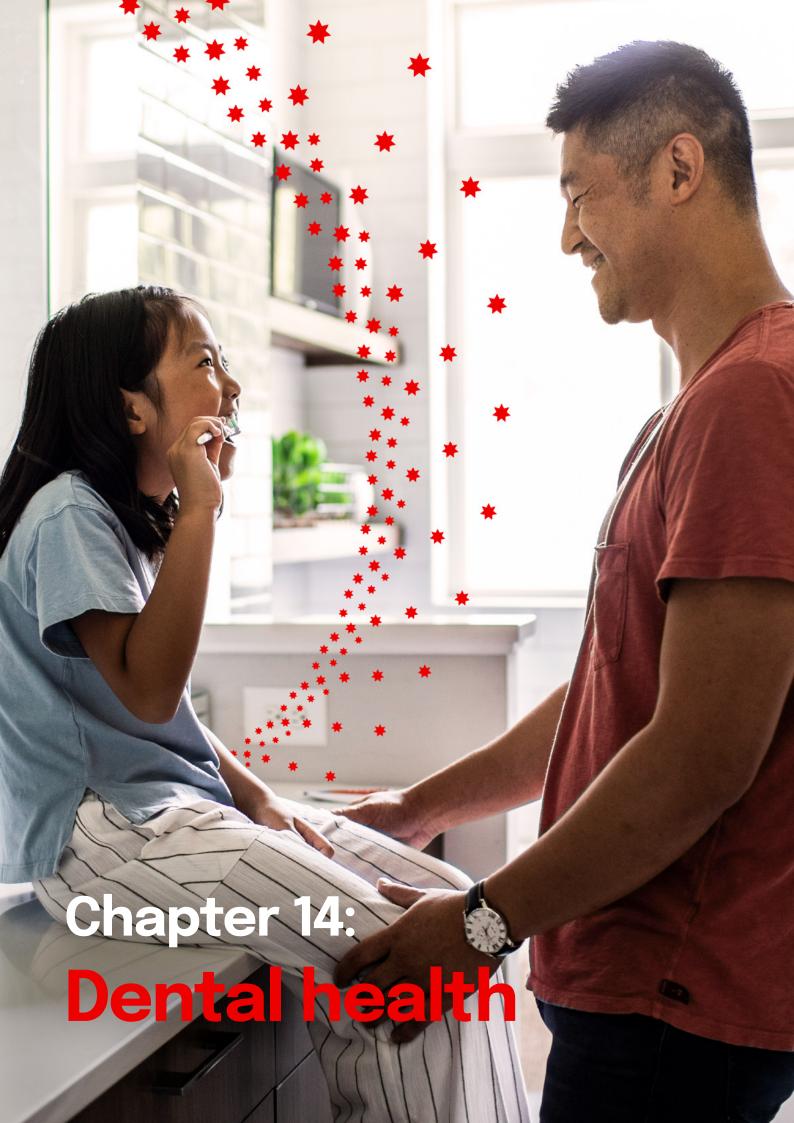
#### More feedback to help improve patient satisfaction.

Some of the feedback was received from quite satisfied patients. Most patients could identify ways healthcare practitioners could improve, providing hundreds of actionable insights.

- "Get more doctors out to regional areas."
- "A more homely/soft environment."
- "Privacy is important; for example, [in a] pharmacy."
- "Speak clearly."
- "Explain in terms that a non-medical person understands."
- "Smile and be nonjudgmental."

- "Have better reception, try to put the time into your staff so they stay and invest in your staff."
- "Be more engaged with me as a patient and do more listening and less prescription writing."
- "Listen to the patient without judgment."
- "Reflective listening show they have heard me, by repeating what I have said in their response."

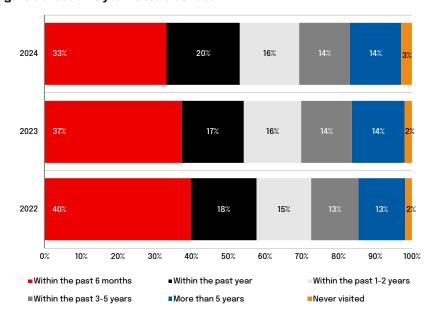
- "Pause to ask questions, be more caring and not make assumptions."
- "Seeing me as a person, not just an ailment."
- "Take more time to ensure that I understand what has been said."
- "Hear me."
- "Allow the full appointment time, regardless of how late they are running."



