

# 10A Primary and community health — attachment

Definitions for the indicators and descriptors in this attachment are in section 10.6. Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat. Unsourced information was obtained from the Australian, State and Territory governments.

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Table 10A.1

Table 10A.1 **Types of encounter, 2002-03**

	No.	Rate per 100 encounters (a)	95% LCL (b)	95% UCL (b)	Per cent of direct encounters	Per cent of Medicare paid
General practitioners	1 008	..	..	..	..	..
Direct consultations	92 256	98.4	98.2	98.6	100.0	..
No charge	485	0.5	0.2	0.8	0.5	..
Medicare items of service (c)	89 068	95.0	94.6	95.3	96.5	100.0
Short surgery consultations	1 058	1.1	0.6	1.7	..	1.2
Standard surgery consultations	73 804	78.7	77.6	79.7	..	82.9
Long surgery consultations	8 551	9.1	8.5	9.7	..	9.6
Prolonged surgery consultations	674	0.7	–	1.5	..	0.8
Home visits	1 178	1.3	0.4	2.1	..	1.3
Hospital	345	0.4	–	2.7	..	0.4
Nursing home	1 078	1.2	–	2.9	..	1.2
Case conference (d)	8	–	–	1.4	..	–
Care plan	90	0.1	–	1.0	..	0.1
Health assessments	109	0.1	–	0.6	..	0.1
Other items	2 170	2.3	1.1	3.5	..	2.4
Workers compensation	1 806	1.9	1.6	2.2	2.0	..
Other paid (hospital, State, etc.)	899	1.0	0.2	1.8	1.0	..
Indirect consultations	1 542	1.6	1.2	2.0	..	..
Missing	7 190	..	..	..	..	..
<b>Total encounters</b>	<b>100 987</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>

(a) Missing data removed. Per cent base (N) = 93 797.

(b) UCL = upper confidence limit; LCL = lower confidence limit.

(c) Includes 1760 encounters that were recorded as claimable for the Commonwealth Department of Veterans' Affairs (DVA).

(d) One case conference was indirect consultation.

.. Not applicable. – Nil or rounded to zero.

Source: Britt et al. 2003, *General practice activity in Australia 2002-03*, AIHW Cat. No. GEP 14. Canberra.

**Table 10A.2 Total expenditure on nonspecialist medical practitioners, 1998–99**  
**(\$ million)**

	1998–99
Government	
Commonwealth	
DVA (a)	109
Medicare (b)	2 539
Other (c)	461
Total	3 109
State	–
<b>Total</b>	<b>3 109</b>
Non-government	
Health insurance funds (d)	5
Out-of-pocket (e)	220
Other (f)	692
<b>Total</b>	<b>917</b>
<b>Total all sources</b>	<b>4 026</b>

(a) Britt et al. 2003, *General practice activity in Australia 2002-03*, AIHW Cat. No. GEP 14. Canberra.

(b) Britt et al. 2003, *General practice activity in Australia 2002-03*, AIHW Cat. No. GEP 14. Canberra.

(c) Australian Institute of Health and Welfare (AIHW) Health Expenditure Database (Other funding of general practice by the Commonwealth Government).

(d) Calculated by taking the difference between the estimated Schedule fees for services provided in hospital by nonspecialists and the Medicare benefit paid for those services and applying the estimated proportion of gaps covered by health insurance funds for all in-hospital medical services.

(e) Calculated by deducting from fee charged for all nonspecialist services (in-hospital plus out-of-hospital) total Medicare benefit paid plus estimated health insurance funds gap medical benefits.

(f) Sum of payments by workers' compensation and compulsory motor vehicle third party insurers.

– Nil or rounded to zero.

Source: AIHW Health Expenditure database; Britt, H., Sayer, G.P., Miller, G.C., Charles, J., Scahill, S., Horn, F., Bhasale, A. and McGeechan, K. (2000), *General Practice Activity in Australia 1999-2000*. AIHW cat. no. GEP 5, Canberra.

Table 10A.3

**Table 10A.3 Government real expenditure per person on GPs and other medical practitioners (2002-03 dollars) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1998-99	175.7	169.8	175.2	148.0	175.7	158.9	142.5	90.2	169.6
1999-2000	179.0	174.7	178.2	151.9	175.5	163.1	140.7	92.9	172.9
2000-01	174.2	168.8	174.8	149.0	179.4	160.1	138.1	94.6	169.2
2001-02	181.8	174.2	179.6	153.9	185.0	172.9	135.9	95.9	175.2
2002-03	180.2	171.5	173.7	151.8	182.6	171.9	129.7	98.6	172.3

- (a) The data used include Medicare, Practice Incentives Program, DVA Divisions of General Practice and General Practice Immunisation Incentives Scheme data.
- (b) DVA data cover consultations by local medical officers (LMO), whether vocationally registered GPs or not. From available files, it is not possible to extract the amounts paid to LMOs, as opposed to specialists, for procedural items. It is expected, however, that the amounts for these services will be rather small in comparison with payments for consultations.
- (c) Some primary care services are provided by salaried GPs in community health settings, particularly in rural and remote areas through accident and emergency departments and Aboriginal community controlled health services (ACCHSs). Consequently, expenditure reported through Medicare fee-for-service statistics will be understated in jurisdictions with larger proportions of rural and remote populations.

Source: Department of Human Services (DHA) (unpublished); table A.26.

Table 10A.4

Table 10A.4 **Medical practitioners billing Medicare and full time workload equivalent GPs (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
GP numbers									
1998-99	8 029	5 917	4 556	2 327	2 020	655	413	259	24 176
1999-2000	8 011	5 906	4 655	2 334	1 999	647	418	264	24 234
2000-01	7 983	5 881	4 681	2 365	2 016	643	421	278	24 268
2001-02	7 991	5 887	4 713	2 353	2 023	653	406	281	24 307
2002-03	7 888	5 878	4 760	2 365	1 983	653	407	326	24 260
Full time workload equivalent GPs									
1998-99	5 797	4 060	3 128	1 405	1 319	361	230	89	16 389
1999-2000	5 803	4 117	3 138	1 412	1 289	364	222	88	16 433
2000-01	5 770	4 098	3 177	1 424	1 345	366	219	94	16 493
2001-02	5 898	4 144	3 212	1 443	1 351	382	212	93	16 736
2002-03	5 937	4 128	3 169	1 453	1 349	375	202	97	16 709
Full time workload equivalent per 100 000 people									
1998-99	90.0	86.4	89.1	75.8	88.0	76.6	73.2	45.9	86.3
1999-2000	89.0	86.5	87.9	75.1	85.6	77.1	70.1	44.5	85.5
2000-01	87.3	85.0	87.4	74.7	88.8	77.5	68.1	46.9	84.7
2001-02	88.4	84.9	86.8	74.7	88.8	80.7	65.5	46.1	84.9
2002-03	88.6	83.7	83.6	74.3	88.3	78.9	62.4	48.8	83.9

- (a) Full time workload equivalents (FWEs) 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.
- (b) GP and FWE numbers include GPs and other medical practitioners (OMPs).
- (c) GP numbers are based on the doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which the doctor rendered the most services. FWE numbers are based on the doctors' practice location postcodes at which services were rendered within the reference period.
- (d) Population data – estimated resident population was based on the ABS 2001 Census benchmark. The 2002-03 data are an interpolation between December 2002 and December 2003 data as at June 2003. External territories are excluded from State and Territory totals, but included in the totals for Australia consistent with the Australian Bureau of Statistics (ABS) publication Cat. No. 3101.0.

Source: DHA (unpublished).

**Table 10A.5 Indigenous primary health care services that provided service activity reporting data (number)**

	<i>NSW &amp; ACT</i>	<i>Vic &amp; Tas</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>NT</i>	<i>Aust</i>
1997-98	26	19	17	19	7	17	105
1998-99	27	22	18	19	7	17	110
1999-2000	25	23	24	19	8	18	117
2000-01	27	21	24	21	8	23	124

(a) Service activity reporting surveys collect data from Australian Government funded Aboriginal and Torres Strait Islander primary health care services. Many of the surveyed services receive additional funding from State and Territory governments and other sources.

Source: DHA (unpublished).

Table 10A.6

**Table 10A.6 Services and episodes of care by services that provided service activity reporting data, by remoteness category (number)**

	<i>Highly accessible</i>	<i>Accessible</i>	<i>Moderately accessible</i>	<i>Remote</i>	<i>Very remote</i>	<i>Total</i>
<i>Services</i>						
1997-98	28	25	11	11	30	105
1998-99	32	25	12	11	30	110
1999-2000	34	25	12	11	35	117
2000-01	34	28	11	12	39	124
<i>Episodes of care</i>						
1997-98	213 211	204 395	56 178	107 126	278 491	859 401
1998-99	321 302	262 039	50 477	105 506	321 933	1 061 257
1999-2000	402 863	258 103	65 465	137 803	358 980	1 223 214
2000-01	437 119	300 512	61 552	174 079	369 209	1 342 471

(a) Service activity reporting surveys collect data from Australian Government funded Aboriginal and Torres Strait Islander primary health care services. Many of the surveyed services receive additional funding from State and Territory governments and other sources.

Source: DHA (unpublished).

**Table 10A.7 Services that provided service activity reporting data that undertook selected health related activities, 2000-01 (per cent)**

Diagnosis and treatment of illness/disease	81
Management of chronic illness	76
Transportation to medical appointments	92
Outreach clinic services	69
24 hour emergency care	34
Monitoring child growth	72
School based activities	79
Hearing screening	73
Pneumococcal immunisation	83
Influenza Immunisation	88
Child Immunisation	86
Women's health group	84
Support for public housing issues	69
Community development work	67
Legal/police/prison/advocacy services	65
Dental services	51
Involvement in steering groups on health	85
Participation in regional planning forums	69
Dialysis services	6

(a) Service activity reporting surveys collect data from Australian Government funded Aboriginal and Torres Strait Islander primary health care services. Many of the surveyed services receive additional funding from State and Territory governments and other sources.

Source: DHA (unpublished).

**Table 10A.8 Health staff employed by services that provided service activity reporting data, 2000-01 (number)**

	<i>Indigenous staff</i>	<i>Non-Indigenous staff</i>	<i>Total staff</i>
Aboriginal health workers	606	18	624
Doctors	4	159	162
Nurses	28	190	218
Specialists	1	3	4
Qualified counsellors/social workers	52	43	95
Allied health professionals	1	10	11
Dentists	4	29	34
Dental assistants	30	14	44
Traditional healers	8	–	8
Substance misuse workers	67	5	72
Environmental health workers	25	1	26
Driver/field officers	103	6	110
Other health staff	55	13	69
<b>Total health staff</b>	<b>985</b>	<b>492</b>	<b>1 477</b>

(a) Service activity reporting surveys collect data from Australian Government funded Aboriginal and Torres Strait Islander primary health care services. Many of the surveyed services receive additional funding from State and Territory governments and other sources.

Source: DHA (unpublished).

Table 10A.9

Table 10A.9 **Alcohol and other drug treatment services, by sector, 2000-01**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Other</i>	<i>Aust</i>
Government	no.	133	–	na	4	35	13	1	4	–	190
Non-government	no.	48	83	na	20	10	–	5	16	21	203
<b>Total</b>	<b>no.</b>	<b>181</b>	<b>83</b>	<b>–</b>	<b>24</b>	<b>45</b>	<b>13</b>	<b>6</b>	<b>20</b>	<b>21</b>	<b>393</b>

na Not available. – Nil or rounded to zero.

Source: AIHW 2002, *Alcohol and other drug treatment services in Australia 2000-01: First report on the National Minimum Data Set, Drug Treatment Series No. 1*, AIHW Cat. no. HSE 22, Canberra.

Table 10A.10

Table 10A.10 **Most common health problems managed**

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>No. of problems</i>	<i>Rate per 100 encounters (n=1375) (a)</i>	<i>95% LCL (b)</i>	<i>95% UCL (b)</i>	<i>No. of problems</i>	<i>Rate per 100 encounters (n=100 987) (a)</i>	<i>95% LCL (b)</i>	<i>95% UCL (b)</i>
<i>2002-03</i>								
Diabetes, non-gestational (c)	126	9.2	6.8	11.5	2 936	4.6	4.2	5.1
Hypertension (c)	111	8.1	5.6	10.5	8 935	8.9	8.4	9.3
Upper respiratory tract infection	65	4.7	3.4	6.0	6 451	6.4	5.9	6.8
Asthma	52	3.8	2.7	4.6	2 752	2.7	2.5	2.9
Acute bronchitis/bronchiolitis	52	3.8	2.6	4.9	2 599	2.6	2.3	2.8
Depression (c)	50	3.6	2.7	4.6	3 560	3.5	3.3	3.8
Immunisation all (c)	41	3.0	1.9	4.0	4 678	4.6	4.2	5.1
Acute otitis media/myringitis	38	2.8	1.5	4.0	1 314	1.3	1.1	1.5
Back complaint (c)	35	2.6	1.6	3.5	2 624	2.6	2.3	2.8
Pre/post natal check (c)	29	2.1	1.1	3.1	800	0.8	0.4	1.2
Anxiety	15	1.1	0.4	1.8	1 562	1.6	1.4	1.7
Urinary tract infection (c)	28	2.0	1.2	2.9	1 686	1.7	1.6	1.8
Tonsillitis	18	1.3	0.6	2.1	1 134	1.1	0.9	1.3
Sprain/strain (c)	28	2.0	1.1	3.0	1 702	1.7	1.5	1.9
Pregnancy (c)	20	1.5	0.7	2.2	855	0.9	0.6	1.1
General check-up (c)	23	1.7	0.7	2.6	1 952	1.9	1.7	2.1
Boil/carbuncle	21	1.5	0.9	2.2	532	0.5	0.5	0.6
Subtotal	752	37.0	..	..	46 072	27.4	..	..
<b>Total problems</b>	<b>2 033</b>	<b>147.9</b>	<b>137.0</b>	<b>158.7</b>	<b>146 336</b>	<b>144.9</b>	<b>143.0</b>	<b>146.8</b>
Number of encounters	1 375	..	..	..	100 987	..	..	..

