10A Primary and community health — attachment

Definitions for the indicators and descriptors in this attachment are in section 10.5. Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat. Unsourced information was obtained from the Australian, State and Territory governments.

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

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Table 10A.1 **Types of encounter, 2004-05**

	Number	*Rate* (a) (*n= 87 030*)	*95% LCL* (b)	*95% UCL* (b)	*Direct encounters* (*n=84 775*)	*Encounters paid by Medicare* (*n=81 582*)
	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	%	%
General practitioners	954	..	..	..	..	..
Direct encounters	84 775	97.4	97.1	97.7	100.0	..
No charge	457	0.5	0.2	0.9	0.5	..
MBS items of service (b)	81 582	93.7	93.3	94.2	96.2	100.0
Short surgery consultations	850	1.0	0.3	1.6	..	1.0
Standard surgery consultations	67 140	77.2	76.0	78.2	..	82.3
Long surgery consultations	8 614	9.9	9.2	10.6	..	10.6
Prolonged surgery consultations	627	0.7	0.1	1.3	..	0.8
Home visits	790	0.9	0.2	1.6	..	1.0
Hospital	193	0.2	–	2.0	..	0.2
Residential aged care facility	979	1.1	–	3.2	..	1.2
Enhanced Primary Care items	311	0.4	–	0.9	..	0.4
Case conference	3	–	–	1.4	..	–
Care plan	159	0.2	–	0.9	..	0.2
Health assessments	150	0.2	–	0.7	..	0.2
Other items	2 076	2.4	0.6	4.2	..	2.5
Workers compensation	2 132	2.5	2.1	2.8	2.5	..
Other paid (hospital, state, etc.)	605	0.7	0.1	1.3	0.7	..
Indirect encounters	2 256	2.6	2.1	3.1	..	..
Missing	7 355	..	..	..	..	..
Total encounters	**94 386**	..	..	..	..	..

Table 10A.1 **Types of encounter, 2004-05**

	Number	*Rate* (a) *(n= 87 030)*	*95% LCL* (b)	*95% UCL* (b)	*Direct encounters (n=84 775)*	*Encounters paid by Medicare (n=81 582)*

UCL = upper confidence limit; LCL = lower confidence limit.

(a) Missing data removed. Per cent base (N) = 87 030.

(b) Includes 2983 encounters that were recorded with patients who held an Australian Repatriation health card.

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

Source: Britt, H., Miller, G.C., Knox, S., Charles, J., Valenti, L., Pan, Y., Henderson, J., Bayram, C., O’Halloran, J. and Ng, A. 2005, *General Practice Activity in Australia 2004–05*, Cat. no. GEP 18, Australian Institute of Health and Welfare, Canberra.

Table 10A.2 **Australian Government real expenditure per person on GPs (2004-05 dollars) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2000-01	187	181	187	159	193	172	148	100	181
2001-02	195	186	191	164	199	185	146	102	187
2002-03	193	184	184	162	196	183	139	104	184
2003-04	197	183	187	162	198	182	135	106	186
2004-05	227	209	216	183	225	209	154	115	213

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

(b) DVA data include consultations by local medical officers (LMO), whether vocationally registered GPs or not. From available files, it is not possible to extract the amounts paid to LMOs (as opposed to specialists) for procedural items. It is expected, however, that the amounts for LMO procedural services are small compared with payments for LMO consultations.

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

Table 10A.3 Medical practitioners billing Medicare and full time workload equivalent (FWE) GPs (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
GP numbers										
2000-01	no.	7 983	5 881	4 681	2 365	2 016	643	421	278	24 268
2001-02	no.	7 991	5 887	4 713	2 353	2 023	653	406	281	24 307
2002-03	no.	7 888	5 878	4 760	2 365	1 983	653	407	326	24 260
2003-04	no.	7 910	5 881	4 823	2 348	1 974	655	395	337	24 323
2004-05	no.	7 975	5 954	4 964	2 353	2 004	656	413	350	24 669
FWE GPs										
2000-01	no.	5 770	4 098	3 177	1 424	1 345	366	219	94	16 493
2001-02	no.	5 898	4 144	3 212	1 443	1 351	382	212	93	16 736
2002-03	no.	5 959	4 144	3 181	1 458	1 354	376	203	97	16 772
2003-04	no.	6 021	4 110	3 260	1 451	1 360	374	198	98	16 872
2004-05	no.	6 222	4 167	3 389	1 457	1 364	378	200	95	17 273
FWE GPs per 100 000 people										
2000-01	FWE GPs per 100 000 people	87.8	85.2	87.5	74.8	89.1	77.7	68.7	47.0	85.0
2001-02	FWE GPs per 100 000 people	88.9	85.3	86.6	74.9	89.1	80.8	66.1	46.2	85.2
2002-03	FWE GPs per 100 000 people	89.2	84.3	83.7	74.7	88.8	78.8	62.8	48.5	84.4
2003-04	FWE GPs per 100 000 people	89.5	82.6	84.0	73.1	88.8	77.5	61.0	48.6	83.9
2004-05	FWE GPs per 100 000 people	91.7	82.8	85.6	72.3	88.5	77.9	61.5	47.2	84.9

(a) FWEs are calculated for each practitioner by dividing the practitioner’s Medicare billing by the mean billing of full time practitioners for that reference period. For example, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

(b) GP and FWE numbers include GPs and other medical practitioners (OMPs).

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

Source: DHA (unpublished).

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

	NSW and ACT (d)	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (d)*	*NT*	*Aust*
1999-2000	25	23	24	19	8	–	18	117
2000-01	27	16	24	21	8	5	23	124
2001-02	24	19	25	21	8	5	26	128
2002-03	26	21	26	21	8	5	27	134
2003-04	29	21	26	20	10	5	27	138

(a) The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some of their funding from the Australian Government to facilitate access to primary health care (including health promotion, dental and counselling services).

(b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2004 on request.

(c) The number of Aboriginal & Torres Strait Islander primary health care services that responded to the SAR in 2003-04 was 139 out of 140. However, information from only 138 services out of the 139 respondents have been included in the data. Data for non-responding services was not estimated as these services may differ in important ways from the services that did respond.

(d) Data for the ACT and NSW and for Victoria and Tasmania (1999-2000 only) have been combined in order to avoid the identification of individual services.

– Nil or rounded to zero.

Source: DHA (unpublished).

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

	Highly accessible	*Accessible*	*Moderately accessible*	*Remote*	*Very remote*	*Total*
Services						
1999-2000	34	25	12	11	35	117
2000-01	34	28	11	12	39	124
2001-02	37	27	11	16	37	128
2002-03	38	29	13	17	37	134
2003-04	41	30	13	14	40	138
Episodes of healthcare						
1999-2000	403 000	258 000	65 000	138 000	359 000	1 223 000
2000-01	437 000	301 000	62 000	174 000	369 000	1 342 000
2001-02	460 000	313 000	70 000	256 000	317 000	1 416 000
2002-03	507 000	338 000	91 000	270 000	294 000	1 499 000
2003-04	572 000	345 000	110 000	207 000	378 000	1 612 000

(a) The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some of their funding from the Australian Government to facilitate access to primary health care (including health promotion, dental and counselling services).

(b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2004 on request.

(c) The number of Aboriginal & Torres Strait Islander primary health care services that responded to the SAR in 2003-04 was 139 out of 140. However, information from only 138 services out of the 139 respondents have been included in the data. Data for non-responding services was not estimated as these services may differ in important ways from the services that did respond.

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

(e) Episodes of health care in the SAR report were often estimates and while these are thought to be reasonable, there has been no 'audit' to check the accuracy of these figures.

(f) Funding for each year has not been adjusted to account for inflation.

(g) Episodes data has been rounded to the nearest thousand

Source: DHA (unpublished).

Table 10A.6 Proportion of services for which service activity reporting (SAR) data is reported that undertook selected health related activities, 2003-04 (per cent) (a), (b), (c)

Activity	Per cent
Diagnosis and treatment of illness/disease	82
Management of chronic illness	78
Transportation to medical appointments	96
Outreach clinic services	67
24 hour emergency care	34
Monitoring child growth	71
School-based activities	79
Hearing screening	72
Pneumococcal immunisation	78
Influenza immunisation	80
Child immunisation	79
Women's health group	84
Support for public housing issues	62
Community development work	72
Legal/police/prison/advocacy services	62
Dental services	50
Involvement in steering groups on health	87
Participation in regional planning forums	70
Dialysis services	9

(a) The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some of their funding from the Australian Government to facilitate access to primary health care (including health promotion, dental and counselling services).

(b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2004 on request.

(c) The number of Aboriginal & Torres Strait Islander primary health care services that responded to the SAR in 2003-04 was 139 out of 140. However, information from only 138 services out of the 139 respondents have been included in the data. Data for non-responding services was not estimated as these services may differ in important ways from the services that did respond.

Source: DHA (unpublished).

Table 10A.7 **Full time equivalent health staff employed by services for which service activity reporting (SAR) data is reported, as at 30 June 2004 (number) (a), (b), (c)**

	Indigenous staff	*Non-Indigenous staff*	*Total staff*
Aboriginal health workers	619.5	12.2	631.7
Doctors	6.4	190.1	196.5
Nurses	34.0	241.1	275.1
Specialists	–	4.1	4.1
Emontional and Social Well Being staff (d)	141.1	47.7	188.8
Allied health professionals	2.1	17.8	19.9
Dentists	3.0	36.2	39.2
Dental assistants	32.6	17.1	49.7
Traditional healers	7.8	0.5	8.3
Substance misuse workers	62.3	21.5	83.8
Environmental health workers	27.8	5.8	33.6
Driver/field officers	98.2	14.6	112.8
Other health staff (e)	56.1	13.3	69.3
Total health staff	**1 090.8**	**621.9**	**1 712.7**

(a) The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some of their funding from the Australian Government to facilitate access to primary health care (including health promotion, dental and counselling services).

(b) The number of services that provide SAR data has changed each year. This change is due to new Australian Government funded primary health care services opening and existing services gaining Australian Government funding. In addition, a decision is sometimes made to include existing Australian Government funded services which may previously have been excluded because of the type of service that they provided, or there may have been a change to their reporting arrangements: for example services involved in Co-ordinated Care Trials. Since 1997 some services have ceased to operate and therefore no longer contribute data to SAR. OATSIH can provide time series data on the services common to the survey from 1997 to 2004 on request.

(c) The number of Aboriginal & Torres Strait Islander primary health care services that responded to the SAR in 2003-04 was 139 out of 140. However, information from only 138 services out of the 139 respondents have been included in the data. Data for non-responding services was not estimated as these services may differ in important ways from the services that did respond.

