

September 2025

Australian Healthcare Index

Sharing people's perspectives and
experiences with healthcare in Australia.

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Disclaimer Inherent Limitations

This report has been prepared as outlined in the section titled “About this Report”. The findings in this report are based on data provided by patients who have received care in the Australian healthcare ecosystem. Any projection to the wider healthcare community and patient experience is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the patients consulted as part of the process.

Healthengine and Patients Australia are under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form. The findings in this report have been formed on the above basis.

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Opening

The seventh edition of the Australian Healthcare Index is released at a pivotal moment in Australia's healthcare and economic environment. In the year leading up to this July 2025 report, healthcare remained at the forefront of national concern, shaped by rising cost-of-living pressures, debates over primary care access, and growing scrutiny of wait times, workforce shortages, and affordability across the entire system.

The federal election brought healthcare reform into sharp focus, and the insights in this report arrive at a time when public sentiment serves as both a signal and a catalyst for change. Responses from more than 8,000 Australians provide a clear-eyed view of how people are navigating the health system – what's working, what's falling short, and where the greatest opportunities lie to strengthen care and improve public health.

This year's findings show a modest uptick in overall satisfaction, suggesting that trust in the health system remains intact. But beneath that sits an unmistakable shift in behaviour; some Australians, especially the younger generations, are delaying or foregoing care due to cost and expressing growing uncertainty about private health insurance. Bulk billing availability for General Practice, and access and affordability challenges with other health services like dentistry and mental health, continue to shape patient experiences.

As Australia continues to recover from the fallout of the pandemic and grapple with growing health inequities, this report shines a light on the personal and systemic pressures patients are facing. These statistics are a call to action for policymakers, health leaders, and industry stakeholders to reimagine how we deliver care in a rapidly changing social and economic landscape.

We hope the insights shared here spark meaningful dialogue and inform the decisions that will shape the future of Australian healthcare.



Dan Stinton
Healthengine CEO

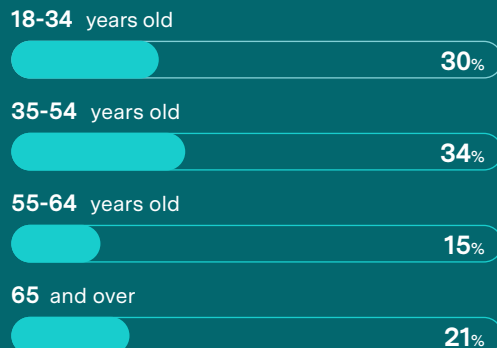


Lisa Robins
Patients Australia CEO

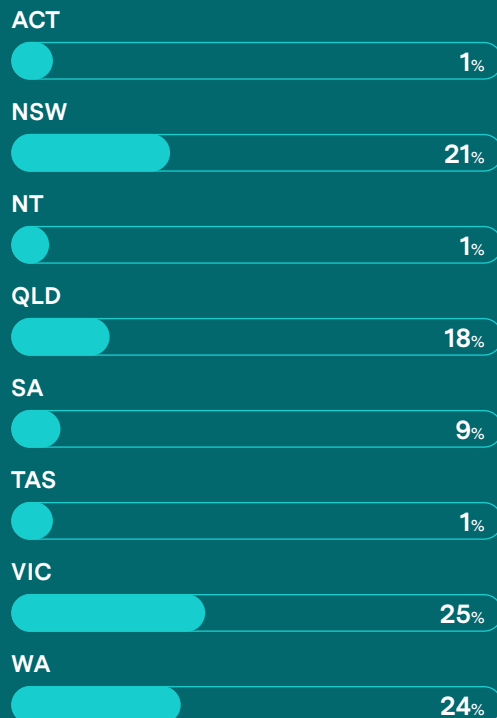
8,286

Survey participants

Age breakdowns



Participation by state



About this report

The Australian Healthcare Index provides an annual snapshot of Australian patient perspectives on and experiences with healthcare in Australia. Produced by Healthengine and Patients Australia, this is the 7th edition and features a mix of trend questions asked over time, and questions which explore current issues in healthcare.

Adults across the country provided information and personal viewpoints on experiences with the public and private healthcare ecosystem, including primary care, specialist care, emergency departments and elective surgery. They also provided input on timely healthcare topics; the impact of cost-of-living pressures on health, hospital admissions, living with health conditions, Medicare, Private Health Insurance, mental health and wellness, prescription medicine, telehealth and vaccinations.

Research and Analytics

During late May and early June 2025, we surveyed adults in Australia through an online survey run by Patients Australia. The survey was promoted by Healthengine and Patients Australia through emails, newsletters, social media and the Healthengine website.

SpectData was commissioned to analyse and process data from the survey. The final sample was 8286 respondents after raw responses were cleaned and structured, and incomplete responses were removed to ensure data quality and consistency.

Data was weighted against the Australian Bureau of Statistics 2021 census data benchmarks to be nationally representative. This adjusted the sample to better reflect

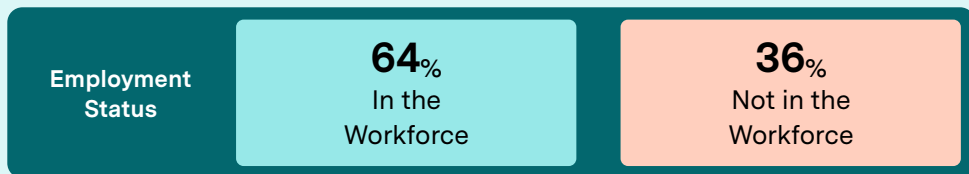
the general population in terms of age (18 to 34, 35 to 54, 55 to 64, 65 and over), location (metropolitan or non-metropolitan), sex (male or female), employment (in the workforce or not in the workforce), education (pre-university or bachelor and above) and Aboriginal and/or Torres Strait Islander status (yes or no).

Weighted responses were analysed to calculate the frequency of each answer. Results were summarised in tables showing the distribution of responses across the weighted dataset. All figures are percentages unless otherwise indicated. Some figures may add up to 99% or 101% due to rounding to the nearest whole number.

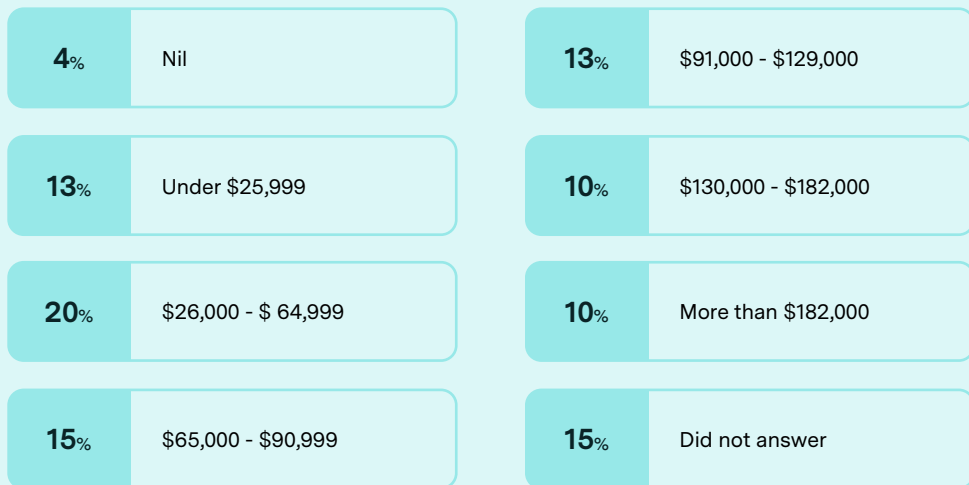
About the report's use of the Net Promoter Score and how it's determined

The survey measured satisfaction and likelihood of referral by identifying the Net Promoter Score® (NPS) for each of the following: GP, dentist, pharmacist, and private health insurer (PHI).

About NPS: [Net Promoter Score®](#), or NPS®, developed by the Bain Company, is a customer satisfaction benchmark that measures customer engagement and advocacy. In this survey, NPS is determined by asking, "On a scale of 0-10, how likely are you to recommend a business (for example) to a friend or colleague." The responses cluster in three groups: Promoters (score 9-10), Passives (score 7-8) and Detractors (score 0-6). The score is calculated by disregarding the Passive responses and then subtracting the percentage of Detractor responses from the percentage of Promoter responses. Scores can range from -100 to 100.



Household Income



Other Household Members

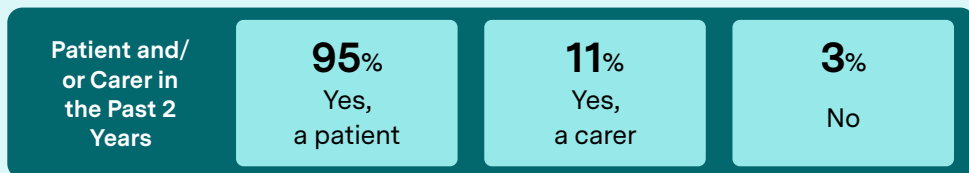
Nobody, I live alone



Adults Aged 18-24

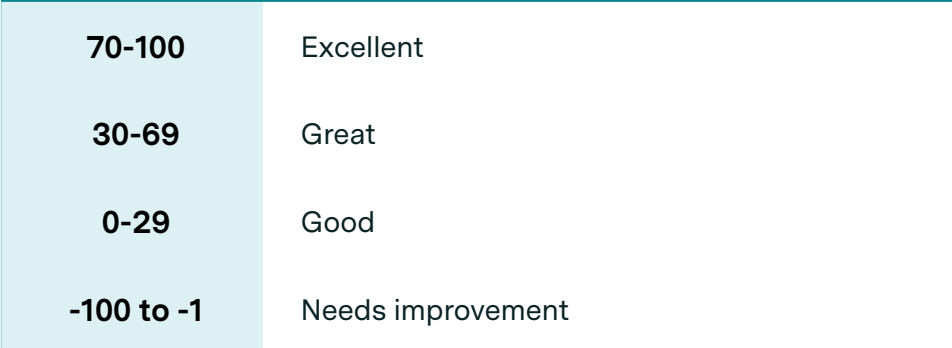


Children Aged <5



It's been noted that as a general rule in Australia and New Zealand, you should aim for an average [NPS of 30](#).

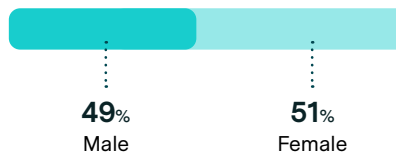
NPS scoring breakdowns



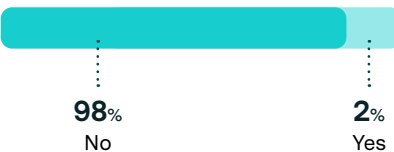
Primary Residence Location



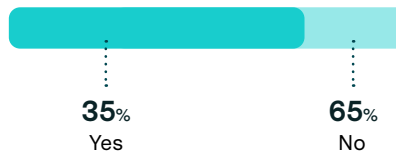
Gender



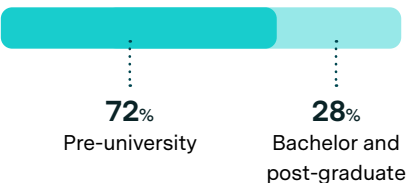
Aboriginal and/or Torres Strait Islander



Migrants



Highest Level of Education



Key findings

Rising costs are influencing care decisions

Rising out-of-pocket costs remain the top concern for patients, influencing how often people visit their GP, access dental care, and fill prescriptions. Younger Australians are most affected.

Private health insurance remains a delicate subject

Satisfaction with private health insurance remains low, with far more people critical than supportive. Many Australians view it as poor value for money and increasingly unaffordable.

EDs are still being used for avoidable care

More than half of emergency department visits did not result in admissions, and for the third consecutive year, many patients later felt their care could have been provided elsewhere.

Wait times for elective surgery are worsening

One in four people have waited over a year for elective surgery. Among those needing treatment within 30 days, over half experienced longer waits – highlighting ongoing pressure.

Cost-of-living pressures shape health behaviour

A majority of Australians said rising living costs had affected their healthcare decisions, leading many to delay or skip GP, specialists or allied health visits, dental care, medications, or tests.

Mental Health Support: Quick or Delayed?

Mental health care remains inconsistent across the system. While some people access support quickly, nearly half of those still waiting have been on a waitlist for more than three months.

Pharmacists highly trusted, but expectations rise

Pharmacists were rated most positively overall, valued for helpful staff and convenience, though rising concerns about prescription wait times may point to increasing service demands.

Cost is still stopping people from taking their medicines

More than one in three Australians have skipped or reduced prescription medication due to cost, despite reforms to make medications more financially accessible.

Learnings and Insights



Healthcare Experiences

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Perspectives on Personal Health

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Learnings & Insights

Healthcare Experiences

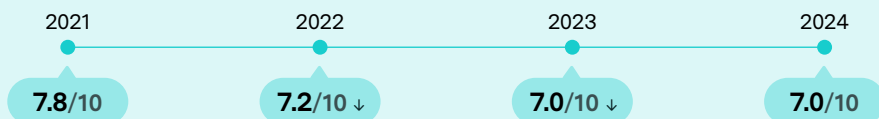
Australia's Healthcare Rating

On a scale of 1-10, how would you rate your personal satisfaction with healthcare in Australia?

