

10A Primary and community health — attachment

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

This file is available in Adobe PDF format on the Review web page (www.pc.gov.au/gsp). 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, 2002-03**

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

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

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

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

(d) One case conference was indirect consultation.

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

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

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

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

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

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

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

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

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

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

– Nil or rounded to zero.

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

Table 10A.3

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

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

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

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

Table 10A.4

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

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

- (a) Full time workload equivalents (FWEs) are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, an FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.
- (b) GP and FWE numbers include GPs and other medical practitioners (OMPs).
- (c) GP numbers are based on the doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which the doctor rendered the most services. FWE numbers are based on the doctors' practice location postcodes at which services were rendered within the reference period.
- (d) Population data – estimated resident population was based on the ABS 2001 Census benchmark. The 2002-03 data are an interpolation between December 2002 and December 2003 data as at June 2003. External territories are excluded from State and Territory totals, but included in the totals for Australia consistent with the Australian Bureau of Statistics (ABS) publication Cat. No. 3101.0.

Source: DHA (unpublished).

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

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

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

Source: DHA (unpublished).

Table 10A.6

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

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

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

Source: DHA (unpublished).

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

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

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

Source: DHA (unpublished).

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

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

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

Source: DHA (unpublished).

Table 10A.9

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

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

na Not available. – Nil or rounded to zero.

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

Table 10A.10

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

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

Table 10A.10

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

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

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

(c) Includes multiple primary care classification codes.

Table 10A.10

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

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

Table 10A.11

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

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

(a) Missing data removed.

(b) Unweighted data.

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

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

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

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

Table 10A.13

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

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

Table 10A.13

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

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

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

Table 10A.14

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

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

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

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

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

Source: DHA (unpublished).

Table 10A.15

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

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

Table 10A.15

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

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

na Not available.

Source: DHA (unpublished).

Table 10A.16

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

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

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

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

Source: DHA (unpublished).

Table 10A.17

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

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

- (a) Full time workload equivalents (FWEs) are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, an FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.
- (b) Full time workload equivalent numbers were based on the doctors' practice location postcodes at which services were rendered within the reference period.

Source: DHA (unpublished).

Table 10A.18

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

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

Source: AGPAL (unpublished).

Table 10A.19

Table 10A.19

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

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

(a) The EPC items include multidisciplinary care plans (A15 subgroup1) and case conferences (A15 subgroup 2, excluding items relating to consultant physician and psychiatrists). It does not include services that qualify under the Department of Veterans' Affairs National Treatment Account or services provided in public hospitals.

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

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

Source: DHA (unpublished).

Table 10A.20

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

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

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

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

Source: DHA (unpublished).

Table 10A.21

Table 10A.21

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

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

(a) The oral antibiotics used most commonly in upper respiratory tract infection are: phenoxymethylpenicillin (penicillin V); 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.22

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

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

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

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

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

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

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

Table 10A.23

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

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

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

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

Table 10A.23

| | <i>Unit</i> | <i>NSW</i> | <i>Vic</i> | <i>Qld</i> | <i>WA</i> | <i>SA</i> | <i>Tas</i> | <i>ACT</i> | <i>NT</i> | <i>Aust</i> |
|--|-------------|------------|------------|------------|-----------|-----------|------------|------------|-----------|-------------|
|--|-------------|------------|------------|------------|-----------|-----------|------------|------------|-----------|-------------|

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

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

Table 10A.24

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

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

Source: DHA (unpublished).

Table 10A.25

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

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

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

Source: DHA (unpublished).