(d) Emotional and Social Well Being staff includes, counsellors, social workers, psychologists and other emotional and social well being staff

(e) Other health staff includes: hearing coordinators, eye health, nutrition workers, sexual health workers, youth workers, hospital liaison, masseurs, maternal health workers, domestic violence support workers, family health workers,

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.8 Alcohol and other drug treatment services, by sector, 2003-04 (number)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Government	193	–	49	9	42	3	–	4	300
Non-government	66	143	45	25	11	9	8	15	322
Total	**259**	**143**	**94**	**34**	**53**	**12**	**8**	**19**	**622**

– Nil or rounded to zero.

Source: AIHW 2005, *Alcohol and Other Drug Treatment Services in Australia 2003–04: Report on the National Minimum Data Set,* Drug Treatment Series no. 4, Cat. no. HSE 100, Canberra.

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

	Encounters with Indigenous people				All encounters			
Problems managed	*Problems* (b)	*Rate (n=5476)* (c)	*95% LCL* (d)	*95% UCL* (d)	*Problems* (b)	*Rate (n=502 100)* (c)	*95% LCL* (d)	*95% UCL* (d)
	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters
2002-03								
Diabetes, nongestational (e)	126	9.2	6.8	11.5	2 936	4.6	4.2	5.1
Hypertension (e)	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 (e)	50	3.6	2.7	4.6	3 560	3.5	3.3	3.8
Immunisation all (e)	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 (e)	35	2.6	1.6	3.5	2 624	2.6	2.3	2.8
Pre/post natal check (e)	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 (e)	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 (e)	28	2.0	1.1	3.0	1 702	1.7	1.5	1.9
Pregnancy (e)	20	1.5	0.7	2.2	855	0.9	0.6	1.1
General check-up (e)	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.9 Most frequent individual problems managed (in decreasing order of frequency for all encounters with Indigenous people 1998-99 to 2002-03) (a)

	Encounters with Indigenous people				*All encounters*			
Problems managed	*Problems* (b)	*Rate (n=5476)* (c)	*95% LCL* (d)	*95% UCL* (d)	*Problems* (b)	*Rate (n=502 100)* (c)	*95% LCL* (d)	*95% UCL* (d)
1998-99 — 2002-03								
Diabetes, non-gestational (e)	389	7.1	6.0	8.2	14 019	2.8	2.7	2.9
Hypertension (e)	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 (e)	185	3.4	2.9	3.9	19 008	3.8	3.7	3.9
Immunisation all (e)	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 (e)	120	2.2	1.7	2.6	13 234	2.6	2.5	2.7
Pre/post natal check (e)	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 (e)	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 (e)	91	1.7	1.3	2.1	8 875	1.8	1.7	1.8
Pregnancy (e)	89	1.6	1.2	2.0	4 218	0.8	0.8	0.9
General check-up (e)	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	..	..	..

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

	Encounters with Indigenous people				*All encounters*			
	Problems	*Rate (n=5476)*			*Problems*	*Rate (n=502 100)*		
Problems managed	*(b)*	(c)	*95% LCL* (d)	*95% UCL* (d)	*(b)*	(c)	*95% LCL* (d)	*95% UCL* (d)

(a) Data need to be treated with care because there could be under-recording of Indigenous people.

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

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

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

(e) Includes multiple primary care classification codes.

.. Not applicable.

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

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

	2002-03			1998-99 — 2002-03		
	GPs who saw Indigenous people		*Total GP sample*	*GPs who saw Indigenous people*		*Total GP sample*
Practice location	*Number*	*Per cent of GPs (n=317)* (b)	*Per cent of GPs (n=1008)* (b)	*Number*	*Per cent of GPs (n=1354)* (b), (c)	*Per cent of GPs (n=5021)* (b), (c)
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) Data need to be treated with care because there could be under-recording of Indigenous people.

(b) Missing data removed.

(c) Unweighted data.

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

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

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

(a) Data need to be treated with care because there could be under-recording of Indigenous people.

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

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

	Encounters with Indigenous people				*All encounters*			
	Number	*Rate*	*95% LCL* (a)	*95% UCL* (a)	*Number*	*Rate*	*95% LCL* (a)	*95% UCL* (a)
	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters	no.	no. per 100 encounters	no. per 100 encounters	no. per 100 encounters
2002-03								
Reasons for encounter	1 968	143.1	134.9	151.3	152 341	150.9	149.0	152.7
Problems managed	2 033	147.9	137.0	158.7	146 336	144.9	143.0	146.8
New problems	832	60.5	53.9	67.2	57 509	57.0	55.6	58.3
Medications	1 576	114.6	99.6	129.7	104 813	103.8	101.4	106.2
Prescribed	1 118	81.3	67.2	95.4	85 161	84.3	81.8	86.9
Advised OTC	88	6.4	4.2	8.6	10 270	10.2	9.2	11.1
GP supplied	370	26.9	3.6	50.2	9 382	9.3	7.6	11.0
Other treatments	902	65.6	54.6	76.6	52 292	51.8	49.3	54.3
Clinical	667	48.5	38.0	59.0	37 543	37.2	35.0	39.4
Procedural	235	17.1	14.4	19.7	14 748	14.6	13.9	15.3
Referrals	191	13.9	10.9	16.9	11 254	11.1	10.7	11.6
Specialist	86	6.3	4.8	7.7	7 743	7.7	7.3	8.0
Allied health services	58	4.2	2.7	5.7	2 536	2.5	2.3	2.8
Pathology	644	46.8	36.7	57.0	33 234	32.9	31.5	34.4
Imaging	114	8.3	5.8	10.8	8 678	8.6	8.2	9.0

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

	Encounters with Indigenous people				*All encounters*			
	Number	*Rate*	*95% LCL* (a)	*95% UCL* (a)	*Number*	*Rate*	*95% LCL* (a)	*95% UCL* (a)
1998-99 — 2002-03								
Problems managed	7 968	145.5	142.1	148.9	753 925	150.2	149.5	150.8
New problems	8 086	147.7	143.7	151.6	743 625	148.1	147.3	148.9
Work related	3 094	56.5	52.9	60.1	257 027	51.2	50.6	51.8
Medications	6 343	115.8	110.0	121.7	534 826	106.5	105.5	107.5
Prescribed	4 970	90.8	83.8	97.8	449 013	89.4	88.4	90.4
Advised OTC	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	na	na	na	na	na	na	na	na
Specialist	na	na	na	na	na	na	na	na
Allied health services	na	na	na	na	na	na	na	na
Pathology	na	na	na	na	na	na	na	na
Imaging	na	na	na	na	na	na	na	na

LCL = lower confidence limit; UCL = upper confidence limit.
OTC = over the counter.

(a) Data need to be treated with care because there could be under-recording of Indigenous people.

na Not available.

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

Table 10A.13 **PBS services, 2004-05**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
PBS general (a)	no. '000	9 840	7 058	5 336	2 701	2 079	601	613	175	28 403
PBS concessional (b)	no. '000	48 772	35 708	26 734	12 122	12 204	4 167	1 353	413	141 473
PBS doctor's bag	no. '000	100	100	100	–	–	–	–	–	400
PBS total	no. '000	58 712	42 866	32 170	14 823	14 283	4 768	1 966	588	170 276
Proportion of concessional PBS services (b)	%	83.1	83.3	83.1	81.8	85.4	87.4	68.8	70.2	83.1

(a) Includes PBS general ordinary and safety net.

(b) Includes concessional ordinary and concessional free safety net.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.14 Approved providers of PBS medicines, by urban and rural location, 2004-05

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Number of pharmacies									
Urban	1 459	996	780	402	303	83	58	18	4 099
Rural	247	151	172	84	81	48	..	9	792
Number of people per pharmacy									
Urban	3 632	3 942	3 631	3 583	3 787	3 330	5 378	5 151	3 739
Rural	4 339	4 753	4 773	4 871	3 939	3 736	..	12 850	4 591
Number of approved medical practitioners									
Urban	2	–	–	–	–	–	–	–	2
Rural	26	3	17	24	7	5	..	1	83
Number of approved hospitals									
Urban	9	51	24	7	2	2	3	2	100
Rural	–	11	39	4	1	–	..	4	59

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

Source: DHA (unpublished).

Table 10A.15 **PBS expenditure per person, by urban and rural location, (2004-05 dollars) (a)**

	2000-01	*2001-02*	*2002-03*	*2003-04*	*2004-05*
Capital city	222.0	232.6	243.0	253.6	255.6
Other metro	245.8	260.2	270.9	285.0	284.0
Rural and remote	217.4	231.5	246.3	260.6	264.1
All locations	222.0	234.8	246.3	258.1	260.3

(a) Includes PBS general ordinary, general safety net, concessional ordinary, concessional free safety net, unknown free safety net and doctor’s bag. Excludes RPBS.

Source: DHA (unpublished).

Table 10A.16 **Availability of GPs by region (a), (b), (c), (d)**

	NSW & ACT (e)	Vic	Qld	WA	SA	Tas	NT	Aust
Number of GPs								
Urban								
2000-01	6 739	4 605	2 819	1 731	1 532	328	151	17 905
2001-02	6 669	4 572	2 773	1 718	1 515	336	136	17 719
2002-03	6 513	4 531	2 804	1 720	1 477	335	141	17 521
2003-04	6 514	4 516	2 809	1 700	1 466	338	139	17 482
2004-05	6 559	4 573	2 932	1 711	1 478	328	141	17 722
Rural								
2000-01	1 665	1 276	1 862	634	484	315	127	6 363
2001-02	1 728	1 315	1 940	635	508	317	145	6 588
2002-03	1 782	1 347	1 956	645	506	318	185	6 739
2003-04	1 791	1 365	2 014	648	508	317	198	6 841
2004-05	1 829	1 381	2 032	642	526	328	209	6 947
Number of full time workload equivalent GPs								
Urban								
2000-01	4 954	3 282	2 013	1 137	1 054	172	56	12 668
2001-02	5 038	3 289	1 989	1 139	1 046	176	54	12 731
2002-03	5 051	3 269	1 941	1 140	1 032	171	51	12 654
2003-04	5 065	3 212	1 961	1 123	1 029	170	49	12 608
2004-05	5 227	3 242	2 026	1 121	1 027	166	47	12 856
Rural								
2000-01	1 035	816	1 164	287	291	194	38	3 825
2001-02	1 073	855	1 223	304	305	206	39	4 005
2002-03	1 111	875	1 240	319	322	205	46	4 118
2003-04	1 154	898	1 299	328	331	204	49	4 263
2004-05	1 195	925	1 363	336	337	212	49	4 416
Number of full tme workload equivalent GPs per 100 000 people								
Urban								
2000-01	93.4	90.8	92.3	81.5	94.6	89.9	63.5	91.2
2001-02	94.1	89.9	88.8	80.5	93.4	91.9	61.5	90.5
2002-03	93.6	88.3	84.3	79.4	91.6	88.2	58.4	88.9
2003-04	93.2	85.7	83.2	76.9	91.0	86.7	55.2	87.4
2004-05	95.2	85.4	84.0	75.7	90.1	83.7	53.6	88.0
Rural								
2000-01	65.1	68.5	80.3	56.5	73.6	69.3	34.1	69.2
2001-02	67.0	71.2	83.1	59.4	77.0	73.3	34.4	71.8
2002-03	69.1	72.2	82.7	61.6	80.9	72.4	40.8	73.1
2003-04	71.4	73.2	85.2	62.7	82.6	71.1	43.4	74.9
2004-05	73.6	74.8	88.1	63.0	83.9	73.9	42.4	76.9

(a) Urban areas consist of capital city and other metro areas. Rural areas consist of large rural centres, small rural centres, other rural areas, remote centres, other remote areas and other areas.