Table 10A.10

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>No. of problems</i>	<i>Rate per 100 encounters (n=5476) (a)</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>	<i>No. of problems</i>	<i>Rate per 100 encounters (n=502 100) (a)</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>
<i>1998-99 — 2002-03</i>								
Diabetes, non-gestational (c)	389	7.1	6.0	8.2	14 019	2.8	2.7	2.9
Hypertension (c)	368	6.7	5.7	7.7	44 315	8.8	8.6	9.0
Upper respiratory tract infection	310	5.7	4.8	6.5	30 348	6.0	5.9	6.2
Asthma	236	4.3	3.6	5.0	14 492	2.9	2.8	3.0
Acute bronchitis/bronchiolitis	210	3.8	3.2	4.5	13 853	2.8	2.7	2.8
Depression (c)	185	3.4	2.9	3.9	19 008	3.8	3.7	3.9
Immunisation all (c)	180	3.3	2.6	3.9	24 195	4.8	4.6	5.0
Acute otitis media/myringitis	167	3.1	2.5	3.6	7 126	1.4	1.4	1.5
Back complaint (c)	120	2.2	1.7	2.6	13 234	2.6	2.5	2.7
Pre/post natal check (c)	112	2.1	1.5	2.5	4 785	1.0	0.9	1.0
Anxiety	103	1.9	1.4	2.3	8 737	1.7	1.7	1.8
Urinary tract infection (c)	102	1.9	1.5	2.3	8 515	1.7	1.7	1.7
Tonsillitis	98	1.8	1.4	2.2	5 921	1.2	1.1	1.2
Sprain/strain (c)	91	1.7	1.3	2.1	8 875	1.8	1.7	1.8
Pregnancy (c)	89	1.6	1.2	2.0	4 218	0.8	0.8	0.9
General check-up (c)	88	1.6	1.2	2.1	9 431	1.9	1.8	1.9
Boil/carbuncle	84	1.5	1.1	2.0	2 410	0.5	0.5	0.5
Subtotal	2 932	36.2	..	..	233 482	31.4	..	..
<b>Total problems</b>	<b>8 086</b>	<b>147.7</b>	<b>143.7</b>	<b>151.6</b>	<b>743 625</b>	<b>148.1</b>	<b>147.3</b>	<b>148.9</b>
Number of encounters	5 476	..	..	..	502 100	..	..	..

(a) Figures do not total 100 because more than one problem can be managed at each encounter.

(b) LCL = lower confidence limit; UCL = upper confidence limit.

(c) Includes multiple primary care classification codes.

Table 10A.10

**na** Not available. .. Not applicable. – Nil or rounded to zero.

Source: Britt et al. 2003, *General practice activity in Australia 2002-03*, AIHW Cat. No. GEP 14. Canberra.

Table 10A.11

Table 10A.11 **Location of GPs who saw Indigenous people**

<i>Practice location</i>	2002-03			1998-99 — 2002-03		
	<i>Number</i>	<i>GPs who saw Indigenous people Total GP sample</i>		<i>Number</i>	<i>GPs who saw Indigenous people Total GP sample</i>	
		<i>Per cent of GPs (n=317) (a)</i>	<i>Per cent of GPs (n=1008) (a)</i>		<i>Per cent of GPs (n=1354) (a), (b)</i>	<i>Per cent of GPs (n=5021) (a), (b)</i>
Capital	161	50.8	64.7	708	52.3	67.1
Other metropolitan	33	10.4	8.5	106	7.8	7.7
Large rural	26	8.2	5.1	131	9.7	6.1
Small rural	36	11.4	7.7	133	9.8	6.1
Other rural	47	14.8	12.0	222	16.4	11.6
Remote central	4	1.3	0.6	25	1.8	0.6
Other remote, offshore	10	3.2	1.4	29	2.1	0.9

(a) Missing data removed.

(b) Unweighted data.

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayran, C., and Harrison, C. 2003, *General practice activity in Australia 2002-03*, AIHW Cat. No. GEP 14. Canberra.

Table 10A.12 **Proportion of Indigenous and all encounters, by remoteness (RRMA) category, 1998–2003 (per cent)**

	<i>Capital</i>	<i>Other metro</i>	<i>Large rural</i>	<i>Small rural</i>	<i>Other rural</i>	<i>Remote central</i>	<i>Other remote/offshore</i>	<i>Total</i>
Indigenous encounters	30.2	4.9	11.2	13.3	19.9	11.3	9.2	100.0
All encounters	66.4	7.7	5.7	5.9	12.6	0.7	1.0	100.0

Source: Britt *et al.* 2003, *General practice activity in Australia 2002-03*, AIHW Cat. No. GEP 14. Canberra.

Table 10A.13

Table 10A.13 **Summary of patient management activities for Indigenous and all patients, 2002-03 and five year average**

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Number</i>	<i>Rate per 100 encounters</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>	<i>Number</i>	<i>Rate per 100 encounters</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>
<i>2002-03</i>								
Reasons for encounter	1 968	143.1	134.9	151.3	152 341	150.9	149.0	152.7
Problems managed	2 033	147.9	137.0	158.7	146 336	144.9	143.0	146.8
New problems	832	60.5	53.9	67.2	57 509	57.0	55.6	58.3
Medications	1 576	114.6	99.6	129.7	104 813	103.8	101.4	106.2
Prescribed	1 118	81.3	67.2	95.4	85 161	84.3	81.8	86.9
Advised OTC (b)	88	6.4	4.2	8.6	10 270	10.2	9.2	11.1
GP supplied	370	26.9	3.6	50.2	9 382	9.3	7.6	11.0
Other treatments	902	65.6	54.6	76.6	52 292	51.8	49.3	54.3
Clinical	667	48.5	38.0	59.0	37 543	37.2	35.0	39.4
Procedural	235	17.1	14.4	19.7	14 748	14.6	13.9	15.3
Referrals	191	13.9	10.9	16.9	11 254	11.1	10.7	11.6
Specialist	86	6.3	4.8	7.7	7 743	7.7	7.3	8.0
Allied health services	58	4.2	2.7	5.7	2 536	2.5	2.3	2.8
Pathology	644	46.8	36.7	57.0	33 234	32.9	31.5	34.4
Imaging	114	8.3	5.8	10.8	8 678	8.6	8.2	9.0

Table 10A.13

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Number</i>	<i>Rate per 100 encounters</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>	<i>Number</i>	<i>Rate per 100 encounters</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>
<i>1998-99 — 2002-03</i>								
Problems managed	7 968	145.5	142.1	148.9	753 925	150.2	149.5	150.8
New problems	8 086	147.7	143.7	151.6	743 625	148.1	147.3	148.9
Work related	3 094	56.5	52.9	60.1	257 027	51.2	50.6	51.8
Medications	6 343	115.8	110.0	121.7	534 826	106.5	105.5	107.5
Prescribed	4 970	90.8	83.8	97.8	449 013	89.4	88.4	90.4
Advised OTC (b)	337	6.2	5.2	7.1	45 141	9.0	8.7	9.2
GP supplied	1 036	18.9	11.4	26.4	40 672	8.1	7.7	8.5
Other treatments	2 915	53.2	48.1	58.4	255 617	50.9	50.0	51.8
Clinical	2 218	40.5	36.0	45.0	186 268	37.1	36.3	37.9
Procedural	697	12.7	11.2	14.3	69 349	13.8	13.5	14.1
Referrals	..	..	..	..	..	..	..	..
Specialist	..	..	..	..	..	..	..	..
Allied health services	..	..	..	..	..	..	..	..
Pathology	..	..	..	..	..	..	..	..
Imaging	..	..	..	..	..	..	..	..

(a) LCL = lower confidence limit; UCL = upper confidence limit. (b) OTC = over the counter. – Nil or rounded to zero. .. Not applicable.

Source: Britt et al. 2003, *General practice activity in Australia 2002-03*, AIHW Cat. No. GEP 14. Canberra.

Table 10A.14

Table 10A.14 **Practices under the Practice Incentives Program (PIP) using computers for clinical purposes (a), (b)**

	<i>Unit</i>	<i>Capital city</i>	<i>Other metro</i>	<i>Large rural centre</i>	<i>Small rural centre</i>	<i>Other rural</i>	<i>Remote centre</i>	<i>Other remote</i>	<i>Aust total</i>
PIP practices (May 2003)	no.	2 910	355	297	287	608	51	85	4 593
SWPE (c)	no.	8 281 017	1 070 756	971 459	1 063 688	1 578 485	112 998	104 789	13 183 192
Electronic prescribing									
Share of PIP practices (August 1999)	%	46	58	60	60	59	41	41	50
Share of PIP practices (August 2000)	%	70.5	75.0	83.8	80.6	80.5	60.0	62.5	73.0
Share of PIP practices (May 2001)	%	76.0	79.0	88.9	84.1	85.3	64.2	66.3	78.3
Share of PIP practices (May 2002)	%	86.6	88.5	92.6	93.1	92.3	83.7	83.1	88.2
Share of PIP practices (May 2003)	%	89.1	90.1	94.6	96.2	93.8	84.3	87.1	90.5
Use computers to send and/or receive clinical data									
Share of PIP practices (August 1999)	%	65	73	76	73	77	69	69	68
Share of PIP practices (August 2000)	%	82.5	83.5	91.2	89.4	88.6	84.0	84.1	84.0
Share of PIP practices (May 2001)	%	85.3	86.6	93.5	90.8	91.1	90.6	87.0	87.0
Share of PIP practices (May 2002)	%	87.3	86.2	91.9	93.1	90.8	85.7	77.9	88.1
Share of PIP practices (May 2003)	%	89.1	88.5	92.3	94.4	91.4	88.2	80.0	89.7

(a) Capital city = State and Territory capital city statistical divisions; other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; large rural centre = statistical local areas (SLAs) where most of the population resides in urban centres with a population of 25 000 or more; small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; other rural area = all remaining SLAs in the rural zone; remote centre = SLAs in the remote zone containing populations of 5000 or more; other remote area = all remaining SLAs in the remote zone.

(b) Not all practices are involved in PIP, and the proportion may vary across jurisdictions. The last quarter of the financial year has been supplied from 2001 because it is the most stable quarter as policy changes tend to be introduced at the beginning of financial years.

(c) A standardised whole patient equivalent (SWPE) is an indicator of practice workload based on the number of patients seen. The SWPE value for a jurisdiction is the sum of the fractions of care provided by doctors in that jurisdiction to their patients, weighted for the age and sex of each patient in accordance with national ratios.

Source: DHA (unpublished).

Table 10A.15

Table 10A.15 Practices under the Practice Incentives Program (PIP) using computers for clinical purposes (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
PIP practices (August 2000)	no.	1 913	1 231	934	417	478	142	83	33	5 231
SWPE (b)	no.	4 135 395	3 344 657	2 438 165	1 211 950	1 181 606	354 937	192 574	53 407	12 912 691
Electronic prescribing	no.	na	na	na	na	na	na	na	na	na
Share of PIP practices	%	69	77	76	71	75	80	82	45	73
Use computers to send and/or receive clinical data	no.	na	na	na	na	na	na	na	na	na
Share of PIP practices	%	81	86	86	82	86	94	87	97	84
PIP practices (May 2001)	no.	1 908	1 250	934	434	468	145	88	33	5 260
SWPE (b)	no.	4 142 427	3 508 262	2 531 301	1 279 820	1 211 346	361 790	222 826	57 122	13 314 894
Electronic prescribing	no.	1 422	1 021	751	335	378	123	72	15	4 117
Share of PIP practices	%	74.5	81.7	80.4	77.2	80.8	84.8	81.8	45.5	78.3
Use computers to send and/or receive clinical data	no.	1 597	1 118	821	378	412	137	79	32	4 574
Share of PIP practices	%	83.7	89.4	87.9	87.1	88.0	94.5	89.8	97.0	87.0
PIP practices (May 2002)	no.	1 544	1 111	848	374	372	128	78	27	4 482
SWPE (b)	no.	3 910 962	3 412 079	2 464 353	1 233 265	1 121 125	349 286	213 975	55 340	12 760 385
Electronic prescribing	no.	1 331	999	753	320	338	121	73	17	3 952
Share of PIP practices	%	86.2	89.9	88.8	85.6	90.9	94.5	93.6	63.0	88.2
Use computers to send and/or receive clinical data	no.	1 341	993	753	319	342	112	70	20	3 950
Share of PIP practices	%	86.9	89.4	88.8	85.3	91.9	87.5	89.7	74.1	88.1
PIP practices (May 2003)	no.	1 584	1 131	874	385	384	129	77	29	4 593
SWPE (b)	no.	4 088 517	3 519 460	2 520 737	1 262 412	1 160 513	360 653	213 722	57 178	13 183 192

Table 10A.15

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Electronic prescribing	no.	1 408	1 037	800	344	352	123	74	20	4 158
Share of PIP practices	%	88.9	91.7	91.5	89.4	91.7	95.3	96.1	69.0	90.5
Use computers to send and/or receive clinical data	no.	1 405	1 019	791	347	350	117	70	22	4 121
Share of PIP practices	%	88.7	90.1	90.5	90.1	91.1	90.7	90.9	75.9	89.7

- (a) Not all practices are involved in PIP, and the proportion may vary across jurisdictions. The last quarter of the financial year has been supplied from 2001 because it is the most stable quarter as policy changes tend to be introduced at the beginning of financial years.
- (b) A standardised whole patient equivalent (SWPE) is an indicator of practice workload based on the number of patients seen. The SWPE value for a jurisdiction is the sum of the fractions of care provided by doctors in that jurisdiction to their patients, weighted for the age and sex of each patient in accordance with national ratios.

**na** Not available.

Source: DHA (unpublished).

