

# 10A Primary and community health — attachment

Definitions for the indicators and descriptors in this attachment are in section 10.5. 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.

This file is available in Adobe PDF format on the Review web page ([www.pc.gov.au/gspd](http://www.pc.gov.au/gspd)). Users without Internet access can contact the Secretariat to obtain these tables (see details on the inside front cover of the Report).

Table 10A.1

Table 10A.1 **Types of encounter, 2003-04**

	Number	Rate (a) no. per 100 encounters	95% LCL (b) no. per 100 encounters	95% UCL (b) no. per 100 encounters	Encounters paid by	
					Direct encounters %	Medicare %
General practitioners (GPs)	1 000	..	..	..	..	..
Direct consultations	89 160	97.0	96.6	97.3	100.0	..
No charge	463	0.5	0.3	0.7	0.5	..
Medicare items of service (c)	86 244	93.8	93.3	94.2	96.7	100.0
Short surgery consultations	989	1.1	0.4	1.7	..	1.1
Standard surgery consultations	71 106	77.3	76.2	78.4	..	82.4
Long surgery consultations	8 413	9.2	8.5	9.8	..	9.8
Prolonged surgery consultations	612	0.7	–	1.4	..	0.7
Home visits	1 210	1.3	0.1	2.5	..	1.4
Hospital	294	0.3	–	1.7	..	0.3
Nursing home	974	1.1	–	2.3	..	1.1
Case conference	1	–	–	1.2	..	–
Care plan	82	0.1	–	1.3	..	0.1
Health assessments	132	0.1	–	0.7	..	0.2
Other items	2 432	2.6	1.3	4.0	..	2.8
Workers compensation	1 872	2.0	1.8	2.3	2.1	..
Other paid (hospital, State, etc.)	581	0.6	–	1.4	0.7	..
Indirect consultations	2 805	3.1	2.5	3.6	..	..
Missing	6 912	..	..	..	..	..
<b>Total encounters</b>	<b>98 877</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>

(a) Missing data removed. Per cent base (N) = 91 965.

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

(c) Includes 1806 encounters that were recorded as claimable for the Department of Veterans' Affairs (DVA).

Table 10A.1

Table 10A.1 **Types of encounter, 2003-04**

	<i>Number</i>	<i>Rate (a)</i>	<i>95% LCL (b)</i>	<i>95% UCL (b)</i>	<i>Direct encounters</i>	<i>Encounters paid by Medicare</i>
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.. Not applicable. – Nil or rounded to zero.

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Pan, Y., Henderson, J., Bayram, C., O'Halloran, J. and Ng, A. 2004, *General Practice Activity in Australia 2003–04*, Cat. no. GEP 16, Australian Institute of Health and Welfare, Canberra.

Table 10A.2

Table 10A.2 Australian Government real expenditure per person on GPs (2003-04 dollars) (a), (b), (c)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
1999-2000	186	181	185	158	182	169	146	96	180
2000-01	180	174	181	154	185	165	143	98	175
2001-02	188	180	186	159	191	179	140	99	181
2002-03	186	177	180	157	189	178	134	102	178
2003-04	188	176	180	156	190	175	130	103	178

(a) The data include expenditure on Medicare, the Practice Incentives Program (PIP), DVA, Divisions of General Practice and the General Practice Immunisation Incentives Scheme.

(b) DVA data include 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 LMO procedural services are small compared with payments for LMO consultations.

(c) Some primary care services are provided by salaried GPs in community health services, particularly in rural and remote areas, through accident and emergency departments and Aboriginal community controlled health services (ACCHSSs). 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 Health and Ageing (DHA) (unpublished); table A.26.

Table 10A.3

Table 10A.3 **Medical practitioners billing Medicare and full time workload equivalent (FWE) GPs (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>
GP numbers										
1999-2000	no.	8 011	5 906	4 655	2 334	1 999	647	418	264	24 234
2000-01	no.	7 983	5 881	4 681	2 365	2 016	643	421	278	24 268
2001-02	no.	7 991	5 887	4 713	2 353	2 023	653	406	281	24 307
2002-03	no.	7 888	5 878	4 760	2 365	1 983	653	407	326	24 260
2003-04	no.	7 910	5 881	4 823	2 348	1 974	655	395	337	24 323
FWE GPs (e)										
1999-2000	no.	5 803	4 117	3 138	1 412	1 289	364	222	88	16 433
2000-01	no.	5 770	4 098	3 177	1 424	1 345	366	219	94	16 493
2001-02	no.	5 898	4 144	3 212	1 443	1 351	382	212	93	16 736
2002-03	no.	5 959	4 144	3 181	1 458	1 354	376	203	97	16 772
2003-04	no.	6 021	4 110	3 260	1 451	1 360	374	198	98	16 872
FWE GPs per 100 000 people (e)										
1999-2000	FWE GPs per 100 000 people	89.0	86.5	87.9	75.1	85.6	77.1	70.1	44.5	85.5
2000-01	FWE GPs per 100 000 people	87.3	85.0	87.4	74.7	88.8	77.5	68.1	46.9	84.7
2001-02	FWE GPs per 100 000 people	88.4	84.9	86.8	74.7	88.8	80.7	65.5	46.1	84.9
2002-03	FWE GPs per 100 000 people	88.9	84.0	84.0	74.6	88.6	79.2	62.6	49.0	84.3
2003-04	FWE GPs per 100 000 people	89.3	82.6	83.9	73.1	88.6	77.4	61.2	49.2	83.8

(a) 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, a 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 doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which a doctor rendered the most services. FWE numbers are based on doctors' practice location postcodes at which services were rendered within the reference period.

Table 10A.3

Table 10A.3 **Medical practitioners billing Medicare and full time workload equivalent (FWE) GPs (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>
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(d) Population data — estimated resident population — calculated by the DHA was based on the ABS 2001 Census benchmark. The 2003-04 data are an interpolation between December 2003 and December 2004 data as at June 2004. 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.

(e) Data for 2002-03 have been revised.

Source: DHA (unpublished).

**Table 10A.4 Indigenous primary healthcare services for which service activity reporting (SAR) data is reported (number) (a), (b)**

	<i>NSW and ACT</i>	<i>Vic and Tas</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>NT</i>	<i>Aust</i>
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
2001-02	24	24	25	21	8	26	128

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

(b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary healthcare services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services that might previously have been excluded because of the type of service that they provided, or there might have been a change to their reporting arrangements.

Source : DHA (unpublished).

**Table 10A.5 Services and episodes of healthcare by services for which service activity reporting (SAR) data is reported, by remoteness category (number) (a), (b), (c)**

Services	Highly accessible		Moderately accessible		Remote	Very remote	Total
	Highly accessible	Accessible	Moderately accessible	accessible			
1998-99	32	25	12	11	11	30	110
1999-2000	34	25	12	11	11	35	117
2000-01	34	28	11	12	12	39	124
2001-02	37	27	11	16		37	128
Episodes of healthcare (d)							
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
2001-02	459 670	312 921	58 930	256 040		317 300	1 404 861

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

(b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary healthcare services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services that might previously have been excluded because of the type of service that they provided, or there might have been a change to their reporting arrangements.

(c) An episode of healthcare involves contact between an individual client and a service by one or more staff, for the provision of healthcare. Group work is not included. Transport is included only if it involves provision of healthcare/information by staff. Episodes of healthcare provided at outreach locations are included — for example, episodes at outstation visits, park clinics and satellite clinics — as are episodes delivered over the phone.

(d) The episodes of healthcare data for 2001-02 are estimates.

Source : DHA (unpublished).



Table 10A.6

**Table 10A.6 Proportion of services for which service activity reporting (SAR) data is reported that undertook selected health related activities, 2001-02 (per cent) (a)**

Diagnosis and treatment of illness/disease	84
Management of chronic illness	74
Transportation to medical appointments	95
Outreach clinic services	68
24 hour emergency care	30
Monitoring child growth	76
School-based activities	84
Hearing screening	72
Pneumococcal immunisation	84
Influenza immunisation	86
Child immunisation	84
Women's health group	88
Support for public housing issues	60
Community development work	70
Legal/police/prison/advocacy services	63
Dental services	53
Involvement in steering groups on health	84
Participation in regional planning forums	66
Dialysis services	4

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

Source: DHA (unpublished).