Table 10A.16 **Availability of GPs by region (a), (b), (c), (d)**

	NSW & ACT (e)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*NT*	*Aust*

(b) FWEs are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

(c) GP and FWE numbers include GPs and other medical practitioners (OMPs).

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

(e) Data for NSW and the ACT have been combined for confidentiality reasons.

Source: DHA (unpublished).

Table 10A.17 **Female GPs (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Female GPs										
2000-01	no.	2 724	1 997	1 627	829	657	238	189	119	8 380
2001-02	no.	2 766	2 036	1 651	842	674	237	181	123	8 510
2002-03	no.	2 782	2 079	1 682	843	679	250	184	152	8 651
2003-04	no.	2 829	2 091	1 768	853	680	252	181	151	8 805
2004-05	no.	2 876	2 191	1 834	865	689	264	194	166	9 079
Female FWEs GPs										
2000-01	no.	1 419	978	791	354	316	98	76	31	4 063
2001-02	no.	1 484	1 018	818	369	320	108	71	32	4 220
2002-03	no.	1 542	1 052	829	381	319	108	70	37	4 338
2003-04	no.	1 583	1 058	869	380	320	112	69	39	4 430
2004-05	no.	1 671	1 086	915	381	326	114	73	38	4 603
Female FWEs GPs as a proportion of all FWE GPs										
2000-01	%	24.6	23.9	24.9	24.9	23.5	26.7	34.5	33.2	24.6
2001-02	%	25.2	24.6	25.5	25.6	23.7	28.2	33.5	34.4	25.2
2002-03	%	25.9	25.4	26.0	26.2	23.6	28.7	34.4	37.9	25.9
2003-04	%	26.3	25.7	26.7	26.2	23.5	30.0	34.9	40.2	26.3
2004-05	%	26.9	26.1	27.0	26.1	23.9	30.2	36.3	40.3	26.7
Female FWE GPs per 100 000 females										
2000-01	per 100 000 females	42.9	40.1	43.4	37.3	41.3	40.9	46.7	33.0	41.5
2001-02	per 100 000 females	44.5	41.3	44.0	38.4	41.7	44.9	43.7	33.8	42.7
2002-03	per 100 000 females	45.9	42.3	43.5	39.2	41.4	44.7	42.6	39.1	43.4
2003-04	per 100 000 females	46.8	42.0	44.7	38.4	41.3	45.8	42.1	41.5	43.8
2004-05	per 100 000 females	49.0	42.6	46.1	37.8	42.0	46.4	44.2	40.1	45.0

Table 10A.17 **Female GPs (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(a) FWEs are calculated for each practitioner by dividing the practitioner’s Medicare billing by the mean billing of full time practitioners for that reference period. For example, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

(b) GP and FWE numbers include registered GPs and OMPs.

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

Source: DHA (unpublished).

Table 10A.18 **Non-referred attendances that were bulk billed, by region (per cent) (a)**

	Capital city	*Other metro centre*	*Large rural centre*	*Small rural centre*	*Other rural area*	*Remote centre*	*Other remote area*	*Unknown*	*Aust*
1998-99	85.4	79.5	61.7	61.7	59.1	57.6	70.1	63.1	79.4
1999-2000	85.2	78.6	60.8	61.7	58.6	59.0	70.1	69.3	79.1
2000-01	83.8	76.2	59.8	60.9	57.7	60.0	69.5	69.4	77.6
2001-02	80.8	72.3	59.0	59.3	56.6	58.9	70.0	61.1	74.9
2002-03	75.0	67.5	53.4	54.1	53.2	57.9	70.5	58.8	69.5
2003-04 (b)	73.0	67.2	54.7	56.6	55.7	60.5	72.0	58.7	68.5
2004-05 (b)	76.4	71.4	65.1	67.6	67.8	65.9	77.0	43.0	73.8

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

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

Source: DHA (unpublished).

Table 10A.19 **Non-referred attendances that were bulk billed (per cent)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
1994-95	82.2	77.5	78.8	77.1	72.5	64.3	64.8	67.6	78.5
1995-96	83.7	79.1	80.6	79.5	74.3	66.2	64.9	70.1	80.1
1996-97	83.6	79.9	81.3	80.2	74.9	66.8	65.9	69.6	80.6
1997-98	82.9	79.1	81.1	78.4	74.1	65.1	66.1	67.9	79.8
1998-99	82.4	78.9	80.9	77.6	74.1	63.0	65.6	65.2	79.4
1999-2000	82.4	78.6	80.3	76.7	74.2	61.6	63.0	65.4	79.1
2000-01	81.2	76.7	78.9	75.1	73.2	60.5	59.3	65.5	77.6
2001-02	79.8	73.4	75.3	71.9	69.6	58.5	51.2	63.9	74.9
2002-03	77.2	67.5	65.5	66.6	62.4	54.9	39.2	62.2	69.5
2003-04 (a)	76.7	65.7	64.7	65.0	63.3	52.7	36.8	61.5	68.5
2004-05 (a)	80.1	70.9	71.4	69.9	71.9	66.4	40.6	62.8	73.8

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

Source: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/C82233E254E0433DCA25705B001D0015/$File/tablec3.pdf, accessed 26 September 2005.

Table 10A.20 Prescriptions for oral antibiotics used most commonly in the treatment of upper respiratory tract infections ordered by GPs and dispensed to patients (per 1000 people with Pharmaceutical Benefits Scheme [PBS] concession cards) (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2000-01										
Scripts	no.	2 640 400	1 993 928	1 419 128	561 923	628 282	190 937	78 283	26 788	7 539 669
Concession card holders	no.	1 587 479	1 241 080	959 714	451 194	442 526	151 212	51 796	42 985	4 957 984
Rate	per 1000 holders	1 663.3	1 606.6	1 478.7	1 245.4	1 419.8	1 262.7	1 511.4	623.2	1 520.7
2001-02										
Scripts	no.	2 598 443	1 959 914	1 447 694	586 781	624 201	196 923	77 622	25 242	7 516 820
Concession card holders	no.	1 618 480	1 258 967	974 916	466 127	443 707	153 617	53 030	43 865	5 039 363
Rate	per 1000 holders	1 605.5	1 556.8	1 484.9	1 258.8	1 406.8	1 281.9	1 463.7	575.4	1 491.6
2002-03										
Scripts	no.	2 305 487	1 736 873	1 311 037	534 002	522 428	168 863	66 628	22 310	6 667 628
Concession card holders	no.	1 622 475	1 257 778	968 136	463 728	442 449	154 838	53 114	43 301	5 031 633
Rate	per 1000 holders	1 421.0	1 380.9	1 354.2	1 151.5	1 180.8	1 090.6	1 254.4	515.2	1 325.1
2003-04										
Scripts	no.	2 342 464	1 752 790	1 296 087	537 561	521 034	169 942	66 785	21 015	6 707 678
Concession card holders	no.	1 623 022	1 262 959	965 017	456 322	438 967	155 013	51 512	44 033	5 014 400
Rate	per 1000 holders	1 443.3	1 387.8	1 343.1	1 178.0	1 187.0	1 096.3	1 296.5	477.3	1 337.7

Table 10A.20 Prescriptions for oral antibiotics used most commonly in the treatment of upper respiratory tract infections ordered by GPs and dispensed to patients (per 1000 people with Pharmaceutical Benefits Scheme [PBS] concession cards) (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2004-05										
Scripts	no.	2 326 004	1 755 455	1 348 240	523 706	512 769	162 848	63 916	22 136	6 715 074
Concession card holders	no.	1 606 563	1 252 515	945 992	444 818	430 703	149 320	50 530	45 317	4 937 298
Rate	per 1000 holders	1 447.8	1 401.5	1 425.2	1 177.3	1 190.5	1 090.6	1 264.9	488.5	1 360.1

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

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

Source: DHA (unpublished).