Table 10A.16

Table 10A.16 **Proportion of full time workload equivalent GPs with vocational recognition, by region (per cent) (a), (b)**

	<i>Capital city</i>	<i>Other metro centre</i>	<i>Large rural centre</i>	<i>Small rural centre</i>	<i>Other rural area</i>	<i>Remote centre</i>	<i>Other remote area</i>	<i>Aust</i>
1998-99	89.2	92.8	94.9	92.5	92.5	85.9	65.8	90.1
1999-2000	90.2	93.7	94.8	92.0	90.3	83.2	68.7	90.6
2000-01	91.4	94.2	93.2	90.2	88.1	78.5	68.5	91.0
2001-02	92.1	93.9	90.4	88.4	84.0	77.6	62.6	90.7
2002-03	93.1	93.9	90.0	86.1	82.6	76.2	64.9	91.0

(a) Capital city = State and Territory capital city statistical divisions; other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; large rural centre = statistical local areas (SLAs) where most of the population resides in urban centres with a population of 25 000 or more; small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; other rural area = all remaining SLAs in the rural zone; remote centre = SLAs in the remote zone containing populations of 5000 or more; other remote area = all remaining SLAs in the remote zone.

(b) Full time workload equivalent numbers were based on the doctors' practice location postcodes at which services were rendered within the reference period.

Source: DHA (unpublished).

Table 10A.17

**Table 10A.17 Proportion and number of full time workload equivalent GPs with vocational recognition (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Full time workload equivalent GPs with vocational recognition (no.)									
1998-99	5 218	3 580	2 845	1 278	1 213	329	218	79	14 760
1999-2000	5 281	3 648	2 857	1 288	1 199	327	212	77	14 887
2000-01	5 295	3 648	2 892	1 304	1 249	330	208	81	15 007
2001-02	5 452	3 682	2 866	1 319	1 244	338	203	80	15 184
2002-03	5 513	3 706	2 805	1 331	1 240	336	193	80	15 204
Proportion of full time workload equivalent GPs with vocational recognition (%)									
1998-99	90.0	88.2	91.0	91.0	92.0	91.1	94.8	88.6	90.1
1999-2000	91.0	88.6	91.0	91.2	93.0	89.8	95.3	87.4	90.6
2000-01	91.8	89.0	91.0	91.6	92.9	90.2	94.9	86.7	91.0
2001-02	92.4	88.8	89.2	91.4	92.1	88.5	95.9	86.3	90.7
2002-03	92.8	89.8	88.5	91.6	91.9	89.6	95.4	82.8	91.0

- (a) Full time workload equivalents (FWEs) 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.
- (b) Full time workload equivalent numbers were based on the doctors' practice location postcodes at which services were rendered within the reference period.

Source: DHA (unpublished).

Table 10A.18

**Table 10A.18      General practice accreditation by Australian General Practice Accreditation Limited**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
October 2002										
<i>Registered for accreditation</i>										
	no.	1 652	1 142	917	379	442	147	59	44	4 782
	%	75.0	83.9	95.6	74.2	88.6	96.0	55.1	88.3	81.8
<i>Registered and accredited</i>										
	no.	1 404	1 013	813	330	405	133	56	32	4 186
	%	63.7	74.4	84.8	64.6	81.2	86.9	52.3	64.2	71.6
October 2003										
<i>Registered for accreditation</i>										
	no.	1 621	1 132	920	368	418	142	58	50	4 698
	%	72.8	82.1	95.5	71.6	82.9	94.7	54.2	100.0	79.7
<i>Registered and accredited</i>										
	no.	1 438	1 030	826	338	398	133	55	31	4 249
	%	64.6	74.7	85.8	65.8	79.0	88.9	51.4	62.3	72.1

Source: AGPAL (unpublished).

Table 10A.19

Table 10A.19

**GPs who used Enhanced Primary Care (EPC) Medicare items for care planning and case conferencing (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2001-02										
GPs using EPC items (b)	no.	2 747	2 123	1 569	819	847	224	92	69	8 490
Total GPs (c)	no.	6 883	5 105	3 771	1 789	1 949	564	321	196	20 578
GPs using EPC items	%	39.9	41.6	41.6	45.8	43.5	39.7	28.7	35.2	41.3
2002-03										
GPs using EPC items (b)	no.	2 722	1 852	1 391	707	669	199	63	66	7 669
Total GPs (c)	no.	6 898	5 146	3 835	1 963	1 762	565	321	215	20 705
GPs using EPC items	%	39.5	36.0	36.3	36.0	38.0	35.2	19.6	30.7	37.0

(a) The EPC items include multidisciplinary care plans (A15 subgroup 1) and case conferences (A15 subgroup 2, excluding items relating to consultant physician and psychiatrists). It does not include services that qualify under the Department of Veterans' Affairs National Treatment Account or services provided in public hospitals.

(b) Number of active GPs who claimed at least one EPC item during the financial year.

(c) Total number of GPs and OMPs who claimed 375 or more non-referred attendances (within a jurisdiction) on average per quarter for the financial year (active GPs).

Source: DHA (unpublished).

Table 10A.20

Table 10A.20 **Eligible population who received an annual voluntary health assessment (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>2001-02</i>										
People assessed	no.	60 177	40 493	28 674	11 232	18 501	4 319	933	234	164 563
Eligible population	no.	375 896	270 610	184 457	90 545	99 138	28 510	11 440	5 551	1 066 201
Proportion assessed	%	16.0	15.0	15.5	12.4	18.7	15.1	8.2	4.2	15.4
<i>2002-03</i>										
People assessed	no.	65 737	44 924	32 689	11 418	19 454	4 784	1 502	204	180 712
Eligible population	no.	374 970	269 443	183 903	90 319	98 365	28 408	11 414	5 601	1 062 747
Proportion assessed	%	17.5	16.7	17.8	12.6	19.8	16.8	13.2	3.6	17.0

(a) The eligible population is defined as non-Indigenous people aged 75 years and over and Indigenous people aged 55 years and over, excluding hospital inpatients and people living in aged care facilities.

(b) Excludes services that qualify under the Department of Veterans' Affairs National Treatment Account and services provided in public hospitals.

Source: DHA (unpublished).

Table 10A.21

Table 10A.21

**Prescriptions for oral antibiotics most commonly used in the treatment of upper respiratory tract infections ordered by GPs and dispensed to patients, per 1000 persons with Pharmaceutical Benefits Scheme (PBS) concession cards (a), (b)**

	<i>Unknown</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1998-99										
Scripts	567	2 760 165	2 050 432	1 443 410	553 984	635 600	203 358	79 281	28 462	7 755 259
Concession card holders	23 803	1 531 565	1 192 225	888 074	408 275	424 414	144 912	52 114	35 620	4 701 002
Rate per 1000 holders		1 802.2	1 719.8	1 625.3	1 356.9	1 497.6	1 403.3	1 521.3	799.0	1 649.7
1999-2000										
Scripts	35	2 708 798	1 999 470	1 440 869	571 731	587 514	204 401	81 074	27 616	7 621 508
Concession card holders	32 111	1 573 802	1 236 757	929 726	435 224	440 187	151 281	52 436	39 247	4 890 771
Rate per 1000 holders		1 721.2	1 616.7	1 549.8	1 313.6	1 334.7	1 351.1	1 546.2	703.6	1 558.3
2000-01										
Scripts	–	2 640 400	1 993 928	1 419 128	561 923	628 282	190 937	78 283	26 788	7 539 669
Concession card holders	29 998	1 587 479	1 241 080	959 714	451 194	442 526	151 212	51 796	42 985	4 957 984
Rate per 1000 holders		1 663.3	1 606.6	1 478.7	1 245.4	1 419.8	1 262.7	1 511.4	623.2	1 520.7
2001-02										
Scripts	–	2 598 443	1 959 914	1 447 694	586 781	624 201	196 923	77 622	25 242	7 516 820
Concession card holders	26 654	1 618 480	1 258 967	974 916	466 127	443 707	153 617	53 030	43 865	5 039 363
Rate per 1000 holders		1 605.5	1 556.8	1 484.9	1 258.8	1 406.8	1 281.9	1 463.7	575.4	1 491.6
2002-03										
Scripts	–	2 305 487	1 736 873	1 311 037	534 002	522 428	168 863	66 628	22 310	6 667 628
Concession card holders	25814	1 622 475	1 257 778	968 136	463 728	442 449	154 838	53 114	43 301	5 031 633
Rate per 1000 holders		1 421.0	1 380.9	1 354.2	1 151.5	1 180.8	1 090.6	1 254.4	515.2	1 325.1

(a) The oral antibiotics used most commonly in upper respiratory tract infection are: phenoxymethylpenicillin (penicillin V); amoxycillin; erythromycin; roxithromycin; cefaclor; amoxycillin+clavulanic acid; doxycycline; clarithromycin; and cefuroxime. All active PBS item codes associated with each of these generic names were pulled out for each year. GPs have tended to prescribe 90–98 per cent of each of these generic pharmaceuticals throughout this period with only minor additional variations by jurisdiction. Consequently, the 'all prescriptions' approach among concessional patients has been chosen for data presentation purposes. Any noticeable changes in trend will predominantly pick up changes in GP behaviour.

(b) Numbers of concession card holders were obtained from the Department of Family and Community Services.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.22

**Table 10A.22 Pathology ordered by GPs and OMPs, real benefits paid (2002-03 dollars) and number of tests (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>1998-99</i>										
Benefits paid										
Benefits paid	\$million	300.6	194.2	189.3	76.8	44.3	19.5	12.3	5.9	842.8
Per person	\$	46.7	41.3	54.0	41.4	29.6	41.4	39.1	30.1	44.4
Tests										
Number of tests	'000	15 980	10 406	9 298	3 941	2 412	1 092	640	289	44 058
Tests per person	no.	2.5	2.2	2.7	2.1	1.6	2.3	2.0	1.5	2.3
<i>1999-2000</i>										
Benefits paid										
Benefits paid	\$million	321.4	212.3	199.2	81.9	48.3	20.8	12.6	6.1	902.6
Per person	\$	49.3	44.6	55.8	43.6	32.1	44.1	39.9	30.7	47.0
Tests										
Number of tests	'000	17 081	11 373	9 758	4 190	2 627	1 156	662	300	47 145
Tests per person	no.	2.6	2.4	2.7	2.2	1.7	2.5	2.1	1.5	2.5
<i>2000-01</i>										
Benefits paid										
Benefits paid	\$million	309.7	212.2	196.3	84.1	63.3	20.4	13.9	6.2	906.2
Per person	\$	46.9	44.0	54.0	44.1	41.8	43.1	43.1	31.1	46.5
Tests										
Number of tests	'000	17 200	11 901	10 087	4 500	3 475	1 189	729	322	49 403
Tests per person	no.	2.6	2.5	2.8	2.4	2.3	2.5	2.3	1.6	2.5
<i>2001-02</i>										
Benefits paid										
Benefits paid	\$million	326.3	215.8	204.2	89.9	72.3	21.1	14.1	7.1	950.9
Per person	\$	48.9	44.2	55.2	46.5	47.5	44.6	43.5	35.3	48.2
Tests										
Number of tests	'000	18 773	12 559	10 959	4 978	4 091	1 275	766	383	53 784
Tests per person	no.	2.8	2.6	3.0	2.6	2.7	2.7	2.4	1.9	2.7
<i>2002-03</i>										
Benefits paid										
Benefits paid	\$million	325.4	220.1	203.4	93.5	70.4	21.0	14.5	7.4	955.6
Per person	\$	48.5	44.6	53.7	47.9	46.1	44.2	44.7	37.3	48.0
Tests										
Number of tests	'000	19 068	13 115	11 134	5 249	4 064	1 293	797	409	55 128
Tests per person	no.	2.8	2.7	2.9	2.7	2.7	2.7	2.5	2.1	2.8

(a) DVA data included for number of tests and benefits paid on pathology items.

(b) Standard DVA reports do not distinguish between the various providers who request pathology services and do not record numbers of tests but rather items paid for.

(c) Population data – estimated resident population was based on the ABS 2001 Census benchmark. The 2002-03 data are an interpolation between December 2002 and December 2003 data as at June 2003. External territories are excluded from State and Territory totals, but included in the totals for Australia consistent with the Australian Bureau of Statistics (ABS) publication Cat. No. 3101.0.

(d) In general, Medicare benefits are payable for a maximum of three tests performed on a specimen.

Source: DHA (unpublished); table A.26.

Table 10A.23

**Table 10A.23 Diagnostic imaging ordered by GPs and OMPs, real benefits paid (2002-03 dollars) and number of referrals (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>1998-99</i>										
Benefits paid										
Benefits paid	\$m	306.7	187.7	150.6	73.0	49.1	18.1	11.7	3.2	800.2
Per person	\$	47.6	39.9	42.9	39.4	32.7	38.4	37.4	16.7	42.1
Referrals										
Number of referrals	'000	3 080	1 930	1 592	773	525	180	111	36	8 228
Referrals per person	no.	0.48	0.41	0.45	0.42	0.35	0.38	0.36	0.19	0.43
<i>1999-2000</i>										
Benefits paid										
Benefits paid	\$m	298.5	180.8	146.9	70.7	47.1	18.0	11.1	3.3	776.5
Per person	\$	45.8	38.0	41.2	37.6	31.2	38.2	35.1	16.7	40.4
Referrals										
Number of referrals	'000	3 109	1 934	1 606	792	519	184	110	39	8 294
Referrals per person	no.	0.48	0.41	0.45	0.42	0.34	0.39	0.35	0.20	0.43
<i>2000-01</i>										
Benefits paid										
Benefits paid	\$m	294.3	179.3	144.9	72.4	48.8	18.0	11.8	3.3	772.9
Per person	\$	44.5	37.2	39.9	38.0	32.2	38.0	36.6	16.7	39.7
Referrals										
Number of referrals	'000	3 195	1 995	1 648	828	564	193	119	43	8 585
Referrals per person	no.	0.48	0.41	0.45	0.43	0.37	0.41	0.37	0.21	0.44
<i>2001-02</i>										
Benefits paid										
Benefits paid	\$m	298.3	180.7	146.4	71.6	48.7	18.2	12.1	3.3	779.5
Per person	\$	44.7	37.0	39.5	37.1	32.0	38.5	37.4	16.4	39.5
Referrals										
Number of referrals	'000	3 276	2 042	1 674	833	576	200	124	43	8 768
Referrals per person	no.	0.49	0.42	0.45	0.43	0.38	0.42	0.38	0.21	0.44
<i>2002-03</i>										
Benefits paid										
Benefits paid	\$m	297.6	182.1	145.2	73.7	49.5	18.2	11.9	3.3	781.5
Per person	\$	44.4	36.9	38.3	37.7	32.4	38.4	36.7	16.6	39.3
Referrals										
Number of referrals	'000	3 345	2 087	1 688	863	596	206	124	43	8 952
Referrals per person	no.	0.50	0.42	0.45	0.44	0.39	0.43	0.38	0.22	0.45

(a) DVA data included for number of referrals and benefits paid on diagnostic imaging items.