Table 10A.7

Table 10A.7 **Full time equivalent health staff employed by services for which service activity reporting (SAR) data is reported, 2001-02 (number)**  
(a)

	<i>Indigenous staff</i>	<i>Non-Indigenous staff</i>	<i>Total staff</i>
Aboriginal health workers	627	24	651
Doctors	4	169	173
Nurses	37	208	245
Specialists	1	2	3
Qualified counsellors/social workers	59	51	110
Allied health professionals	1	15	16
Dentists	3	32	35
Dental assistants	37	14	51
Traditional healers	18	0	18
Substance misuse workers	52	10	62
Environmental health workers	27	7	34
Driver/field officers	105	10	115
Other health staff (b)	65	23	88
<b>Total health staff</b>	<b>1 036</b>	<b>565</b>	<b>1 601</b>

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

(b) Other health staff includes: hearing coordinators, eye health staff, nutrition staff, social health staff, hospital liaison staff, masseurs, ante natal and maternal child health workers, mental health staff, and needle and syringe project officers.

Source: DHA (unpublished).

Table 10A.8

Table 10A.8     **Alcohol and other drug treatment services, by sector, 2002-03  
(number)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Government	162	–	49	6	39	3	1	4	264
Non-government	67	148	47	22	11	8	5	15	323
<b>Total</b>	<b>229</b>	<b>148</b>	<b>96</b>	<b>28</b>	<b>50</b>	<b>11</b>	<b>6</b>	<b>19</b>	<b>587</b>

– Nil or rounded to zero.

Source : AIHW 2004, *Alcohol and Other Drug Treatment Services in Australia 2002–03: Report on the National Minimum Data Set*, Cat. no. HSE 33, Drug Treatment Series no. 3, Canberra.

Table 10A.9

Table 10A.9 **Most frequent individual problems managed (in decreasing order of frequency for all encounters with Indigenous people 1998-99 to 2002-03)**

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Problems (a)</i>	<i>Rate (n=1375) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>	<i>Problems (a)</i>	<i>Rate (n=100 987) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>
	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters
2002-03								
Diabetes, nongestational (d)	126	9.2	6.8	11.5	2 936	4.6	4.2	5.1
Hypertension (d)	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 (d)	50	3.6	2.7	4.6	3 560	3.5	3.3	3.8
Immunisation all (d)	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 (d)	35	2.6	1.6	3.5	2 624	2.6	2.3	2.8
Pre/post natal check (d)	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 (d)	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 (d)	28	2.0	1.1	3.0	1 702	1.7	1.5	1.9
Pregnancy (d)	20	1.5	0.7	2.2	855	0.9	0.6	1.1
General check-up (d)	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.9

Table 10A.9 **Most frequent individual problems managed (in decreasing order of frequency for all encounters with Indigenous people 1998-99 to 2002-03)**

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Problems (a)</i>	<i>Rate (n=1375) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>	<i>Problems (a)</i>	<i>Rate (n=100 987) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>
1998-99 — 2002-03								
Diabetes, non-gestational (d)	389	7.1	6.0	8.2	14 019	2.8	2.7	2.9
Hypertension (d)	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 (d)	185	3.4	2.9	3.9	19 008	3.8	3.7	3.9
Immunisation all (d)	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 (d)	120	2.2	1.7	2.6	13 234	2.6	2.5	2.7
Pre/post natal check (d)	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 (d)	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 (d)	91	1.7	1.3	2.1	8 875	1.8	1.7	1.8
Pregnancy (d)	89	1.6	1.2	2.0	4 218	0.8	0.8	0.9
General check-up (d)	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	..	..	..

Table 10A.9

Table 10A.9 **Most frequent individual problems managed (in decreasing order of frequency for all encounters with Indigenous people 1998-99 to 2002-03)**

<i>Problems managed</i>	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Problems (a)</i>	<i>Rate (n=1375) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>	<i>Problems (a)</i>	<i>Rate (n=100 987) (b)</i>	<i>95% LCL (c)</i>	<i>95% UCL (c)</i>

(a) Total problems are the total number of problems managed during the total encounters.

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

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

(d) Includes multiple primary care classification codes.

.. Not applicable.

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra.

Table 10A.10

Table 10A.10 Practice location of GPs who saw Indigenous people compared with total GP sample

Practice location	2002-03			1998-99 — 2002-03		
	GPs who saw Indigenous people		Total GP sample	GPs who saw Indigenous people		Total GP sample
	Number	Per cent of GPs (n=317) (a)	Per cent of GPs (n=1008) (a)	Number	Per cent of GPs (n=1354) (a), (b)	Per cent of GPs (n=5021) (a), (b)
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., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra.

Table 10A.11

Table 10A.11      **Distribution of encounters with Indigenous and all people, by region (rural, remote and metropolitan areas [RRMA]), 1998–2003 (per cent)**

	Capital	Other metro	Large rural	Small rural	Other rural	Remote centre	Other remote/offshore	Total
Encounters with Indigenous people	30.2	4.9	11.2	13.3	19.9	11.3	9.2	<b>100.0</b>
Encounters with all people	66.4	7.7	5.7	5.9	12.6	0.7	1.0	<b>100.0</b>

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra.



Table 10A.12

Table 10A.12 **Summary of patient morbidity and management at encounters with Indigenous Australians and in the total sample**

	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Number</i>	<i>Rate</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>	<i>Number</i>	<i>Rate</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>
	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters
2002-03								
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.12

Table 10A.12 **Summary of patient morbidity and management at encounters with Indigenous Australians and in the total sample**

	<i>Encounters with Indigenous people</i>				<i>All encounters</i>			
	<i>Number</i>	<i>Rate</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>	<i>Number</i>	<i>Rate</i>	<i>95% LCL (a)</i>	<i>95% UCL (a)</i>
	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters
1998-99 — 2002-03								
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.

.. Not applicable.

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Henderson, J., Pan, Y., Bayram, C. and Harrison C. 2003, *General Practice Activity in Australia 2002-03*, Cat. no. GEP 14, Australian Institute of Health and Welfare, Canberra.

Table 10A.13

Table 10A.13 **Non-specialist non-referred attendances that were bulk billed (per cent)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
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
2003-04 (a)	76.7	65.7	64.7	65.0	63.3	52.7	36.8	61.5	68.5

(a) Includes non-referred attendances undertaken by general practice nurses.

Source : DHA (unpublished).

Table 10A.14 **Non-referred non-specialist attendances that were bulk billed, by region (per cent) (a)**

	<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>	
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
2003-04 (b)	73.0	67.2	54.7	56.6	55.7	60.5	72.0	58.7	68.5

(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.

(b) Includes non-referred attendances undertaken by general practice nurses.

Source: DHA (unpublished).

**Table 10A.15 Full time workload equivalent (FWE) GPs by region (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>
<b>1999-2000</b>								
Total GPs	16 305	1 719	1 390	1 474	2 542	309	495	24 234
FWE GPs	11 475	1 286	935	951	1 526	118	142	16 433
FWE per 100 000 people	93.2	86.1	79.4	75.0	62.9	51.6	45.2	85.5
<b>2000-01</b>								
Total GPs	16 165	1 740	1 435	1 493	2 629	311	495	24 268
FWE GPs	11 383	1 285	953	996	1 601	124	150	16 493
FWE per 100 000 people	91.5	83.5	78.4	77.5	65.0	55.3	48.0	84.7
<b>2001-02</b>								
Total GPs	16 007	1 712	1 449	1 571	2 747	310	511	24 307
FWE GPs	11 433	1 298	982	1 043	1 700	124	155	16 736
FWE per 100 000 people	90.8	83.3	79.7	80.2	68.3	54.5	49.0	84.9
<b>2002-03</b>								
Total GPs	15 792	1 729	1 452	1 560	2 847	345	535	24 260
FWE GPs (f)	11 356	1 299	993	1 069	1 757	134	165	16 772
FWE per 100 000 people (f)	89.2	82.1	80.0	81.5	70.2	59.2	52.5	84.3
<b>2003-04</b>								
Total GPs	15 725	1 757	1 459	1 587	2 899	344	552	24 323
FWE GPs	11 290	1 319	1 027	1 093	1 833	140	171	16 872
FWE per 100 000 people	87.8	81.8	81.7	82.3	72.6	61.5	54.3	83.8

(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 = 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) 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, a 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 doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which a doctor rendered the most services. FWE numbers are based on doctors' practice location postcodes at which services were rendered within the reference period.

(e) Population data — estimated resident population — calculated by the DHA was based on the ABS 2001 Census benchmark. The 2003-04 data are an interpolation between December 2003 and December 2004 data as at June 2004. 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.