Table 10A.21 **Pathology tests ordered by registered GPs and other medical practitioners (OMPs), real benefits paid (2004-05 dollars) and number of tests (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2000-01										
Benefits paid										
Benefits paid	$m	333.5	228.5	211.3	90.6	68.2	21.9	14.9	6.7	975.6
Per person	$	50.7	47.5	58.2	47.6	45.2	46.5	46.8	33.6	50.3
Tests										
Number of tests	'000	17 200	11 901	10 087	4 500	3 475	1 189	729	322	49 403
Tests per person	no.	2.6	2.5	2.8	2.4	2.3	2.5	2.3	1.6	2.5
2001-02										
Benefits paid										
Benefits paid	$m	350.0	231.5	219.1	96.4	77.6	22.7	15.1	7.6	1020.1
Per person	$	52.8	47.6	59.0	50.1	51.2	48.0	47.1	37.9	51.9
Tests										
Number of tests	'000	18 773	12 559	10 959	4 978	4 091	1 275	766	383	53 784
Tests per person	no.	2.8	2.6	3.0	2.6	2.7	2.7	2.4	1.9	2.7
2002-03										
Benefits paid										
Benefits paid	$m	348.3	235.7	217.8	100.1	75.3	22.5	15.5	7.9	1023.1
Per person	$	52.1	48.0	57.3	51.3	49.4	47.1	48.0	39.5	51.5
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.	2.9	2.7	2.9	2.7	2.7	2.7	2.5	2.0	2.8
2003-04										
Benefits paid										
Benefits paid	$m	364.4	246.5	234.4	101.5	76.3	22.9	16.0	7.9	1069.9
Per person	$	54.2	49.5	60.4	51.2	49.8	47.6	49.3	39.1	53.2
Tests										
Number of tests	'000	20 047	13 751	12 025	5 358	4 165	1 348	825	413	57 932
Tests per person	no.	3.0	2.8	3.1	2.7	2.7	2.8	2.5	2.1	2.9
2004-05										
Benefits paid										
Benefits paid	$m	376.9	254.8	240.8	103.7	79.2	23.1	16.8	8.6	1 103.8
Per person	$	55.5	50.6	60.8	51.5	51.4	47.6	51.6	42.4	54.2
Tests										
Number of tests	'000	21 045	14 457	12 585	5 585	4 410	1 368	876	461	60 787
Tests per person	no.	3.1	2.9	3.2	2.8	2.9	2.8	2.7	2.3	3.0

Table 10A.21 **Pathology tests ordered by registered GPs and other medical practitioners (OMPs), real benefits paid (2004-05 dollars) and number of tests (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

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

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

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

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

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

Table 10A.22 **Diagnostic imaging ordered by registered GPs and other medical practitioners (OMPs), real benefits paid (2004-05 dollars) and number of referrals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2000-01										
Benefits paid										
Benefits paid	$m	316.8	193.1	156.0	77.9	52.6	19.4	12.7	3.6	832.0
Per person	$	48.2	40.2	43.0	40.9	34.8	41.1	39.8	18.0	42.9
Referrals										
Number of referrals	'000	3 195	1 995	1 648	828	564	193	119	43	8 585
Referrals per person	no.	0.49	0.41	0.45	0.43	0.37	0.41	0.37	0.22	0.44
2001-02										
Benefits paid										
Benefits paid	$m	320.1	193.9	157.0	76.8	52.3	19.6	13.0	3.5	836.2
Per person	$	48.3	39.9	42.3	39.9	34.5	41.4	40.5	17.7	42.6
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	0.39	0.21	0.45
2002-03										
Benefits paid										
Benefits paid	$m	318.6	195.0	155.5	78.9	53.0	19.5	12.7	3.5	836.7
Per person	$	47.7	39.7	40.9	40.4	34.8	40.9	39.4	17.6	42.1
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	0.44	0.44	0.39	0.43	0.38	0.22	0.45
2003-04										
Benefits paid										
Benefits paid	$m	314.0	195.4	158.1	78.4	52.8	19.0	12.3	3.4	833.4
Per person	$	46.7	39.3	40.7	39.5	34.4	39.3	38.1	17.1	41.4
Referrals										
Number of referrals	'000	3 324	2 116	1 727	862	603	202	122	42	8 997
Referrals per person	no.	0.49	0.43	0.44	0.43	0.39	0.42	0.38	0.21	0.45
2004-05										
Benefits paid										
Benefits paid	$m	336.5	208.9	173.4	80.5	58.0	19.0	12.8	3.5	892.5
Per person	$	49.6	41.5	43.8	40.0	37.6	39.2	39.5	17.1	43.9
Referrals										
Number of referrals	'000	3 460	2 191	1 834	859	643	199	121	41	9 347
Referrals per person	no.	0.51	0.44	0.46	0.43	0.42	0.41	0.37	0.20	0.46

Table 10A.22 **Diagnostic imaging ordered by registered GPs and other medical practitioners (OMPs), real benefits paid (2004-05 dollars) and number of referrals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

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

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

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

Table 10A.23 Practices under the Practice Incentives Program (PIP) using computers for clinical purposes (a)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
PIP practices (August 2001)	no.	1 908	1 250	934	434	468	145	88	33	5 260
Standardised whole patient equivalents (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		1 422	1 021	751	335	378	123	72	15	4 117
Share of PIP practices	%	75	82	80	77	81	85	82	45	78
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	%	84	89	88	87	88	94	90	97	87
PIP practices (August 2002)	no.	1 544	1 111	848	374	372	128	78	27	4 482
SWPE (b)	no.	3 910 962	3 412 079	2 464 353	1 233 265	1 121 125	349 286	213 975	55 340	12 760 385
Electronic prescribing	no.	1 331	999	753	320	338	121	73	17	3 952
Share of PIP practices	%	86.2	89.9	88.8	85.6	90.9	94.5	93.6	63.0	88.2
Use computers to send and/or receive clinical data	no.	1 341	993	753	319	342	112	70	20	3 950
Share of PIP practices	%	86.9	89.4	88.8	85.3	91.9	87.5	89.7	74.1	88.1
PIP practices (May 2003)	no.	1 584	1 131	874	385	384	129	77	29	4 593
SWPE (b)	no.	4 088 517	3 519 460	2 520 737	1 262 412	1 160 513	360 653	213 722	57 178	13 183 192
Electronic prescribing	no.	1 408	1 037	800	344	352	123	74	20	4 158
Share of PIP practices	%	88.9	91.7	91.5	89.4	91.7	95.3	96.1	69.0	90.5
Use computers to send and/or receive clinical data	no.	1 405	1 019	791	347	350	117	70	22	4 121
Share of PIP practices	%	88.7	90.1	90.5	90.1	91.1	90.7	90.9	75.9	89.7

Table 10A.23 **Practices under the Practice Incentives Program (PIP) using computers for clinical purposes (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
PIP practices (May 2004)	no.	1 626	1 142	885	386	376	130	72	29	4 646
SWPE (b)	no.	4 293 285	3 523 007	2 570 220	1 280 392	1 165 225	364 524	197 215	60 337	13 454 205
Electronic prescribing	no.	1 476	1 061	821	352	348	122	71	21	4 272
Share of PIP practices	%	91.0	93.0	93.0	91.0	93.0	94.0	99.0	72.0	92.0
Use computers to send and/or receive clinical data	no.	1 458	1 048	815	354	343	116	68	24	4 226
Share of PIP practices	%	90.0	92.0	92.0	92.0	91.0	89.0	94.0	83.0	91.0
PIP practices (May 2005)	no.	1 643	1 159	900	379	372	129	72	27	4 681
SWPE (b)	no.	4 341 865	3 541 197	2 579 927	1 273 454	1 160 497	360 017	200 382	56 691	13 514 030
Electronic prescribing	no.	1 502	1 092	852	356	349	123	71	20	4 364
Share of PIP practices	%	91.4	94.2	94.7	93.9	93.8	95.3	98.6	74.0	93.2
Use computers to send and/or receive clinical data	no.	1 488	1 073	841	354	345	117	67	22	4 307
Share of PIP practices	%	90.6	92.7	93.4	93.4	92.7	90.7	93.1	81.5	92.0

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

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

Source: DHA (unpublished).

Table 10A.24 **Practices under the Practice Incentives Program (PIP) using computers for clinical purposes, by region (a), (b)**

	Unit	*Capital city*	*Other metro centre*	*Large rural centre*	*Small rural centre*	*Other rural*	*Remote centre*	*Other remote*	*Aust*
PIP practices (May 2005)	no.	2 941	357	290	294	652	53	94	4 681
SWPE (c)	no.	8 429 505	1 126 206	967 109	1 082 551	1 678 177	114 696	115 786	13 514 030
Electronic prescribing									
Share of PIP practices (August 2001)	%	76.0	79.0	88.9	84.1	85.3	64.2	66.3	78.3
Share of PIP practices (August 2002)	%	86.6	88.5	92.6	93.1	92.3	83.7	83.1	88.2
Share of PIP practices (May 2003)	%	89.1	90.1	94.6	96.2	93.8	84.3	87.1	90.5
Share of PIP practices (May 2004)	%	91.0	92.0	95.0	97.0	95.0	89.0	89.0	92.0
Share of PIP practices (May 2005)	%	92.0	93.0	97.0	97.0	95.0	87.0	93.0	93.2
Use computers to send and/or receive clinical data									
Share of PIP practices (August 2001)	%	85.3	86.6	93.5	90.8	91.1	90.6	87.0	87.0
Share of PIP practices (August 2002)	%	87.3	86.2	91.9	93.1	90.8	85.7	77.9	88.1
Share of PIP practices (May 2003)	%	89.1	88.5	92.3	94.4	91.4	88.2	80.0	89.7
Share of PIP practices (May 2004)	%	90.0	90.0	94.0	94.0	92.0	89.0	84.0	91.0
Share of PIP practices (May 2005)	%	92.0	91.0	96.0	95.0	93.0	89.0	85.0	92.0

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

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

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

Source: DHA (unpublished).

Table 10A.25 **Proportion of full time workload equivalent (FWE) GPs with vocational recognition, by region (per cent) (a), (b), (c)**

	Capital city	*Other metro centre*	*Large rural centre*	*Small rural centre*	*Other rural area*	*Remote centre*	*Other remote area*	*Aust*
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	93.0	93.9	90.0	86.1	82.6	76.1	64.9	91.0
2003-04	93.7	93.0	90.0	86.7	83.8	71.2	68.3	91.4
2004-05	93.4	91.7	89.7	85.3	83.4	71.4	67.2	91.0

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

(b) FWEs are calculated for each practitioner by dividing the practitioner’s Medicare billing by the mean billing of full time practitioners for that reference period. For example, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

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

Source: DHA (unpublished).

Table 10A.26 **Number and proportion of full time workload equivalent (FWE) GPs with vocational registration (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
FWE GPs with vocational registration										
2000-01	no.	5 295	3 648	2 892	1 304	1 249	330	208	81	15 007
2001-02	no.	5 452	3 682	2 866	1 319	1 244	338	203	80	15 184
2002-03	no.	5 532	3 719	2 815	1 336	1 244	337	193	80	15 257
2003-04	no.	5 595	3 738	2 882	1 338	1 261	344	189	81	15 428
2004-05	no.	5 774	3 789	2 933	1 335	1 262	348	191	81	15 714
Proportion of FWE GPs with vocational registration										
2000-01	%	91.8	89.0	91.0	91.6	92.9	90.2	94.9	86.7	91.0
2001-02	%	92.4	88.8	89.2	91.4	92.1	88.5	95.9	86.3	90.7
2002-03	%	92.8	89.8	88.5	91.6	91.9	89.6	95.4	82.8	91.0
2003-04	%	92.9	91.0	88.4	92.2	92.7	92.2	95.5	82.7	91.4
2004-05	%	92.8	90.9	86.6	91.7	92.6	92.1	95.5	84.4	91.0

(a) FWEs are calculated for each practitioner by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that reference period. For example, a FWE value of 2 indicates that the practitioner's total billing is twice that of the mean billing of a full time practitioner.