(b) Standard DVA reports do not distinguish between the various providers diagnostic imaging services and do not record numbers of tests but rather items paid for. In the small proportion of cases where data values were not reported, doctors were reallocated based on available information.

Table 10A.23

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
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(c) Population data – Estimated resident population was based on the ABS 2001 Census benchmark. The 2001-02 projections were calculated by taking the average of the preliminary estimated resident population at 31 December 2001 and the projected population (produced for Treasury in June 2002) at the 31 December 2002. External territories are excluded from State and Territory totals, but included in the totals for Australia consistent with the ABS publication Cat. No. 3101.0.

Source: DHA (unpublished); table A.26.

Table 10A.24

**Table 10A.24 Non-referred (GP) attendances that were bulk billed (per cent)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1984-85	60.2	46.6	50.3	50.1	48.5	42.3	30.0	44.8	52.5
1985-86	64.5	48.5	53.2	53.0	51.6	45.8	32.0	47.1	55.8
1986-87	69.3	52.5	57.4	56.4	55.5	47.3	34.6	48.5	60.1
1987-88	71.0	53.3	61.1	58.8	57.8	49.0	40.1	50.8	62.0
1988-89	72.7	56.8	64.8	61.6	60.1	53.4	47.1	54.1	64.7
1989-90	74.5	60.3	68.5	64.3	62.6	55.8	50.6	55.8	67.4
1990-91	76.1	64.5	72.0	68.4	65.7	58.7	55.7	57.9	70.3
1991-92	76.9	69.0	71.8	70.6	67.0	59.4	58.9	59.2	72.0
1992-93	78.6	72.4	74.4	72.9	68.3	60.9	61.3	62.9	74.2
1993-94	81.0	75.8	76.9	76.0	71.5	62.9	64.3	65.4	77.0
1994-95	82.2	77.5	78.8	77.1	72.5	64.3	64.8	67.6	78.5
1995-96	83.7	79.1	80.6	79.5	74.3	66.2	64.9	70.1	80.1
1996-97	83.6	79.9	81.3	80.2	74.9	66.8	65.9	69.6	80.6
1997-98	82.9	79.1	81.1	78.4	74.1	65.1	66.1	67.9	79.8
1998-99	82.4	78.9	80.9	77.6	74.1	63.0	65.6	65.2	79.4
1999-2000	82.4	78.6	80.3	76.7	74.2	61.6	63.0	65.4	79.1
2000-01	81.2	76.7	78.9	75.1	73.2	60.5	59.3	65.5	77.6
2001-02	79.8	73.4	75.3	71.9	69.6	58.5	51.2	63.9	74.9
2002-03	77.2	67.5	65.5	66.6	62.4	54.9	39.2	62.2	69.5

Source: DHA (unpublished).

Table 10A.25

Table 10A.25 **Proportion of non-referred (GP) attendances that were bulk billed, by region (per cent) (a)**

	<i>Capital city</i>	<i>Other metro centre</i>	<i>Large rural centre</i>	<i>Small rural centre</i>	<i>Other rural area</i>	<i>Remote centre</i>	<i>Other remote area</i>	<i>Unknown</i>	<i>Aust</i>
1996-97	85.9	81.3	65.7	64.8	62.1	56.0	70.1	50.1	80.6
1997-98	85.6	80.1	63.7	63.1	59.6	56.7	69.6	58.0	79.8
1998-99	85.4	79.5	61.7	61.7	59.1	57.6	70.1	63.1	79.4
1999-2000	85.2	78.6	60.8	61.7	58.6	59.0	70.1	69.3	79.1
2000-01	83.8	76.2	59.8	60.9	57.7	60.0	69.5	69.4	77.6
2001-02	80.8	72.3	59.0	59.3	56.6	58.9	70.0	61.1	74.9
2002-03	75.0	67.5	53.4	54.1	53.2	57.9	70.5	58.8	69.5

(a) Capital city = State and Territory capital city statistical divisions; other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; large rural centre = statistical local areas (SLAs) where most of the population resides in urban centres with a population of 25 000 or more; small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; other rural area = all remaining SLAs in the rural zone; remote centre = SLAs in the remote zone containing populations of 5000 or more; other remote area = all remaining SLAs in the remote zone.

Source: DHA (unpublished).

Table 10A.26

Table 10A.26 **Full time workload equivalent GPs by region (including OMPs) (a), (b), (c), (d), (e)**

	<i>Capital city</i>	<i>Other metro centre</i>	<i>Large rural centre</i>	<i>Small rural centre</i>	<i>Other rural area</i>	<i>Remote centre</i>	<i>Other remote area</i>	<i>Aust</i>
1998-99								
Total GPs	16 495	1 713	1 377	1 375	2 435	296	485	24 176
FWE	11 472	1 283	936	926	1 513	119	142	16 389
FWE per 100 000	94.5	87.5	80.3	73.7	62.7	52.4	45.3	86.3
1999-2000								
Total GPs	16 305	1 719	1 390	1 474	2 542	309	495	24 234
FWE	11 475	1 286	935	951	1 526	118	142	16 433
FWE per 100 000	93.2	86.1	79.4	75.0	62.9	51.6	45.2	85.5
2000-01								
Total GPs	16 165	1 740	1 435	1 493	2 629	311	495	24 268
FWE	11 383	1 285	953	996	1 601	124	150	16 493
FWE per 100 000	91.5	83.5	78.4	77.5	65.0	55.3	48.0	84.7
2001-02								
Total GPs	16 007	1 712	1 449	1 571	2 747	310	511	24 307
FWE	11 433	1 298	982	1 043	1 700	124	155	16 736
FWE per 100 000	90.8	83.3	79.7	80.2	68.3	54.5	49.0	84.9
2002-03								
Total GPs	15 792	1 729	1 452	1 560	2 847	345	535	24 260
FWE	11 314	1 294	990	1 065	1 750	133	164	16 709
FWE per 100 000	88.9	81.8	79.7	81.1	69.9	58.9	52.3	83.9

- (a) Capital city = State and Territory capital city statistical divisions; other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; large rural centre = statistical local areas (SLAs) where most of the population resides in urban centres with a population of 25 000 or more; small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; other rural area = all remaining SLAs in the rural zone; remote centre = SLAs in the remote zone containing populations of 5000 or more; other remote area = all remaining SLAs in the remote zone.
- (b) Full time workload equivalents (FWEs) 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.
- (c) GP and FWE numbers include GPs and other medical practitioners (OMPs).
- (d) GP numbers are based on the doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which the doctor rendered the most services. FWE numbers are based on the doctors' practice location postcodes at which services were rendered within the reference period.
- (e) Population data – estimated resident population was based on the ABS 2001 Census benchmark. The 2002-03 data are an interpolation between December 2002 and December 2003 data as at June 2003. External territories are excluded from State and Territory totals, but included in the totals for Australia consistent with the Australian Bureau of Statistics (ABS) publication Cat. No. 3101.0.

Source: DHA (unpublished).

Table 10A.27

Table 10A.27 **Female GPs (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Female GPs (no.)									
1998-99	2 636	1 905	1 543	791	649	228	180	106	8 038
1999-2000	2 674	1 964	1 623	790	658	230	188	101	8 228
2000-01	2 724	1 997	1 627	829	657	238	189	119	8 380
2001-02	2 766	2 036	1 651	842	674	237	181	123	8 510
2002-03	2 782	2 079	1 682	843	679	250	184	152	8 651
Female FWEs (no.)									
1998-99	1 382	918	759	329	295	92	73	28	3 876
1999-2000	1 413	949	786	339	298	96	76	29	3 986
2000-01	1 419	978	791	354	316	98	76	31	4 063
2001-02	1 484	1 018	818	369	320	108	71	32	4 220
2002-03	1 532	1 048	824	380	318	108	69	37	4 315
Female FWEs as a proportion of all FWE GPs (%)									
1998-99	23.9	22.6	24.3	23.4	22.4	25.5	31.7	31.3	23.7
1999-2000	24.4	23.0	25.1	24.0	23.1	26.4	34.0	32.6	24.3
2000-01	24.6	23.9	24.9	24.9	23.5	26.7	34.5	33.2	24.6
2001-02	25.2	24.6	25.5	25.6	23.7	28.2	33.5	34.4	25.2
2002-03	25.8	25.4	26.0	26.1	23.6	28.7	34.4	37.9	25.8
Female FWE GPs per 100 000 female population									
1998-99	42.6	38.5	43.2	35.7	38.9	38.6	45.9	30.2	40.5
1999-2000	43.0	39.2	43.9	36.2	39.1	40.1	47.0	30.4	41.1
2000-01	42.6	39.9	43.3	37.2	41.3	40.8	46.3	32.5	41.4
2001-02	44.1	41.0	44.0	38.2	41.6	44.8	43.3	33.2	42.4
2002-03	45.4	41.9	43.2	38.9	41.2	44.7	42.3	38.8	43.0

- (a) Full time workload equivalents (FWEs) 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.
- (b) GP and FWE numbers include GPs and other medical practitioners (OMPs).
- (c) GP numbers are based on the doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which the doctor rendered the most services. FWE numbers are based on the doctors' practice location postcodes at which services were rendered within the reference period.
- (d) Population data – estimated resident population was based on the ABS 2001 Census benchmark. The 2002-03 data are an interpolation between December 2002 and December 2003 data as at June 2003. External territories are excluded from State and Territory totals, but included in the totals for Australia consistent with the Australian Bureau of Statistics (ABS) publication Cat. No. 3101.0.

Source: DHA (unpublished).

Table 10A.28

Table 10A.28 Valid vaccinations supplied to children under seven years of age, by the type and State/Territory of the immunising provider, 1996 – 2003 (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Unknown</i>	<i>Aust</i>
Valid vaccinations provided (no.)										
Division of GP	18	125	3	7	231	–	–	13	–	397
GPs	7 570 864	3 601 534	4 379 251	1 650 088	1 327 117	547 678	175 683	13 994	–	19 266 209
Council	604 011	3 341 058	401 884	204 425	330 164	90 139	–	–	–	4 971 681
State health department	3	–	492	134 492	1 156	717	164 212	368	–	301 440
Flying doctor service	2 149	–	18 432	7	2 946	–	–	–	–	23 534
Public hospital	244 875	18 870	165 880	143 367	81 497	1 040	4 731	31 844	2 465	694 569
Private hospital	14 486	46	1 319	71	–	105	25	4 018	–	20 070
Aboriginal health service	43 717	5 578	30 096	13 161	6 802	–	781	29 420	–	129 555
Aboriginal health worker	2 669	–	29 464	236	1 588	–	–	836	–	34 793
Community health centre	639 723	58 194	257 072	465 968	163 247	2 977	120 610	351 797	1 381	2 060 969
Community nurse	–	153	–	–	–	–	37	–	–	190
<b>Total</b>	<b>9 122 515</b>	<b>7 025 558</b>	<b>5 283 893</b>	<b>2 611 822</b>	<b>1 914 748</b>	<b>642 656</b>	<b>466 079</b>	<b>432 290</b>	<b>3 846</b>	<b>27 503 407</b>
Proportion of total valid vaccinations (%)										
Division of GP	–	–	–	–	–	–	–	–	–	–
GPs	83.0	51.3	82.9	63.2	69.3	85.2	37.7	3.2	–	70.1
Council	6.6	47.6	7.6	7.8	17.2	14.0	–	–	–	18.1
State health department	–	–	–	5.2	0.1	0.1	35.2	0.1	–	1.1
Flying doctor service	–	–	0.4	–	0.2	–	–	–	–	0.1
Public hospital	2.7	0.3	3.1	5.5	4.3	0.2	1.0	7.4	64.1	2.5
Private hospital	0.2	–	–	–	–	–	–	0.9	–	0.1
Aboriginal health service/worker	0.5	0.1	0.6	0.5	0.4	–	0.2	6.8	–	0.5
Aboriginal health worker	–	–	0.6	–	0.1	–	–	0.2	–	0.1
Community health centre	7.0	0.8	4.9	17.8	8.5	0.5	25.9	81.4	35.9	7.5
Community nurse	–	–	–	–	–	–	–	–	–	–

Table 10A.28

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Unknown</i>	<i>Aust</i>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) At 30 June 2003. Data collected since 1 January 1996.