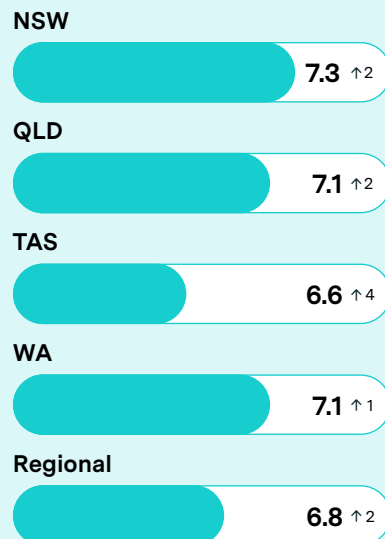
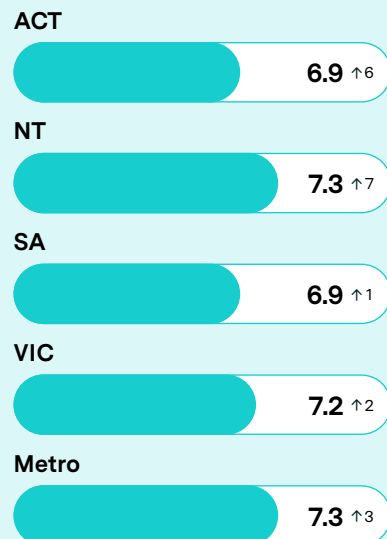
Average national score

7.2/10

Previous report scores



Average state scores



Public Satisfaction with Healthcare Rebounds Slightly

In the latest Australian Healthcare Index survey, participants rated the healthcare system 7.2 out of 10 – a modest improvement on last year's score of 7.0, and the first upward shift since ratings began declining from a high of 7.8 in March 2021.

TAS, ACT, SA, QLD and WA fell below the national average this year. Metropolitan participants (7.3) rated the healthcare system higher than regional ones (6.8).

Among those who gave high satisfaction ratings (8–10) for healthcare in Australia, nearly half (47%) cited the general quality of care as the primary reason – a 6% increase from 2024. The availability of bulk billing followed closely (40%), rising from third to second place this year. Other key drivers included ease of access, booking convenience, and the perception that healthcare is better in Australia relative to other countries.

Respondents who gave low ratings (1–4) pointed to limited bulk billing availability (44%), high costs (42%), long wait times (37%), inadequate Medicare coverage (35%), and underfunding of the system (28%) – results broadly consistent with 2024.












Together, these findings highlight a public that values Australia's healthcare system and who connect satisfaction with accessibility and cost of care, with bulk billing and breadth of Medicare coverage playing a pivotal role in shaping public perception of healthcare.





What is the reason(s) for your rating on Australian healthcare? (select all that apply)

Top reasons for people rating 8-10

-  **47%** The general quality of healthcare is good
-  **39%** My personal experiences with the healthcare system
-  **35%** Healthcare is accessible
-  **25%** Our medical staff are proficient
-  **14%** Healthcare is affordable
-  **1%** Something else
-  **40%** Availability of bulk billing
-  **38%** Healthcare is better in Australia compared to other countries
-  **30%** It is easy to book appointments
-  **20%** Medicare covers a sufficient range of care
-  **10%** There are short wait times for appointments

Top reasons for people rating 1-4

-  **44%** Bulk billing is not offered at enough locations
-  **37%** There are long wait times for appointments
-  **28%** Our healthcare system isn't adequately funded
-  **25%** The general quality of healthcare is poor
-  **14%** Healthcare worker shortages
-  **11%** Healthcare is not readily accessible
-  **42%** Healthcare is too expensive
-  **35%** Medicare doesn't cover a wide enough range of care or GP clinics
-  **26%** It is difficult to get an appointment
-  **16%** My personal experiences with the healthcare system
-  **12%** Our medical staff are not proficient
-  **10%** Something else

Top Challenges for Australian Healthcare

What do you think are the top three healthcare challenges for the Australian government and health industry to prioritise?

(select up to 3)

46%

Increasing out-of-pocket costs to see a GP or doctor

43%

Private Health Insurance costs

42%

Emergency Department wait times

37%

GP, nurse, and healthcare worker shortage

30%

Mental healthcare

20%

Prescription medication costs

19%

Aged Care

15%

Elective surgery delays

15%

Access to care in rural/remote Australia

12%

Ambulance services

9%

NDIS/disability care

5%

Something else

Consistent with 2024 results, rising out-of-pocket costs to see a GP or doctor were rated the most pressing challenge for the government and health sector to address, cited by 46% of respondents. Close behind were concerns about the cost of Private Health Insurance (43%) and Emergency Department wait times (42%).

In contrast, three years ago (November 2022), shortages of GPs, nurses and other healthcare workers topped the list. While still a significant issue, workforce shortages have now dropped to fourth place.



Out-of-pocket costs were a concern shared relatively equally by women (47%) and men (45%) but were higher than the national average (46%) among metropolitan respondents (48%) and lower in regional areas (41%). Concern was particularly high among ACT residents (56%) – the highest of any jurisdiction – with other states ranging from 41% to 49%.

Younger Australians felt the pressure most acutely, with 54% of respondents aged 18–34 identifying out-of-pocket costs as a key issue. This declined progressively with age: 48% of those aged 35–54, 45% of those 55–64, and just 32% of those aged over 65 shared the same concern.



Go-to Sources for Health Advice

When it comes to trusted sources for non-emergency situations, General Practitioners remain the primary choice, with the majority of respondents (70%) turning to their GP for support. Just over one-third (37%) rely on Google, making it the second most common source, followed by pharmacists, who are consulted by a quarter (26%) of respondents. Fewer than one in five turn to healthcare websites (19%) or friends and family (19%). A small fraction (5%) report turning to emergency services for non-emergency situations.

Similar to previous years, online sources Google (49%) and healthcare websites (24%), are the go-to sources for those in the 18-34 and 35-54 age groups. Preferences for >55's tend towards their GP and pharmacist as first ports of call for health advice.

For non-emergency health concerns, who/what is your first go-to for health advice?

70%

GP

37%

Google

26%

Pharmacist

19%

Healthcare website

19%

Friend or family member

5%

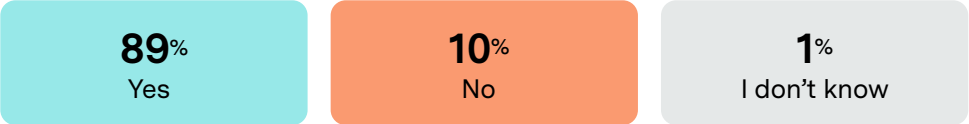
Emergency dept

3%

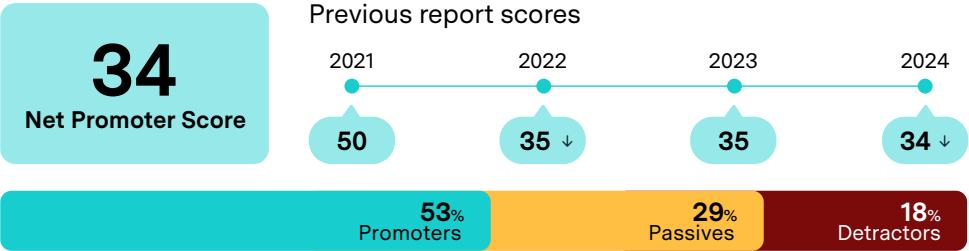
Other

General Practice

Do you have a regular GP/clinic?



On a scale of 1-10, how likely are you to recommend your regular GP to a friend or colleague?



Top reasons for recommending

- 69% Received good quality of care
- 66% Received good medical advice
- 60% Convenient ways to book appointment (phone,online,email)
- 46% Staff are helpful
- 41% Good communication from staff
- 41% Waiting room times are reasonable
- 38% Good availability of booking times
- 23% Open weekend and/or evening hours
- 20% Out of pocket costs are affordable
- 12% They accept walk-ins
- 5% Something else

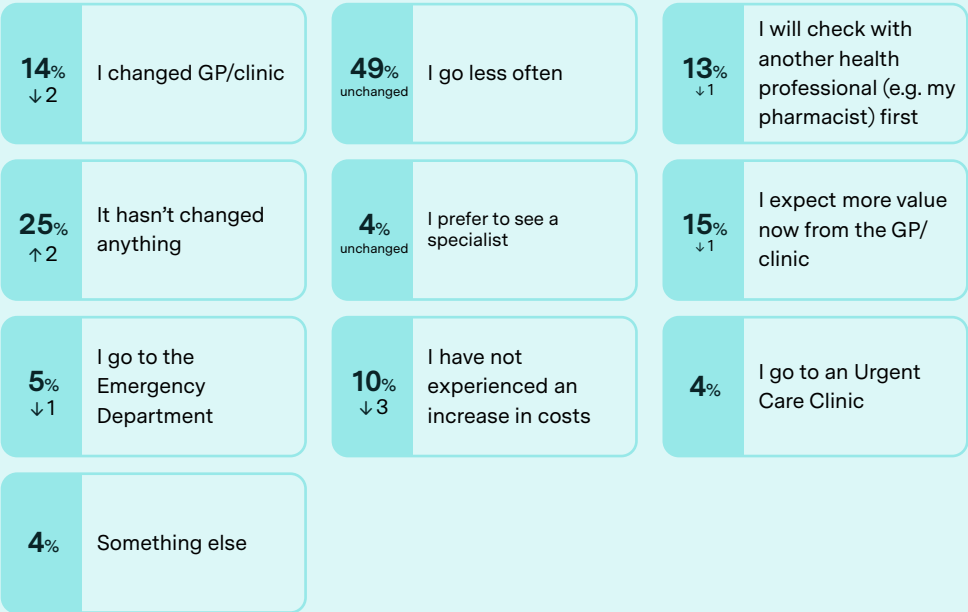
Out-of-Pocket Fees Are Changing How, and Whether, We See a GP

Continuing the trend from 2024, out-of-pocket costs are having a substantial influence on GP attendance, with 49% of respondents reporting that they go less often to their GP due to the out-of-pocket fees for a standard consult. This shift is especially evident among younger age groups, with 62% of those aged 18-34 and 57% of those aged 35-54 reporting they are visiting their GP less frequently due to out-of-pocket costs.


Financial pressures continue to be felt by respondents - this year only 10% of respondents reported no increase in costs for a GP consult, continuing a downward trend from 13% last year, and 21% in 2023.

Among respondents who were highly likely to recommend their GP, the top reasons remained consistent with 2024. Quality of care (69%) was the most common reason, followed by receiving good medical advice (66%), booking convenience (60%, up 6% from 2024), and helpful staff (46%, up 5% from 2024).

How have out-of-pocket costs for a standard GP consult influenced you going to the GP clinic? (select all that apply)



Top reasons for not recommending

-  **41%** Received poor medical advice/misdiagnosis
-  **38%** Received poor quality of care
-  **38%** Clinic does not offer bulk-billing
-  **36%** Increasing out of pocket costs
-  **29%** Waiting room times are too long
-  **27%** Poor availability of booking times
-  **26%** Difficult to book appointment
-  **22%** Lack of/poor communication from staff
-  **21%** Something else
-  **18%** They don't accept walk-ins
-  **16%** Staff are not helpful
-  **16%** Not open weekend and/or evening hours

For those unlikely to recommend their GP, the leading reasons included receiving poor medical advice (41%, up from 35% and previously in third place), poor quality of care (38%), the clinic not offering bulk billing (38%), increasing out-of-pocket costs (36%, previously the top reason, now fourth), long waiting times (29%), and poor availability of booking times (27%).

The shift in rankings - particularly the rise in concerns about medical advice and care, and the decline in emphasis on cost - is noteworthy.

Respondents from metropolitan areas were more likely than those in regional areas to cite poor quality of care as a key reason for not recommending their GP. In contrast, respondents from regional areas more frequently pointed to the lack of bulk-billing and rising out-of-pocket costs as reasons for not recommending their GP, compared to those in metropolitan areas.

Bulk billing and other cost issues with GPs are explored further in the Perspectives on Personal Health section of this report.

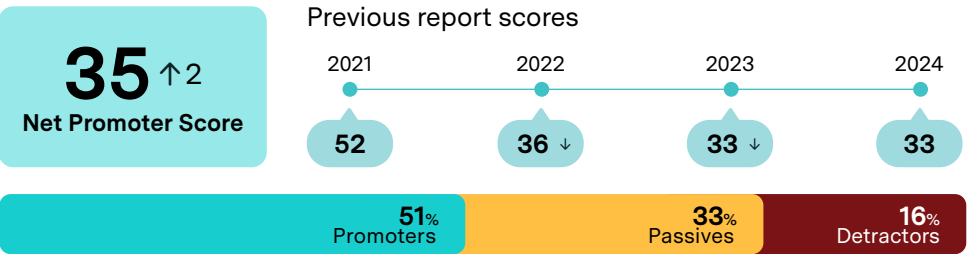


Dental

Do you have a regular dentist/clinic?