The Australian Dental Association (ADA) recommends that everyone gets a regular dental check-up. The ideal interval is every six months. This routine procedure is needed for the proper maintenance of teeth and gums. The 2024 NAB survey found that Australians are still well short of these recommendations, with only 1 in 2 (53%) indicating they had visited a dentist in the past 12 months (33% in the past six months and 20% in the past year). Around 3 in 10 also said they had not visited a dentist for three or more years.

By region, almost 6 in 10 (58%) people in capital cities visited a dentist in the past year, compared to almost 1 in 2 (48%) in rural areas. Slightly more women (56%) visited than men (51%). Australians over the age of 65 were the most vigilant group, with around 2 in 3 (63%) visiting in the past year, compared to 4 in 10 (40%) in the 18-24 age group. Noticeably more people in the higher income group visited a dentist than in the lower income group in the past year (58% vs. 45%), with NDIS participant visits a little below average (46%). Having private health cover was important, with almost 2 in 3 (63%) with cover visiting a dentist in the past 12 months, compared to only 42% without cover.

Figure 61: Last time you visited a dentist



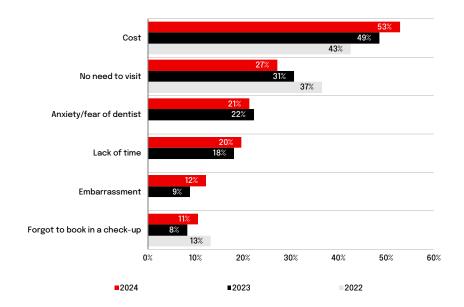


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Figure 62: Last time you visited a dentist (2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+	Private health (Y)
Within past 6m	33%	38%	24%	27%	33%	34%	22%	28%	30%	30%	41%	45%	29%	36%	24%	26%	42%
Within past 1y	20%	20%	18%	21%	18%	22%	18%	24%	24%	18%	19%	17%	16%	22%	22%	25%	21%
Within past 1-2y	16%	14%	23%	16%	16%	16%	28%	17%	16%	11%	17%	12%	19%	16%	18%	15%	15%
Within past 3-5y	14%	13%	16%	16%	15%	13%	15%	14%	17%	19%	10%	10%	12%	12%	14%	15%	11%
More than 5y	14%	12%	18%	16%	14%	14%	14%	13%	12%	18%	12%	14%	17%	12%	15%	16%	10%
Never visited	3%	3%	1%	4%	3%	3%	3%	5%	2%	5%	1%	1%	6%	2%	7%	2%	1%

Figure 63: Reasons for not visiting a dentist for more than a year



Cost was key across the country, particularly in rural areas (67% cited this as the reason for not visiting). Anxiety and fear of dentists was also more problematic in rural areas (30%), though twice as many in regional cities (14%) forgot to book appointments than in rural areas (7%). Cost was an issue for noticeably more women than men (59% vs. 46%), far more men did not have a reason to visit (36% vs. 19%), but more women did not visit because of anxiety or fear (26% vs. 16%). Cost weighed much more heavily in the 55-64 (71%) and 45-54 (65%) age groups, lack of time in the 25-34 (32%), 35-44 (30%) and 18-24 (27%) age groups, and forgetting to book in the 25-34 age group (21%). Cost impacted a broadly similar number of high and low income earners (46% & 49% respectively). More lower income earners did not need to visit (37% vs. 23%), but noticeably more in the higher income group did not due to anxiety (26% vs. 12%), lack of time (28% vs. 12%), embarrassment (14% vs. 8%) or forgot to book (17% vs. 2%).