(b) Totals may not add as a result of rounding.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.29

Table 10A.29 **Proportion of children aged 12 months to less than 15 months who are fully immunised (per cent) (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Fully immunised									
30 June 1999	83.5	87.9	88.0	85.9	88.6	87.7	88.7	77.3	86.1
30 June 2000	86.5	90.0	89.7	86.9	90.2	91.1	91.1	82.7	88.4
30 June 2001	91.1	92.3	91.7	90.0	92.5	93.9	91.5	88.7	91.5
30 June 2002	89.9	90.7	90.6	88.5	90.9	91.7	89.8	88.6	90.2
30 June 2003	91.0	91.8	91.1	89.9	91.5	91.9	91.5	91.6	91.2
Immunised against (at 30 June 2003)									
Diphtheria, tetanus and pertussis	92.2	92.7	92.0	90.9	92.4	92.9	92.6	92.3	92.2
Polio	92.1	92.6	91.9	90.8	92.2	92.7	92.6	91.9	92.1
<i>Haemophilus influenzae</i> type b	94.3	95.1	91.3	94.0	94.9	95.5	93.8	96.8	94.6

- (a) Data refer to children who turned 12 months of age at 31 March.
- (b) The Australian Childhood Immunisation Register includes all children under 7 years of age who are registered with Medicare. By the age of 12 months, over 98 per cent of Australian children have been registered with Medicare (NCIRS 2000).
- (c) There may be some underreporting by providers. Therefore, vaccine coverage estimates calculated using ACIR data should be considered minimum estimates (NCIRS 2000). Since 1997, several initiatives have been introduced to improve immunisation uptake and notification of immunisation encounters. These initiatives are likely to have changed previous coverage estimates. Recalculation of immunisation coverage estimates for previously reported cohorts suggests original coverage estimates for 1996 and 1997 may underestimate coverage by 2–4 per cent on average (Hull and McIntyre 2000).
- (d) NT immunisation records differ from Australian Childhood Immunisation Register (ACIR) records. This may stem from delays in notifications reaching and being processed by the Health Insurance Commission (HIC), or because the cohort method of reporting immunisation coverage does not allow for assessment of 'catch up' immunisation occurring after the assessment age of 12 months. Average delay times were greatest in the NT (Hull and McIntyre 2000).

Source: DHA (unpublished); Hull, B. and McIntyre, P. 2000, 'A re-evaluation of immunisation coverage estimates from the Australian Childhood Immunisation Register', *Communicable Diseases Intelligence*, Vol. 24, No. 6, June; NCIRS (National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases) 2000, *Vaccine preventable diseases and vaccination coverage in Australia, 1993–1998*, University of Sydney and Royal Alexandra Hospital for Children and Department of Health and Aged Care, Canberra.

Table 10A.30

Table 10A.30 **Children aged 24 months to less than 27 months who are fully immunised (per cent) (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Fully immunised									
30 June 1999	70.4	74.7	80.3	70.5	71.6	74.8	81.4	57.8	73.5
30 June 2000	78.0	83.4	86.2	79.5	84.2	82.7	87.0	74.6	81.7
30 June 2001	84.3	87.3	88.6	84.6	90.2	90.3	89.7	85.5	86.6
30 June 2002	88.0	88.3	88.5	85.0	89.8	91.8	88.6	87.2	88.1
30 June 2003	88.4	90.5	89.8	87.0	90.4	93.6	86.9	89.0	89.3
Immunised against (at 30 June 2003)									
Diphtheria, tetanus and pertussis	90.8	92.1	91.8	89.2	91.8	94.3	90.4	90.5	91.3
Polio	94.7	95.6	94.8	94.2	95.3	96.7	93.4	97.6	95.0
<i>Haemophilus influenzae</i> type b	93.5	94.4	93.8	92.5	94.4	96.2	92.9	95.2	93.8
Measles, mumps and rubella	93.8	94.7	93.9	93.3	94.5	96.0	93.4	96.3	94.1

- (a) Data refer to children who turned 24 months of age at 31 March.
- (b) The Australian Child Immunisation Register includes all children under 7 years of age who are registered with Medicare. By the age of 12 months, over 98 per cent of Australian children have been registered with Medicare (NCIRS 2000).
- (c) There may be some underreporting by providers. Therefore, vaccine coverage estimates calculated using ACIR data should be considered minimum estimates (NCIRS 2000). Since 1997, several initiatives have been introduced to improve immunisation uptake and notification of immunisation encounters. These initiatives are likely to have changed previous coverage estimates. Recalculation of immunisation coverage estimates for previously reported cohorts suggests original coverage estimates for 1996 and 1997 may underestimate coverage by 2 to 4 per cent on average (Hull and McIntyre 2000).
- (d) NT immunisation records differ from ACIR records. This may stem from delays in notifications reaching and being processed by the HIC, or because the cohort method of reporting immunisation coverage does not allow for assessment of 'catch up' immunisation occurring after the assessment age of 12 months. Average delay times were greatest in the NT (Hull and McIntyre 2000).

Source: DHA (unpublished); Hull, B. and McIntyre, P. 2000 'A re-evaluation of immunisation coverage estimates from the Australian Childhood Immunisation Register', *Communicable Diseases Intelligence*, Vol. 24, No. 6, June; NCIRS (National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases) 2000, *Vaccine preventable diseases and vaccination coverage in Australia, 1993-1998*, University of Sydney and Royal Alexandra Hospital for Children and Department of Health and Aged Care, Canberra.

Table 10A.31

Table 10A.31 **Notifications of measles, 0–14 year olds (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Notifications (no.)									
1991	370	275	103	55	108	16	39	57	1 023
1992	712	148	73	31	122	8	38	19	1 151
1993	1 963	121	430	30	63	629	107	3	3 346
1994	1 154	129	1 282	92	53	30	89	259	3 088
1995	442	103	158	31	2	34	39	66	875
1996	161	69	47	23	8	18	9	17	352
1997	196	74	160	69	20	35	19	4	577
1998	104	27	27	43	3	35	6	–	245
1999	22	34	21	10	2	10	4	19	122
2000	21	8	10	3	3	1	–	–	46
2001	15	17	5	1	1	2	–	–	41
2002	3	1	6	–	–	–	–	–	10
2003 (c)	2	8	3	–	–	–	–	–	13
Notifications per 100 000 population (0–14 year olds) (c)									
1991	29.1	29.2	15.3	14.5	36.1	14.8	57.4	123.7	27.0
1992	55.5	15.6	10.7	8.1	40.6	7.4	55.6	40.7	30.2
1993	152.3	12.8	61.7	7.8	21.0	585.0	156.6	6.4	87.2
1994	89.1	13.7	180.5	23.9	17.6	28.0	131.0	542.2	80.0
1995	33.9	10.9	21.8	8.0	0.7	31.9	57.5	136.0	22.5
1996	12.3	7.3	6.4	5.9	2.7	17.0	13.3	34.5	9.0
1997	14.8	7.8	21.5	17.4	6.7	33.5	27.9	8.0	14.7
1998	7.8	2.8	3.6	10.8	1.0	34.2	8.9	–	6.2
1999	1.6	3.6	2.8	2.5	0.7	9.9	6.0	37.5	3.1
2000	1.6	0.8	1.3	0.7	1.0	1.0	–	–	1.2
2001	1.1	1.8	0.6	0.2	0.3	2.0	–	–	1.0
2002	0.2	0.1	0.8	–	–	–	–	–	0.3
2003 (c)	0.3	1.7	0.8	–	–	–	–	–	0.7

(a) Notified cases are likely to only represent a proportion of the total cases that occurred. The notified fraction may vary between States and Territories and with time.

(b) Notification criteria are based on the National Health Medical Research Council's: *Surveillance Case Definitions* (1994).

(c) Notifications for 2003 are only for the period of January to June 2003. The notification rates are estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.32

Table 10A.32 **Notifications of pertussis (whooping cough), 0–14 year olds (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Notifications (no.)									
1991	32	51	72	34	23	2	4	–	218
1992	140	99	105	84	38	25	8	–	499
1993	882	254	316	185	557	41	29	6	2 270
1994	832	179	888	398	346	24	14	91	2 772
1995	743	202	796	252	235	71	24	105	2 428
1996	498	651	365	113	318	7	17	8	1 977
1997	2 309	799	1 194	831	920	40	44	17	6 154
1998	1 092	476	678	194	293	14	34	9	2 790
1999	409	407	253	53	67	281	27	2	1 499
2000	1 549	299	211	48	217	40	103	5	2 472
2001	1 812	301	728	121	806	28	28	93	3 917
2002	695	287	712	109	123	11	8	20	1 965
2003 (c)	234	69	114	40	10	7	21	–	495
Notifications per 100 000 population (0–14 year olds) (c)									
1991	2.5	5.4	10.7	9.0	7.7	1.9	5.9	–	5.8
1992	10.9	10.5	15.4	22.0	12.7	23.2	11.7	–	13.1
1993	68.4	26.9	45.4	48.3	185.4	38.1	42.4	12.7	59.2
1994	64.2	19.0	125.0	103.2	115.2	22.4	20.6	190.5	71.8
1995	57.0	21.3	109.9	64.7	78.3	66.6	35.4	216.4	62.4
1996	38.0	68.7	49.6	28.8	106.2	6.6	25.1	16.2	50.5
1997	174.7	84.1	160.8	209.9	307.9	38.3	64.6	33.9	156.5
1998	82.2	49.9	90.6	48.7	98.4	13.7	50.5	17.8	70.7
1999	30.6	42.6	33.5	13.2	22.6	277.5	40.4	3.9	37.8
2000	115.5	31.1	27.6	11.9	73.7	40.1	154.8	9.8	62.1
2001	134.2	31.2	94.0	30.0	275.5	28.2	42.0	181.2	97.9
2002	51.9	29.9	91.3	27.3	42.5	11.2	12.3	39.3	49.3
2003 (c)	35.0	14.4	29.2	20.0	6.9	14.3	64.7	–	24.8

(a) Notified cases are likely to only represent a proportion of the total cases that occurred. The notified fraction may vary between States and Territories and with time.

(b) Notification criteria are based on the National Health Medical Research Council's: *Surveillance Case Definitions* (1994).

(c) Notifications for 2003 are only for the period of January to June 2003. The notification rates are estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.33

Table 10A.33 **Notifications of *Haemophilus influenzae* type b, 0–14 year olds (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Notifications (no.)									
1991	191	106	103	–	41	14	9	–	464
1992	200	113	79	–	60	4	10	4	470
1993	119	76	58	26	44	9	9	19	360
1994	49	24	30	10	16	4	1	1	135
1995	23	13	8	4	6	4	1	4	63
1996	10	8	8	1	6	1	2	3	39
1997	11	7	12	3	2	2	–	3	40
1998	11	2	6	5	1	2	–	–	27
1999	8	3	6	3	2	–	1	2	25
2000	4	2	7	–	1	–	–	–	14
2001	6	2	3	1	2	–	–	3	17
2002	4	1	–	7	2	–	–	2	16
2003 (c)	2	–	1	–	1	–	–	1	5
Notifications per 100 000 population (0–14 year olds) (c)									
1991	15.0	11.3	15.3	–	13.7	13.0	13.2	–	12.3
1992	15.6	11.9	11.6	–	20.0	3.7	14.6	8.6	12.3
1993	9.2	8.0	8.3	6.8	14.6	8.4	13.2	40.3	9.4
1994	3.8	2.5	4.2	2.6	5.3	3.7	1.5	2.1	3.5
1995	1.8	1.4	1.1	1.0	2.0	3.8	1.5	8.2	1.6
1996	0.8	0.8	1.1	0.3	2.0	0.9	2.9	6.1	1.0
1997	0.8	0.7	1.6	0.8	0.7	1.9	–	6.0	1.0
1998	0.8	0.2	0.8	1.3	0.3	2.0	–	–	0.7
1999	0.6	0.3	0.8	0.7	0.7	–	1.5	3.9	0.6
2000	0.3	0.2	0.9	–	0.3	–	–	–	0.4
2001	0.4	0.2	0.4	0.2	0.7	–	–	5.8	0.4
2002	0.3	0.1	–	1.8	0.7	–	–	3.9	0.4
2003 (c)	0.3	–	0.2	–	0.7	–	–	3.9	0.3

(a) Notified cases are likely to only represent a proportion of the total cases that occurred. The notified fraction may vary between States and Territories and with time.

(b) Notification criteria are based on the National Health Medical Research Council's: *Surveillance Case Definitions* (1994).

(c) Notifications for 2003 are only for the period of January to June 2003. The notification rates are estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished);

Table 10A.34

Table 10A.34 **Participation rates of women in cervical screening programs (per cent) (a)**

<i>Age group (years)</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld (c)</i>	<i>WA (d)</i>	<i>SA (e)</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
1997 and 1998									
20–24	48.2	48.8	na	54.5	55.8	65.3	52.5	60.6	50.6
25–29	62.6	66.4	na	68.1	69.4	72.4	66.5	66.0	65.4
30–34	65.7	71.5	na	71.3	71.6	72.3	70.2	65.8	69.0
35–39	66.6	74.9	na	73.2	72.5	72.7	70.8	67.1	70.8
40–44	65.4	74.6	na	71.4	72.0	70.2	71.7	64.3	69.8
45–49	64.3	75.6	na	69.6	71.0	69.8	72.8	68.1	69.4
50–54	66.1	80.7	na	72.0	74.0	70.9	79.4	64.7	72.5
55–59	56.6	70.8	na	62.3	65.0	60.4	71.3	60.7	62.9
60–64	48.3	61.6	na	57.0	59.0	53.4	63.2	46.8	54.9
65–69	36.4	51.3	na	45.1	46.6	41.5	50.2	39.4	43.4
70–74	17.0	26.2	na	20.2	12.8	14.7	22.1	22.0	22.4
75–79	8.2	11.9	na	9.1	na	6.6	10.6	15.5	8.5
80–84	4.0	6.0	na	4.3	na	3.3	4.9	7.8	4.2
Ages 20–84 years	53.7	61.0	na	60.7	60.8	58.8	64.2	66.0	57.7
Age standardised (f)	54.2	62.3	na	60.0	60.2	60.7	61.3	57.0	58.4
Ages 20–69 years	60.1	68.1	na	66.4	67.2	67.5	67.4	64.1	63.9
Age standardised (f)	59.4	67.8	na	65.7	66.7	66.9	67.0	62.0	63.8
1998 and 1999									
20–24	48.1	53.6	na	54.7	55.9	63.7	51.9	59.7	52.0
25–29	62.3	69.2	na	67.6	68.9	70.1	65.4	65.8	66.0
30–34	66.6	72.9	na	71.2	71.5	71.6	69.3	66.9	69.7
35–39	67.9	75.5	na	72.3	72.9	72.4	71.5	67.7	71.4
40–44	67.2	74.9	na	71.2	74.0	70.0	71.8	68.0	70.9
45–49	66.1	74.7	na	68.8	72.2	68.8	73.1	71.1	69.9
50–54	68.5	78.0	na	70.7	75.4	71.1	82.4	70.6	72.8
55–59	59.2	69.6	na	61.9	66.9	60.7	74.3	67.0	63.9
60–64	52.0	63.6	na	57.5	61.2	54.1	66.1	53.8	57.4
65–69	39.1	52.2	na	45.7	48.5	42.3	51.7	44.9	45.2
70–74	18.3	21.1	na	20.2	34.4	14.3	24.0	26.8	21.1
75–79	8.3	9.6	na	8.8	na	6.6	9.9	20.5	7.8
80–84	3.8	5.1	na	4.3	na	3.1	4.1	7.7	3.8
Ages 20–84 years	56.9	64.1	na	61.9	62.2	60.9	64.2	64.9	60.6
Age standardised (f)	56.2	63.8	na	60.4	62.8	60.9	62.6	60.4	60.0
Ages 20–69 years	61.4	69.3	na	66.1	68.1	66.8	67.8	65.8	65.4
Age standardised (f)	60.8	68.9	na	65.4	67.6	66.3	67.6	64.5	64.8