On a scale of 1-10, how likely are you to recommend your regular dentist to a friend or colleague?



Top reasons for recommending

- 77% Good quality of care
- 57% Staff are helpful
- 51% Good communication from staff
- 48% Received good advice
- 48% Waiting room times are reasonable
- 39% Convenient ways to book appointments (phone, online, email)
- 38% Good availability of booking times
- 31% Received the outcome I was looking for
- 30% Provided the latest in treatment options
- 27% Cost is affordable
- 16% Open on weekends and/or evening hours
- 3% Something else

No Regular Dentist? You're Not Alone – And Cost Is Still to Blame

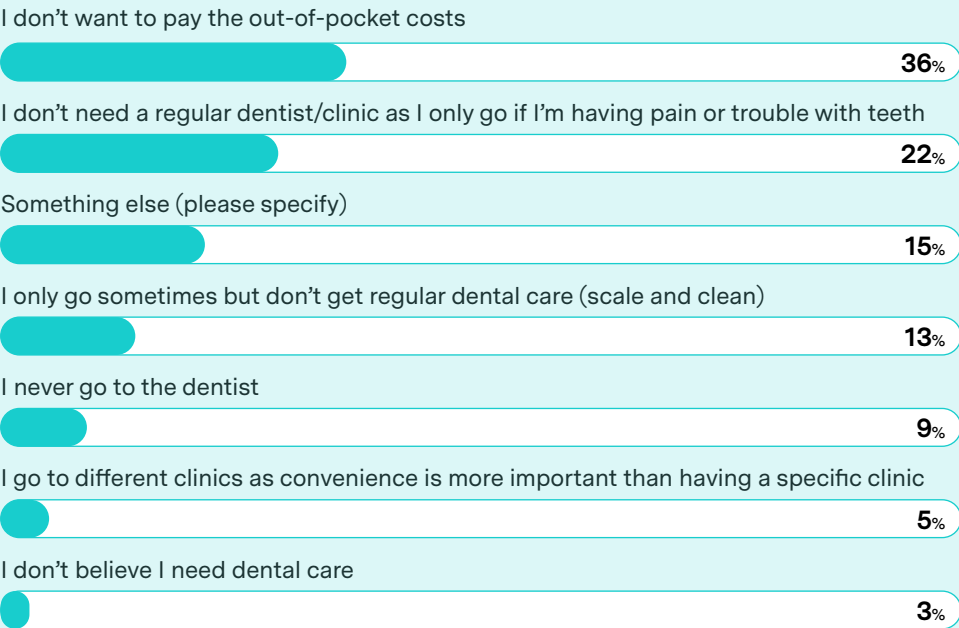
For the fourth straight survey, two-fifths (41%) of respondents do not have a regular dentist, and out-of-pocket costs was again the primary reason (35%).

Compared to the national average (41%), a greater proportion of men (46%) do not have a regular dentist, while fewer women (36%) are without one. Access also varies by location, with 46% of regional Australians lacking a regular dentist, reducing to 39% in metropolitan areas.

Younger Australians are the least likely to have a regular dentist – over half (55%) of those aged 18–34 reported not having one. This figure steadily improves with age, dropping to 33% among those aged 55–64 and just 27% for people aged 65 and over, both well below the national average.

Respondents who had a regular dentist but would not recommend them cited lack of affordability as the top and stand out reason (62%, a 19% jump from 2022). The top reason for people recommending their dentist was good quality

What best describes why you don't have a regular dentist or clinic?



Top reasons for not recommending

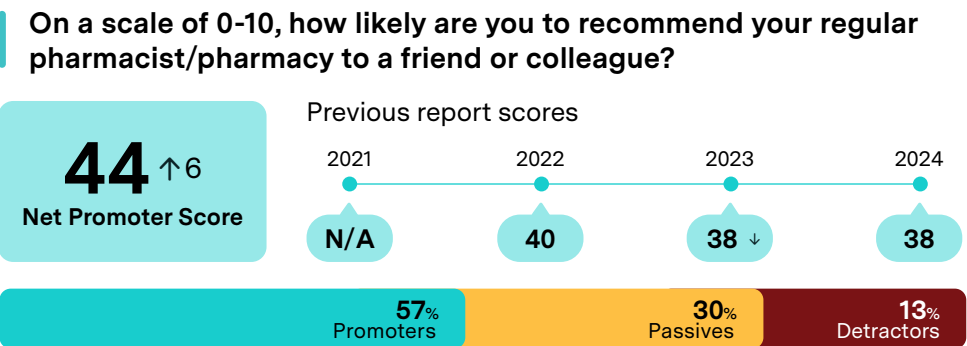
- 62%** Cost is not affordable
- 22%** Something else
- 20%** Received poor advice/ misdiagnosis
- 18%** Poor quality of care
- 16%** Difficult to book an appointment
- 16%** Poor availability of booking times
- 14%** Waiting room times are too long
- 9%** Lack of/poor communication from staff
- 7%** Staff are not helpful
- 3%** Open on weekends and/or evening hours
- 3%** Received the outcome I was looking for
- 1%** Provided the latest in treatment options

of care (77%), followed by positive staff interactions (51-57%), good advice (48%) and reasonable wait times (48%).

As with the previous report, people with Private Health Insurance (PHI) were more likely to have visited a dentist in the past six months relative to uninsured counterparts (62% vs 33%). They were also far more likely to have a regular dentist or clinic (70% vs 35%).



Pharmacy

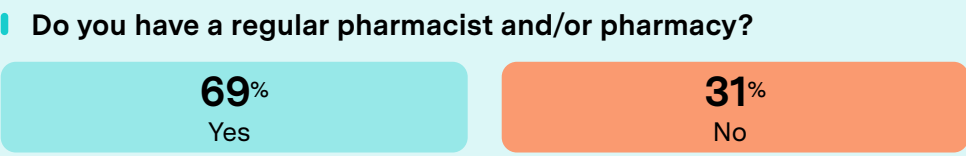


- ### Top reasons for recommending
- Why are you likely to recommend your regular pharmacist/pharmacy to a friend or colleague? Please select all that apply
- 69% Staff are helpful
 - 58% Wait time for filling prescriptions is reasonable
 - 54% Open on weekends and/or evening hours
 - 52% Good communication from staff
 - 41% Good quality of care
 - 37% Received good healthcare advice
 - 33% Prescription medication cost is less compared to other pharmacies
 - 25% Offers a range of health services
 - 21% Over-the-counter medication cost is lower than other pharmacies
 - 13% Accepts walk-ins for certain appointments
 - 12% Convenient ways to book appointment (phone, online, email)
 - 10% Good availability of appointment times
 - 4% Something else

Trust in Pharmacists Remains Strong, but are Expectations Rising?

In 2025, 69% of Australians surveyed reported having a regular pharmacist or pharmacy – up from 64% in 2024. Of those who would recommend their pharmacist, the top reasons for recommending their pharmacy remained consistent with last year, with respondents citing helpful staff (69%), reasonable prescription wait times (58%), weekend opening hours (54%), and good communication from staff (52%).

In contrast, concerns about long wait times for prescriptions rose sharply. Of respondents who wouldn't recommend their pharmacy, the primary reason was long wait times for prescriptions (53%), up from 24% in 2024. This was followed by unhelpful staff (31%) and poor communication from staff (30%).



The sharp rise in concern about prescription wait times is notable and may point to increasing delays in service, rising consumer expectations for faster dispensing, or both. Beyond prescriptions, pharmacies continue to play a broader role in healthcare, with most respondents seeking over-the-counter medicines (64%), and around a quarter visiting for medication advice (26%), health or beauty products (25%), or vaccinations (24%).

In the Perspectives on Personal Health section of this report, we look at some of the cost concerns respondents have about prescription medicine.

Top reasons for not recommending

Why are you unlikely to recommend your regular pharmacist/pharmacy to a friend or colleague? Please select all that apply

-  **53%** Wait time for filling prescriptions is too long
-  **31%** Staff are not helpful
-  **30%** Lack of/ poor communication from staff
-  **21%** Something else
-  **19%** Over-the-counter medication cost is higher than other pharmacies
-  **18%** Prescription medication cost is more compared to other pharmacies
-  **14%** Does not offer a range of health services
-  **13%** I received poor quality of care
-  **11%** I received poor healthcare advice/ misdiagnosis
-  **7%** Not open on weekends and/or evening hours
-  **5%** Difficult to book appointment
-  **5%** Poor availability of appointment times
-  **2%** Does not accept walk-ins for certain appointments

In the past 6 months, what have you used the pharmacy for?

Prescription medication

80%

Over-the-counter medications

64%

Medication advice

26%

Health/beauty purchases

25%

Vaccination(s)

24%

Healthcare advice

16%

Health services

10%

Beauty services

6%

Medical certificate

6%

I have not used the pharmacy in the past 6 months

3%

Telehealth appointment to get prescription medication

2%

Something else

1%



Emergency Department

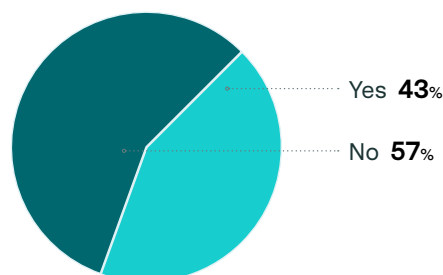
Have you been to an emergency department (ED) in the past 6 months?

36% ↑ 5
Visited an ED

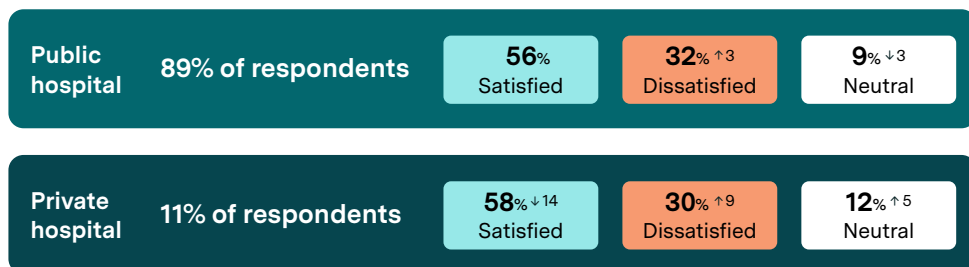
Previous report scores



Did the emergency department visit result in being admitted for hospital care?



How satisfied were you with the Emergency Department experience?

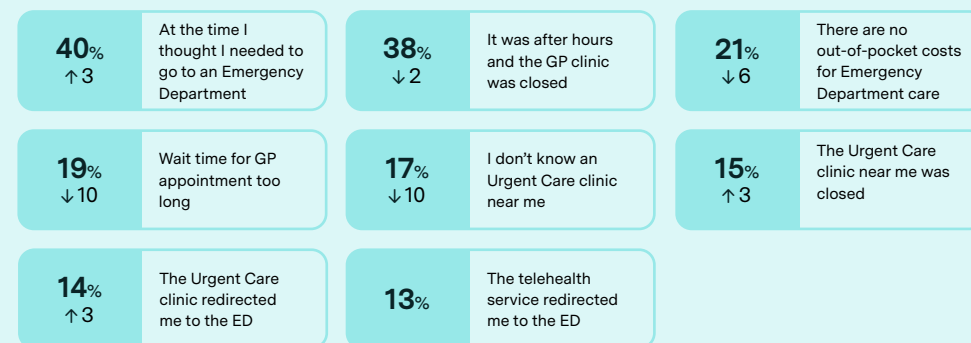


ED Use and the Role of Primary Care Access

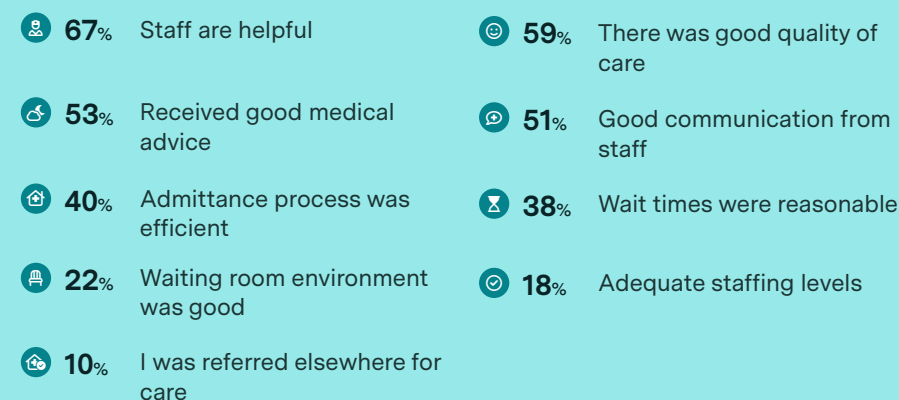
In this survey, 36% of respondents reported attending an ED in just the past six months. Of those who attended, more than half (57%) were not admitted. Upon reflection, 43% of those not admitted believed their care could have been managed by a GP or Urgent Care Clinic instead. This highlights a substantial proportion of potentially avoidable ED visits.