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

Source: DHA (unpublished).

Table 10A.27 General practices accredited by Australian General Practice Accreditation Limited

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
June 2004										
Registered for accreditation (a)										
	no.	1 608	1 123	929	382	413	143	57	43	4 698
Accredited										
	no.	1 458	1 036	835	350	398	136	53	34	4 300
	%	65.1	74.8	86.3	67.7	78.8	88.9	49.5	64.2	72.5
June 2005										
Registered for accreditation (a)										
	no.	1 575	1 099	925	384	401	137	57	42	4 620
Accredited										
	no.	1 451	1 027	833	347	383	133	54	32	4 260
	%	65.0	74.0	74.0	76.0	76.0	73.0	79.0	78.0	72.0

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

Source: AGPAL (unpublished).

Table 10A.28 GP use of chronic disease management Medicare items for care planning and case conferencing (a)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
2003-04										
GPs using EPC items (b)	no.	2 714	1 899	1 345	681	582	213	89	77	7 600
Total GPs (c)	no.	6 877	5 158	3 893	1 960	1 759	567	317	220	20 751
GPs using EPC items	%	39.5	36.8	34.5	34.7	33.1	37.6	28.1	35.0	36.6
2004-05										
GPs using EPC items (b)	no.	4 626	3 156	2 315	1 145	937	304	146	117	12 746
Total GPs (c)	no.	6 978	5 258	4 058	1 968	1 785	564	330	216	21 157
GPs using EPC items	%	66.3	60.0	57.0	58.2	52.5	53.9	44.2	54.2	60.2

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

(b) Number of active GPs who claimed at least one chronic disease management item during the financial year. The increase in the number of general practitioners using chronic disease management MBS items for care planning and case conferencing in 2004-05 may be due to the introduction of the Strengthening Medicare allied health and dental care initiative on 1 July 2004. This initiative provides access to a range of allied health and dental care treatments for patients with chronic conditions whose complex care needs are being managed through an chronic disease management care plan.

(c) Total number of registered GPs and OMPs (not including specialists or consultant physicians) who claimed 375 or more non-referred attendances (within a jurisdiction) on average per quarter for the financial year (active GPs).

Source: DHA (unpublished).

Table 10A.29 **Annual voluntary health assessments for older people (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002-03										
Older people assessed	no.	65 501	44 792	32 624	11 364	19 391	4 773	1 502	203	180 150
Older people	no.	374 970	269 443	183 903	90 319	98 365	28 408	11 414	5 601	1 062 747
Proportion assessed	%	17.5	16.6	17.7	12.6	19.7	16.8	13.2	3.6	17.0
2003-04										
Older people assessed	no.	71 865	50 746	36 272	12 893	20 258	5 365	1 546	290	199 235
Older people	no.	385 621	276 809	190 639	91 378	102 564	29 009	12 837	4 823	1 093 680
Proportion assessed	%	18.6	18.3	19.0	14.1	19.8	18.5	12.0	6.0	18.2
2004-05										
Older people assessed	no.	90 959	59 377	47 878	17 491	24 583	6 190	1 496	1 321	249 295
Older people	no.	408 286	294 963	204 756	100 457	105 856	30 334	12 920	6 119	1 163 729
Proportion assessed	%	22.3	20.1	23.4	17.4	23.2	20.4	11.6	21.6	21.4

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

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

Source: DHA (unpublished).

Table 10A.30 Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2005 (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Unknown*	*Aust*
Valid vaccinations provided											
Divisions of General Practice	no.	18	137	3	11	251	–	–	13	–	433
GPs	no.	9 902 149	4 707 603	5 775 866	2 162 691	1 714 659	709 935	226 795	18 504	–	25 218 202
Council	no.	748 770	4 245 584	522 312	250 882	429 355	112 892	–	–	–	6 309 795
State or territory health department	no.	3	–	586	190 929	1 829	718	164 328	1 916	–	360 309
Flying doctor service	no.	2 918	–	23 339	8	3 408	na	na	na	na	29 673
Public hospital	no.	282 143	33 198	215 496	185 698	87 473	1 459	5 469	42 545	2 946	856 427
Private hospital	no.	14 520	61	1 468	70	–	105	25	5 307	–	21 556
Aboriginal health service	no.	56 782	9 740	50 383	19 791	9 998	–	1 449	49 738	–	197 881
Aboriginal health worker	no.	3 856	–	33 168	–	1 593	–	–	1 264	–	39 881
Community health centre	no.	869 628	79 293	370 122	605 513	243 731	4 704	212 771	450 743	1 574	2 838 079
Community nurse	no.	–	245	–	–	–	–	72	–	–	317
Total	**no.**	**11 880 787**	**9 075 861**	**6 992 743**	**3 415 593**	**2 492 297**	**829 813**	**610 909**	**570 030**	**4 520**	**35 872 553**
Proportion of total valid vaccinations											
Divisions of General Practice	%	–	–	–	–	–	–	–	–	–	–
GPs	%	83	52	83	63	69	86	37	3	–	70
Council	%	6	47	7	7	17	14	–	–	–	18
State or territory health department	%	–	–	–	6	–	–	27	–	–	1
Flying doctor service	%	–	–	–	–	–	–	–	–	–	–
Public hospital	%	2	–	3	5	4	–	1	7	65	2
Private hospital	%	–	–	–	–	–	–	–	1	–	–
Aboriginal health service	%	–	–	1	1	–	–	–	9	–	1
Aboriginal health worker	%	–	–	–	–	–	–	–	–	–	–

Table 10A.30 **Valid vaccinations supplied to children under seven years of age, by type of provider, 1996–2005 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Unknown*	*Aust*
Community health centre	%	7	1	5	18	10	1	35	79	35	8
Community nurse	%	–	–	–	–	–	–	–	–	–	–
Total	**%**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

(a) At 30 June 2005. Data collected since 1 January 1996.

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

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

na Not available. – Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.31 Children aged 12 months to less than 15 months who were fully immunised (per cent) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Fully immunised (e)									
30 June 2001	91.1	92.2	91.7	90.0	92.5	93.8	91.5	88.7	91.5
30 June 2002	89.9	90.7	90.6	88.5	90.9	91.7	89.8	88.6	90.2
30 June 2003	91.0	91.8	91.1	89.9	91.5	91.9	91.5	91.6	91.2
30 June 2004	91.0	91.7	91.6	89.3	91.4	93.4	90.8	85.2	90.9
30 June 2005	90.6	91.8	90.8	90.0	91.1	91.2	95.7	91.9	91.0
Immunised against (at 30 June 2005)									
Diphtheria, tetanus and pertussis	92.1	93.1	91.9	91.0	91.7	92.9	96.4	92.8	92.3
Polio	92.0	93.0	91.8	90.9	91.7	93.1	96.3	92.5	92.2
Haemophilus influenzae type b	93.9	94.7	94.4	93.5	94.6	94.9	96.9	96.4	94.3

(a) Coverage measured at 30 June for children turning 12 months of age by 31 March, by the State or Territory in which the child was located.

(b) The Australian Childhood Immunisation Register (ACIR) includes all children under 7 years of age who are registered with Medicare. By the age of 12 months, over 98 per cent of Australian children have been registered with Medicare (NCIRS 2000).

(c) There may be some under-reporting by providers. Therefore, vaccine coverage estimates calculated using ACIR data are considered minimum estimates (NCIRS 2000).

(d) NT immunisation records differ from ACIR records. This may stem from delays in notifications reaching and being processed by the Health Insurance Commission (HIC), or because the cohort method of reporting immunisation coverage does not allow for assessment of 'catch up' immunisation occurring after the assessment age of 12 months. Average delay times were greatest in the NT (Hull and McIntyre 2000).

(e) Children assessed as fully immunised at 12 months are immunised against diphtheria, tetanus, whooping cough, polio, hepatitis b and *Haemophilus influenzae* type b.

Source: DHA (unpublished).

Table 10A.32 **Children aged 24 months to less than 27 months who were fully immunised (per cent) (a), (b), (c), (d)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Fully immunised (e)									
30 June 2001	84.3	87.3	88.6	84.6	90.2	90.3	89.7	85.5	86.6
30 June 2002	88.0	88.3	88.5	85.0	89.8	91.8	88.6	87.2	88.1
30 June 2003	88.4	90.5	89.8	87.0	90.4	93.6	86.9	89.0	89.3
30 June 2004	90.4	92.3	91.8	90.6	92.7	94.9	90.0	94.5	91.7
30 June 2005	91.2	92.9	91.6	90.0	92.1	94.6	91.6	93.6	91.8
Immunised against (at 30 June 2005)									
Diphtheria, tetanus and pertussis	94.8	95.8	94.8	93.8	94.7	97.1	94.6	96.3	95.0
Polio	94.7	95.7	94.8	93.7	94.7	97.2	94.5	96.5	94.9
Haemophilus influenzae type b	92.7	94.3	93.5	91.3	93.4	95.7	93.0	94.3	93.3
Measles, mumps and rubella	92.9	94.4	93.4	92.0	93.6	95.5	93.7	95.6	93.4

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

(b) The ACIR includes all children under 7 years of age who are registered with Medicare. By the age of 12 months, over 98 per cent of Australian children have been registered with Medicare (NCIRS 2000).

(c) There may be some under-reporting by providers. Therefore, vaccine coverage estimates calculated using ACIR data are considered minimum estimates (NCIRS 2000).

(d) NT immunisation records differ from ACIR records. This may stem from delays in notifications reaching and being processed by the HIC, or because the cohort method of reporting immunisation coverage does not allow for assessment of 'catch up' immunisation occurring after the assessment age of 12 months. Average delay times were greatest in the NT (Hull and McIntyre 2000).

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

Source: DHA (unpublished).