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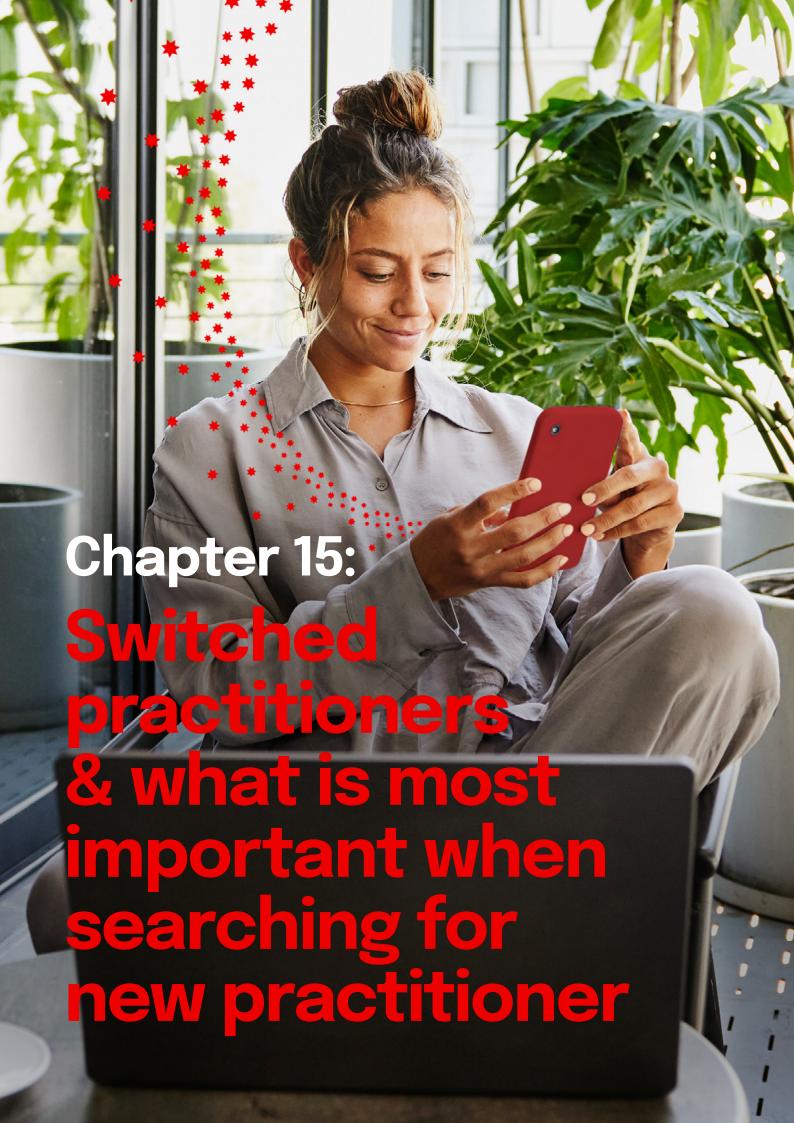
In other groups, we noted a much lower than average number of NDIS participants who cited cost as a reason for not visiting a dentist, but a somewhat higher number who did not go because they were embarrassed (16%) or forgot to book a check-up (18%). A somewhat higher number

of people who identified as LGBTQI+ also did not see a dentist because of embarrassment (17%) or because they forgot to book (21%). Having private health cover was important, with a much lower 43% saying they did not visit because of cost.

Figure 64: Reason for not visiting a dentist in the past year (2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lowerincome	Higher income	NDIS participant	LGBTQI+	Private health (Y)
Cost	53%	52%	47%	67%	46%	59%	42%	47%	53%	65%	71%	44%	46%	49%	28%	48%	43%
No need to visit	27%	27%	28%	24%	36%	19%	28%	29%	16%	24%	29%	37%	37%	23%	32%	17%	32%
Anxiety/fear of dentist	21%	20%	18%	30%	16%	26%	21%	20%	22%	26%	24%	15%	12%	26%	20%	26%	26%
Lack of time	20%	20%	16%	23%	19%	20%	27%	32%	30%	17%	3%	3%	12%	28%	22%	24%	20%
Embarrassment	12%	12%	11%	16%	10%	13%	14%	10%	16%	17%	12%	4%	8%	14%	16%	17%	14%
Forgot to book in a check-up	11%	10%	14%	<b>7</b> %	9%	12%	13%	21%	14%	7%	2%	3%	2%	17%	18%	21%	15%





In this section, we explore if Australians have switched health professionals in the past 2-3 years because they were dissatisfied in some way. The results point to a noticeably higher number who did. In 2024, only 2 in 3 (62%) Australians overall indicated they did not switch health professionals because they were dissatisfied in some way, compared to 7 in 10 (71%) who did not in 2023.