Among those who were not admitted and believed their care could have been managed by a GP or Urgent Care Clinic, the most common reason for attending ED was perceived urgency – with 40% reporting they believed at the time that emergency care was needed.

Reasons for attending ED from people who weren't admitted:






Top reasons for ED satisfaction





However, system-level factors also played a significant role in driving ED attendance. More than a third (38%) said they went to the ED because GP clinics were closed after hours, while 21% cited the absence of out-of-pocket costs as a deciding factor. Long GP wait times were a barrier for 19% of respondents, and nearly one in three (32%) said they didn't access an Urgent Care Clinic either because they were unaware of one nearby (17%) or believed it was closed (15%).

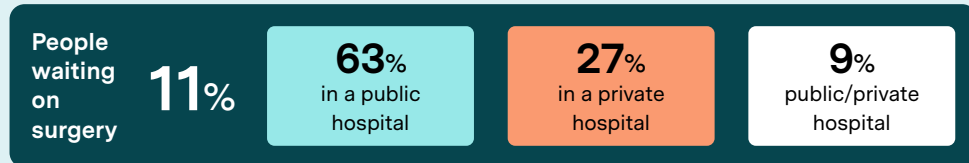
Top reasons for ED dissatisfaction

- | | | | |
|--|-----------------------------------|--|--|
|  79% | Wait times were too long |  48% | Inadequate staffing levels |
|  47% | Waiting room environment was poor |  43% | Lack of/poor communication from staff |
|  31% | There was poor quality of care |  29% | Received poor medical advice/ misdiagnosis |
|  20% | Admittance process was difficult |  20% | Staff were not helpful |
|  13% | I was referred elsewhere for care |  11% | Something else |

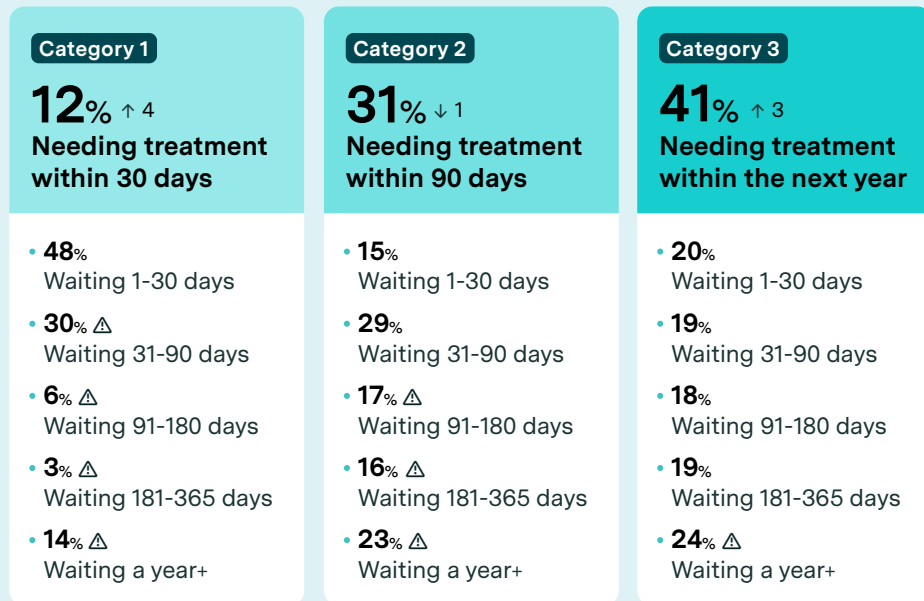


Elective Surgery

Are you waiting to have elective surgery?



Surgery categories & wait time breakdowns



*16% did not know category of surgery

One in Four Wait Over a Year: Declining Satisfaction in Elective Surgery

Wait times for elective surgery remain a major concern. One in four respondents (25%) reported waiting more than a year, while 15% waited between six and twelve months, and a further 16% waited three to six months. Just over one fifth (22%) were admitted within one to three months, and only 21% received their surgery in under a month.

The data is particularly troubling for higher-priority patients. Among those needing Category 1 surgery - who should be treated within 30 days - more than half (53%) had waited longer than the recommended timeframe, up from 42% last year. Of those, 14% had been waiting for more than a year.



People who've had elective surgery in past 6 months

14%

Among Category 2 patients, again more than half (56%) had exceeded the recommended timeframe, with 23% waiting over a year. In Category 3, one third (24%) had waited longer than the 365-day benchmark.

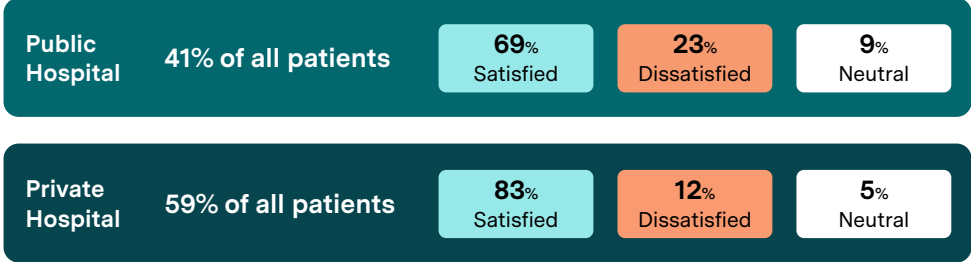
Satisfaction with elective surgery continues to decline. Among those who had surgery in the past six months, 79% reported being satisfied, down from 82% in 2024 and 88% in 2023. Satisfaction dropped in both the public and private sectors, with 69% of public patients (down 6 points) and 83% of private patients (down 4 points) reporting a positive experience.

The top reasons for dissatisfaction with elective surgery differed between public and private patients. For public patients, long wait times were the most common concern, while private patients were more likely to cite the financial stress caused by out-of-pocket costs. In both groups, the lack of or poor communication from the surgeon or surgical team was also mentioned.

These findings reflect unacceptable delays for patients and sustained pressure on hospital systems, with extended wait times affecting satisfaction and possibly health outcomes for those awaiting care.



How satisfied were you with the Emergency Department experience?



Top reasons for elective surgery satisfaction

Public

- Good communication from surgeon /surgical team
- Good quality of care during / after surgery
- Admission process was efficient
- I was operated on within a reasonable timeframe

Private

- Good quality of care during / after Surgery
- Good communication from surgeon / surgical team
- I was operated on within a reasonable timeframe
- Admission process was efficient

Top reasons for elective surgery dissatisfaction

Public

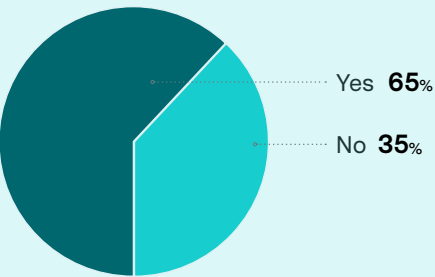
- I had to wait too long to get the surgery
- Lack of/poor communication from surgeon/surgical team
- I was discharged too early without sufficient support

Private

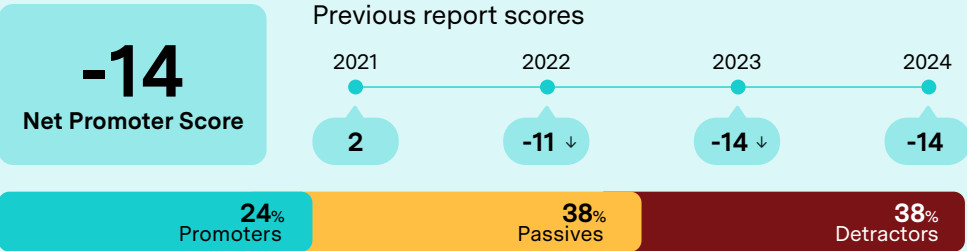
- The out-of-pocket costs caused me financial stress
- I had an unexpected complication from my surgery
- Lack of/poor communication from surgeon/surgical team

Private Health Insurance (PHI)

Do you have private health insurance (PHI)?



On a scale of 1-10, how likely are you to recommend your PHI to a friend or colleague?



Top reasons for recommending

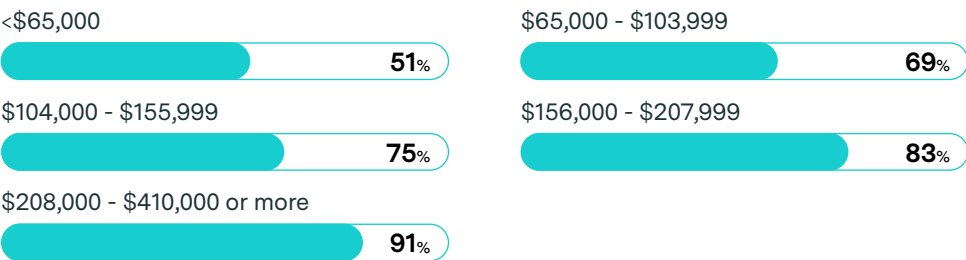
47%	Good extras coverage provided	43%	Good hospital coverage provided
38%	Good customer service experience	35%	Good compared to other health insurance plans
26%	Good value for the money	23%	Price of insurance is affordable
8%	Something else	6%	New plan/provider, cannot evaluate yet

Private Health Insurance Still Under Pressure

With the Federal Government approving a 3.73% increase in annual premiums from April 2025, the cost of private health insurance remains a key concern for Australians – and results from this survey highlight ongoing dissatisfaction. The Net Promoter Score for PHI was -14, a negative figure for the fourth straight year of the Australian Health Index.

Two thirds of respondents (65%) reported having PHI. Uptake was highest among those aged 55 and over (70%) and lowest among 18–34 year olds (60%). As in 2024, regional Australians were less likely to be insured (55%) compared to the national average, while those in metropolitan areas had higher coverage at 69%.










PHI uptake by household income



43% of people choose PHI as one of their top three challenges facing Australian Healthcare

Two fifths of respondents (38%) continue to question whether their private health insurance is money well spent, while only one in four (24%) would actively recommend it. In 2024, lack of affordability was the top reason respondents wouldn't recommend private cover, cited by 62%. This year, it dropped by 5 points to second place, overtaken by the perception that coverage offers poor value for money – which rose 3 points to also reach 62%. Among those who would recommend private cover, the most common reasons were extras coverage (47%), hospital cover (43%), and good customer service (38%).

Top reasons for not recommending

- | | |
|--|--|
|  68% Poor value for the money |  62% Price of insurance is not affordable |
|  40% Poor extras coverage provided |  21% Poor hospital coverage provided |
|  18% Poor customer service experience |  18% Something else |
|  15% Have not needed to use |  10% Poor compared to other health insurance plans |
|  2% New plan/provider, cannot evaluate yet | |

Cost and value concerns about private health insurance remain widespread across income levels. In line with 2024 trends, uptake was highest among households earning \$156,000 to \$207,000 (83%) and over \$208,000 (91%). Yet these same groups were also the most likely to view it as poor value for money, with 85% and 84% respectively citing this concern. While affordability was previously raised most often by higher-income households, this year 70% of respondents earning either below \$65,000 or above \$208,000 identified cost as a barrier, compared to 55% to 65% across all other income groups.

Taken together, these findings reflect deepening concerns about both the affordability and value of private health insurance, with dissatisfaction cutting across age, location, and income groups.





—
Learnings and insights

Perspectives on Personal Health

Cost of Living & Health

Have the recent increases in cost of living impacted your healthcare decisions?

74%
Yes

26%
No

Which of the following have you done as a result of cost-of-living pressures?

Missed or delayed dental treatment

58%

Missed or delayed GP/doctor visit

55%

Missed or delayed allied care appointments (physio, chiropractic, acupuncture, etc)

41%

Missed or delayed buying needed medications

32%

Missed or postponed a diagnostic test or scan

31%

Missed or delayed mental health support

28%

Switched to a less expensive private health insurance coverage

23%

Cancelled my private health insurance

16%

Healthcare Decisions Hit Hardest Among Younger Australians and Women

Cost-of-living pressures are driving significant changes in healthcare behaviour. More than three quarters (76%) of respondents said cost-of-living pressures are impacting their decisions about healthcare.

The impact is most pronounced among younger Australians and women. Respondents aged 18–34 (86%) and 35–54 (83%) reported higher-than-average shifts in behaviour, while only 52% of those aged over 65 said cost pressures were changing their healthcare choices.

Women were more likely to report changes (80%) than men (72%), highlighting the uneven burden of rising healthcare costs across the population.

Many Australians are delaying or missing essential care due to cost-of-living pressures. Among those reporting changes in their healthcare decisions, they reported missed or delayed dental treatment (58%), GP or doctor visits (55%), allied health care (41%), medication access (32%), diagnostic tests or scans (31%), and mental health support (28%). Financial strain has also led to changes in private health insurance, with nearly a quarter (24%) switching to a less expensive policy and 16% choosing to give up their cover entirely.