Table 10A.34

<i>Age group (years)</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld (c)</i>	<i>WA (d)</i>	<i>SA (e)</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
1999 and 2000									
20–24	45.6	50.0	51.7	50.6	53.5	61.3	48.8	58.8	49.5
25–29	59.6	65.5	61.2	62.9	65.8	66.3	62.1	64.9	62.4
30–34	65.3	69.9	64.0	67.9	69.9	70.1	67.7	67.6	67.0
35–39	67.2	72.3	64.8	69.5	71.5	71.2	69.2	66.6	68.7
40–44	67.0	72.5	64.8	69.5	72.6	70.7	69.7	69.7	68.8
45–49	66.1	72.1	63.2	67.3	71.3	68.4	70.2	72.4	67.8
50–54	69.3	76.4	65.9	70.3	75.1	72.2	79.9	75.2	71.3
55–59	60.2	68.3	57.1	60.7	66.3	62.0	71.7	70.0	62.5
60–64	53.7	62.2	51.0	56.4	62.3	54.6	65.3	58.6	56.5
65–69	40.8	49.7	39.9	44.5	48.6	43.9	49.9	48.3	44.2
70–74	18.5	19.7	21.3	19.5	32.0	13.4	20.0	26.3	20.5
75–79	8.1	8.6	10.1	8.0	na	6.2	7.9	22.1	7.8
80–84	2.8	3.5	3.9	3.0	na	2.3	2.8	5.3	2.9
Ages 20–84 years	55.2	60.4	55.4	58.5	59.5	58.9	61.4	65.3	57.5
Age standardised (f)	55.0	60.4	54.5	57.4	60.4	59.4	59.5	60.7	57.2
Ages 20–69 years	60.7	66.6	60.2	63.5	66.7	66.0	65.3	66.4	63.1
Age standardised (f)	60.2	66.2	59.5	62.8	66.2	65.5	65.1	65.6	62.6
2000 and 2001									
20–24	46.0	51.1	51.1	53.1	54.2	62.9	47.7	59.1	50.1
25–29	58.6	63.7	59.7	62.8	64.0	67.6	59.3	63.5	61.1
30–34	63.1	67.3	61.5	66.0	68.1	68.8	64.7	65.5	64.7
35–39	65.3	69.9	62.6	68.6	70.3	72.2	67.0	65.9	66.8
40–44	65.8	71.8	63.5	68.8	72.2	71.5	68.2	66.1	67.8
45–49	65.4	71.7	62.4	67.0	71.3	70.3	68.2	66.6	67.2
50–54	68.0	75.8	63.8	69.1	73.3	73.7	76.3	68.2	70.0
55–59	59.6	68.0	55.9	60.1	66.1	63.7	68.8	58.6	61.8
60–64	52.5	61.6	49.2	55.4	61.3	55.9	63.1	54.4	55.5
65–69	41.8	50.6	40.6	45.1	49.7	46.7	52.4	40.0	45.1
70–74	18.4	18.1	21.2	19.3	31.9	13.7	19.2	24.4	20.0
75–79	7.7	7.2	9.5	7.4	na	6.3	7.6	13.2	7.1
80–84	2.7	2.6	3.5	2.8	na	2.7	2.0	6.3	0.7
Ages 20–84 years	54.2	59.4	54.0	58.2	58.8	60.4	59.6	62.4	50.9
Age standardised (f)	54.7	60.2	53.9	57.8	60.7	61.1	58.3	57.8	56.9
Ages 20–69 years	59.9	65.8	58.7	63.3	66.1	67.1	63.4	63.6	62.2
Age standardised (f)	59.2	65.3	58.1	62.5	65.5	66.6	63.2	62.1	61.6

Table 10A.34

<i>Age group (years)</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld (c)</i>	<i>WA (d)</i>	<i>SA (e)</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
2001 and 2002									
20–24	46.3	50.6	49.0	52.0	54.2	61.7	48.6	na	49.4
25–29	58.3	62.7	57.2	61.5	63.6	66.2	59.8	na	60.1
30–34	63.0	66.8	59.4	64.6	68.4	68.5	64.6	na	64.0
35–39	63.6	67.7	59.3	64.8	68.3	68.8	65.9	na	64.4
40–44	63.1	68.2	59.1	64.2	68.5	67.4	65.1	na	64.3
45–49	64.3	70.2	59.7	64.0	70.0	67.4	66.7	na	65.5
50–54	61.8	68.4	57.0	61.5	66.2	65.5	67.3	na	63.1
55–59	64.2	72.0	58.7	62.8	70.7	66.3	73.2	na	65.7
60–64	54.2	62.0	49.6	54.2	61.7	56.3	64.1	na	56.1
65–69	45.5	52.9	43.3	46.6	53.5	49.2	55.6	na	48.0
70–74	18.1	18.5	21.7	18.5	20.1	14.2	18.8	na	18.9
75–79	7.3	7.4	9.3	6.9	8.7	5.8	6.7	na	7.7
80–84	2.3	2.4	3.1	2.2	2.5	1.9	1.6	na	2.4
Ages 20–84 years	53.5	58.0	51.7	55.8	57.6	57.7	58.6	na	55.0
Age standardised (f)	53.1	57.9	50.6	54.3	58.4	57.8	56.6	na	54.6
Ages 20–69 years	59.3	64.6	56.4	60.9	65.2	65.1	62.6	na	60.9
Age standardised (f)	59.3	64.8	56.2	60.7	65.2	64.9	63.3	na	60.9

- (a) All data are adjusted to remove women who have had a hysterectomy. Rates cannot be calculated for women 85 years and over because hysterectomy fractions are not available for this age group.
- (b) The NSW Register identified that two laboratories had not been reporting Pap test data for women aged 70 years and over. The Register calculates that the number of NSW women aged 70 years and over who were screened in 1997-98 is underestimated by approximately 10 per cent.
- (c) The Queensland Health Pap Smear Register did not begin operation until February 1999. Rates for other States and Territories before 1999 and 2000 have been calculated excluding Queensland. Queensland data for the 1999 and 2000 period refer to the two year period from March 1999 to February 2001.
- (d) Some State and Territory cervical cytology registers only register women with a valid address in that state or territory. Victoria began registering resident women only from 2000-01, Western Australia registered only resident women up to, and including, 2000-01, while the ACT has consistently only registered women with a valid ACT address.
- (e) Prior to the 2001 and 2002 period, SA grouped together all women aged 70 years or more; for the purposes of this table, they appear in the 70–74 age group.
- (f) Rates are age standardised to the Australian 1991 population, except for 2001-02 rates, which are age standardised to the Australian 2001 population.

na Not available.

Source: AIHW; State and Territory cervical cytology registry data.

Table 10A.35

Table 10A.35		<b>Influenza vaccination coverage, people aged over 64 years, 2002</b>									
	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
People vaccinated	no.	623 700	509 700	317 500	167 100	180 900	51 300	21 900	5 200	1 877 200	
Target population	no.	861 400	626 000	423 100	209 700	220 500	64 900	27 500	7 600	2 440 500	
People vaccinated	%	72.4	81.4	75.0	79.7	82.0	79.0	79.6	68.4	76.9	

Source: AIHW 2003, *Influenza Vaccine Survey, Summary Results*, AIHW cat. no. PHE 46, Canberra.

**Table 10A.36 Hospital separation rates for Type 2 diabetes mellitus with complications as principal diagnosis, all hospitals, 2001-02 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Circulatory	24.2	50.9	23.4	33.0	54.9	25.2	55.9	15.5	34.5
Renal	10.2	18.3	14.4	16.0	14.1	17.0	15.4	58.9	14.5
Ophthalmic	41.8	66.2	39.2	95.2	60.7	34.4	83.8	57.1	54.1
Other specified	31.4	46.2	44.8	38.8	63.6	43.0	24.2	114.6	41.9
Multiple	13.7	28.8	28.5	29.6	49.5	34.9	19.7	207.2	26.5
No complications	14.6	25.2	18.3	17.3	28.6	14.6	10.3	19.9	19.4
<b>Total</b>	<b>136.8</b>	<b>236.4</b>	<b>169.3</b>	<b>230.1</b>	<b>273.1</b>	<b>169.6</b>	<b>209.3</b>	<b>473.3</b>	<b>191.7</b>

- (a) Figures include unspecified diabetes and same day separations. Separation rates are age adjusted on the Australian total population at 30 June 2001 using direct standardisation.
- (b) Totals include separations for unspecified complications.
- (c) Data on hospital separations were extracted from the National Morbidity Data Sets.
- (d) Crude rates for each jurisdiction were calculated using ABS estimated resident population by age group for the respective jurisdiction.
- (e) Figures are based on the ICD-10-AM classification. The codes used were E11.x and E14.x, where x=2 (renal complications), x=3 (ophthalmic complications), x=5 (peripheral circulatory complications), x=7 (multiple complications), x=8 (unspecified complications), x=9 (without complications), and x=0, 1, 4, 6 (other specified complications).
- (f) The data are not person based, but episode based. A person who is admitted to hospital, say three times in the year, will be counted three times.
- (g) The principal diagnosis data are episode based, but the secondary diagnosis data are diagnosis based. A separation is represented three times in secondary diagnosis if given three different diabetes codes.
- (h) Age standardisation tends to exaggerate the effect of multiple episodes for individual patients, particularly in small populations.
- (i) Although same day admission for dialysis is not normally coded with a principal diagnosis of type 2 diabetes, the data contain a significant number in several jurisdictions. The results for small jurisdictions reflect both this type of distortions and unreliability arising from small numbers.
- (j) Results for individual complications may be affected by small numbers, particularly in the smaller jurisdictions, and should be interpreted with caution.
- (k) Treatment for type 2 diabetes related conditions is also provided in ambulatory care settings. The availability of outpatient services may vary between jurisdictions and over time.
- (l) Morbidity data are coded under coding standards that may differ over time and jurisdictions.

Source: AIHW (unpublished).

**Table 10A.37 Same day separations for principal diagnosis of Type 2 diabetes mellitus, by complication and place of residence, all hospitals, all episode types, 2001-02 (per cent) (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Circulatory	11.0	18.4	16.7	28.5	22.1	21.4	14.1	–	17.7
Renal	9.3	12.2	6.1	10.6	12.0	45.3	2.6	16.4	11.2
Ophthalmic	77.8	79.9	84.0	77.2	83.5	66.7	81.3	76.0	79.6
Other specified	16.9	30.8	24.0	13.3	29.2	32.6	5.0	34.2	24.1
Multiple	4.4	8.8	10.7	–	3.5	50.0	–	–	6.5
Unspecified	4.4	9.9	16.8	9.4	61.9	46.6	4.1	62.0	22.1
No complications	11.9	34.4	6.8	8.5	28.3	8.1	–	10.0	20.0
<b>Total</b>	<b>32.1</b>	<b>38.3</b>	<b>31.9</b>	<b>40.2</b>	<b>44.7</b>	<b>40.0</b>	<b>35.6</b>	<b>45.3</b>	<b>36.8</b>

- (a) Figures include unspecified diabetes.
- (b) Totals include separations for unspecified complications.
- (c) Data on hospital separations were extracted from the National Morbidity Data Sets.
- (d) Crude rates for each jurisdiction were calculated using ABS estimated resident population by age group for the respective jurisdiction.
- (e) Figures are based on the ICD-10-AM classification. The codes used were E11.x and E14.x, where x=2 (renal complications), x=3 (ophthalmic complications), x=5 (peripheral circulatory complications), x=7 (multiple complications), x=8 (unspecified complications), x=9 (without complications), and x=0, 1, 4, 6 (other specified complications).
- (f) The data are not person based, but episode based. A person who is admitted to hospital, say three times in the year, will be counted three times.
- (g) The principal diagnosis data are episode based, but the secondary diagnosis data are diagnosis based. A separation is represented three times in secondary diagnosis if given three different diabetes codes.
- (h) Age standardisation tends to exaggerate the effect of multiple episodes for individual patients, particularly in small populations.
- (i) Although same day admission for dialysis is not normally coded with a principal diagnosis of type 2 diabetes, the data contain a significant number in several jurisdictions. The results for small jurisdictions reflect both this type of distortions and unreliability arising from small numbers.
- (j) Results for individual complications may be affected by small numbers, particularly in the smaller jurisdictions, and should be interpreted with caution.
- (k) Treatment for type 2 diabetes related conditions is also provided in ambulatory care settings. The availability of outpatient services may vary between jurisdictions and over time.
- (l) Morbidity data are coded under coding standards that may differ over time and jurisdictions.  
– Nil or rounded to zero.

Source: AIHW (unpublished).