(f) Data have been revised.

Source: DHA (unpublished).

Table 10A.16

Table 10A.16 **Female GPs (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>
Female GPs										
1999-2000	no.	2 674	1 964	1 623	790	658	230	188	101	8 228
2000-01	no.	2 724	1 997	1 627	829	657	238	189	119	8 380
2001-02	no.	2 766	2 036	1 651	842	674	237	181	123	8 510
2002-03	no.	2 782	2 079	1 682	843	679	250	184	152	8 651
2003-04	no.	2 829	2 091	1 768	853	680	252	181	151	8 805
Female FWEs GPs (e)										
1999-2000	no.	1 413	949	786	339	298	96	76	29	3 986
2000-01	no.	1 419	978	791	354	316	98	76	31	4 063
2001-02	no.	1 484	1 018	818	369	320	108	71	32	4 220
2002-03	no.	1 542	1 052	829	381	319	108	70	37	4 338
2003-04	no.	1 583	1 058	869	380	320	112	69	39	4 430
Female FWEs GPs as a proportion of all FWE GPs (e)										
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	%	25.9	25.4	26.0	26.2	23.6	28.7	34.4	37.9	25.9
2003-04	%	26.3	25.7	26.7	26.2	23.5	30.0	34.9	40.2	26.3
Female FWE GPs (e)										
1999-2000	per 100 000 females	43.0	39.2	43.9	36.2	39.1	40.1	47.0	30.4	41.1
2000-01	per 100 000 females	42.6	39.9	43.3	37.2	41.3	40.8	46.3	32.5	41.4
2001-02	per 100 000 females	44.1	41.0	44.0	38.2	41.6	44.8	43.3	33.2	42.4
2002-03	per 100 000 females	45.7	42.1	43.5	39.0	41.4	44.8	42.5	38.9	43.2
2003-04	per 100 000 females	46.9	42.3	45.6	38.9	41.4	46.4	42.0	41.7	44.2

Table 10A.16

Table 10A.16 **Female GPs (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>
(a) 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, a 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 registered GPs and OMPs.									
(c) GP numbers are based on doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which a doctor rendered the most services. FWE numbers are based on doctors' practice location postcodes at which services were rendered within the reference period.									
(d) Population data — estimated resident population — calculated by the DHA was based on the ABS 2001 Census benchmark. The 2003-04 data are an interpolation between December 2003 and December 2004 data as at June 2004. 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.									
(e) Data for 2002-03 have been revised.									
<i>Source:</i> DHA (unpublished).									

Table 10A.17

**Table 10A.17 Prescriptions for oral antibiotics used most commonly in the treatment of upper respiratory tract infections ordered by GPs and dispensed to patients (per 1000 people with Pharmaceutical Benefits Scheme [PBS] concession cards) (a), (b)**

	<i>Unit</i>	<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>
1999-2000											
Scripts	no.	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	no.	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	1.1	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	no.	–	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	no.	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	no.	–	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	no.	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	no.	–	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	no.	25 814	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
2003-04											
Scripts	no.	–	2 342 464	1 752 790	1 296 087	537 561	521 034	169 942	66 785	21 015	6 707 678
Concession card holders	no.	17 555	1 623 022	1 262 959	965 017	456 322	438 967	155 013	51 512	44 033	5 014 400
Rate	per 1000 holders	–	1 443.3	1 387.8	1 343.1	1 178.0	1 187.0	1 096.3	1 296.5	477.3	1 337.7



Table 10A.17

**Table 10A.17 Prescriptions for oral antibiotics used most commonly in the treatment of upper respiratory tract infections ordered by GPs and dispensed to patients (per 1000 people with Pharmaceutical Benefits Scheme [PBS] concession cards) (a), (b)**

<i>Unit</i>	<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>
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(a) The oral antibiotics used most commonly in treating upper respiratory tract infection are: phenoxymethylpenicillin (penicillin V); amoxicillin; erythromycin; roxithromycin; cefaclor; amoxicillin+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.18

**Table 10A.18 Pathology tests ordered by registered GPs and other medical practitioners (OMPs), real benefits paid (2003-04 dollars) and number of tests (a), (b), (c), (d), (e)**

		Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
1999-2000											
Benefits paid											
Benefits paid	\$m		333.7	220.4	206.8	85.0	50.2	21.6	13.1	6.3	937.0
Per person	\$		51.2	46.3	57.9	45.2	33.3	45.7	41.4	31.9	48.7
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
2000-01											
Benefits paid											
Benefits paid	\$m		320.0	219.2	202.8	86.9	65.4	21.0	14.3	6.4	936.1
Per person	\$		48.4	45.5	55.8	45.6	43.2	44.5	44.6	32.1	48.0
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
2001-02											
Benefits paid											
Benefits paid	\$m		337.3	223.1	211.1	92.9	74.8	21.8	14.6	7.3	983.0
Per person	\$		50.5	45.7	57.0	48.1	49.1	46.1	45.0	36.5	49.9
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
2002-03											
Benefits paid											
Benefits paid	\$m		336.4	227.6	210.3	96.7	72.7	21.7	15.0	7.6	988.1
Per person	\$		50.2	46.1	55.5	49.5	47.6	45.7	46.2	38.6	49.6
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
2003-04											
Benefits paid											
Benefits paid	\$m		350.2	236.9	225.2	97.6	73.4	22.1	15.3	7.6	1 028.2
Per person	\$		51.9	47.6	58.0	49.2	47.8	45.7	47.5	38.1	51.1
Tests											
Number of tests	'000		20 047	13 751	12 025	5 358	4 165	1 348	825	413	57 932
Tests per person	no.		3.0	2.8	3.1	2.7	2.7	2.8	2.6	2.1	2.9

(a) DVA data are 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 paid for items.

**Table 10A.18 Pathology tests ordered by registered GPs and other medical practitioners (OMPs), real benefits paid (2003-04 dollars) and number of tests (a), (b), (c), (d), (e)**

	<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>
(c)	Population data — estimated resident population — calculated by the DHA was based on the ABS 2001 Census benchmark. The 2003-04 data are an interpolation between December 2003 and December 2004 data as at June 2004. 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.

(e) Includes tests ordered at the request of a patient (patient episode initiated items).

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

Table 10A.19

**Table 10A.19 Diagnostic imaging ordered by registered GPs and other medical practitioners (OMPs), real benefits paid (2003-04 dollars) and number of referrals (a), (b), (c)**

		Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
1999-2000											
Benefits paid											
Benefits paid	\$m		309.9	187.7	152.5	73.4	48.9	18.7	11.6	3.4	806.0
Per person	\$		47.5	39.4	42.7	39.0	32.4	39.7	36.4	17.3	41.9
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
2000-01											
Benefits paid											
Benefits paid	\$m		304.0	185.3	149.7	74.8	50.4	18.6	12.2	3.5	798.4
Per person	\$		46.0	38.4	41.2	39.2	33.3	39.3	37.8	17.3	41.0
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
2001-02											
Benefits paid											
Benefits paid	\$m		308.4	186.8	151.3	74.1	50.4	18.8	12.5	3.4	805.7
Per person	\$		46.2	38.3	40.9	38.3	33.1	39.8	38.6	17.0	40.9
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
2002-03											
Benefits paid											
Benefits paid	\$m		307.7	188.3	150.2	76.2	51.2	18.9	12.3	3.4	808.0
Per person	\$		45.9	38.2	39.6	39.0	33.5	39.7	38.0	17.2	40.6
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
2003-04											
Benefits paid											
Benefits paid	\$m		301.8	187.8	151.9	75.4	50.7	18.2	11.9	3.3	800.9
Per person	\$		44.7	37.7	39.1	38.0	33.0	37.7	36.7	16.6	39.8
Referrals											
Number of referrals	'000		3 324	2 116	1 727	862	603	202	122	42	8 997
Referrals per person	no.		0.49	0.43	0.44	0.43	0.39	0.42	0.38	0.21	0.45

(a) DVA data are 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.19

	<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>
(c)	Population data — estimated resident population — calculated by the DHA 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.20

Table 10A.20 Practices under the Practice Incentives Program (PIP) using computers for clinical purposes, by region (a), (b)