Gender differences were evident across several areas of missed or delayed care. Women were more likely than men to report delaying dental treatment (62% compared to 53%), allied health care (49% compared to 33%), diagnostic tests (34% compared to 28%), and mental health support (32% compared to 22%). The only areas where responses were relatively equal between genders were GP visits and access to medicines.

Responses were also relatively even across age groups when it came to delayed or missed dental or allied health care, however respondents aged over 65 fell well below the national average in relation to missing or delaying GP visits (37% compared to 55%), needed medicines (19% compared to 32%), diagnostic tests (24% compared to 31%), and mental health support (10% compared to 28%).

This may reflect greater access to concessions among older Australians, which reduces out-of-pocket costs for GP visits, medications, and tests. Older adults



may also have fewer competing financial pressures or higher acuity of issues, making them less likely to delay or miss care.

Shifts in Payment Behaviour Reflect Growing Financial Strain

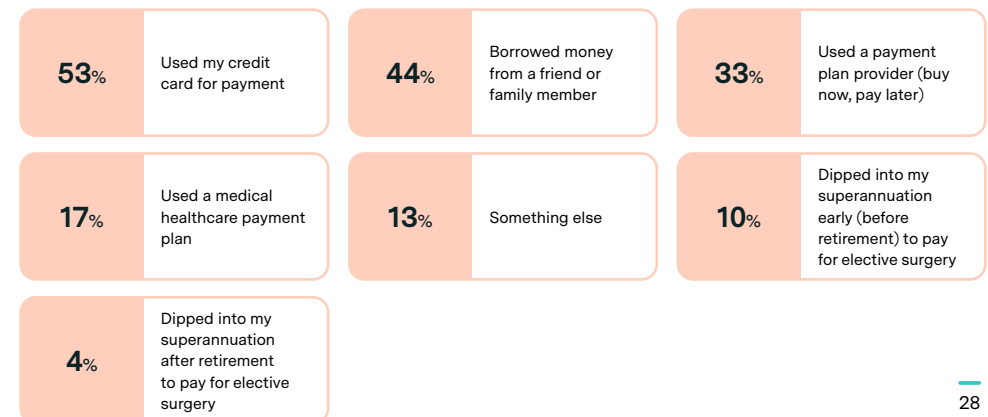
Almost half of respondents (46%) reported changing the way they pay for health services - an increase of 5 percentage points from 2024. Younger Australians were more likely to report changes, with 58% of those aged 18–34 and 53% of those aged 35–54 falling above the national average.

Alarmingly, 10% of respondents who changed how they pay for healthcare said they were dipping into their superannuation before retirement to cover costs. This behaviour was fairly consistent across age groups – and given the long-term loss of compound interest, it is particularly concerning to see 9% of 18–34 year olds and 10% of 35–54 year olds resorting to this option. The practice was more common among men (12%) than women (8%).

Credit card payment of health services was well above the national average (53%) among Australians aged over 65 (62%), compared to just 45% of 18–34 year olds. However, younger Australians were far more likely to turn to alternative financing options, with 44% using buy now, pay later services and 23% relying on medical payment plans – both above the national average.

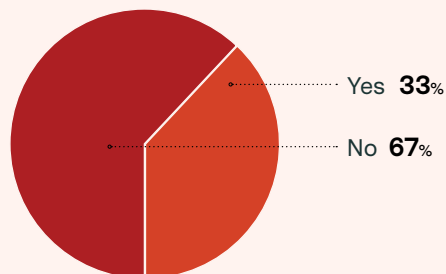
With younger people turning to riskier options like super withdrawals and buy now, pay later schemes, the findings signal mounting financial pressure and concerning long-term consequences.

Given cost-of-living pressures, are you using any of the following payment methods?



Hospital Admissions

In the past 2 years, have you been an admitted patient in an Australian public hospital?



How long was your last hospital admission?

5 days or less

More than 5 days

76%

24%

How many times during your stay did the specialist see you?

49%

↑ 11

Once

25%

↓ 11

Twice

26%

More than twice

Who's Making the Decisions? Growing Uncertainty Among Hospital Patients

One third of survey respondents reported being admitted to a public hospital in the past two years, with 76% staying for five days or less. Notably, 38% were unaware of which specialist they were admitted under. Among those who did know, one in five (20%) said they were not visited by their admitting specialist during their stay. Of the 80% who were visited, nearly half (49%) saw their specialist only once – a figure up 11 points from 2024 – while 25% were seen twice (down 11 points), and 25% more than twice. The majority of patients (81%) were happy with the frequency of specialist visits. These trends may reflect shorter admissions that don't require multiple specialist visits, or growing resource pressures limiting specialist availability.

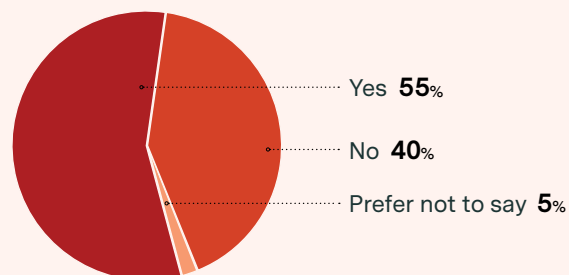
When it came to decision making, only 38% of respondents felt that the specialist they were admitted under was making decisions about their care – a sharp decline of 28 percentage points from 2024. Relatively consistent with last year, 16% believed a junior doctor was responsible. However, uncertainty has grown significantly, with 41% unsure who was making decisions about their treatment – up 24 points from 2024.

The sharp drop in patients who felt their specialist was leading their care, combined with a rise in those unsure who was making decisions, points to possible growing communication gaps between care teams and patients.

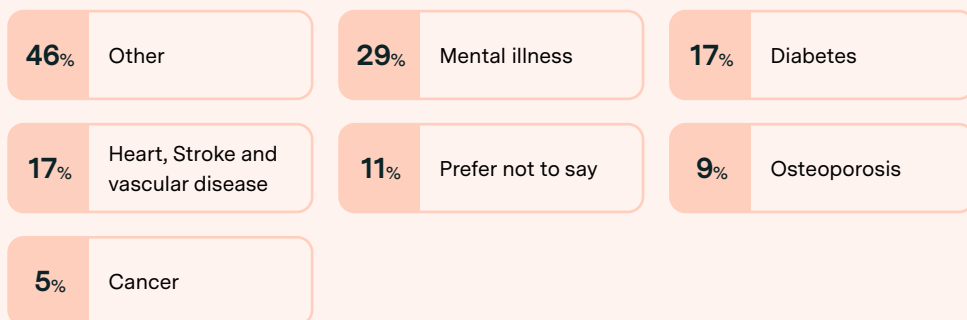


Living with Health Conditions

Do you have a health condition?



Which health condition do you have?



Notable answers listed under the “other” category

- Asthma
- Blood Pressure
- Arthritis
- Thyroid disease
- Fibromyalgia
- High Cholesterol
- Autoimmune conditions
- Chronic Obstructive Pulmonary Disease (COPD)
- Hypertension
- Chronic Pain
- Epilepsy
- Endometriosis
- Rheumatoid Arthritis

Managing Chronic Illness: Who’s Affected and How It Varies

More than half of respondents (55%) reported living with at least one chronic health condition. Prevalence of living with at least one chronic condition increased with age, from 37% among 18–34 year olds to 75% among those 65 and over. More women (59%) reported living with a chronic condition than men (51%), and rates were higher in regional areas (62%) compared to metropolitan areas (53%).

The most commonly reported chronic conditions were mental illness (29%), diabetes (17%), and heart, stroke or vascular disease (17%). Nine percent reported osteoporosis, and 5% reported cancer. A further 46% selected “other” conditions

For all chronic conditions except mental illness, reported prevalence increased with age. In contrast, mental illness was most common among younger Australians, affecting 49% of 18–34 year olds and 36% of those aged 35–54. Rates declined with age, with only 10% of those aged 65 and over reporting a mental health condition.

Health conditions varied by gender. Women were more likely to report osteoporosis (12% vs 6%), while men more commonly reported diabetes (23% vs 12%) and heart, stroke, or vascular disease (22% vs 12%). Mental illness was reported at similar rates by both women (30%) and men (27%).

The majority (89%) of respondents with a health condition reported currently taking prescription medication, compared to 40% of those without a condition. Among those with a health condition, 27% had gone without medication they needed due to cost concerns – higher than the 20% reported by those without a condition. Around one-third (32%) of respondents with a health condition felt their medication was unaffordable, compared to 22% of those without a health condition.

For people living with a health condition, affordability barriers to prescription medicine must be addressed, as medication is a necessary and regular part of care for the vast majority.

Living with Health Conditions

Health Conditions and Risk Factors

This table highlights how Australians living with chronic conditions perceive their own contributing risk factors, revealing both common trends and condition-specific differences in lifestyle and health behaviours.

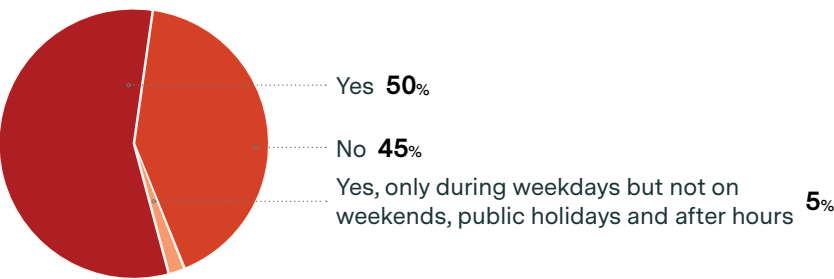
Across all conditions, being overweight or obese was a frequently reported risk factor, particularly among those with diabetes (49%) and mental illness (44%). High blood pressure was also widely recognised, especially among those with heart, stroke or vascular disease (55%) and diabetes (53%).

Physical inactivity was also commonly reported by 27%, with higher rates among those with mental illness (34%). Dietary concerns were less frequently acknowledged, though still present – 26% of those with mental illness and 20% of those with diabetes reported having an unhealthy diet. Tobacco use, excessive alcohol, and substance abuse were lower overall, but notably more common among respondents with mental illness.

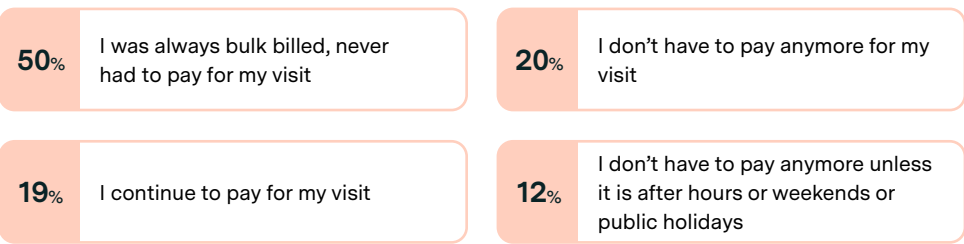
Which risk factors do you consider you have?	Which health condition do you have?						Average across all conditions
	Which risk factors do you consider you have	Diabetes	Heart, stroke & vascular disease	Osteoporosis	Cancer	Mental illness	
	Overweight/obesity	49%	32%	33%	31%	44%	38%
	Physically inactive	30%	24%	28%	17%	34%	27%
	Unhealthy diet	20%	13%	14%	12%	26%	19%
	High cholesterol	38%	37%	35%	30%	24%	28%
	High blood pressure/hypertension	53%	55%	47%	45%	27%	38%
	Genetic	24%	23%	21%	14%	25%	22%
	Tobacco use	6%	12%	11%	10%	18%	12%
	Excessive alcohol consumption	2%	4%	5%	6%	7%	5%
	Substance abuse	1%	3%	3%	3%	7%	4%

Medicare

Thinking of your most recent visit to the GP, were you bulk billed?



If you hold a concession or health care card, have you been notified or noticed a change in the way your doctor charges since November 2023?



Average out-of-pocket costs for a standard GP consult?



Bulk Billing in Practice: Confusion in Primary Care

Understanding how widely bulk-billing is offered by GPs and other primary care providers is essential to assessing affordability and equity in the system – and to identifying where gaps in access may be growing.

More than a third of respondents (37%) said that over the past two years they always faced out-of-pocket costs when visiting the GP. A further 27% reported occasional out-of-pocket costs, while 13% said they mostly did not pay out-of-pocket. Only 23% of respondents said they never incurred any out-of-pocket costs for GP visits.