Table 10A.33 Notifications of measles, children aged 0–14 years (a), (b)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Notifications										
1993	no.	1 963	121	430	30	63	629	107	3	3 346
1994	no.	1 154	129	1 282	92	53	30	89	259	3 088
1995	no.	442	103	158	31	2	34	39	66	875
1996	no.	161	69	47	23	8	18	9	17	352
1997	no.	196	74	160	69	20	35	19	4	577
1998	no.	104	27	27	43	3	35	6	–	245
1999	no.	22	33	21	10	2	10	4	19	121
2000	no.	21	7	11	3	3	1	–	–	46
2001	no.	15	17	5	1	1	2	–	–	41
2002	no.	4	1	5	–	–	–	–	–	10
2003	no.	7	10	4	–	5	–	–	1	27
2004	no.	3	1	–	2	1	–	–	–	7
2005 (c)	no.	1	–	–	–	–	–	–	–	1
Notifications per 100 000 children (0–14 years)										
1993	per 100 000 children	152.3	12.8	61.7	7.8	21.0	585.0	156.6	6.4	87.2
1994	per 100 000 children	89.1	13.7	180.5	23.9	17.6	28.0	131.0	542.2	80.0
1995	per 100 000 children	33.9	10.9	21.8	8.0	0.7	31.9	57.5	136.0	22.5
1996	per 100 000 children	12.3	7.3	6.4	5.9	2.7	17.0	13.3	34.5	9.0
1997	per 100 000 children	14.8	7.8	21.5	17.4	6.7	33.5	27.9	8.0	14.7
1998	per 100 000 children	7.8	2.8	3.6	10.8	1.0	34.2	8.9	–	6.2
1999	per 100 000 children	1.7	3.5	2.8	2.5	0.7	9.9	6.1	37.6	3.1
2000	per 100 000 children	1.6	0.7	1.4	0.7	1.0	1.0	–	–	1.2
2001	per 100 000 children	1.1	1.8	0.6	0.2	0.3	2.0	–	–	1.0

Table 10A.33 **Notifications of measles, children aged 0–14 years (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002	per 100 000 children	0.3	0.1	0.6	–	–	–	–	–	0.3
2003	per 100 000 children	0.5	1.0	0.5	–	1.7	–	–	2.0	0.7
2004	per 100 000 children	0.2	0.1	–	0.5	0.3	–	–	–	0.2
2005 (c)	per 100 000 children	0.1	–	–	–	–	–	–	–	0.0

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

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

(c) Notifications for 2005 are only for the period of January to June. The notification rates are estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.34 Notifications of pertussis (whooping cough), children aged 0–14 years (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Notifications										
1993	no.	882	254	316	185	557	41	29	6	2 270
1994	no.	832	179	888	398	346	24	14	91	2 772
1995	no.	743	202	796	252	235	71	24	105	2 428
1996	no.	498	651	365	113	318	7	17	8	1 977
1997	no.	2 309	799	1 194	831	920	40	44	17	6 154
1998	no.	1 092	476	678	194	293	14	34	9	2 790
1999	no.	409	371	253	53	117	278	27	2	1 510
2000	no.	1 549	309	217	49	217	40	103	5	2 489
2001	no.	1 807	292	726	121	806	27	28	97	3 904
2002	no.	690	284	712	121	126	9	9	20	1 971
2003	no.	954	182	216	124	31	40	145	1	1 693
2004	no.	775	214	236	843	152	2	17	11	2 250
2005 (c)	no.	408	105	228	117	84	5	15	20	982
Notifications per 100 000 children (0–14 years)										
1993	per 100 000 children	68.4	26.9	45.4	48.3	185.4	38.1	42.4	12.7	59.2
1994	per 100 000 children	64.2	19.0	125.0	103.2	115.2	22.4	20.6	190.5	71.8
1995	per 100 000 children	57.0	21.3	109.9	64.7	78.3	66.6	35.4	216.4	62.4
1996	per 100 000 children	38.0	68.7	49.6	28.8	106.2	6.6	25.1	16.2	50.5
1997	per 100 000 children	174.7	84.1	160.8	209.9	307.9	38.3	64.6	33.9	156.5
1998	per 100 000 children	82.2	49.9	90.6	48.7	98.4	13.7	50.5	17.8	70.7
1999	per 100 000 children	30.8	38.9	33.6	13.3	39.5	274.7	41.0	4.0	38.2
2000	per 100 000 children	116.0	32.3	28.5	12.2	73.8	40.1	157.1	9.9	62.8
2001	per 100 000 children	134.4	30.4	94.0	30.1	276.3	27.3	42.8	189.5	98.1

Table 10A.34 **Notifications of pertussis (whooping cough), children aged 0–14 years (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002	per 100 000 children	51.5	29.6	91.1	30.3	43.5	9.2	13.9	39.4	49.5
2003	per 100 000 children	71.6	19.0	27.3	31.1	10.8	41.1	226.2	2.0	42.5
2004	per 100 000 children	58.4	22.3	29.6	210.9	53.2	2.1	26.9	21.8	56.4
2005 (c)	per 100 000 children	41.0	14.6	38.1	39.0	39.2	6.9	31.7	52.7	33.0

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

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

(c) Notifications for 2005 are only for the period of January to June. The notification rates are estimated annual rates.

Source: DHA (unpublished).

Table 10A.35 **Notifications of *Haemophilus influenzae* type b, children aged 0–14 years (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Notifications										
1993	no.	119	76	58	26	44	9	9	19	360
1994	no.	49	24	30	10	16	4	1	1	135
1995	no.	23	13	8	4	6	4	1	4	63
1996	no.	10	8	8	1	6	1	2	3	39
1997	no.	11	7	12	3	2	2	–	3	40
1998	no.	11	2	6	5	1	2	–	–	27
1999	no.	8	4	5	1	3	–	1	2	24
2000	no.	4	2	7	–	1	–	–	–	14
2001	no.	6	2	2	1	2	–	–	3	16
2002	no.	4	1	1	7	2	–	–	2	17
2003	no.	4	1	3	1	1	–	2	2	14
2004	no.	2	1	3	–	2	–	–	2	10
2005 (c)	no.	4	2	1	–	–	–	–	2	9
Notifications per 100 000 children (0–14 years)										
1993	per 100 000 children	9.2	8.0	8.3	6.8	14.6	8.4	13.2	40.3	9.4
1994	per 100 000 children	3.8	2.5	4.2	2.6	5.3	3.7	1.5	2.1	3.5
1995	per 100 000 children	1.8	1.4	1.1	1.0	2.0	3.8	1.5	8.2	1.6
1996	per 100 000 children	0.8	0.8	1.1	0.3	2.0	0.9	2.9	6.1	1.0
1997	per 100 000 children	0.8	0.7	1.6	0.8	0.7	1.9	–	6.0	1.0
1998	per 100 000 children	0.8	0.2	0.8	1.3	0.3	2.0	–	–	0.7
1999	per 100 000 children	0.6	0.4	0.7	0.3	1.0	–	1.5	4.0	0.6
2000	per 100 000 children	0.3	0.2	0.9	–	0.3	–	–	–	0.4
2001	per 100 000 children	0.4	0.2	0.3	0.2	0.7	–	–	5.9	0.4

Table 10A.35 **Notifications of *Haemophilus influenzae* type b, children aged 0–14 years (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002	per 100 000 children	0.3	0.1	0.1	1.8	0.7	–	–	3.9	0.4
2003	per 100 000 children	0.3	0.1	0.4	0.3	0.3	–	3.1	4.0	0.4
2004	per 100 000 children	0.2	0.1	0.4	–	0.7	–	–	4.0	0.3
2005 (c)	per 100 000 children	0.4	0.3	0.2	–	–	–	–	5.3	0.3

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

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

(c) Notifications for 2005 are only for the period of January to June. The notification rates are estimated annual rates.

– Nil or rounded to zero.

Source: DHA (unpublished).

Table 10A.36 Participation rates of women in cervical screening programs, by age group (per cent) (a), (b), (c)

Age group (years)	*NSW*	*Vic (d)*	*Qld* (e)	*WA* (d)	*SA* (f)	*Tas*	*ACT* (d)	*NT*	*Aust*
1999 and 2000									
20–24	47.2	52.7	52.9	54.1	54.9	62.7	49.6	59.3	51.4
25–29	59.5	65.3	61.0	63.4	65.0	65.9	60.5	64.2	62.2
30–34	64.2	68.7	62.8	66.6	68.3	68.9	65.1	67.2	65.8
35–39	63.8	69.2	62.1	66.5	68.2	67.9	64.7	63.1	65.5
40–44	62.5	68.0	60.7	65.0	67.8	66.3	64.3	64.2	64.3
45–49	63.0	69.1	60.5	64.2	68.0	65.5	65.8	67.0	64.7
50–54	61.2	67.9	58.4	62.0	66.0	64.1	69.1	66.1	63.1
55–59	61.9	70.8	58.8	62.4	68.5	63.8	73.1	69.7	64.4
60–64	51.8	60.3	49.4	54.4	60.5	53.2	62.6	56.7	54.7
65–69	41.8	51.4	41.2	45.9	50.2	45.9	51.4	49.9	45.5
70–74	17.9	19.1	20.8	18.9	31.0	13.2	19.3	25.8	19.9
75–79	8.0	8.4	10.0	7.8	–	6.1	7.8	20.7	7.6
80–84	2.4	3.0	3.5	2.6	–	2.1	2.4	4.7	2.5
Ages 20–84 years	53.4	58.8	53.7	57.0	57.5	57.1	58.8	62.9	55.8
Age standardised (g)	52.8	58.4	52.3	55.2	58.0	56.8	56.4	57.8	54.9
Ages 20–69 years	59.1	65.2	58.6	62.1	64.7	64.2	62.5	64.0	61.5
Age standardised (g)	58.9	65.2	58.1	61.7	64.7	63.9	63.0	63.6	61.3
2000 and 2001									
20–24	46.4	51.1	51.0	53.0	54.8	62.7	47.8	59.9	50.3
25–29	58.8	63.3	59.3	62.7	64.2	66.9	59.5	64.2	61.0
30–34	63.7	67.2	61.2	65.9	68.6	68.5	64.9	65.9	64.9
35–39	63.7	67.6	60.5	66.1	68.3	69.8	64.9	64.1	64.8
40–44	62.9	68.0	59.9	64.8	68.5	67.5	64.6	63.1	64.4
45–49	63.7	69.3	60.0	64.3	68.9	67.6	66.0	64.9	65.0
50–54	61.7	68.1	57.1	61.7	65.8	65.8	68.5	61.9	63.0
55–59	63.2	71.2	58.3	62.7	69.0	66.1	72.1	62.3	64.9
60–64	52.9	61.1	48.8	54.9	60.7	55.2	63.2	55.5	55.3
65–69	43.7	52.3	41.9	46.5	51.2	48.1	54.4	42.6	46.7
70–74	18.1	17.7	20.8	18.9	31.3	13.4	19.0	24.7	19.7
75–79	7.6	7.1	9.4	7.3	–	6.2	7.6	13.6	7.0
80–84	2.4	2.4	3.1	2.5	–	1.9	1.8	5.5	2.3
Ages 20–84 years	53.5	58.0	52.6	56.6	57.5	58.1	58.4	61.8	55.3
Age standardised (g)	53.0	57.7	51.3	55.0	58.2	58.0	56.2	55.9	54.7
Ages 20–69 years	59.2	64.5	57.4	61.7	64.9	65.4	62.2	63.0	61.1
Age standardised (g)	59.1	64.6	57.0	61.4	64.9	65.2	62.8	61.7	61.0