This was led by large rises in the number who switched GPs (19%, up from 14% in 2023) and dentists (13%, up from 8%). We noted smaller increases for specialist doctors (7% vs. 5%), optometrists (6% vs. 4%), psychologists & psychiatrists

(5% vs. 3%), chiropractors, osteopaths & physiotherapists (3% vs. 2%) and vets (3% vs. 2%).

By region, more people in regional (16%) and capital cities (13%) switched dentists than in rural areas (8%). Somewhat more women switched GPs than men (23% vs. 15%). Outliers by age included much higher numbers of those in the 25-34 age group who switched GPs (32%) and specialist doctors (12%), and in the 18-24 age group psychologists & psychiatrists (12%). More in the 18-24 (24%) and 25-34 (21%) age groups also switched dentists. Far more people over 45 did not switch any health professionals than those under 45.

**Around 1 in** 3 patients have recently switched health professionals.

Figure 65: Health professionals you have switched in the past 2-3 years because you were dissatisfied in some way

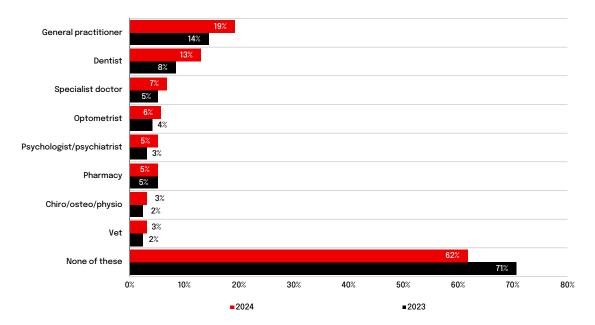


Figure 66: Switched health professionals in past 2-3 years (2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
General practitioner	19%	19%	21%	19%	15%	23%	25%	32%	20%	17%	17%	7%	21%	20%	23%	27%
Dentist	13%	13%	16%	8%	13%	13%	24%	21%	16%	7%	6%	6%	12%	13%	27%	28%
Specialist doctor	<b>7</b> %	6%	9%	5%	7%	7%	8%	12%	8%	5%	3%	4%	6%	9%	20%	11%
Optometrist	6%	6%	5%	4%	5%	7%	7%	6%	6%	6%	8%	4%	6%	5%	8%	8%
Psychologist/ psychiatrist	5%	5%	7%	4%	6%	4%	12%	9%	5%	4%	2%	1%	6%	5%	17%	22%
Pharmacy	5%	5%	8%	2%	6%	5%	7%	8%	6%	4%	5%	3%	8%	5%	2%	6%
Chiro/osteo/ physio	3%	3%	3%	4%	3%	3%	6%	7%	3%	1%	1%	1%	3%	4%	7%	9%
Vet	3%	2%	2%	5%	2%	3%	4%	4%	1%	4%	2%	1%	2%	3%	4%	7%
None of these	62%	63%	55%	67%	64%	60%	46%	44%	58%	70%	<b>72</b> %	78%	58%	60%	32%	34%



With evidence of switching rising, Australians were also again asked what their most important considerations were when searching for a new doctor or other health professional.

These considerations have not changed much over the past year. An unchanged 6 in 10 (58%) said convenience was key, while around 1 in 2 looked for health providers that offer bulk billing (unchanged at 53%) or were easy to make an appointment with (50% vs. 47% in the 2023 survey).

Around 1 in 4 said convenient hours (41% vs. 38%) and cost or out-of-pocket expenses (40% vs. 39%) were most

important, while an unchanged 3 in 10 (29%) valued medical and professional training and qualifications.

Recommendations from family or friends was key for an unchanged 1 in 4 (26%) patients and recommendations from other health professionals for 1 in 5 (20% vs. 21% in 2023).

Slightly more were influenced by other patient (14% vs. 12%) or positive Google and online reviews (12% vs. 11%), and fewer than 1 in 10 (8%) by access to telemedicine or virtual visits.