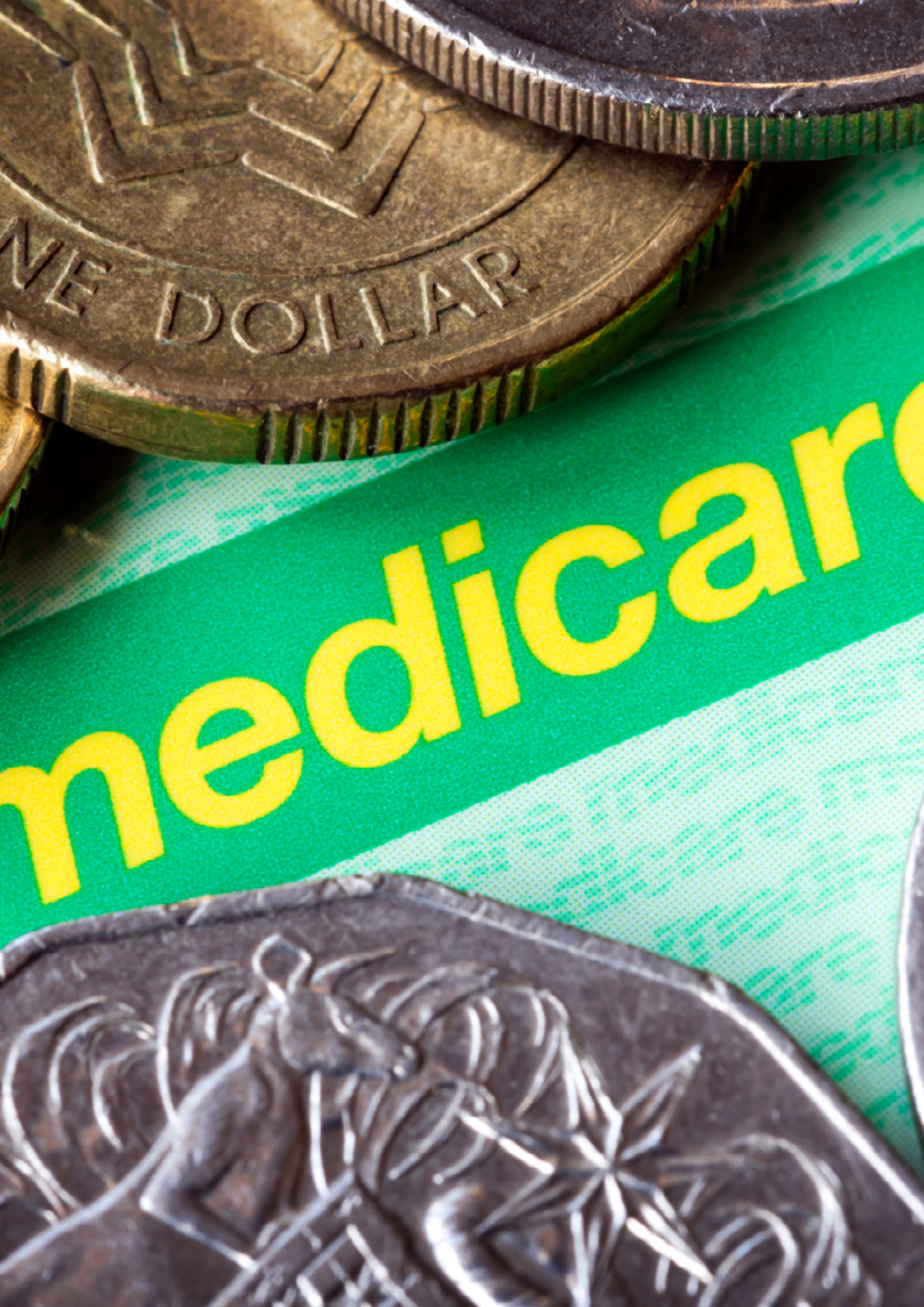
When asked about their GP or primary care provider's fee schedule, nearly one third of respondents (31%) said they were unsure. Just over a quarter (26%) indicated that patients with a concession card do not pay for their visit, while 21% said all patients are required to pay out-of-pocket. A further 12% reported that concession card holders are bulk billed only during standard hours, and 10% said that no patients pay for their visit.

Consistent with 2024 findings, half (50%) of respondents who held a concession card and had a regular GP said they had always been bulk billed and never had to pay for their GP visits. A further 20% reported that they no longer have to pay, while 12% said they are bulk billed except during after-hours, weekends, or public holidays. Meanwhile, 19% of respondents said they continue to pay out-of-pocket gaps for their GP visits.

When asked about the out-of-pocket fee gap for those reporting one, the most common out-of-pocket cost fell in the \$41–\$60 range, reported by 36% of respondents. A further 21% paid between \$21–\$40, while 17% paid \$61–\$80. Notably, 13% faced a cost of \$81 or more, and just 2% paid between \$1–\$20. These results highlight the growing financial burden many patients face when accessing primary care.

How often have you had to pay out-of-pocket costs at the GP over the past 2 years?





Limited Engagement with the Medicare App Highlights Digital Divide

The Express Plus Medicare app is a mobile tool that enables Australians to manage their Medicare services and information via smartphone or tablet. Linked to people's myGov account, it allows functions such as accessing digital Medicare cards, submitting claims, and updating personal details.

However, awareness and usage remain low. As in 2024, three fifths (62%) of respondents said they had never checked or didn't know how to use the app to see how their doctor billed. These results suggest that uptake of the initiative has stalled, with limited progress in improving engagement or digital literacy around its features.

Do you ever check your Medicare app to see how your doctor billed your visit?

Never
49%

Sometimes
30%

Always
8%

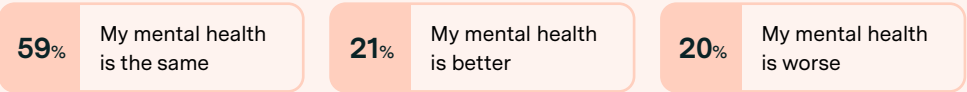
I don't know how to
13%

When it comes to uptake, 18–34 year olds and Tasmanians are well above the national average in awareness and use of the app. Only 55% of younger respondents and 54% of those in Tasmania said they had never checked or didn't know how to use the app to see how their doctor billed - compared to 62% nationally.

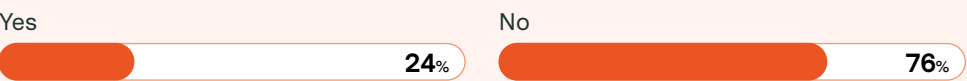
Despite its potential to improve transparency and empower patients, the Express Plus Medicare app remains underutilised. Broader awareness is needed to make the app a more effective tool for managing Medicare interactions.

Mental Health

Compared to 6 months ago, how would you describe your mental health?



Have you sought mental health support in the past 6 months?



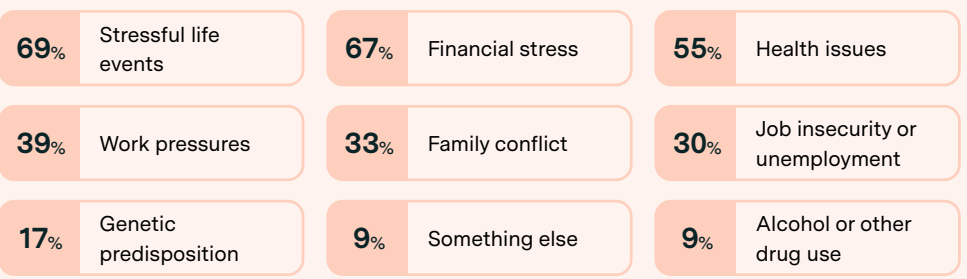
Have you received this support?



How would you describe your mental health in general?



Major factors cited for poor or fair mental health



Mental Health Pressures Unevenly Felt Across Age, Gender and Location

Most respondents (59%) said their mental health had remained the same over the past six months, while 21% reported an improvement (a 4-point increase from 2024) and 20% said it had worsened (down 3 points from 2024). When asked to describe their general mental health, 32% rated it as “good,” while 22% said “very good” and 12% said “excellent.” On the lower end, 33% described their mental health as “fair” or “poor.”

Of those who rated their mental health as fair or poor, the most commonly cited contributing factors were stressful life events (69%) and financial stress (67%). These pressures were especially pronounced among 18–34 year olds (75% for both factors), 35–54 year olds (72% and 70%), and regional respondents (73% and 71%).

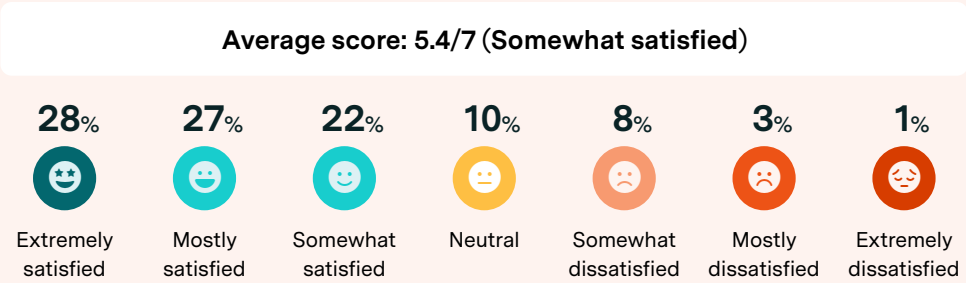
As age decreased, the percentage of respondents reporting fair or poor mental health increased. Respondents aged 18–34 (39%) and 35–54 (37%) were above the national average of 33%, while those aged 55–64 aligned with the average. In contrast, only 20% of respondents aged 65 and over reported fair or poor mental health, well below the national figure.

Rates of females reporting fair or poor mental health (37%) were higher than the national average (33%), while rates among males were lower (31%). Regionally, the ACT and South Australia recorded the highest rates (40%), followed by Queensland (37%). In contrast, only 20% of Northern Territory residents reported fair or poor mental health, well below the national average. Other states fell within a narrower range, between 30% and 34%.

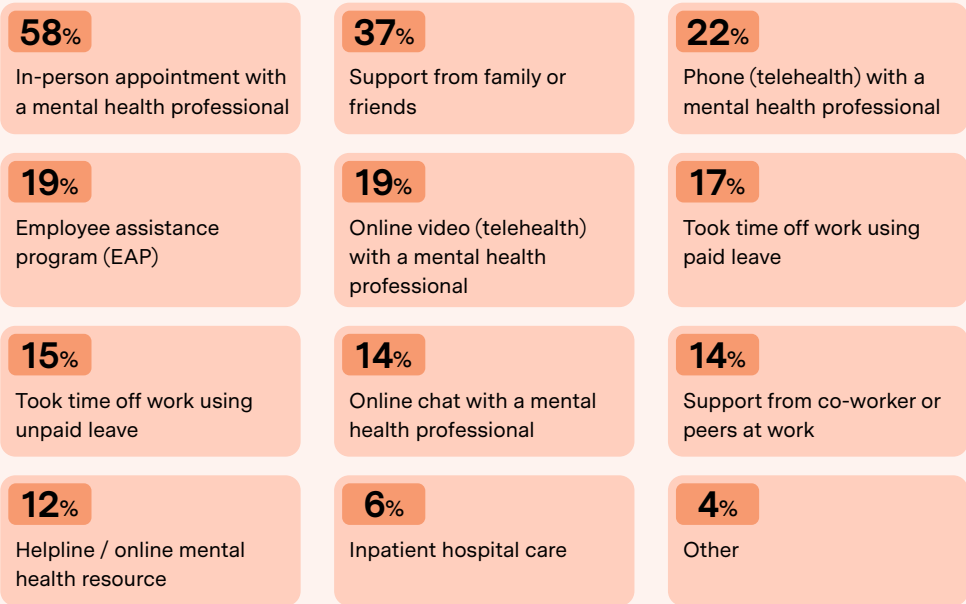
Despite these challenges, only 24% of those reporting fair or poor mental health said they had sought support. Help-seeking was far lower among older adults, with just 8% of those aged 65 and over seeking support, compared to 30% of respondents aged 18–34 and 35–54.

While many Australians report stable or improving mental health, younger people, women, and some regions continue to face higher levels of distress, often without seeking support, especially among the elderly. These findings point to the need for targeted, accessible, and age-appropriate mental health services.

Patient satisfaction with mental healthcare support



Types of Mental Health Support Accessed in the Past 6 Months



Which mental health professionals have you seen for support?



Timely for Some, Out of Reach for Others: Mental Health Access

When it comes to the mental health support received, respondents reported being somewhat satisfied, with an average rating of 5.4. The most commonly accessed professionals were psychologists (58%), followed by GPs (45%) and psychiatrists (29%). One in four respondents saw a counsellor, while fewer received support from occupational therapists (8%), social workers (8%), mental health nurses (7%), or community health workers (4%).

Among those who had already accessed support, the majority (69%) were seen within four weeks. In contrast, nearly half (48%) of those still waiting had been on a waitlist for more than three months, and only 26% had been waiting less than four weeks. This highlights a system where some people are able to access care quickly, while others face prolonged delays and limited access to timely support.

Out-of-pocket costs continue to be a barrier, even for those with a mental health care plan. Sixty-two percent of respondents had a care plan in place, but one in five (22%) had not yet used it. Of those, nearly half (49%, up 14 points from 2024) said the cost of care was the main reason. A small number (3%) had seen a professional not eligible for the rebate, and 36% remained on waitlists or had not yet booked.