	Unit	Capital city	Other metro centre	Large rural centre	Small rural centre	Other rural	Remote centre	Other remote	Aust
PIP practices (May 2004)	no.	2 937	354	297	290	624	54	90	4 646
SWPE (c)	no.	8 462 320	1 080 894	978 381	1 083 056	1 617 662	119 101	112 791	13 454 205
Electronic prescribing									
Share of PIP practices (August 2000)	%	70.5	75.0	83.8	80.6	80.5	60.0	62.5	50.0
Share of PIP practices (August 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
Share of PIP practices (May 2004)	%	91.0	92.0	95.0	97.0	95.0	89.0	89.0	92.0
Use computers to send and/or receive clinical data									
Share of PIP practices (August 2000)	%	82.5	83.5	91.2	89.4	88.6	84.0	84.1	68.0
Share of PIP practices (August 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
Share of PIP practices (May 2004)	%	90.0	90.0	94.0	94.0	92.0	89.0	84.0	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 = 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.21

Table 10A.21 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 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
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

Table 10A.21

Table 10A.21 **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 (May 2004)	no.	1 626	1 142	885	386	376	130	72	29	4 646
SWPE (b)	no.	4 293 285	3 523 007	2 570 220	1 280 392	1 165 225	364 524	197 215	60 337	13 454 205
Electronic prescribing	no.	1 476	1 061	821	352	348	122	71	21	4 272
Share of PIP practices	%	91.0	93.0	93.0	91.0	93.0	94.0	99.0	72.0	92.0
Use computers to send and/or receive clinical data	no.	1 458	1 048	815	354	343	116	68	24	4 226
Share of PIP practices	%	90.0	92.0	92.0	92.0	91.0	89.0	94.0	83.0	91.0

(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 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.22 **Proportion of full time workload equivalent (FWE) GPs with vocational recognition, by region (per cent) (a), (b), (c), (d)**

	Other		Large		Small		Other		Other		Aust
	metro	centre	rural	centre	rural	centre	rural area	centre	remote area		
1999-2000	90.2	93.7	94.8	92.0	90.3	83.2	68.7	90.6	90.6	91.4	
2000-01	91.4	94.2	93.2	90.2	88.1	78.5	68.5	91.0	91.0	91.0	
2001-02	92.1	93.9	90.4	88.4	84.0	77.6	62.6	90.7	90.7	90.7	
2002-03	93.0	93.9	90.0	86.1	82.6	76.1	64.9	91.0	91.0	91.0	
2003-04	93.7	93.0	90.0	86.7	83.8	71.2	68.3	91.4	91.4	91.4	

- (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 = 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) 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, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.
- (c) FWE numbers were based on doctors' practice location postcodes at which services were rendered within the reference period.
- (d) Data for 2002-03 have been revised.

Source: DHA (unpublished).

**Table 10A.23 Number and proportion of full time workload equivalent (FWE) GPs with vocational registration (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>
FWE GPs with vocational registration										
1999-2000	no.	5 281	3 648	2 857	1 288	1 199	327	212	77	14 887
2000-01	no.	5 295	3 648	2 892	1 304	1 249	330	208	81	15 007
2001-02	no.	5 452	3 682	2 866	1 319	1 244	338	203	80	15 184
2002-03	no.	5 532	3 719	2 815	1 336	1 244	337	193	80	15 257
2003-04	no.	5 595	3 738	2 882	1 338	1 261	344	189	81	15 428
Proportion of FWE GPs with vocational registration										
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
2003-04	%	92.9	91.0	88.4	92.2	92.7	92.2	95.5	82.7	91.4

(a) 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, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

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

(c) Data for 2002-03 have been revised.

Source: DHA (unpublished).

Table 10A.24

**Table 10A.24 General practices accredited by Australian General Practice Accreditation Limited**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
June 2003										
Registered for accreditation (a)										
	no.	1 623	1 125	916	368	426	145	59	42	4 704
	%	72.5	81.2	94.6	71.2	84.4	94.8	55.1	79.2	79.4
Accredited										
	no.	1 432	1 027	826	337	403	135	56	33	4 249
	%	64.0	74.2	85.3	65.2	79.8	88.2	52.3	62.3	71.7
June 2004										
Registered for accreditation (a)										
	no.	1 608	1 123	929	382	413	143	57	43	4 698
	%	71.8	81.1	96.0	73.9	81.8	93.5	53.3	81.1	79.3
Accredited										
	no.	1 458	1 036	835	350	398	136	53	34	4 300
	%	65.1	74.8	86.3	67.7	78.8	88.9	49.5	64.2	72.5

(a) Includes practices that are registered for accreditation but are not yet accredited and practices that are accredited.

Source: AGPAL (unpublished).

Table 10A.25

**Table 10A.25 GP use of 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>
<b>2001-02</b>											
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	
<b>2002-03</b>											
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	
<b>2003-04</b>											
GPs using EPC items (b)	no.	2 714	1 899	1 345	681	582	213	89	77	7 600	
Total GPs (c)	no.	6 877	5 158	3 893	1 960	1 759	567	317	220	20 751	
GPs using EPC items	%	39.5	36.8	34.5	34.7	33.1	37.6	28.1	35.0	36.6	

(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 DVA 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 registered GPs and OMPs (not including specialists or consultant physicians) 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.26

Table 10A.26 Annual voluntary health assessments for older people (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>
2001-02										
Older people assessed	no.	60 177	40 493	28 674	11 232	18 501	4 319	933	234	164 563
Older people	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
2002-03										
Older people assessed	no.	65 501	44 792	32 624	11 364	19 391	4 773	1 502	203	180 150
Older people	no.	374 970	269 443	183 903	90 319	98 365	28 408	11 414	5 601	1 062 747
Proportion assessed	%	17.5	16.6	17.7	12.6	19.7	16.8	13.2	3.6	17.0
2003-04										
Older people assessed	no.	71 865	50 746	36 272	12 893	20 258	5 365	1 546	290	199 235
Older people	no.	385 621	276 809	190 639	91 378	102 564	29 009	12 837	4 823	1 093 680
Proportion assessed	%	18.6	18.3	19.0	14.1	19.8	18.5	12.0	6.0	18.2

(a) Older people are defined as non-Indigenous people aged 75 years and over and Indigenous people aged 55 years and over, excluding people living in residential aged care facilities.

(b) Excludes services that qualify under the DVA National Treatment Account and services provided in public hospitals.

Source: DHA (unpublished).

Table 10A.27

Table 10A.27 Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2004 (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>Unknown</i>	<i>Aust</i>
Valid vaccinations provided											
Divisions of General Practice	no.	18	134	3	7	245	–	–	13	–	420
GPs	no.	8 592 892	3 981 290	2 095 819	1 850 279	1 427 981	622 078	198 376	16 439	–	18 785 154
Council	no.	677 440	3 770 979	458 710	227 436	376 253	102 552	–	–	–	5 613 370
State health department	no.	3	–	524	157 247	1 462	718	164 301	941	–	325 196
Flying doctor service	no.	2 466	–	20 856	7	3 169	–	–	–	–	26 498
Public hospital	no.	262 596	26 014	189 915	164 986	85 283	1 266	5 055	37 581	2 659	775 355
Private hospital	no.	14 505	58	1 385	70	–	105	25	4 750	–	20 898
Aboriginal health service	no.	49 751	7 638	42 552	16 654	8 451	–	1 313	35 700	1 502	162 059
Aboriginal health worker	no.	3 305	–	29 226	–	1 593	–	–	1 097	–	35 221
Community health centre	no.	750 170	67 920	307 021	533 331	202 530	3 734	166 242	406 565	–	2 439 015
Community nurse	no.	–	200	–	–	–	–	55	–	–	225
<b>Total</b>	<b>no.</b>	<b>10 353 146</b>	<b>7 854 233</b>	<b>3 146 011</b>	<b>2 950 017</b>	<b>2 106 967</b>	<b>730 453</b>	<b>535 367</b>	<b>503 086</b>	<b>4 161</b>	<b>28 183 411</b>
Proportion of total valid vaccinations											
Divisions of General Practice	%	–	–	–	–	–	–	–	–	–	–
GPs	%	83	51	66	63	68	85	37	3	–	67
Council	%	7	48	15	8	18	14	–	–	–	20
State health department	%	–	–	–	5	–	–	31	–	–	1
Flying doctor service	%	–	–	1	–	–	–	–	–	–	–
Public hospital	%	3	–	6	5	4	–	1	8	64	3
Private hospital	%	–	–	–	–	–	–	–	1	–	–
Aboriginal health service	%	–	–	1	1	–	–	–	7	36	1
Aboriginal health worker	%	–	–	1	–	–	–	–	–	–	–
Community health centre	%	7	1	10	18	10	1	31	81	–	8
Community nurse	%	–	–	–	–	–	–	–	–	–	–

Table 10A.27

Table 10A.27 **Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2004 (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>Unknown</i>	<i>Aust</i>
<b>Total</b>	<b>%</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

(a) At 30 June 2004. Data collected since 1 January 1996.