Table 10A.38

**Table 10A.38 Hospital separation rates for lower limb amputation with principal or additional diagnosis of Type 2 diabetes, 2001-02 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
ASR	10.3	14.3	14.1	14.8	14.9	9.2	17.1	26.9	13.0
Crude	10.7	14.9	13.7	13.6	17.1	10.2	13.2	15.7	13.2
Number	704	714	497	259	259	48	42	31	2554

(a) Includes unspecified diabetes. Separation rates are age adjusted on the Australian total population at 30 June 2001 using direct standardisation. The figures are based on the ICD-10-AM classification. The codes used are E11.x and E14.x, where x=0-9 for diabetes, and Blocks 1533, 44 367, 44 370 and 44 373 for amputations.

(b) The data are not person based, but episode based. A person who is admitted to hospital, say three times in the year, will be counted three times.

ASR = Age standardised rate

Source: AIHW (unpublished).

Table 10A.39

Table 10A.39      **Standardised separation rates of older people for injuries due to falls, 2001-02 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Separation rate	72.2	65.8	64.7	62.4	57.4	45.9	122.7	10.7	66.0

(a) Separation rates are directly age standardised to the Australian population at 30 June 2001.

(b) Includes hospital separations for falls for Indigenous people aged 55 and over and non-Indigenous people aged 75 years and over.

Source: AIHW (unpublished).

Table 10A.40

**Australian Government****Table 10A.40 Community health services programs***Programs funded by the Australian Government during 2002-03*

<i>Program</i>	<i>Description</i>
1 Regional Health Services (RHS)	The RHS provides funding to local communities to identify local primary health priorities and develop and support services relating to these priorities. Programs to date include illness and injury prevention, palliative care, women's health, children's services and mental health.
2 Contribution to the National Aboriginal Community Controlled Health Organisation (NACCHO) for GP policy and advocacy	The Primary Care Division supports NACCHO in relation to consultation, program implementation, training and promotion of general practice in Indigenous health.
3 Professional and personal support to GPs working in Indigenous health	The Department is progressing a proposal from the RACGP to undertake a range of projects aimed at facilitating professional and personal support to GPs and GP Registrars working in Aboriginal and Torres Strait Islander communities.
4 More Allied Health Services (MAHS) Program	This Program operates through Divisions of General Practice to improve access by rural and remote communities to a range of additional allied health professionals.
5 Family Planning Program	This Program covers a range of sexual and reproductive health services through the provision of highly specialised clinical, education and counselling services to high risk population groups and sexual and reproductive health education and training for health and other professionals.
6 Rural Chronic Disease Initiative	This initiative develops and implements local processes and models of chronic disease and injury prevention and management using community development principles for small rural communities.

*How the above programs were dealt with in a budgetary context*

1	The RHS programs are part of a 2000 Federal Budget Initiative: Regional Health Strategy, and so are funded through an identified program in the Department of Health and Ageing Budget.
2 & 3	Not applicable.
4	Funding for the MAHS Program was announced in the 2000 Federal Budget as part of the Regional Health Strategy: More Doctors, Better Services. Funding for the Program after 2003-04 will be subject to Parliamentary appropriation.

Table 10A.40

**Australian Government**

5 The Program's funding is from Bill 1.

6 In the 2000-01 Budget, the RCDI was allocated \$14.2 million over four years under the Regional Health Strategy: More Doctors, Better Services.

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*Reporting associated with the above programs*

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1 Performance indicators against the aims of the RHS programs are published in the Portfolio Budget Statements.

2 & 3 Six monthly/quarterly progress reports against outcomes documented in the funding agreements.

4 Divisions of General Practice are required to report to the Department of Health and Ageing against MAHS activities on a biannual basis.

5 Reporting against key performance indicators is required at specific milestones for each project over the period of the 2001–04 funding agreements.

6 Reporting against key performance indicators or the provision of key deliverables is required at specific milestones for each funded activity/project.

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Source: Australian Government (unpublished).

Table 10A.41

**New South Wales****Table 10A.41 Community health services programs***Programs funded by NSW Government during 2002-03*

<i>Program</i>	<i>Description</i>
Child, adolescent and family services	Covering services such as youth health, paediatric allied health (physiotherapy, occupational therapy, social work and counselling, speech pathology, psychology, audiology), specialist medical services, early childhood nursing (provided primarily from early childhood centres), immunisation, post natal programs, early intervention and school surveillance services.
Aboriginal health services	Covering services such as health information and education, counselling, pre and post natal programs, early childhood nursing and health promotion programs.
Women's health services	Covering services and health promotion programs for women in the areas of mental health, violence prevention, physical activity, smoking, pregnancy and well being.
Physical abuse and neglect of children services	Providing long term and intensive counselling with families and a range of interventions where physical abuse or neglect of a child is occurring.
Sexual health services	Covering counselling, HIV/AIDS intervention and rehabilitation.
Sexual assault services	Providing crisis counselling and support for victims of sexual assault, court preparation and community education programs.
Palliative care services	Providing holistic care for people who are terminally ill or dying, including clinical care in the home, counselling and support services.
Dental services	Providing basic and emergency dental care in the community.

Table 10A.41

**New South Wales***Programs funded by NSW Government during 2002-03*

<i>Program</i>	<i>Description</i>
Community acute/post acute care services	Providing acute care in the community that is a substitution for hospitalisation including medical, nursing, allied health such as physiotherapy and occupational therapy, social work and pharmacy and personal care.
Community nursing	Providing generalist nursing care in the community.
Rehabilitation	Providing case management, allied health, prosthetic and home modification services in a community setting.
Eating disorder services	Providing case management, medical and counselling support services.
Program of appliances for disabled people	Providing appropriate equipment, aids and appliances such as mobility and toileting aids to prevent inappropriate entry into institutional facilities.
Health related transport services	Providing and funding non emergency transport for people accessing health care
Multicultural health services	Providing interpreter services, cultural competency training, direct service provision for refugees, planning of services to address or cater to the needs of culturally diverse communities.
Youth health services	Providing education and health promotion programs, clinical services and planning of youth friendly services.
Non-government organisations	Providing a range of services such as Aboriginal Medical services, HIV/AIDS, women's health, diabetes management and support, drug and alcohol services.

Table 10A.41

## **New South Wales**

*How the above programs were dealt with in a budgetary context*

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Area Health Services (AHSs) receive block funding from NSW Health to provide health services to their population. With the exception of a small amount of program specific and tied funding, the AHSs are free to determine how the money is allocated, and what range and level of community health services will be provided. AHSs' decisions are guided by a range of Statewide health policies and guidelines. Each area's global funding allocation is determined using the statewide resource distribution formula (RDF). The RDF attempts to quantify known influences on the use of health services. For example, it incorporates age/sex adjustments and several health needs indices to reflect the impact of age, sex, mortality, socioeconomic, geographic and other factors on the use of health services and costs of providing health services. Non-government organisation grant funding is tied to individual funding and performance agreements. In 2002-03, the annual statewide allocation to primary and community based services was over \$731 million, however these figures do not include expenditure on community based Aboriginal health services, community based mental health services or health promotion which are reported under other program areas.

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*Reporting associated with the above programs*

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Community health service activity is measured using nonadmitted patient occasions of service (NAPOOS). A NAPOOS is a measure of output for the part of the public health system that provides health care services to nonadmitted patients. It measures the number of occasions on which one or more health care professional(s) provides a service to a nonadmitted patient. Area health services report the level of NAPOOS activity to the Department of Health on a quarterly basis.

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*Source:* NSW Government (unpublished).

Table 10A.42

**Victoria****Table 10A.42 Community health services programs***Programs funded by the Victorian Government during 2002-03*

<i>Program</i>	<i>Description</i>
Community health	Providing primary care services that include a range of allied health services — audiology, nutrition, occupational therapy, speech therapy, podiatry and GP services — in around 25 centres, along with health promotion programs.
Family planning	Providing a service to people with special need who are less able to access mainstream health services. This group includes young people, women from culturally and linguistically diverse backgrounds, Kooris and people with disabilities.
Innovative health services for homeless youth	Providing health care for homeless and otherwise at risk young people through innovative approaches and through increasing access to mainstream and specialist services (Commonwealth and State cost shared).
Family and reproductive rights education	Working with communities that practice female genital mutilation to improve the physical and emotional wellbeing of women, young girls and their families.
Women's health	Developing and disseminating health information, promoting research into priority women's issues, providing health education to groups and individuals, and community education.
Dental public health	Providing a school dental service (preventive programs and regular dental care for all primary school children and concession card holders in years 7 and 8), a preschool dental service in nine local government areas, a youth dental program (regular dental care for concession card holders in years 9 – 12 and leavers under 18 years of age), a community dental program (emergency, general and denture services for concession card holders and their dependents), specialist care for concession card holders and domiciliary services for people who find it difficult to leave their home.
Drug services	Provides a range of Drug prevention and treatment services including withdrawal, rehabilitation and counselling services, pharmacotherapy services and support and information for drug users and their families.

Table 10A.42

**Victoria**

Primary Care Partnerships

In Victoria, the State Government initiated the Primary Care Partnership (PCP) Strategy in 2000 to improve the health and wellbeing of people using primary health care services and to reduce avoidable use of hospital, medical and residential services. The PCP Strategy was initiated to create a genuine primary care service system to replace the previously uncoordinated group of services. Through it, 32 Partnerships that include key primary health care providers such as Community health services, Local governments and Divisions of General Practice, rural and metropolitan health services are working to improve and integrate primary health care.

Indigenous specific programs

Medical services

These are provided through Aboriginal cooperatives and corporations which are members of Victorian Aboriginal Community Controlled Health Organisation (VACCHO). These agencies also receive Commonwealth funding for medical services.

(a) *Victorian Aboriginal Health Service (VAHS)*: The aim of VAHS is to provide a culturally appropriate primary health care service to Aboriginal and Torres Strait Islander people, delivered in an holistic way. Services are delivered through four program areas: medical services, which include doctors, dentists and sessional specialists; community programs, which include Home and Community Care social support, an HIV/STD unit, a drug and alcohol unit, and health promotion; women's and children's services, which include an alternative birthing program, a children's clinic and a well women's clinic; and family programs, which include mental health.

(b) *Other Aboriginal medical services*: These provide a more limited range of health services. In 2001-02 Aboriginal cooperatives received \$9 million from DHS for the following output groups: acute health; aged and home care; mental health services; primary health; public health and drugs (including Koori alcohol and drugs).

Alcohol and drug services

Koori community alcohol and drug workers operate from Aboriginal cooperatives to provide appropriate alcohol and drug services to Aboriginal people, including health promotion, assessment and liaison with other services. The Koori community alcohol and drug resource centres provide short term accommodation and referral.

Health promotion

A range of Koori specific health promotion programs are funded by DHS and VicHealth. These are provided through both Koori and mainstream agencies.

Primary Care Partnerships

PCPs in 2001-02 had a Koori component: Bendigo/Loddon Youth Arts Network; East Gippsland Koori Health; Northern Mallee Robinvale conflict resolution; and Wellington Cardiovascular Health.

Table 10A.42

**Victoria**

Community health access workers	Koori access workers are employed in a number of community health centres to facilitate access by Aboriginal people to the centre.
Koori Maternity Strategy	The Koori Maternity Strategy is designed to incorporate health promotion within a program designed to provide antenatal and postnatal support to improve health outcomes. Cooperatives are funded to provide a range of services. A Koori maternity project officer based at VACCHO provides support, coordination and training to the cooperatives.
Early childhood	Koori early childhood field officers are employed in DHS regional offices to facilitate access to preschools for Koori children. Yappera Children's Service Cooperative is a multifunctional children's centre that provides long day care, preschool, after school care, maternal and child health, immunisations, dental checks and audiology service.

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*Source:* Victorian Government (unpublished).

Table 10A.43

**Queensland****Table 10A.43 Community health services programs***Programs funded by Qld Government during 2002-03*

<i>Program</i>	<i>Description</i>
Child, youth and women's health	Including women's cancer screening services, mobile women's health services, parenting information programs, assessment, treatment and referral for the infant, child, youth or family, school health services and prevention, promotion, early intervention, assessment and treatment related to child development and health
Alcohol and drug services	Including a range of prevention, assessment, counselling, early identification and intervention, treatment, health promotion and educational services to minimise alcohol and other drug related harm
Integrated health care	Covering health promotion, support, education, advice and coordination of services (including home care and medical aides) oriented towards improving health and quality of life. Including the provision of support, monitoring and education to people with diabetes and other chronic diseases, education related to men's health.
Allied health	Covering health promotion, physiotherapy, speech pathology, multidisciplinary programs (eg cardiac rehabilitation), child development.
Oral health services	Providing school-based oral health services delivered to all children from age 4 to year 10 at school and community based oral health services to eligible adult clients.
Poisons information	Providing information and advice to assist in the management of poisoning and suspected poisoning, education and promotion of poisoning prevention
Palliative care	Providing palliative care services to support individuals with a life limiting illness, their family and friends in the community — including pain management; equipment provision; psychological, social and spiritual support; bereavement counselling; and specialist 24 hour multidisciplinary hospice-at-home services.
Sexual health	Including a comprehensive clinical, educational and psychosocial service targeting all aspects of sexual health

Table 10A.43

**Queensland**

Indigenous Health

Providing a range of primary and community health care services and activities, spanning the prevention, management and maintenance continuum, that address particular needs of Indigenous communities. Including health prevention and promotion services; men's and women's health programs; child and adolescent health services; alcohol, tobacco and other drug services; sexual health services; allied health services; and patient transport provided to increase access to health care.

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*How the above programs were dealt with in a budgetary context*

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These services are funded through a range of programs or health services within the Queensland health budget.

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*Reporting associated with the above programs*

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Performance targets and financial reporting are published in the annual report and the Ministerial portfolio statement.

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Source: Queensland Government (unpublished).