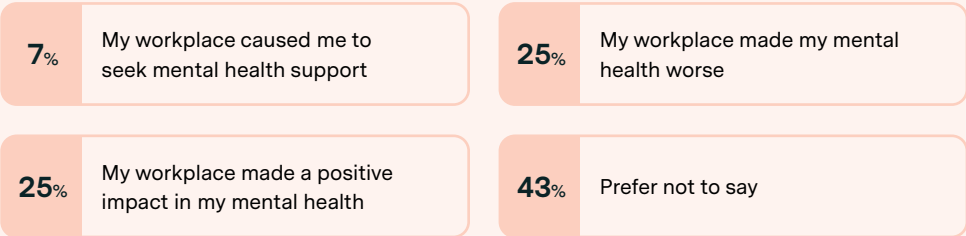
To manage their mental health, people drew on a mix of clinical and informal supports. In-person appointments with a mental health professional were most common (58%), followed by support from family or friends (37%). Others accessed care via telehealth, used helplines and online resources (12%), or sought assistance through their workplace (33%).

Wait Times for Mental Health Support

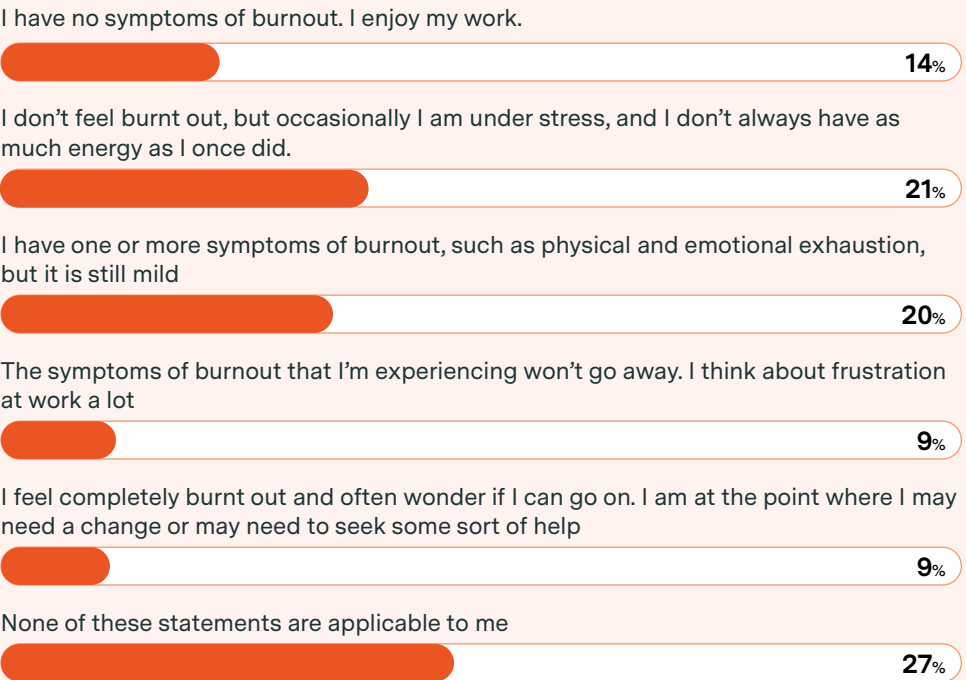
	Those who received support	Those still waiting
Less than 2 weeks	39%	12%
3 to 4 weeks	30%	14%
5 to 8 weeks	13%	15%
9 to 12 weeks	6%	12%
More than 3 months	12%	48%

Workplace Health and Wellness

Impacts of the workplace on mental health



Levels of Workplace Burnout Among Respondents



Workplace Wellness: Pressures, Progress and Remaining Gaps

Workplaces play a significant role in how Australians manage their mental health – for many, work-based structures and environments directly influence workers mental health and how they address it - both formally and informally.

Half of respondents (50%) said their workplace had an impact on their mental health, down from 71% in 2024. One in four (25%) said the impact was positive, a 13-point increase from last year. Another 25% reported that their workplace had a negative effect on their mental health, down from 44% in 2024. Only 7% said their workplace had led them to seek mental health support, a sharp drop from 25% the previous year.

Two fifths (39%) of respondents who assessed their mental health as fair or poor cited work pressure, while just under a third (30%) cited job insecurity or unemployment as a contributing factor. They sometimes leaned on colleagues (14%) or accessed formal support such as employee assistance programs (19%), underscoring the value of workplace initiatives like mental health first aid training to better equip peers to offer support. Poor or fair mental health also impacted workplace attendance, with close to a third (32%) taking paid (17%) or unpaid (15%) leave to manage their mental health.

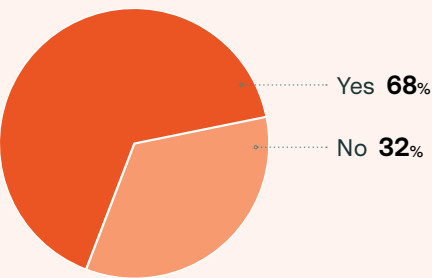
Burnout continues to affect a significant portion of the workforce, with 38% of respondents reporting symptoms ranging from mild exhaustion to severe, ongoing burnout—down from 50% in 2024. One in five (20%) described their symptoms as mild, while 9% said they frequently feel frustrated at work, and another 9% reported feeling completely burnt out and potentially in need of change or professional support.

These findings highlight the critical role of workplaces in both contributing to and addressing mental health, reinforcing the need for proactive, well-resourced, and supportive environments that prioritise employee wellbeing.



Prescription Medication

Are you currently taking prescription medication?



People agree or disagree
“Prescription medication is affordable to me.”



Medication Affordability and Access: Progress Made, Challenges Remain

In an effort to ease medicine costs, the Australian Government has introduced a series of reforms to make medicines more affordable, including reducing the number of scripts needed to reach the PBS Safety Net by 25%, cutting the maximum cost of a script from \$42.50 to \$30, introducing 60-day prescriptions for many Australians with ongoing health conditions and freezing PBS co-payments for all Australians from 2024 through to the end of 2025.

Awareness of the 60-day prescription initiative remains unchanged from 2024 at 48%. However, awareness varies significantly by age, with the highest among those aged over 65 (80%) and the lowest among 18-34 year olds (27%), likely reflecting the greater relevance of 60-day prescriptions for older Australians managing stable, chronic conditions.

Despite these initiatives, the cost of prescription medicine remains a challenge for many Australians. In 2025, two-thirds (68%) of survey participants reported taking prescription medication, similar to the previous year. The proportion of people who agreed with the statement “my prescription medication is affordable to me” held steady at 58% from 2023 to 2025. As in previous years, a higher percentage of men (60%) than women (56%) reported finding prescription medicines affordable.

Concerns about medicine affordability remain high, with 35% of respondents reporting they had gone without or reduced their medication due to cost in the past six months. This reflects a steady upward trend from 30% in 2024, 27% in June 2023, and 22% in September 2022. One in ten respondents went without medication for three or more weeks, 15% for up to three weeks, and another 10%





continued taking their medication but at reduced doses to make it last longer.

Those most impacted were respondents aged 18–54. Among them, 13% of those aged 18–34 and 12% of those aged 35–54 reported reducing their medication dose to make it last longer, both above the national average of 10%. In contrast, only 4% of respondents aged 65 and over reported doing the same. A similar pattern was seen for those who went without medication for three weeks or more due to cost, with 14% of 18–34 year olds and 13% of 35–54 year olds affected - again above the national average of 10% - compared to just 3% of those aged 65 and over.

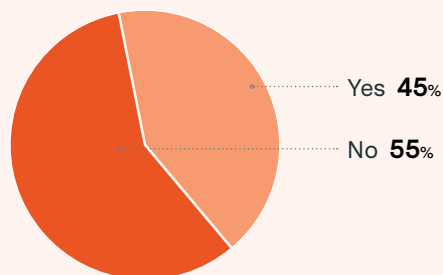
These findings suggest that recent policy changes have provided some relief, but affordability remains a barrier for many, particularly younger Australians. The upcoming PBS co-payment reduction to \$25, scheduled for 1 January 2026, will likely be a welcome step, especially for those who continue to delay or ration essential medicines due to cost.

Have you had to go without prescription medication due to cost concerns in past 6 months?



Telehealth

Have you had a telehealth appointment by phone or video in the past 6 months?



How satisfied were you with the telehealth experience?



76%
Satisfied



12%
Dissatisfied



11%
Neutral

What was your telehealth consult for?

39% General consult with GP

23% Repeat prescription

9% Consult with specialist

8% Medical certificate

8% Consult with mental health professional (psychologist, counsellor, social worker, etc)

6% Something else

4% Referral

4% Cold and flu

Telehealth in 2025: More Use, Less Satisfaction

While telehealth usage via phone or video declined from 49% in 2023 to 40% in 2024, it rebounded slightly in 2025, with 45% of respondents reporting a telehealth appointment in the past six months.

Usage was higher than the national average (45%) among women (50%) and lower among men (40%). Its use was fairly consistent across all age groups, ranging from 42% to 47%. By state, usage was below the national average in Western Australia (37%) and above it in Tasmania (52%), Victoria (50%), the ACT (49%), South Australia and Queensland (both 48%). In all other states, usage ranged within a few points of the national average, between 43% and 48%.

The reasons for attending telehealth consultations remained consistent from 2023 to 2025, with the top four being: GP consults (56% with a regular practitioner and 20% with a practitioner outside their usual clinic), repeat prescriptions, mental health appointments, and specialist consults. However, satisfaction with the telehealth experience declined, falling from 82% in 2023 and 2024 to 76% in 2025. Satisfaction with the quality of care also dropped, from 83% in 2024 to 77% in 2025.

As in previous years, the main reasons for choosing telehealth were convenience (50%), not wanting to leave home (20%), being too unwell to attend in person (15%), and long wait times for in-person appointments with a regular GP or clinic (22%). Reasons for not using telehealth were also consistent with 2024, with the most common being no recent need to use it (62%), a preference for in-person care (33%), lack of access to bulk billing for telehealth services (11%) and their GP not offering telehealth (10%).

How satisfied were you with the quality of care you received from your telehealth appointment?

31%



Extremely satisfied

31%



Mostly satisfied

15%



Somewhat satisfied

12%



Neutral

5%



Somewhat dissatisfied

3%



Mostly dissatisfied

3%



Extremely dissatisfied



Why did you choose telehealth?

50% Convenience

20% Did not want to leave home

13% Something else

7% I am in a rural/remote/
regional location

6% Wanted after hours
appointment

22% Appointment wait time
too long for in-person
appointment with regular GP/
clinic

15% Current illness did not allow
me to go to clinic in person

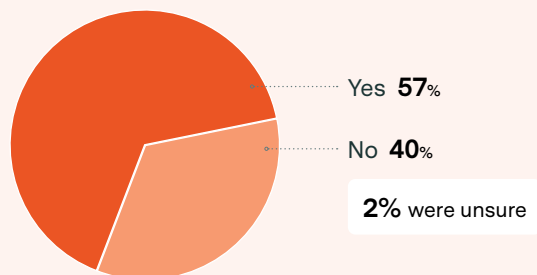
8% Wait time too long for in-
person appointment with a
mental health professional
(psychologist, counsellor,
social worker, etc)

7% Transport is an issue

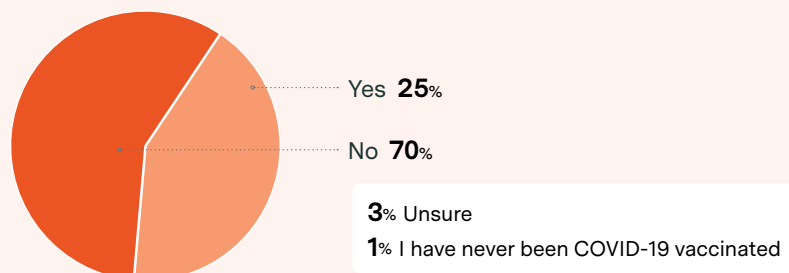
4% I was traveling

Vaccinations

Did you get the influenza vaccination in the past 12 months?



Did you get a COVID-19 booster in the past 12 months?



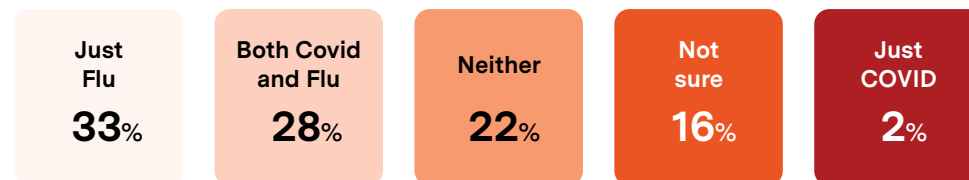
Flu and COVID-19: Shifts in Vaccination Behaviour

Vaccination remains a key part of public health prevention, with GPs and pharmacists playing central roles in delivering vaccines. Most respondents received their vaccination/s from a GP (42%) or both a GP and pharmacist (29%), while 18% were vaccinated by a pharmacist alone.

In the past 12 months, 57% of respondents received an influenza (flu) vaccination, down 7 points from 65% in 2024. Flu vaccination rates increased with age, with the highest uptake among those aged 65 and over (84%) and the lowest among 18-34 year olds (41%).

