



# 67% and climbing

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**The latest *ABS Patient Experiences 2024-2025* data confirms what many of us working in general practice already see every day: general practice is accessible, and Australians value continuity of care. More than two-thirds of patients (67.2%) could always see their preferred GP when they needed to. A strong sign that ongoing, trusted relationships remain at the heart of our health system.**

Let me tell you about *Monica*.

Monica is a 42-year-old single parent with two children, working part-time in retail. She has asthma, perimenopausal symptoms, and the daily juggle of kids, work and finances that so many families navigate. When her symptoms worsened recently, she delayed seeing a GP because she "didn't want to take time off work". By the time she came in, she was struggling to sleep, her asthma was poorly controlled, and she felt overwhelmed.

This kind of care is exactly what the 67.2% figure reflects. This continuity is the quiet engine room of better health outcomes, yet it remains consistently undervalued in policy and public dialogue.

The ABS data shows high satisfaction levels also continue: around three-quarters of patients reported that their GP always listened carefully, a figure that has risen across service categories.

#### **The value of continuity is not just anecdotal:**

- International evidence shows what many GPs already know: patients who consistently see the same primary care physician have lower rates of hospitalisation and lower overall healthcare costs.
- In a large US study, patients in the top 'continuity quintile' had 16.1% lower odds of hospital admission compared with those with low continuity (Nguyen et al., 2025).
- A recent systematic review echoed those findings – higher personal GP continuity is associated with reduced mortality, fewer emergency visits and hospital admissions (Engstrom, 2025).

This matters because each prevented hospital admission is more than a statistic – it's avoided trauma, financial cost and system burden. For patients, it can mean catching asthma exacerbations early, averting uncontrolled diabetes, preventing decompensated heart failure, or avoiding a mental-health crisis.

But achieving that requires time and space in consultations. When I see patients like Monica, often their issues are complex – chronic disease, mental health, social stressors and children's needs. A short consultation doesn't do it justice. It doesn't build rapport or context. It doesn't give the GP time to review preventively, negotiate care plans, coordinate referrals, or follow up.

Hence, continuity must go hand in hand with longer, supported consultations. Funding models and clinical targets must recognise that quality general practice isn't throughput-driven; it is relationship-driven. It is about proactive care instead of reactive patch-ups.

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It is not about GPs 'making more money'. It is about giving patients, especially those with chronic or complex needs, a fighting chance at good health before they reach the hospital door.

It is about reducing preventable hospitalisations, lowering downstream costs to the system, and giving families like Monica's stability and confidence in their care.

The ABS numbers tell part of the story. The 67% who can see their preferred GP are privileged; but that percentage should be our baseline. We should aim for universal, reliable access to long-term GP care – especially in underserved regions, among socioeconomically disadvantaged communities, and for those with chronic physical and mental health conditions. ■

*References available on request.*