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

(c) Data reported by the State or Territory in which the immunisation provider is located.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.28

Table 10A.28 Children aged 12 months to less than 15 months who were fully immunised (per cent) (a), (b), (c), (d)

Fully immunised (e)	NSW Vic Qld WA SA Tas ACT NT Aust									
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
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	
30 June 2004	90.4	91.7	91.6	89.3	91.4	93.4	90.8	85.2	90.9	
Immunised against (at 30 June 2004)										
Diphtheria, tetanus and pertussis	92.1	93.1	92.5	90.9	92.4	94.7	92.7	87.4	92.3	
Polio	92.0	93.0	92.5	90.8	92.2	94.6	92.7	86.9	92.2	
<i>Haemophilus influenzae</i> type b	94.0	95.2	95.0	93.4	94.9	96.0	93.7	92.3	94.5	
(a) Coverage measured at 30 June for children turning 12 months of age by 31 March, by the State or Territory in which the child was located.										
(b) The Australian Childhood Immunisation Register (ACIR) 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 under-reporting by providers. Therefore, vaccine coverage estimates calculated using ACIR data are considered minimum estimates (NCIRS 2000).										
(d) NT immunisation records differ from 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).										
(e) Children assessed as fully immunised at 12 months are immunised against diphtheria, tetanus, whooping cough, polio, hepatitis b and <i>Haemophilus influenzae</i> type b.										
Source: DHA (unpublished); Hull, B. and McIntyre, P. 2000, 'A re-evaluation of immunisation coverage estimates from the Australian Childhood Immunisation Register', <i>Communicable Diseases Intelligence</i> , vol. 24, no. 6, June; NCIRS (National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases) 2000, <i>Vaccine preventable diseases and vaccination coverage in Australia, 1993-1998</i> , University of Sydney, Royal Alexandra Hospital for Children and Department of Health and Aged Care, Canberra.										



Table 10A.29

**Table 10A.29 Children aged 24 months to less than 27 months who were fully immunised (per cent) (a), (b), (c), (d)**

Fully immunised (e)	Territory in which the child was located.									
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
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	
30 June 2004	91.0	92.3	91.8	90.6	92.7	94.9	90.0	94.5	91.7	
Immunised against (at 30 June 2004)										
Diphtheria, tetanus and pertussis	95.5	95.9	95.1	94.6	95.7	97.0	95.0	97.3	95.5	
Polio	94.7	95.3	94.5	94.0	95.3	96.8	94.6	97.2	94.9	
<i>Haemophilus influenzae</i> type b	92.8	93.9	93.6	92.4	94.1	95.2	92.0	95.4	93.4	
Measles, mumps and rubella	92.9	94.0	93.6	92.9	94.1	95.8	92.4	95.8	93.5	

(a) Coverage measured at 30 June for children turning 24 months of age by 31 March, by the State or Territory in which the child was located.

(b) The ACIR 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 under-reporting by providers. Therefore, vaccine coverage estimates calculated using ACIR data are considered minimum estimates (NCIRS 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).

(e) Children assessed as fully immunised at 24 months are immunised against diphtheria, tetanus, whooping cough, polio, *Haemophilus influenzae* type b, hepatitis B and measles, mumps and rubella.

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, Royal Alexandra Hospital for Children and Department of Health and Aged Care, Canberra.

Table 10A.30

Table 10A.30 **Notifications of measles, children aged 0–14 years (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>
Notifications (no.)										
1994	no.	1 154	129	1 282	92	53	30	89	259	3 088
1995	no.	442	103	158	31	2	34	39	66	875
1996	no.	161	69	47	23	8	18	9	17	352
1997	no.	196	74	160	69	20	35	19	4	577
1998	no.	104	27	27	43	3	35	6	–	245
1999	no.	22	33	21	10	2	10	4	19	121
2000	no.	21	7	11	3	3	1	–	–	46
2001	no.	15	17	5	1	1	2	–	–	41
2002	no.	4	1	5	–	–	–	–	–	10
2003	no.	7	9	4	–	5	–	–	1	26
2004 (c)	no.	1	–	–	–	–	–	–	–	1
Notifications per 100 000 children (0–14 years)										
1994	per 100 000 children	89.1	13.7	180.5	23.9	17.6	28.0	131.0	542.2	80.0
1995	per 100 000 children	33.9	10.9	21.8	8.0	0.7	31.9	57.5	136.0	22.5
1996	per 100 000 children	12.3	7.3	6.4	5.9	2.7	17.0	13.3	34.5	9.0
1997	per 100 000 children	14.8	7.8	21.5	17.4	6.7	33.5	27.9	8.0	14.7
1998	per 100 000 children	7.8	2.8	3.6	10.8	1.0	34.2	8.9	–	6.2
1999	per 100 000 children	1.7	3.5	2.8	2.5	0.7	9.9	6.1	37.6	3.1
2000	per 100 000 children	1.6	0.7	1.4	0.7	1.0	1.0	–	–	1.2
2001	per 100 000 children	1.1	1.8	0.6	0.2	0.3	2.0	–	–	1.0
2002	per 100 000 children	0.3	0.1	0.6	–	–	–	–	–	0.3
2003	per 100 000 children	0.5	0.9	0.5	–	1.7	–	–	2.0	0.7
2004 (c)	per 100 000 children	0.1	–	–	–	–	–	–	–	0.1

Table 10A.30

Table 10A.30 **Notifications of measles, children aged 0–14 years (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>
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(a) Notified cases are likely to represent only 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 2004 are only for the period of January to June. The notification rates are estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.31

Table 10A.31 **Notifications of pertussis (whooping cough), children aged 0–14 years (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>
Notifications										
1992	no.	140	99	105	84	38	25	8	–	499
1993	no.	882	254	316	185	557	41	29	6	2 270
1994	no.	832	179	888	398	346	24	14	91	2 772
1995	no.	743	202	796	252	235	71	24	105	2 428
1996	no.	498	651	365	113	318	7	17	8	1 977
1997	no.	2 309	799	1 194	831	920	40	44	17	6 154
1998	no.	1 092	476	678	194	293	14	34	9	2 790
1999	no.	409	371	253	53	117	278	27	2	1 510
2000	no.	1 549	309	217	49	217	40	103	5	2 489
2001	no.	1 812	295	727	121	806	27	28	97	3 913
2002	no.	729	281	712	117	126	9	9	20	2 003
2003	no.	954	202	216	126	31	40	139	1	1 709
2004 (c)	no.	281	56	–	82	8	1	11	–	439
Notifications per 100 000 children (0–14 years)										
1992	per 100 000 children	10.9	10.5	15.4	22.0	12.7	23.2	11.7	–	13.1
1993	per 100 000 children	68.4	26.9	45.4	48.3	185.4	38.1	42.4	12.7	59.2
1994	per 100 000 children	64.2	19.0	125.0	103.2	115.2	22.4	20.6	190.5	71.8
1995	per 100 000 children	57.0	21.3	109.9	64.7	78.3	66.6	35.4	216.4	62.4
1996	per 100 000 children	38.0	68.7	49.6	28.8	106.2	6.6	25.1	16.2	50.5
1997	per 100 000 children	174.7	84.1	160.8	209.9	307.9	38.3	64.6	33.9	156.5
1998	per 100 000 children	82.2	49.9	90.6	48.7	98.4	13.7	50.5	17.8	70.7
1999	per 100 000 children	30.8	38.9	33.6	13.3	39.5	274.7	41.0	4.0	38.2
2000	per 100 000 children	116.0	32.3	28.5	12.2	73.8	40.1	157.1	9.9	62.8
2001	per 100 000 children	134.8	30.7	94.1	30.1	276.3	27.3	42.8	189.5	98.1

Table 10A.31

Table 10A.31 **Notifications of pertussis (whooping cough), children aged 0–14 years (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>
2002	per 100 000 children	54.5	29.3	91.1	29.3	43.5	9.2	13.9	39.4	50.3
2003	per 100 000 children	71.5	21.1	27.4	31.6	10.8	41.1	217.7	2.0	42.9
2004 (c)	per 100 000 children	42.1	11.7	–	41.2	5.6	2.1	34.5	–	22.1

(a) Notified cases are likely to represent only 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 2004 are only for the period of January to June. The notification rates are estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.32