Around 1 in 4 said convenient hours and cost or out-ofpocket expenses were most important.

Figure 67: Most important considerations when searching for a new doctor or other health professional

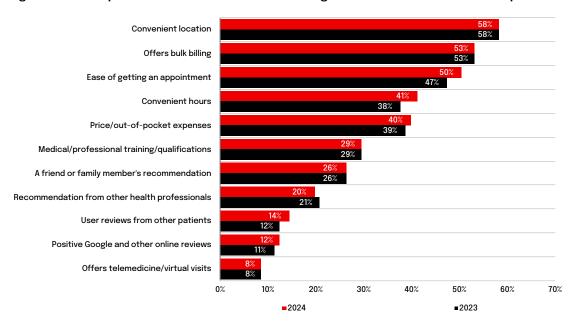


Figure 68: Most important considerations when searching for a new doctor or health professional (2024)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lowerincome	Higher income	NDIS participant	LGBTQI+
Convenient location	58%	60%	51%	56%	54%	62%	40%	41%	56%	61%	68%	77%	57%	53%	46%	48%
Offers bulk billing	53%	54%	48%	54%	50%	55%	41%	47%	48%	54%	57%	66%	62%	49%	42%	44%
Ease of getting an appointment	50%	52%	47%	50%	45%	56%	25%	48%	46%	46%	63%	67%	48%	49%	42%	42%
Price /out-of- pocket expenses	40%	42%	33%	41%	34%	45%	39%	35%	46%	38%	43%	40%	36%	42%	35%	51%
Convenient hours	41%	45%	37%	31%	37%	45%	30%	36%	44%	47%	45%	44%	33%	44%	35%	38%
Medical/ professional training/ qualifications	29%	30%	32%	22%	26%	33%	22%	28%	16%	25%	44%	39%	26%	28%	27%	26%
A friend or family recommendation	26%	28%	23%	23%	22%	30%	28%	29%	23%	23%	26%	28%	21%	31%	25%	19%
Recommendation from other health professional	20%	20%	21%	18%	19%	20%	20%	19%	19%	16%	20%	23%	16%	21%	16%	20%
User reviews from other patients	14%	15%	14%	14%	10%	18%	21%	23%	13%	12%	14%	6%	12%	19%	18%	25%
Positive Google and other online reviews	12%	13%	12%	6%	10%	13%	17%	17%	13%	11%	9%	4%	9%	14%	14%	18%
Offers telemedicine/ virtual visits	8%	8%	8%	7%	7%	8%	4%	13%	8%	8%	8%	5%	5%	10%	13%	9%

But what was considered most important varied in key groups. By location, convenient hours were important for somewhat more people in capital cities (45%). By gender, we noted a much higher number of women than men who valued ease of appointments (56% vs. 45%), cost (45% vs. 34%), recommendations from family or friends (30% vs. 22%) and user reviews from other patients (18% vs. 10%).

By age, noticeably more older Australians valued a convenient location, bulk billing, ease of getting an appointment and qualifications, but more people under 34 positive Google reviews and other online reviews, and in the 25-34 age group telemedicine and virtual visits (13%).

Bulk billing was more important for significantly more people in the lower income group (62% vs. 49%), but in the higher income group convenient hours (44% vs. 33%) and recommendations from family or friends (31% vs. 21%).

An above average number of NDIS participants valued telemedicine and virtual visits (13%), and in the LGBTQI+ group cost (51%), user reviews from other patients (25%) and positive Google and other online reviews (18%).