Table 10A.36 **Participation rates of women in cervical screening programs, by age group (per cent) (a), (b), (c)**

Age group (years)	*NSW*	*Vic (d)*	*Qld* (e)	*WA* (d)	*SA* (f)	*Tas*	*ACT* (d)	*NT*	*Aust*
2001 and 2002									
20–24	46.7	51.1	49.5	52.6	54.4	61.9	49.3	59.8	50.0
25–29	58.4	62.9	57.5	61.6	63.6	66.3	59.8	63.5	60.3
30–34	63.0	66.9	59.5	64.6	68.4	68.5	64.5	63.7	64.1
35–39	63.5	67.8	59.3	64.7	68.3	68.8	65.8	63.3	64.4
40–44	63.1	68.2	59.1	64.1	68.5	67.4	65.0	62.1	64.2
45–49	64.3	70.2	59.8	64.0	69.9	67.5	66.7	64.3	65.4
50–54	61.8	68.4	57.0	61.5	66.2	65.5	67.1	61.7	63.0
55–59	64.2	72.1	58.7	62.7	70.7	66.3	73.2	65.7	65.7
60–64	54.2	62.0	49.6	54.1	61.6	56.3	64.2	56.2	56.1
65–69	45.4	52.9	43.3	46.5	53.5	49.2	55.4	43.5	48.0
70–74	18.0	18.4	21.6	18.5	20.1	14.2	18.7	28.3	18.9
75–79	7.3	7.4	9.3	6.9	8.7	5.8	6.7	12.1	7.7
80–84	2.3	2.4	3.1	2.2	2.5	1.9	1.7	4.4	2.5
Ages 20–84 years	53.5	58.1	51.8	55.8	57.7	57.7	58.6	61.1	55.1
Age standardised (g)	53.2	58.0	50.7	54.3	58.4	57.8	56.6	55.7	54.6
Ages 20–69 years	59.4	64.7	56.5	61.0	65.3	65.2	62.6	62.3	61.0
Age standardised (g)	59.4	64.9	56.3	60.7	65.2	65.0	63.3	61.4	61.0
2002 and 2003									
20–24	45.3	49.8	49.6	51.7	52.9	59.3	49.5	59.4	49.0
25–29	56.7	61.3	56.7	60.2	63.1	63.7	59.0	61.6	58.9
30–34	62.2	65.8	59.3	64.1	67.4	66.0	65.4	61.3	63.3
35–39	62.7	66.9	59.3	64.5	68.1	65.7	64.6	62.5	63.8
40–44	62.8	67.3	59.6	64.4	68.1	65.7	65.2	60.6	63.9
45–49	64.2	69.8	60.4	64.8	70.1	65.5	66.7	63.5	65.5
50–54	61.6	68.0	57.8	61.6	67.2	63.1	65.8	61.1	63.0
55–59	64.3	72.6	59.7	63.1	70.9	66.7	71.1	65.6	66.1
60–64	54.2	62.0	50.5	54.0	62.7	56.3	63.4	51.2	56.3
65–69	45.9	54.2	44.3	47.3	54.3	49.1	53.6	44.5	48.7
70–74	17.0	17.8	21.1	17.9	19.9	14.1	16.8	26.9	18.2
75–79	6.6	6.6	8.8	6.6	8.0	5.1	4.9	10.8	7.1
80–84	2.0	2.2	2.9	2.0	2.2	1.7	1.9	4.2	2.2
Ages 20–84 years	52.8	57.4	51.9	55.5	57.4	55.9	58.1	59.7	54.6
Age standardised (g)	52.6	57.4	51.0	54.2	58.3	56.1	55.9	54.5	54.2
Ages 20–69 years	58.8	64.0	56.7	60.8	65.0	63.2	62.2	61.0	60.5
Age standardised (g)	58.8	64.2	56.6	60.6	65.1	63.1	62.7	60.2	60.6

Table 10A.36 Participation rates of women in cervical screening programs, by age group (per cent) (a), (b), (c)

Age group (years)	*NSW*	*Vic (d)*	*Qld* (e)	*WA* (d)	*SA* (f)	*Tas*	*ACT* (d)	*NT*	*Aust*
2003 and 2004									
20–24	44.0	48.5	48.9	50.4	51.8	57.2	48.9	58.6	47.8
25–29	55.6	60.3	56.7	58.8	62.7	62.4	59.4	60.9	58.1
30–34	61.1	65.8	59.9	63.2	66.7	64.6	65.9	59.9	62.8
35–39	62.2	67.3	60.2	63.5	68.0	64.6	65.5	62.4	63.8
40–44	62.7	68.4	61.0	63.2	68.4	63.7	66.0	60.8	64.3
45–49	64.0	70.7	62.2	64.4	70.2	65.9	66.9	62.4	65.9
50–54	62.0	69.7	59.8	61.2	68.5	62.8	66.8	61.5	64.0
55–59	64.1	73.7	62.0	63.0	70.9	65.8	68.2	64.5	66.6
60–64	54.3	64.0	53.0	53.7	63.3	55.3	61.8	50.9	57.2
65–69	45.9	56.0	46.3	47.4	55.0	48.1	52.8	46.1	49.6
70–74	16.1	16.3	20.9	16.8	19.3	13.2	17.6	22.0	17.3
75–79	5.8	5.4	8.5	5.9	7.6	4.6	5.2	10.5	6.3
80–84	1.7	1.7	2.7	2.0	2.0	1.5	1.9	3.6	1.9
Ages 20–84 years	52.1	57.6	52.8	54.6	57.2	54.9	58.1	58.9	54.5
Age standardised (g)	52.1	57.7	51.9	53.4	58.2	55.1	56.0	53.8	54.2
Ages 20–69 years	58.2	64.4	57.7	59.9	65.0	62.0	62.3	60.4	60.5
Age standardised (g)	58.4	64.8	57.7	59.8	65.1	62.0	62.7	59.7	60.7

(a) All data are adjusted to remove women who have had a hysterectomy. Rates cannot be calculated for women 85 years and over because hysterectomy fractions are not available for this age group.

(b) In 2001, the ABS carried out a full population Census and a National Health Survey. These led to the revision of the ABS estimated resident population (ERP) data, the introduction of a new Australian standard population for use in age standardisation, and the production of new estimates of hysterectomy status among Australian women. The denominators for participation rates for 2001 and 2002, and 2002 and 2003 have been calculated using the 2001 ABS National Health Survey hysterectomy fractions and the revised ERP values, and age adjusted using the 2001 Australian standard population. The denominators for the equivalent rates for previous years were calculated using the 1995 ABS National Health Survey hysterectomy fractions and unrevised ERP values, and age adjusted using the 1991 Australian standard population. The combined effect of these changes is that participation rates before 2001 and 2002 are on average 1–2 percentage points higher than equivalent rates for subsequent years.

(c) Recent fluctuations in participation rates over time and across jurisdictions may be influenced by improvements in record linkage procedures in the State and Territory screening registers. These allow more accurate tracking of individual screening participants over time and may lead to an apparent decrease of up to 3 percentage points in recorded participation rates.

Table 10A.36 Participation rates of women in cervical screening programs, by age group (per cent) (a), (b), (c)

Age group (years)	*NSW*	*Vic (d)*	*Qld* (e)	*WA* (d)	*SA* (f)	*Tas*	*ACT* (d)	*NT*	*Aust*

(d) Some State and Territory cervical cytology registers register only women with a valid address in that State or Territory. Victoria began registering resident women only from 2000-01, WA registered only resident women up to, and including, 2000-01, while the ACT has consistently registered only women with a valid ACT address.

(e) The Queensland Health Pap Smear Register did not begin operation until February 1999. Rates for other states and territories before 1999 and 2000 have been calculated excluding Queensland. Queensland data for the 1999 and 2000 period refer to the two year period from March 1999 to February 2001.

(f) Prior to the 2001 and 2002 period, SA grouped together all women aged 70 years or more; for the purposes of this table, they appear in the 70–74 age group.

(g) Rates are age standardised to the Australian 1991 population, except for the 2001 and 2002; and 2002 and 2003 rates, which are age standardised to the Australian 2001 population.

– Nil or rounded to zero.

Source: AIHW (unpublished).

Table 10A.37 **Influenza vaccination coverage, people aged 65 years or over**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002										
People vaccinated	no.	623 700	509 700	317 500	167 100	180 900	51 300	21 900	5 200	1 877 200
Target population	no.	861 400	626 000	423 100	209 700	220 500	64 900	27 500	7 600	2 440 500
People vaccinated	%	72.4	81.4	75.0	79.7	82.0	79.0	79.6	68.4	76.9
2003										
People vaccinated	no.	663 100	499 300	327 700	171 800	186 200	51 600	23 200	5 400	1 928 300
Target population	no.	869 000	642 300	448 400	219 100	225 000	67 300	28 700	8 000	2 507 900
People vaccinated	%	76.3	77.7	73.1	78.4	82.8	76.7	80.7	68.1	76.9
2004										
People vaccinated	no.	715 500	541 200	352 500	181 100	187 800	53 200	24 200	5 900	2 061 500
Target population	no.	907 300	663 600	465 200	230 100	230 800	68 800	30 200	8 800	2 604 800
People vaccinated	%	78.9	81.6	75.8	78.7	81.4	77.3	80.0	67.5	79.1

Source: AIHW 2005, *2004 Adult Vaccination Survey: Summary Results,* AIHW Cat. no. PHE 56, AIHW and DoHA, Canberra; AIHW 2004, *2003 Influenza Vaccine Survey: Summary Results,* AIHW Cat. no. PHE 51, Canberra; AIHW 2003, *2002 Influenza Vaccine Survey, Summary Results*, AIHW cat. no. PHE 46, Canberra.