Table 10A.32 **Notifications of *Haemophilus influenzae* type b, children aged 0–14 years (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>
Notifications										
1993	no.	119	76	58	26	44	9	9	19	360
1994	no.	49	24	30	10	16	4	1	1	135
1995	no.	23	13	8	4	6	4	1	4	63
1996	no.	10	8	8	1	6	1	2	3	39
1997	no.	11	7	12	3	2	2	–	3	40
1998	no.	11	2	6	5	1	2	–	–	27
1999	no.	8	4	5	1	3	–	1	2	24
2000	no.	4	2	7	–	1	–	–	–	14
2001	no.	6	2	2	1	2	–	–	3	16
2002	no.	4	1	1	6	2	–	–	2	16
2003	no.	4	1	3	1	1	–	–	2	12
2004 (c)	no.	–	–	–	–	1	–	–	1	2
Notifications per 100 000 children (0–14 years)										
1993	per 100 000 children	9.2	8.0	8.3	6.8	14.6	8.4	13.2	40.3	9.4
1994	per 100 000 children	3.8	2.5	4.2	2.6	5.3	3.7	1.5	2.1	3.5
1995	per 100 000 children	1.8	1.4	1.1	1.0	2.0	3.8	1.5	8.2	1.6
1996	per 100 000 children	0.8	0.8	1.1	0.3	2.0	0.9	2.9	6.1	1.0
1997	per 100 000 children	0.8	0.7	1.6	0.8	0.7	1.9	–	6.0	1.0
1998	per 100 000 children	0.8	0.2	0.8	1.3	0.3	2.0	–	–	0.7
1999	per 100 000 children	0.6	0.4	0.7	0.3	1.0	–	1.5	4.0	0.6
2000	per 100 000 children	0.3	0.2	0.9	–	0.3	–	–	–	0.4
2001	per 100 000 children	0.4	0.2	0.3	0.2	0.7	–	–	5.9	0.4
2002	per 100 000 children	0.3	0.1	0.1	1.5	0.7	–	–	3.9	0.4
2003	per 100 000 children	0.3	0.1	0.4	0.3	0.3	–	–	4.0	0.3

Table 10A.32

Table 10A.32 **Notifications of *Haemophilus influenzae* type b, children aged 0–14 years (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>
2004 (c)	per 100 000 children	–	–	–	–	0.7	–	–	4.0	0.1

(a) Notified cases are likely to represent only 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 2004 are only for the period of January to June. The notification rates are estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.33

**Table 10A.33 Participation rates of women in cervical screening programs, by age group (per cent) (a), (b), (c)**

Age group (years)	NSW	Vic (d)	Qld (e)	WA (d)	SA (f)	Tas ACT (d)	NT	Aust	
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									
Age standardised (g)	56.9	64.1	na	61.9	62.2	60.9	64.2	64.9	60.6
Ages 20–69 years									
Age standardised (g)	61.4	69.3	na	66.1	68.1	66.8	67.8	65.8	65.4
Age standardised (g)									
1999 and 2000	60.8	68.9	na	65.4	67.6	66.3	67.6	64.5	64.8
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									
Age standardised (g)	55.2	60.4	55.4	58.5	59.5	58.9	61.4	65.3	57.5
Age standardised (g)									
Age standardised (g)	55.0	60.4	54.5	57.4	60.4	59.4	59.5	60.7	57.2
Ages 20–69 years									
Age standardised (g)	60.7	66.6	60.2	63.5	66.7	66.0	65.3	66.4	63.1
Age standardised (g)									
Age standardised (g)	60.2	66.2	59.5	62.8	66.2	65.5	65.1	65.6	62.6



Table 10A.33

**Table 10A.33 Participation rates of women in cervical screening programs, by age group (per cent) (a), (b), (c)**

Age group (years)	NSW	Vic (d)	Qld (e)	WA (d)	SA (f)	Tas	ACT (d)	NT	Aust
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									
Age standardised (g)	54.2	59.4	54.0	58.2	58.8	60.4	59.6	62.4	50.9
Ages 20–69 years									
Age standardised (g)	54.7	60.2	53.9	57.8	60.7	61.1	58.3	57.8	56.9
Ages 20–69 years									
Age standardised (g)	59.9	65.8	58.7	63.3	66.1	67.1	63.4	63.6	62.2
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									
Age standardised (g)	53.5	58.0	51.7	55.8	57.6	57.7	58.6	na	55.0
Age standardised (g)									
Age standardised (g)	53.1	57.9	50.6	54.3	58.4	57.8	56.6	na	54.6
Ages 20–69 years									
Age standardised (g)	59.3	64.6	56.4	60.9	65.2	65.1	62.6	na	60.9
Age standardised (g)									
Age standardised (g)	59.3	64.8	56.2	60.7	65.2	64.9	63.3	na	60.9

Table 10A.33

**Table 10A.33 Participation rates of women in cervical screening programs, by age group (per cent) (a), (b), (c)**

Age group (years)	NSW	Vic (d)	Qld (e)	WA (d)	SA (f)	Tas	ACT (d)	NT	Aust
2002 and 2003									
20–24	45.0	49.3	49.3	51.2	52.6	59.2	49.3	59.3	48.7
25–29	56.7	61.2	56.7	60.2	63.1	63.7	59.2	61.5	58.8
30–34	62.1	65.9	59.4	64.1	67.5	66.1	65.6	61.4	63.3
35–39	62.7	67.0	59.4	64.5	68.2	65.8	64.7	62.4	63.8
40–44	62.9	67.3	59.7	64.4	68.1	65.7	65.4	60.6	64.0
45–49	64.2	69.9	60.5	64.8	70.1	65.6	66.8	63.5	65.5
50–54	61.6	68.1	57.8	61.6	67.2	63.2	66.1	61.1	63.0
55–59	64.4	72.6	59.7	63.1	70.9	66.7	71.2	65.7	66.1
60–64	54.2	62.0	50.6	54.1	62.7	56.3	63.4	51.3	56.3
65–69	45.9	54.2	44.3	47.4	54.4	49.0	53.7	44.4	48.8
70–74	17.0	17.8	21.2	18.0	19.9	14.1	16.8	26.8	18.2
75–79	6.6	6.6	8.8	6.6	8.1	5.1	4.9	10.8	7.1
80–84	2.0	2.2	2.9	2.0	2.2	1.7	1.9	4.1	2.2
Ages 20–84 years	52.7	57.4	51.9	55.5	57.4	55.9	58.2	59.6	54.6
Age standardised (g)	52.6	57.4	51.0	54.1	58.2	56.1	56.0	54.5	54.2
Ages 20–69 years	58.7	63.9	56.8	60.7	65.0	63.2	62.3	61.0	60.5
Age standardised (g)	58.8	64.2	56.6	60.5	65.1	63.1	62.8	60.2	60.6

- (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) In 2001, the ABS carried out a full population Census and a National Health Survey. These led to the revision of the ABS estimated resident population (ERP) data, the introduction of a new Australian standard population for use in age standardisation, and the production of new estimates of hysterectomy status among Australian women. The denominators for participation rates for 2001 and 2002, and 2002 and 2003 have been calculated using the 2001 ABS National Health Survey hysterectomy fractions and the revised ERP values, and age adjusted using the 2001 Australian standard population. The denominators for the equivalent rates for previous years were calculated using the 1995 ABS National Health Survey hysterectomy fractions and unreviised ERP values, and age adjusted using the 1991 Australian standard population. The combined effect of these changes is that participation rates before 2001 and 2002 are on average 1–2 percentage points higher than equivalent rates for subsequent years.
- (c) Recent fluctuations in participation rates over time and across jurisdictions may be influenced by improvements in record linkage procedures in the State and Territory screening registers. These allow more accurate tracking of individual screening participants over time and may lead to an apparent decrease of up to 3 percentage points in recorded participation rates.
- (d) Some State and Territory cervical cytology registers register only 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 registered only women with a valid ACT address.
- (e) 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.
- (f) 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.

Table 10A.33

Table 10A.33 **Participation rates of women in cervical screening programs, by age group (per cent) (a), (b), (c)**

Age group (years)	NSW	Vic (d)	Qld (e)	WA (d)	SA (f)	Tas	ACT (d)	NT	Aust
(g)	Rates are age standardised to the Australian 1991 population, except for the 2001 and 2002; and 2002 and 2003 rates, which are age standardised to the Australian 2001 population.								
	na Not available.								

Source : DHA (unpublished).