Table 10A.44

**Western Australia****Table 10A.44 Community health services programs***Programs funded by WA Government during 2002-03*

<i>Program</i>	<i>Description</i>
Child and maternal	Covering new born and infant screening, advice and support to parents, child health clinics, community antenatal and child development services.
School and youth	Covering support and education to school age children, school screening, and advice and consultancy to school principals and pastoral care teams.
Gender	Covering services to men and women related to gender issues and policy.
Adult and ageing	Covering services provided to clients in this age span, including Aboriginal health, migrant health, sexual health and health promotion activities.
Primary health	Covering general practice interface and liaison. Key role in Commonwealth/State negotiations on conjoint models of service delivery and approaches to chronic disease management.
Alcohol and drug services	A range of prevention, early identification and intervention, treatment, harm reduction and practice development services and programs are developed and implemented throughout WA.

*How the above programs were dealt with in a budgetary context*

The Department of Health negotiates with area/regional health services using service specifications. Funding is provided directly to individual area health services or regions.

*Reporting associated with the above programs*

Performance targets are set by the Department of Health in WA. These are then negotiated with area health services and delivered according to an 80/20 ratio formula: 80 per cent of services accord with State policy and direction, and 20 per cent are delivered according to locally identified service needs and priorities.

*Source:* WA Government (unpublished).

Table 10A.45

**South Australia****Table 10A.45 Community health services programs***Programs funded by SA Government during 2002-03*

<i>Program</i>	<i>Description</i>
Aboriginal scholarship scheme	A scholarship scheme has been established to promote and foster the development of Aboriginal people through a tertiary education scholarship program.
Cervix screening program	In addition to clinical services in respect to cervix screening, additional resources are committed to providing resources for promotion to Aboriginal people.
Step unit facilities	The unit provides assistance in respect to travel, accommodation and logistical arrangements for Aboriginal people travelling from rural and remote areas to Adelaide to receive tertiary health care.
Improving Indigenous birthing outcomes	The project focuses on improving nutrition standards and reduction in tobacco use by Aboriginal people in seven select locations in SA.
Aboriginal health team	The project focuses on implementing strategies to improve birthing outcomes for Aboriginal babies.
Community midwifery services	The team assists and advises the Aboriginal community with information and access to services, provide health screenings, diabetes care and Peelines bus.
Community midwifery services	Regional home care is available to support women after the birth of a baby.
Community services	This range of home support services includes home help, personal care, Aboriginal home support, home oxygen, respite and equipment.
Continence (adult and paediatric)	Education, counselling and conditioning therapy are provided in all areas of continence management.

Table 10A.45

**South Australia***Programs funded by SA Government during 2002-03*

<i>Program</i>	<i>Description</i>
Counselling	Providing community based counselling in a number of areas.
Day activity centres	Providing activities and transport, and assisting people who are frail aged or have a long term disability.
Diabetes education	Counselling clients and relatives on the self care of diabetes and its associated complications.
Dietetics/nutrition	Providing therapeutic dietary advice and nutrition education.
Primary care team	Conducting activities for the community that promote best practice health promotion and are aligned with the principles of the Ottawa Charter.
Health social worker	Advising clients with personal, accommodation and financial issues.
Occupational therapy	Working with people of any age to promote independence and maximise performance in activities of daily living.
Paediatric Intervention Unit	Providing therapy, parent support, information and advocacy for children who have a disability or developmental delay and their parents.
Palliative care/bereavement counselling	Palliative care — providing support and services to clients and their families when faced with an illness that can no longer be treated for cure. Bereavement counselling — offering counselling and support to clients and relatives on grief and loss issues.
Physiotherapy	Providing services to inpatients and outpatients, including paediatric services.
Podiatry	Providing foot care clinics. The department also offers special insoles and orthoses if required.
Speech pathology	Providing paediatric services for speech and language difficulties from 0–4 years; help with swallowing, feeding, voice difficulties for any age; help with communication issues for adults.

Table 10A.45

**South Australia***Programs funded by SA Government during 2002-03*

<i>Program</i>	<i>Description</i>
Early childhood/ youth and women's health	Covering post-natal parenting information and support services, immunisation, and child at risk assessment and support, cancer screening services, counselling for women affected by violence and child therapy intervention.
Drug and alcohol services	Counselling, support and education for youth at risk.
Integrated health care	Covering diabetes services, dietetic services, community nursing and discharge planning services.
Men's health	Providing promotion and education services.
Allied health services	Providing treatment, therapy and rehabilitation with multiple allied health professions; loaning equipment.
Child Development Unit	Conducting multidisciplinary care planning for children with developmental delay, in partnership with visiting paediatrician.
School dental service	Providing regular, prevention focused general dental care for preschool, primary and secondary school children under 18 years of age.
Community dental service	Providing emergency and general dental care (including dentures) for adult concession card holders and their dependents in public dental clinics (contracted through private providers).
Specialist dental services	Providing specialist dental services for concession card holders, in association with students of the University of Adelaide.
Community nursing	Providing nursing care in people's homes or in a community setting to maximise their health and quality of life, considering the needs of the carer.

Table 10A.45

**South Australia***Programs funded by SA Government during 2002-03*

<i>Program</i>	<i>Description</i>
Home-based care	Providing personal care, daily living support and allied health therapy in people's homes to maximise their health and quality of life, considering the needs of the carer.
Rapid response	Providing rapid response services as short term and crisis intervention for persons who would otherwise be admitted to hospital. Examples of services provided can include showering and personal care, transportation, medication supervision, client observation in own home, GP home visits and wound dressing.
Child and youth health	Providing a universal child and maternal health service for babies and children up to 5 years old (services are both home based and clinic based). Providing youth health services for 12–25 year olds, including counselling, medical, therapy, group programs and community development. A range of specialist programs are also provided through child health services, including hearing screening programs, and mothers and babies residential programs.
Aboriginal services	Providing a range of primary health care services and programs by multidisciplinary teams in community settings, focusing particularly on Aboriginal and Torres Strait Islander people. These programs work both one to one and in a community development way with Aboriginal communities. Aboriginal health teams provide a strong link with other mainstream providers.
Community health services	Providing a range of primary health care services and programs provided by multidisciplinary teams from community settings, aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community.
Women's health	Providing primary health care services and programs (often linked to community health services) to address the specific health and wellbeing needs of women, with a particular focus on women with poor health outcomes and least access to services. Includes health information, counselling and community development programs for women.

Table 10A.45

## South Australia

*How the above programs were dealt with in a budgetary context*

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Funding for these programs comes from a variety of sources (both Federal and State) and are acquitted according to the appropriate requirements. Dental services are funded through the SA Dental Service, a statewide health unit. Community nursing services are funded by DHS (including Home and Community Care (HACC)), to a non-government organisation. Home-based services are funded by DHS (including HACC), and provided by a DHS funded agency. Rapid response services are funded by DHS to a non-government organisation. In terms of the funding component, community health services and child and youth health services are predominantly State Government agencies. Aboriginal health services are State Government services and work closely with Commonwealth funded services.

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*Reporting associated with the above programs*

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Detailed service targets are part of health service agreements or contracts between the Department of Human Services and the particular service. Monthly reporting against these targets. Community nursing and home based care also report via the HACC Minimum Data Set. Other reporting includes the monthly Management Summaries - Department Human Services (DHS): Palliative Care Minimum Data Set (MDS); Mental Health MDS; ACAT MDS; CACP Provider Claim Forms; HACC MDS; and Commonwealth State/Territory Disability Agreement (CSTDA) National MDS.

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Source: SA Government (unpublished).

Table 10A.46

**Tasmania****Table 10A.46 Community health services programs***Programs funded by Tasmanian Government during 2002-03*

<i>Program</i>	<i>Description</i>
Family, child and youth health services	Providing early childhood and youth health services through health promotion and illness prevention. Universal screening, assessment and early intervention strategies include parenting information and support by nursing and allied health staff through child health centres; youth health teams; Child Development Units; enuresis teams; and parenting centres.
Alcohol and drug services	Operating within a population health philosophy and a harm minimisation framework, implementing a wide range of strategies through the community, private and government alcohol and other drug sector. Services provide information, treatment and other services to people with substance use or dependence issues and their families, together with preventative community education and intervention.
Oral health services	Providing emergency, basic general dental care and dentures for eligible adults (holders of a health care card or pensioner concession card). In addition, all children (up to but not including age 18 years) are eligible for dental care. The oral health service also engages in health promotion and prevention activities.
Community assessment and care management	Primarily, assessing community-based clients to determine appropriate level of community care required and provide case management to meet such needs. This work includes the provision of continence services, community equipment, orthotics and prosthetics, community rehabilitation, allied health services (such as community podiatry, occupational therapy, physiotherapy, speech pathology), and the Community Options Program.
Population and health priorities	Works with population groups and health agencies on a range of programs. This work includes the prevention and management of chronic conditions, and the promotion of nutrition, physical activity and injury prevention. Identified population groups include Aboriginals, women, men and ethnic groups.

Table 10A.46

**Tasmania***Programs funded by Tasmanian Government during 2002-03*

<i>Program</i>	<i>Description</i>
Public and environmental health services	Providing promotion and screening services and information to prevent illness and protect the health of the Tasmanian community. Services include: health protection services such as immunisation, epidemiological services, occupational health advice, health impact assessments and fluoridation; environmental health services such as tobacco control, shellfish quality, infectious disease control, food safety including public health microbiology services, water quality, toxicology, incident response and public health advice; health physics, including <i>Radiation Control Act</i> licensing, compliance and monitoring; and pharmaceutical services, including processing permits and monitoring compliance with the <i>Poisons Act 1971</i> .
Aged, rural and community health services	Incorporating a range of acute services, subacute and primary health care services. The aged, rural and community health program is the coordinating program of a number of rural hospitals, community health centres, multi-purpose services, multi-purpose centres and community nursing.
Mental health services (with a significant primary health component)	Provides services for people with mental illness and mental health problems, with a wider role in fostering the promotion of mental health and well being including: Child and Adolescent Services (community-based teams); Adult Residential Services (Rehabilitation/Respite Unit, long-term residential rehabilitation units); Adult Acute & Sub-acute Inpatient services; Adult Community Services (Crisis Assessment/Treatment, Intensive Support, Community Care and Rehabilitation Services); Older Persons Mental Health Services (Dementia Support Service, Community Care Teams, Day Support Services).
Correctional health services	Providing inpatient and outpatient medical and mental health care within the prison environment, outpatient medical and mental health care at the remand centres and prison farm as well as community-based forensic mental health services and court liaison services.

Table 10A.46

**Tasmania***Programs funded by Tasmanian Government during 2002-03*

<i>Program</i>	<i>Description</i>
Palliative care services	Providing interdisciplinary care, consultancy, support and advice to people living with a life threatening illness and to their families through specialist inpatient and community outreach services. Care and support may be provided directly to individuals and families, or collaboratively with primary providers through education, consultancy and information.
Cancer screening and control services	Administering cancer protection services, as well as providing educational promotions.

*How the above programs were dealt with in a budgetary context*

These services are funded through identified outputs within the Department of Health and Human Services budget.

*Reporting associated with the above programs*

Performance information is collected and reported on at the State level, through annual reports and budget papers. Contribution to national reporting (eg through national minimum data sets) occurs as required.

*Source:* Tasmanian Government (unpublished).

Table 10A.47

**Australian Capital Territory****Table 10A.47 Community health services programs***Programs funded by ACT Government during 2002-03*

<i>Program</i>	<i>Description</i>
Alcohol and drug program	Covering information and advice, referral, withdrawal services, methadone and alternative services, case management and counselling, diversion services, needle and syringe exchange.
Dental health program	Covering specific dental services for children and young people, adult dental services for eligible concession card holders, emergency dental services and denture services.
Integrated health care program	Providing information, health care and assistance to those with acute and/or post-acute conditions, chronic health problems associated with disability and ageing and palliative care. Includes health assessment, case management, discipline specific treatments, diabetes services, aged day care centres and specialised dementia services.
Child, youth and women's health	Covering post-natal parenting information services, child health checks, childhood immunisations, child at risk assessment and support, cancer screening services, counselling for women affected by violence, and nursing, counselling and GP services for marginalised young people.
Community rehabilitation program	Covering allied health rehabilitation services, equipment loans, prosthetics and orthotics, education and counselling services, vocational rehabilitation and driver assessment retraining, and rehabilitation through an independent living centre.
Corrections health program	Covering multidisciplinary health services to detainees in remand and youth detention centres. Includes self-harm prevention and suicide prevention programs, and alcohol and drug education.

*How the above programs were dealt with in a budgetary context*

These services are funded through an identified program within the ACT Health budget.

*Reporting associated with the above programs*

Performance targets against key functions of community health and financial reporting are published in the ACT Health annual report.

*Source:* ACT Government (unpublished).

**Northern Territory****Table 10A.48 Community health services programs***Programs funded by NT Government during 2002-03*

<i>Program</i>	<i>Description</i>
Primary care	Providing services from community care centres, community health centres, community controlled Aboriginal health centres, general practices, community managed health services and health boards.
Oral health care services	Providing dental and dental therapy services to primary school children, high school students and disadvantaged people.
Maternal and child health services	Emphasising disease prevention, immunisation, health promotion and health education provided by multidisciplinary health teams.
Domiciliary care	Providing treatment, education, assessment and coordinated care services in the home.
Palliative care	Providing medical, nursing, allied health and volunteer services.
Food and nutrition	Focusing on key areas of maternal and child health, food supply and healthy lifestyle through Remote Stores Project, Community Nutrition Worker Program, Growth Assessment and Action (GAA) program, nutrition education in schools and food and nutrition monitoring.
Aboriginal hearing health	Providing Indigenous community awareness, teacher training, Aboriginal health worker training and classroom acoustics.
Male health policy unit	Coordinating male health needs, strategy development, policy advice, monitoring and evaluation across programs.

*How the above programs were dealt with in a budgetary context*

The services were funded on a historical basis by district and by service agreement with external organisation. The above will change in 2003-04 due to departmental restructure.

*Reporting associated with the above programs*

Certain performance measures reported to NT Treasury on a quarterly basis and annually in the annual report.

Source: NT Government (unpublished).