

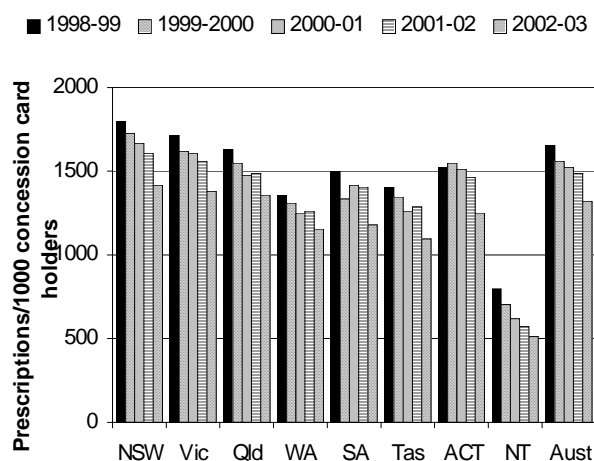
PRIMARY AND COMMUNITY HEALTH (CHAPTER 10)

- Previous reports have included a chapter on general practice. This year, the chapter has been expanded to include community health, to achieve a more comprehensive coverage of the primary health services supported by government.
- The primary and community health sector is the part of the healthcare system most frequently accessed by Australians. It is important in providing preventative care, diagnosis and treatment of illness, and referral to other health care services. The sector includes general practice and community health services.
- Seven new performance indicators have been added to the chapter this year. Several of these relate to potentially preventable hospitalisations for a range of conditions. The rationale for these indicators is that the effectiveness of primary health care has a significant influence on the rates of hospitalisation for these conditions.
- In 2002-03 there were 24 260 GPs and other medical practitioners billing Medicare in Australia (p. 10.6). This translates to 16 709 full time workload equivalent (FWE)¹ GPs. Australia-wide in 2002-03, there were 83.9 FWE GPs per 100 000 people (p. 10.6).
- Australian Government expenditure on GP services was around \$3.4 billion in 2002-03, or about \$172 per person in Australia (p.10.4).
- Government expenditure on community and public health was \$3.3 billion in 2001-02 (AIHW 2003a) (p 10.6). This category includes expenditure on some public health activities that are not covered in the chapter.

Selection of results

Rate of prescription of oral antibiotics for upper respiratory tract infections (p.10.24)

Influenza vaccination coverage, people aged over 64 years, 2002 (p. 10.38)



See over for data and footnotes.

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¹ 'Full time workload equivalents' are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full-time practitioners for that reference period. For example, an FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full-time practitioner.

- Unnecessarily high antibiotic prescription rates for upper respiratory tract infections have the potential to increase pharmaceutical costs and to increase antibiotic resistance in the community. Prescriptions per 1000 people with Pharmaceutical Benefits Scheme concession cards in 2002-03 were highest in NSW (1421) and lowest in the NT (515) in 2002-03. Australia-wide, the prescription rate decreased by 19.7 per cent between 1998-99 and 2002-03, with all jurisdictions experiencing a decrease over the five year period (pp. 10.23-10.24).
- Influenza vaccination for older people has been demonstrated to reduce hospitalisation and death (National Health Performance Committee unpublished). In 2002, 76.9 per cent of people aged over 64 years were vaccinated against influenza in Australia. Vaccination coverage for this age group was highest in SA (82.0 per cent) and lowest in the NT (68.4 per cent) (pp.10.37-10.38). Hospitalisation rates for influenza and other vaccine preventable conditions are also reported (pp 10.39-10.40).

Data for charts on previous page

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Rate of prescription of oral antibiotics for upper respiratory tract infections (prescriptions per 1000 concession card holders)</i>									
1998-99	1802.2	1719.8	1625.3	1356.9	1497.6	1403.3	1521.3	799.0	1649.7
1999-2000	1721.2	1616.7	1549.8	1313.6	1334.7	1351.1	1546.2	703.6	1558.3
2000-01	1663.3	1606.6	1478.7	1245.4	1419.8	1262.7	1511.4	623.2	1520.7
2001-02	1605.5	1556.8	1484.9	1258.8	1406.8	1281.9	1463.7	575.4	1491.6
2002-03	1421.0	1380.9	1354.2	1151.5	1180.8	1090.6	1254.4	515.4	1325.1
<i>Influenza vaccination coverage, people aged over 64 years, 2002 (per cent)</i>									
2002	72.4	81.4	75.0	79.7	82.0	79.0	79.6	68.4	76.9

Sources: Department of Health and Ageing (unpublished); figure 10.6 and table 10A.21; Australian Institute of Health and Welfare (2003b); figure 10.23; table 10A.35.

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