Table 10A.34

Table 10A.34 **Influenza vaccination coverage, people aged 65 years or over**

	<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>
2003										
People vaccinated	no.	663 100	499 300	327 700	171 800	186 200	51 600	23 200	5 400	1 928 300
Target population	no.	869 000	642 300	448 400	219 100	225 000	67 300	28 700	8 000	2 507 900
People vaccinated	%	76.3	77.7	73.1	78.4	82.8	76.7	80.7	68.1	76.9
2002										
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 2004, *2003 Influenza Vaccine Survey: Summary Results*, AIHW Cat. no. PHE 51, Canberra; AIHW 2003, *2002 Influenza Vaccine Survey, Summary Results*, AIHW cat. no. PHE 46, Canberra.

**Table 10A.35 Standardised hospital separations for Type 2 diabetes mellitus as principal diagnosis by complication, all hospitals, 2002-03 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Circulatory	10.3	22.8	13.5	25.1	36.0	np	np	np	18.4
Renal	11.5	18.4	14.1	15.3	17.2	np	np	np	15.5
Ophthalmic	63.5	74.0	46.6	111.9	85.9	np	np	np	70.6
Other specified	40.6	67.6	59.6	58.1	70.4	np	np	np	56.9
Multiple	15.9	30.1	34.2	31.1	56.0	np	np	np	31.3
No complications	6.5	11.1	5.1	5.3	19.6	np	np	np	8.5
<b>Total</b>	<b>148.6</b>	<b>224.1</b>	<b>173.6</b>	<b>246.9</b>	<b>285.8</b>	<b>np</b>	<b>np</b>	<b>np</b>	<b>201.5</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 and reported by location of the episode. 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.
- (m) Data for Tasmania, the ACT and the NT are not published separately (due to private hospital confidentiality arrangements) but are included in the total for Australia.

**np** Not published.

Source : ALHW (unpublished).

**Table 10A.36 Separations for principal diagnosis of Type 2 diabetes mellitus that were same day by complication, all hospitals, all episode types, 2002-03 (per cent) (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Circulatory	12.9	24.1	14.1	21.9	23.6	np	np	np	19.8
Renal	13.0	16.1	7.3	18.5	13.5	np	np	np	15.3
Ophthalmic	86.3	83.3	86.8	78.2	85.5	np	np	np	84.0
Other specified	12.3	25.1	16.9	7.4	20.9	np	np	np	18.5
Multiple	6.3	–	18.2	–	54.6	np	np	np	19.6
Unspecified	5.6	13.5	26.1	6.1	64.1	np	np	np	28.8
No complications	18.4	60.5	9.5	9.1	44.1	np	np	np	36.4
<b>Total</b>	<b>43.7</b>	<b>43.7</b>	<b>35.9</b>	<b>40.9</b>	<b>50.5</b>	<b>np</b>	<b>np</b>	<b>np</b>	<b>43.7</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 and reported by location of the episode. 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 distortion 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.
- (m) Data for Tasmania, the ACT and the NT are not published separately (due to private hospital confidentiality arrangements) but are included in the total for Australia.

– Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished).

Table 10A.37 **Standardised hospital separations for lower limb amputation with principal or additional diagnosis of Type 2 diabetes, all hospitals, 2002-03 (a), (b), (c)**

	<i>Unit</i>	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
ASR (d)	per 100 000 people	10.6	14.7	15.3	15.9	14.6	np	np	np	13.9
Crude	per 100 000 people	11.2	15.4	15.0	14.9	16.9	np	np	np	14.1
Separations	no.	743	752	562	288	257	np	np	np	2 780

(a) Includes unspecified diabetes. Separation rates are age adjusted to 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.

(c) Data for Tasmania, the ACT and the NT are not published separately (due to private hospital confidentiality arrangements) but are included in the total for Australia.

(d) ASR = Age standardised rate  
np Not published.

Source : ALHW (unpublished).

Table 10A.38

Table 10A.38 **Standardised separation rates of older people for injuries due to falls, 2002-03 (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Separations per 1000 older people	71.4	66.6	62.9	69.5	54.6	np	np	np	66.1
Number	30 080	20 192	13 124	7 078	6 091	np	np	np	79 118

- (a) Separation rates are directly age standardised to the Australian population at 30 June 2001.
- (b) Older people are defined as non-Indigenous people aged 75 years and over and Indigenous people aged 55 years and over, excluding people living in residential aged care facilities.
- (c) Data for Tasmania, the ACT and the NT are not published separately (due to private hospital confidentiality arrangements) but are included in the total for Australia.

**np** Not published.

Source : AIHW (unpublished).



**Australian Government****Table 10A.39 Community health services programs***Programs funded by the Australian Government during 2003-04*

<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 (RCDI)	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.
7 National Falls Prevention for Older People	This Program provides community information services on how to prevent falls and the development of training packages for nurses.

Table 10A.39

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

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- 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 DHA 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.
- 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.
- 7 These services are funded through the DHA budget.

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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 DHA 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.
- 7 Performance targets against key functions of Population Health and financial reporting are published in the DHA Annual Report.

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Source: Australian Government (unpublished).

Table 10A.40

**New South Wales****Table 10A.40 Community health services programs***Programs funded by NSW Government during 2003-04*

<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 and audiology), specialist medical services, early childhood nursing, 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, such as mental health, violence prevention and pregnancy services and physical activity, smoking cessation and health improvement programs.
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 education, counselling, screening and the management of sexually transmitted diseases including HIV and Hepatitis A, B and C.
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.40

<i>Programs funded by NSW Government during 2003-04</i>	
<i>Program</i>	<i>Description</i>
Community acute/post acute care services	Providing acute care in the community which is a substitution for hospitalisation, including medical, nursing, allied health services (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 non-emergency transport for people accessing healthcare.
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, and drug and alcohol services.

Table 10A.40

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*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 State-wide health policies and guidelines. Each area's 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 2003-04, the annual State-wide allocation to primary and community-based services was over \$736 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 as non-admitted patient occasions of service (NAPOOS). NAPOOS are measured in terms of the number of occasions on which one or more healthcare professionals provides a service to a non-admitted patient. AHSs report the level of NAPOOS activity to the Department of Health on a quarterly basis.

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Source: NSW Government (unpublished).

**Victoria****Table 10A.41 Community health services programs***Programs funded by the Victorian Government during 2003-04*

<i>Program</i>	<i>Description</i>
Community health	Providing primary healthcare services located in all local government areas from over 250 service sites. Services include a range of allied health services — audiology, nutrition, occupational therapy, physiotherapy, podiatry and speech therapy, as well as counselling, GP services and nursing. Community health services provide integrated healthcare focused on health promotion, early intervention and chronic disease management to improve health outcomes and reduce demand for acute health services.
Family	Providing a service to people with special needs 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 healthcare for homeless and otherwise at risk young people through innovative approaches and through increasing access to mainstream and specialist services (Australian Government 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.

Table 10A.41

<i>Program</i>	<i>Description</i>
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.
Primary Care Partnerships (PCP)	In Victoria, the State Government initiated the PCP Strategy in 2000 to improve the health and wellbeing of people using primary healthcare 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, 31 Partnerships that include key primary healthcare 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 healthcare.

Table 10A.41

<i>Program</i>	<i>Description</i>
<i>Indigenous specific programs</i>	
Medical services	<p>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.</p> <p>(a) Victorian Aboriginal Health Service (VAHS): The aim of VAHS is to provide a culturally appropriate primary healthcare 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.</p> <p>(b) <i>Other Aboriginal medical services</i>: These provide a more limited range of health services. In 2003-04 Aboriginal cooperatives received \$21.8 million from the Department of Human Services (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).</p>
Alcohol and drug services	<p>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.</p>



Table 10A.41

<i>Program</i>	<i>Description</i>
Health promotion	A range of Koori specific health promotion programs are funded by the DHS and VicHealth. These are provided through both Koori and mainstream agencies.
Primary Care Partnerships	PCPs in 2002-03 that had a Koori component: Bendigo/Loddon Youth Arts Network; East Gippsland Koori Health Promotion; Northern Central Metro Aboriginal Health; South West Healthy Communities; and Wellington Health Screening — cardiovascular and diabetes.
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.
Koori mental health liaison officers	These DHS positions are funded by Mental Health Branch and regional offices to improve access to and efficacy of mental health services for Aboriginal communities.

*Source:* Victorian Government (unpublished).