## Combining our health expertise to support yours

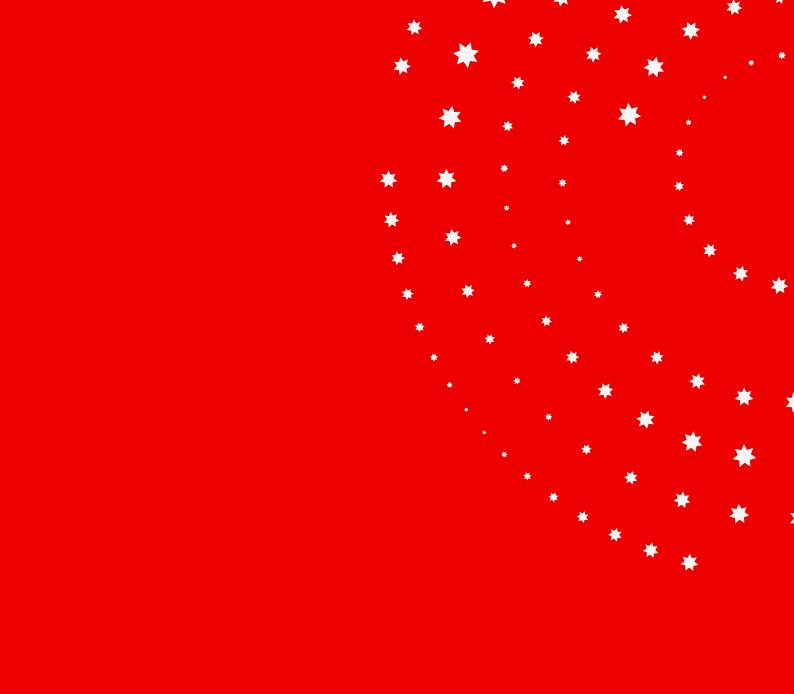
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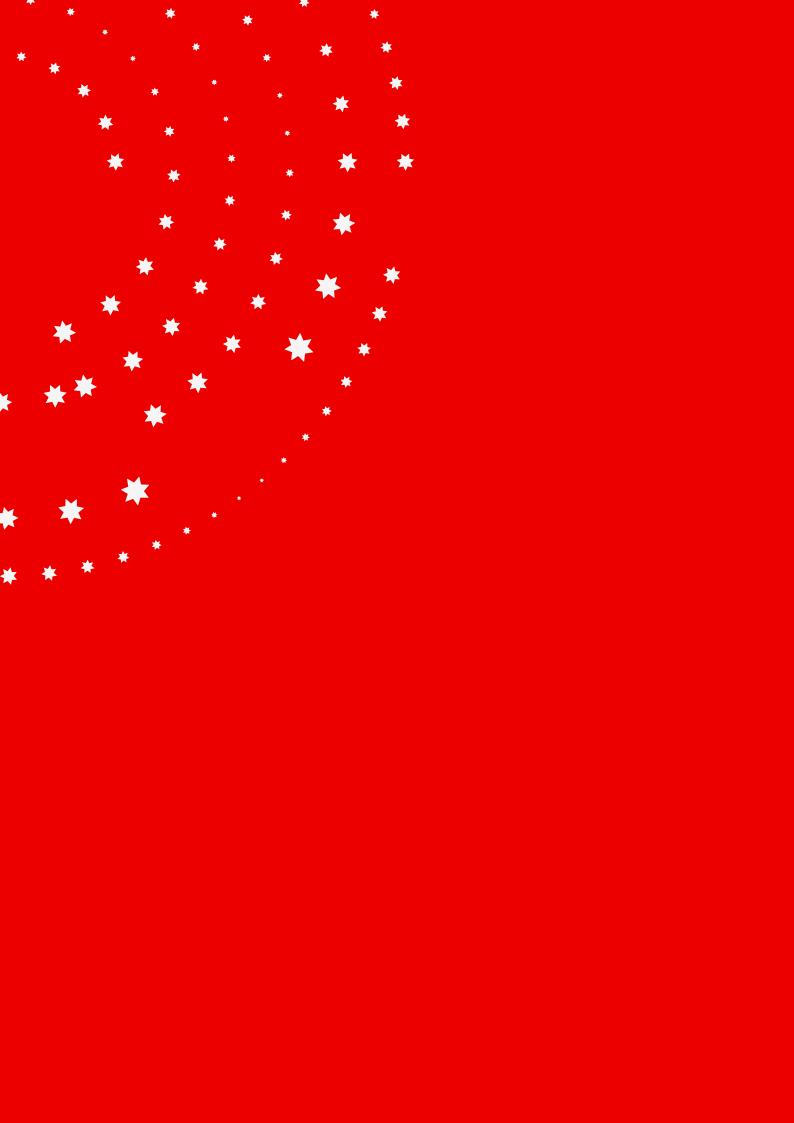
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