The decline in COVID-19 booster uptake over the past 12 months was significant, dropping from 39% of respondents in 2024 to just 25% in 2025. Uptake was lowest among those aged 18-34 (16%) and 35-54 (17%), and highest among respondents aged 65 and over (50%).

Vaccination plans for 2025



Among respondents who had received at least one COVID-19 vaccination (but none within the past 12 months), the most commonly cited reason for not getting a recent booster was the belief that they were already sufficiently protected (45%). A further 34% felt a booster was unnecessary because they viewed COVID-19 as less of a threat than before. These views were broadly consistent across age groups.

Of those who had never received a COVID-19 vaccination or booster, the most common reasons were concerns about potential health risks from the vaccine (93%) and doubts about its effectiveness (49%). Among younger Australians aged 18-34 who had not been vaccinated, all (100%) cited health risks as a concern, while only 24% questioned the vaccine's effectiveness. In contrast,





older respondents aged 55–64 and those aged 65 and over, were concerned about both issues, with 93% and 73% respectively citing lack of effectiveness, and 87% and 82% citing health risks.

At the time of the 2025 survey, Australia was heading into flu season, and respondents were asked about their vaccination intentions for the year ahead. Two thirds (62%) said they planned to get a flu vaccine and just 30% planned to get a COVID-19 vaccination. Intention to receive both vaccines was highest among respondents aged 65 and over (51%), well above the national average (28%), and lowest among those aged 18 to 34 (18%).

These findings suggest a continued decline in vaccine uptake since the height of the pandemic, driven more by perceptions of risk and protection - highlighting the importance of sustained public health communication and targeted engagement, particularly adults aged under 65, and especially with younger adults.





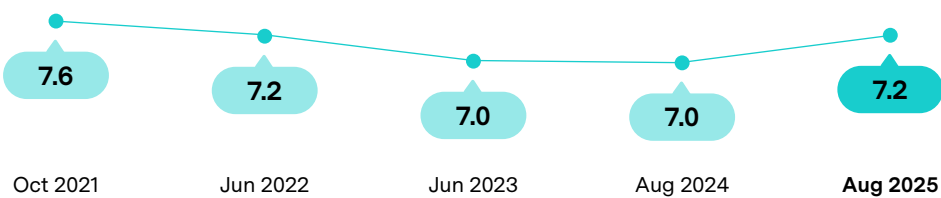
Tracking Healthcare Experiences Over Time

With the launch of the 7th Australian Healthcare Index, the next sections share annual data trends from across the reports since the initial launch in March of 2021. Key areas from the Health Experiences section are covered, looking at Australia's healthcare rating, challenges facing Australian healthcare, NPS scores for GPs, dentists, pharmacists and private health insurance, as well as emergency department use and satisfaction rates and elective surgery wait times and satisfaction rates.

Topline Review of AHI Trends

Australia's Healthcare Rating

Australians rated personal satisfaction with healthcare on a scale of 1-10



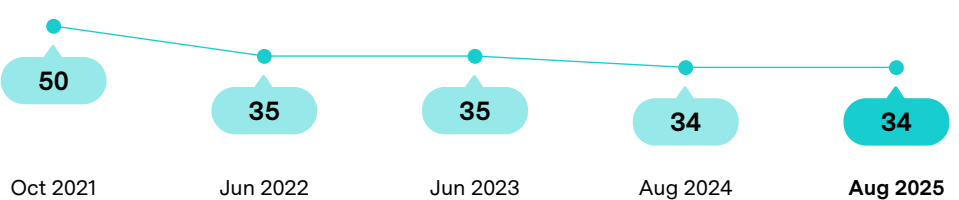
Patient's View: Top Challenges for Australian Healthcare

Oct 21	<ul style="list-style-type: none">• PHI Costs• COVID-19 vaccination program• ED waiting room times
Jun 22	<ul style="list-style-type: none">• PHI Costs• ED waiting room times• Access to mental healthcare
Jun 23	<ul style="list-style-type: none">• Increasing out-of-pocket costs to see a GP/doctor• GP, nurse and healthcare worker shortage• ED waiting room times
Aug 24	<ul style="list-style-type: none">• Increasing out-of-pocket costs to see a GP/doctor• ED waiting room times• Cost of private health insurance
Aug 25	<ul style="list-style-type: none">• Increasing out-of-pocket costs to see a GP/doctor• Cost of private health insurance• ED waiting room times

To measure satisfaction and if Australians would recommend their GP, dentist, pharmacist or private health insurance, NPS was calculated.

70-100	Excellent	0-29	Good
30-69	Great	-100 to -1	Needs improvement

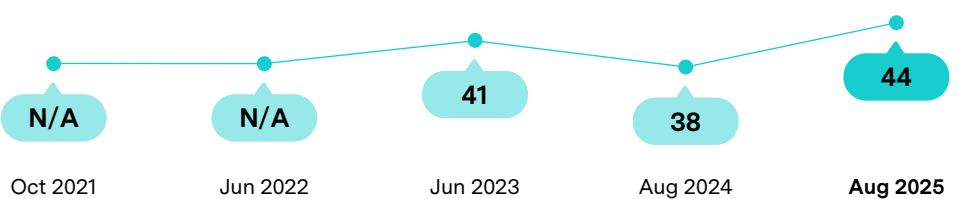
General Practice NPS



Dental NPS



Pharmacist NPS

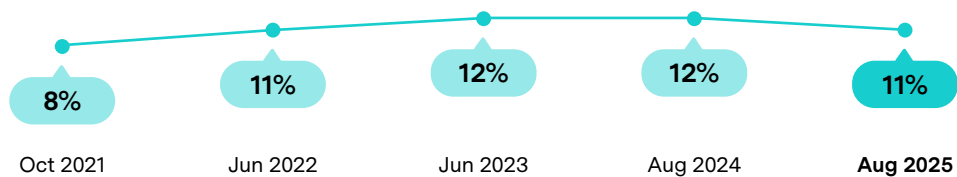


PHI NPS



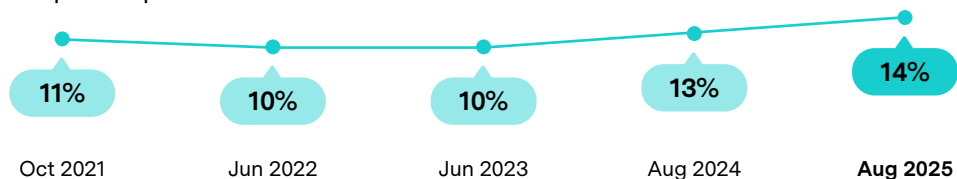
Waiting for Elective Surgery

Percentage of respondents waiting to have surgery in either public or private hospital



Had Elective Surgery

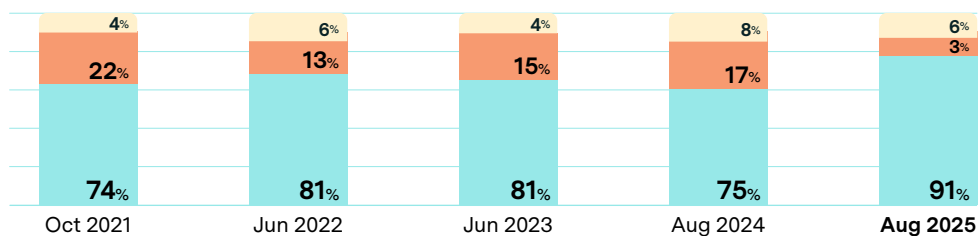
Percentage of respondents who had surgery in either a public or private hospital in past 6 months



Public Hospital Elective Surgery

How people rated their experience

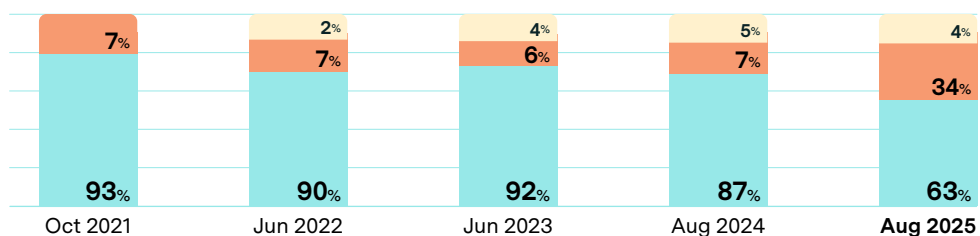
Satisfied Dissatisfied Neutral



Private Hospital Elective Surgery

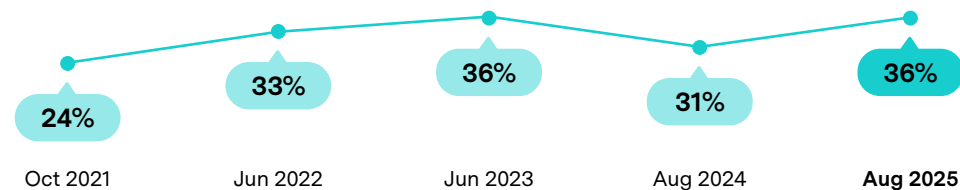
How people rated their experience

Satisfied Dissatisfied Neutral



Emergency Department Visits

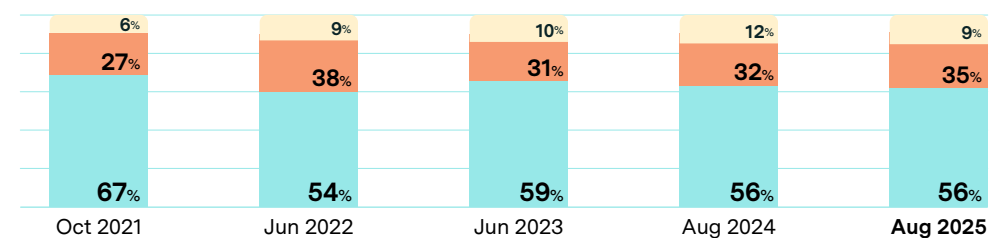
Percentage of respondents going to ED in past 6 months



Public Emergency Department

How people rated their experience

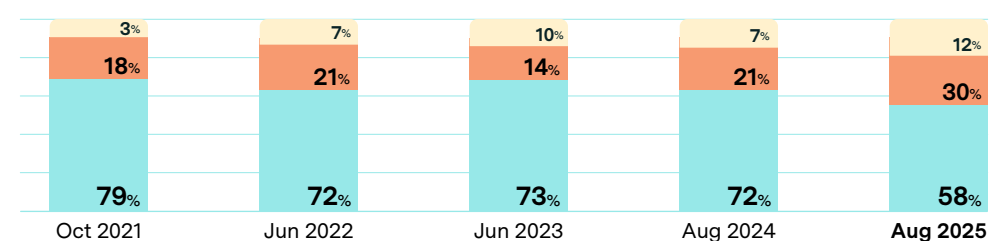
Satisfied Dissatisfied Neutral



Private Emergency Department

How people rated their experience

Satisfied Dissatisfied Neutral



Some percentages may add up to 99% to 101% due to rounding to nearest whole number. Figures are weighted to the latest ABS census data.

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Closing

On behalf of Healthengine and Patients Australia, we extend our sincere thanks to the more than 8,000 people who generously shared their time and experiences by taking part in the Australian Healthcare Index survey. Their insights are helping to inform national conversations about where our healthcare system stands today and how it can evolve in the years ahead.

This report aims to highlight both the strengths and the areas in need of attention within Australian healthcare, with the goal of driving improvements that benefit all patients. While Australia is fortunate to have a strong healthcare system, there is always room for progress.

Healthengine and Patients Australia welcome opportunities to engage with organisations across the country to discuss the findings further and delve into the key issues raised. We're also keen to hear suggestions for future topics to explore in upcoming editions of the Index.

Collaboration remains critical to enhancing the patient journey and ensuring our health system remains accessible, effective and responsive to people's needs.

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About us



Healthengine's mission is to improve access to healthcare by helping Australians find and connect with all care providers. We are Australia's leading healthcare marketplace, bringing together millions of Australian patients, and more than 10,000 primary practitioners powered by our technology across GP, dental, allied health, specialist and pharmacy - and growing. More than 98 million healthcare bookings have been made on the platform since it was founded in 2006.

To find and connect with thousands of healthcare providers, all in one place, visit healthengine.com.au or download the Healthengine app. For healthcare providers, please visit practices.healthengine.com.au to learn more about our technology and join Australia's largest healthcare marketplace.

For more information, visit healthengine.com.au



Patients Australia is a leading independent not-for-profit organisation championing the rights of patients across Australia. We're here to ensure that patients' voices are amplified and their needs prioritised within the healthcare system. Our organisation drives significant improvements in patient care, advocating for greater transparency, affordability, accessibility, and quality within Australia's healthcare landscape. By actively engaging with health consumers, policymakers, and industry stakeholders, we empower patients to create a more responsive and equitable healthcare system for all Australians.

For more information, visit patients.org.au

Sharing people's perspectives and experiences
with healthcare in Australia.

Healthengine and Patients Australia

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