Table 10A.26

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

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

- (a) Capital city = State and Territory capital city statistical divisions; other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; large rural centre = statistical local areas (SLAs) where most of the population resides in urban centres with a population of 25 000 or more; small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; other rural area = all remaining SLAs in the rural zone; remote centre = SLAs in the remote zone containing populations of 5000 or more; other remote area = all remaining SLAs in the remote zone.
- (b) Full time workload equivalents (FWEs) are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, an FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.
- (c) GP and FWE numbers include GPs and other medical practitioners (OMPs).
- (d) GP numbers are based on the doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which the doctor rendered the most services. FWE numbers are based on the doctors' practice location postcodes at which services were rendered within the reference period.
- (e) Population data – estimated resident population was based on the ABS 2001 Census benchmark. The 2002-03 data are an interpolation between December 2002 and December 2003 data as at June 2003. External territories are excluded from State and Territory totals, but included in the totals for Australia consistent with the Australian Bureau of Statistics (ABS) publication Cat. No. 3101.0.

Source: DHA (unpublished).

Table 10A.27

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

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

- (a) Full time workload equivalents (FWEs) are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, an FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.
- (b) GP and FWE numbers include GPs and other medical practitioners (OMPs).
- (c) GP numbers are based on the doctors' major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which the doctor rendered the most services. FWE numbers are based on the doctors' practice location postcodes at which services were rendered within the reference period.
- (d) Population data – estimated resident population was based on the ABS 2001 Census benchmark. The 2002-03 data are an interpolation between December 2002 and December 2003 data as at June 2003. External territories are excluded from State and Territory totals, but included in the totals for Australia consistent with the Australian Bureau of Statistics (ABS) publication Cat. No. 3101.0.

Source: DHA (unpublished).

Table 10A.28

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

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

Table 10A.28

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

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

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

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.29

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

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

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

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

Table 10A.30

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

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

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

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

Table 10A.31

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

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

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

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

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

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.32

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

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

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

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

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

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.33

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

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

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

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

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

– Nil or rounded to zero.

Source: DHA (unpublished);

Table 10A.34

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

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

Table 10A.34

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

Table 10A.34

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

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

na Not available.

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

Table 10A.35

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

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

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

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

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

Source: AIHW (unpublished).

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

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

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

Source: AIHW (unpublished).

Table 10A.38

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

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

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

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

ASR = Age standardised rate

Source: AIHW (unpublished).

Table 10A.39

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

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

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

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

Source: AIHW (unpublished).

Table 10A.40

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

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

How the above programs were dealt with in a budgetary context

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

Table 10A.40

Australian Government

5 The Program's funding is from Bill 1.

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

Reporting associated with the above programs

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

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

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

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

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

Source: Australian Government (unpublished).

Table 10A.41

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

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

Table 10A.41

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

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

Table 10A.41

New South Wales

How the above programs were dealt with in a budgetary context

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

Reporting associated with the above programs

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

Source: NSW Government (unpublished).

Table 10A.42

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

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

Table 10A.42

Victoria

Primary Care Partnerships

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

Indigenous specific programs

Medical services

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

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

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

Alcohol and drug services

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

Health promotion

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

Primary Care Partnerships

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

Table 10A.42

Victoria

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

Source: Victorian Government (unpublished).

Table 10A.43

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

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

Table 10A.43

Queensland

Indigenous Health

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

How the above programs were dealt with in a budgetary context

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

Reporting associated with the above programs

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

Source: Queensland Government (unpublished).

Table 10A.44

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

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

How the above programs were dealt with in a budgetary context

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

Reporting associated with the above programs

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

Source: WA Government (unpublished).

Table 10A.45

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

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

Table 10A.45

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

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

Table 10A.45

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

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

Table 10A.45

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

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

Table 10A.45

South Australia

How the above programs were dealt with in a budgetary context

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

Reporting associated with the above programs

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

Source: SA Government (unpublished).

Table 10A.46

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

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

Table 10A.46

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

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

Table 10A.46

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

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

How the above programs were dealt with in a budgetary context

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

Reporting associated with the above programs

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

Source: Tasmanian Government (unpublished).

Table 10A.47

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

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

How the above programs were dealt with in a budgetary context

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

Reporting associated with the above programs

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

Source: ACT Government (unpublished).

Table 10A.48

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

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

How the above programs were dealt with in a budgetary context

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

Reporting associated with the above programs

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

Source: NT Government (unpublished).