Table 10A.42

**Queensland****Table 10A.42 Community health services programs***Programs funded by Qld Government during 2003-04*

<i>Program</i>	<i>Description</i>
Child, youth and women's health	Providing 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	Providing 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 healthcare	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, and education related to men's health.
Allied health	Covering health promotion, physiotherapy, speech pathology, multidisciplinary programs (eg cardiac rehabilitation), and 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.

Table 10A.42

<i>Program</i>	<i>Description</i>
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	Providing a comprehensive clinical, educational and psychosocial service, targeting all aspects of sexual health.
Indigenous Health	Providing a range of primary and community healthcare services and activities, spanning the prevention, management and maintenance continuum, that address particular needs of Indigenous communities. This includes 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 healthcare.

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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.43

**Western Australia****Table 10A.43 Community health services programs***Programs funded by WA Government during 2003-04*

<i>Program</i>	<i>Description</i>
Child and maternal	Community-based services provided to parents of new-borns and infants include: screening and early detection of health problems, immunisation, advice and support to parents on infant care and a range of common health conditions, early intervention services for children with developmental difficulties and health promotion activity. Services were delivered in child health clinics, child development centres, community based centres or in the home environment.
School and youth	Covering support and education to school age children, school screening, and advice and consultancy to school principals and pastoral care teams. Services for school-age children and youth include: screening and early detection of health problems, immunisation, health promotion, early intervention services for children with developmental difficulties and advice and consultancy to school principals and pastoral care teams. Services are predominantly delivered in the school environment however early interventions services may be centre based.
Gender	Providing a range of community-based health services mostly targeting women. Services include: health promotion, education and therapeutic services.
Adult and ageing	Providing a limited range of community-based health services to clients in older age groups. Services provided in regional areas are tailored to meet community needs wherever possible. Services focus on health promotion activity particularly related to the prevention of complex or chronic conditions.

Table 10A.43

<i>Program</i>	<i>Description</i>
Primary health	Providing support for local strategies to improve collaboration at the community health/general practice interface through the development of prevention focussed service models. Provides state-wide policy development in partnership with the Australian Government and other State agencies and focuses on developing 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.

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

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

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*Reporting associated with the above programs*

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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.

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*Source:* WA Government (unpublished).

Table 10A.44

**South Australia****Table 10A.44 Community health services programs***Programs funded by SA Government during 2003-04*

<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	Providing clinical services in respect to cervix screening, additional resources are committed to providing resources for promotion to Aboriginal people.
Step down unit facilities	Providing assistance in respect to travel, accommodation and logistical arrangements for Aboriginal people travelling from rural and remote areas to Adelaide to receive tertiary healthcare.
Aboriginal mental health	Dedicated Aboriginal Health Worker positions are funded in both mainstream health services and Aboriginal Community Controlled Services.
Healthy ways project	Focussing on improving nutrition standards and reduction in tobacco use by Aboriginal people in seven select locations in SA.
Improving Indigenous birthing outcomes	Implementing strategies to improve birthing outcomes for Aboriginal babies.
Aboriginal health team	Assisting and advising the Aboriginal community with information and access to services, provide health screenings, diabetes care and Peelies bus.
Community midwifery services	Providing regional home care to support women after the birth of a baby.
Aged care assessment teams	Providing assessment, information and support for older persons and their carers if they require entry to a residential facility or to maximise independence in their homes.
Community aged care packages (CACP)	Providing planned and coordinated packages of community care services that assist people with complex needs to remain living in their own home.

Table 10A.44

<i>Program</i>	<i>Description</i>
Community services	Providing home support services including home help, personal care, Aboriginal home support, home oxygen, respite and equipment.
Continence (adult and paediatric)	Providing education, counselling and conditioning therapy in all areas of continence management.
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.
Mental health team	Assessment, counselling, support, information and education on mental health 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.

Table 10A.44

<i>Program</i>	<i>Description</i>
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, and voice difficulties for any age; and help with communication issues for adults.
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 healthcare	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; and 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.44

<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, taking into consideration 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 healthcare services and programs through 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 healthcare services and programs through multidisciplinary teams in 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 healthcare 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.44

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*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 Australian Government and State) and are acquitted according to the appropriate requirements. Dental services are funded through the SA Dental Service, a State-wide 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 Department Human Services (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 Australian Government 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 (MDS). Other reporting includes the monthly Management Summaries - DHS: the Palliative Care Minimum Data Set; the Mental Health MDS; the ACAT MDS; the CACP Provider Claim Forms; the HACC MDS; and the Commonwealth State/Territory Disability Agreement (CSTDA) MDS.

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Source: SA Government (unpublished).

Table 10A.45

**Tasmania****Table 10A.45 Community health services programs***Programs funded by Tasmanian Government during 2003-04*

<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 healthcare 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 nursing, community rehabilitation and allied health services (community podiatry, occupational therapy, physiotherapy and speech pathology) that contribute to rehabilitation.
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.45

<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, 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 healthcare 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 and 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 healthcare within the prison environment, outpatient medical and mental healthcare at the remand centres and prison farm as well as community-based forensic mental health services and court liaison services.

Table 10A.45

<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 screening services as well as providing educational promotions.

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

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

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*Reporting associated with the above programs*

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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.

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*Source:* Tasmanian Government (unpublished).

**Australian Capital Territory****Table 10A.46 Community health services programs***Programs funded by ACT Government during 2003-04*

<i>Program</i>	<i>Description</i>
Alcohol and drug program	Covering information and advice, withdrawal services, methadone and alternative pharmacotherapies, case management and counselling, diversion services, needle and syringe exchanges, and corrections health services which provide a multidisciplinary service to detainees in remand and youth detention centres.
Dental health program	Covering dental services with specific child and youth, adult and emergency dental services, and denture services.
Integrated healthcare program	Providing health services covering acute and/or post-acute conditions, and chronic health problems. Includes allied health and community nursing. Provides assessment, treatment, case management and discharge planning services.
Child, youth and women's health	Covering post-natal parenting information services, child health checks, immunisations, child at risk assessments 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, and equipment and prosthesis loans.

*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's annual report.

Source: ACT Government (unpublished).

Table 10A.47

**Northern Territory****Table 10A.47 Community health services programs***Programs funded by NT Government during 2003-04*

<i>Program</i>	<i>Description</i>
Maternal, child and youth health services	Providing a range of services including growth surveillance/promotion and immunisation of infants, assisted in remote areas by visiting and on-site paediatric specialist nurses, Aboriginal health workers and child health workers. Ante-natal care is available in all remote community health centres and is enhanced by the Strong Women Strong Babies Strong Culture program.
Public health nutrition and physical activity services	Monitoring and improving the local food supply, and providing nutrition education.
Preventable chronic disease services	Providing visiting and on-site support to remote primary healthcare teams to systematise health centre activity to maximise early detection and best practice management of chronic diseases, including support for population registers and recall systems.
Remote health services	Ensure primary healthcare services are delivered to the remote population of the NT through a network of 52 remote health centres. Core primary healthcare services include 24 hour emergency services, primary clinical care, population health programs, access to retrieval services, medical and allied health specialist services, provision of essential medications.
Australian bat lyssavirus pre- and post-exposure Prophylaxis (and rabies post-exposure)	Providing rabies vaccine for pre-exposure prophylaxis to Australian bat lyssavirus (ABL) to persons at risk due to occupational exposure. Post-exposure rabies immunoglobulin and vaccine is administered by the Centre for Disease Control (CDC) in Darwin and regional CDC's. Education programs are provided to the community and to occupational groups.
TB Control Unit	Covering the screening of high risk groups (such as, refugees, prisoners, health workers); monitoring and administration of directly observed treatment for active TB and leprosy; remote community visits to implement preventive and early diagnostic strategies (treatment of latent TB infection, community screening); and provision of information to the public, service providers, and governments.

Table 10A.47

<i>Program</i>	<i>Description</i>
Urban Community Health Services	Providing a range of primary healthcare, acute (HITH), palliative care, health promotion, early childhood, community nursing, school entry screening services, to all residents of major NT centres, including Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs. Services are provided from Community Health Centres, but are also provided in school settings and clients' homes.
Oral Health Services	Providing oral health promotion, screening and treatment to all children up to school leaving age. Services to eligible adults are provided from remote community health centres and town-based clinics.

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

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The services were funded through an identified program within the NT Department of Health and Community Services budget.

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*Reporting associated with the above programs*

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There are performance targets against key functions of community health and public health services. Financial reports are published in Department of Health and Community Services annual report.

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*Source:* NT Government (unpublished).