Table 10A.38 Male Indigenous separations, by type, 2003-04 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (e)*	*NT (f)*	*Aust*
All causes	Number	17 811	4 210	25 311	17 132	6 556	np	np	18 368	91 049
	SHSR	1.14	1.31	1.79	2.29	2.28	np	np	2.88	1.75
	95% CI	1.13 to 1.16	1.28 to 1.35	1.77 to 1.81	2.26 to 2.33	2.22 to 2.33	np	np	2.84 to 2.92	1.73 to 1.76
Circulatory disease	Number	827	147	1 040	701	346	np	np	479	3 618
	SHSR	1.14	0.97	1.64	2.07	2.62	np	np	1.67	1.52
	95% CI	1.28 to 1.51	2.44 to 3.16	1.08 to 1.3	1.85 to 2.25	2.78 to 3.57	np	np	0.58 to 0.83	1.44 to 1.57
Coronary heart disease	Number	405	76	572	308	194	np	np	192	1 788
	SHSR	1.37	1.23	2.26	2.28	3.67	np	np	1.70	1.86
	95% CI	1.23 to 1.5	0.95 to 1.51	2.07 to 2.44	2.02 to 2.53	3.15 to 4.18	np	np	1.46 to 1.95	1.78 to 1.95
Rheumatic heart disease	Number	5	6	23	13	8	np	np	47	102
	SHSR	2.76	16.18	14.18	15.26	24.43	np	np	65.98	17.05
	95% CI	0.34 to 5.18	3.23 to 29.12	8.39 to 19.98	6.96 to 23.55	7.5 to 41.36	np	np	47.11 to 84.84	13.74 to 20.36
Self-harm	Number	156	43	119	138	52	np	np	73	587
	SHSR	1.84	2.37	1.50	3.23	3.13	np	np	1.91	2.00
	95% CI	1.55 to 2.13	1.66 to 3.08	1.23 to 1.77	2.69 to 3.77	2.28 to 3.98	np	np	1.47 to 2.35	1.84 to 2.16
All respiratory disease	Number	1 691	268	2 006	1 669	438	np	np	1 613	7 761
	SHSR	1.40	1.13	1.80	2.91	2.02	np	np	3.36	1.93
	95% CI	1.34 to 1.47	1 to 1.27	1.72 to 1.88	2.77 to 3.05	1.83 to 2.21	np	np	3.19 to 3.52	1.89 to 1.98
Infectious pneumonia	Number	347	40	503	530	99	np	np	721	2 245
	SHSR	1.88	1.10	2.97	6.05	2.98	np	np	9.79	3.66
	95% CI	1.69 to 2.08	0.76 to 1.44	2.71 to 3.23	5.53 to 6.56	2.39 to 3.57	np	np	9.07 to 10.5	3.51 to 3.81
Lung cancer	Number	27	np	26	16	17	np	np	11	99
	SHSR	1.11	np	1.27	1.47	4.03	np	np	1.24	1.28
	95% CI	0.69 to 1.53	np	0.78 to 1.76	0.75 to 2.2	2.11 to 5.94	np	np	0.51 to 1.97	1.02 to 1.53

Table 10A.38 **Male Indigenous separations, by type, 2003-04 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (e)*	*NT (f)*	Aust
Diabetes as a primary diagnosis	Number	255	49	382	225	123	np	np	372	1 439
	SHSR	2.36	2.19	3.97	4.42	6.24	np	np	8.65	4.02
	95% CI	2.07 to 2.64	1.58 to 2.8	3.57 to 4.37	3.84 to 4.99	5.14 to 7.35	np	np	7.77 to 9.53	3.81 to 4.23
All diabetes except where dialysis is the primary diagnosis	Number	1 323	316	1 977	1 601	661	np	np	1 445	7 419
	SHSR	2.26	2.60	3.90	5.94	6.30	np	np	6.41	3.89
	95% CI	2.14 to 2.38	2.31 to 2.89	3.73 to 4.08	5.65 to 6.23	5.82 to 6.79	np	np	6.08 to 6.74	3.8 to 3.98
All diabetes (g)	Number	1 602	1 206	2 260	4 329	668	np	np	1 456	11 774
	SHSR	2.43	8.82	3.97	14.26	5.66	np	np	5.73	5.49
	95% CI	2.31 to 2.55	8.32 to 9.32	3.8 to 4.13	13.83 to 14.68	5.23 to 6.09	np	np	5.43 to 6.02	5.39 to 5.58
Depressive disorder	Number	60	8	37	24	17	np	np	5	151
	SHSR	0.78	0.49	0.53	0.63	1.15	np	np	0.15	0.58
	95% CI	0.58 to 0.98	0.15 to 0.82	0.36 to 0.7	0.38 to 0.89	0.6 to 1.7	np	np	0.02 to 0.28	0.48 to 0.67
Anxiety disorder	Number	26	0	16	3	4	np	np	1	55
	SHSR	0.52	0.00	0.36	0.13	0.42	np	np	0.05	0.33
	95% CI	0.32 to 0.72	0 to 0	0.18 to 0.53	-0.02 to 0.27	0.01 to 0.84	np	np	-0.05 to 0.14	0.24 to 0.41
Substance use disorder	Number	470	29	133	80	48	np	np	3	769
	SHSR	5.19	1.49	1.60	1.77	2.72	np	np	0.07	2.48
	95% CI	4.72 to 5.66	0.95 to 2.03	1.33 to 1.88	1.39 to 2.16	1.95 to 3.49	np	np	-0.01 to 0.16	2.3 to 2.65
Psychotic disorder	Number	639	168	663	552	245	np	np	161	2 450
	SHSR	1.66	2.03	1.86	2.86	3.25	np	np	0.93	1.84
	95% CI	1.53 to 1.79	1.73 to 2.34	1.72 to 2	2.62 to 3.1	2.85 to 3.66	np	np	0.79 to 1.08	1.77 to 1.92

Table 10A.38 Male Indigenous separations, by type, 2003-04 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (e)*	*NT (f)*	Aust

(a) The ratios are indirectly age standardised using the Census-based estimated resident population of Indigenous males at 30 June 2001, the hospital separation rates for Australian males aged 0–74 years for 2000-01 and the male population at 30 June 2001.

(b) Tympanoplasty is for ages 0–14 years.

(c) The quality of the data provided for Indigenous status from 2001-02 has continued to improve due to the use of the National Health Data Dictionary definitions by all jurisdictions, however it is still in need of improvement. The AIHW considers it acceptable for only SA, WA and the NT. Data on Indigenous status should therefore be interpreted cautiously.

(d) Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions. The variation in the number of Indigenous separations per 1000 Indigenous population among the States and Territories suggests that there was variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population.

(e) The ACT data are not considered reliable due to the small size of the Indigenous population in that jurisdiction.

(f) NT data if for public hospitals only.

(g) All diabetes refers to separations with either a principal or additional diagnosis of diabetes.

SHSR = Standardised Hospital Separation Ratio; CI = confidence interval.

np Not published.

Source: AIHW (unpublished).

Table 10A.39 Female Indigenous separations, by type, 2003-04 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (e)*	*NT (f)*	*Aust*
All causes	Number	21 464	5 037	30 927	26 626	8 050	np	np	26 053	120 003
	SHSR	1.25	1.39	1.87	3.11	2.40	np	np	3.49	2.02
	95% CI	1.23 to 1.26	1.35 to 1.43	1.85 to 1.9	3.07 to 3.15	2.35 to 2.45	np	np	3.45 to 3.54	2.01 to 2.03
Circulatory disease	Number	741	140	918	604	326	np	np	376	3 141
	SHSR	2.28	2.07	3.04	3.84	5.16	np	np	2.76	2.85
	95% CI	2.12 to 2.44	1.73 to 2.41	2.84 to 3.23	3.54 to 4.15	4.6 to 5.72	np	np	2.48 to 3.04	2.75 to 2.95
Coronary heart disease	Number	361	52	396	248	149	np	np	135	1 357
	SHSR	3.79	2.69	4.74	5.42	8.16	np	np	3.48	4.31
	95% CI	3.4 to 4.18	1.96 to 3.42	4.28 to 5.21	4.74 to 6.09	6.85 to 9.48	np	np	2.89 to 4.07	4.09 to 4.54
Rheumatic heart disease	Number	12	6	51	40	34	np	np	55	198
	SHSR	2.40	5.79	11.02	16.44	35.28	np	np	26.60	11.73
	95% CI	1.04 to 3.76	1.16 to 10.43	8 to 14.05	11.35 to 21.54	23.42 to 47.14	np	np	19.57 to 33.64	10.09 to 13.36
Self-harm	Number	257	56	202	151	77	np	np	71	842
	SHSR	2.00	2.05	1.62	2.32	3.02	np	np	1.24	1.87
	95% CI	1.75 to 2.24	1.51 to 2.58	1.4 to 1.85	1.95 to 2.69	2.34 to 3.69	np	np	0.95 to 1.53	1.75 to 2
All respiratory disease	Number	1 729	277	1 781	1 763	516	np	np	1 538	7 699
	SHSR	1.79	1.39	1.93	3.74	2.81	np	np	3.92	2.34
	95% CI	1.71 to 1.88	1.23 to 1.56	1.84 to 2.02	3.56 to 3.91	2.56 to 3.05	np	np	3.72 to 4.11	2.29 to 2.4
Infectious pneumonia	Number	302	53	418	483	127	np	np	640	2 037
	SHSR	2.02	1.72	2.94	6.62	4.47	np	np	10.54	4.01
	95% CI	1.79 to 2.25	1.26 to 2.19	2.65 to 3.22	6.03 to 7.21	3.69 to 5.24	np	np	9.73 to 11.36	3.84 to 4.19
Lung cancer	Number	15	6	19	19	11	np	np	7	83
	SHSR	1.14	2.25	1.65	3.02	4.36	np	np	1.31	1.91
	95% CI	0.56 to 1.71	0.45 to 4.04	0.91 to 2.39	1.66 to 4.37	1.78 to 6.94	np	np	0.34 to 2.27	1.5 to 2.32

Table 10A.39 Female Indigenous separations, by type, 2003-04 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (e)*	*NT (f)*	*Aust*
Diabetes as a primary diagnosis	Number	309	60	620	411	180	np	np	446	2 037
	SHSR	2.38	2.19	4.98	6.35	7.08	np	np	7.86	4.54
	95% CI	2.11 to 2.65	1.63 to 2.74	4.59 to 5.38	5.74 to 6.96	6.05 to 8.11	np	np	7.13 to 8.59	4.34 to 4.74
All diabetes except where dialysis is the primary	Number	1 678	341	2 931	2 328	957	np	np	2 271	10 591
	SHSR	3.02	2.95	5.69	8.51	8.86	np	np	9.55	5.60
	95% CI	2.87 to 3.16	2.63 to 3.26	5.48 to 5.89	8.17 to 8.86	8.3 to 9.42	np	np	9.16 to 9.94	5.5 to 5.71
All diabetes (g)	Number	2 108	935	3 352	7 297	973	np	np	2 273	17 129
	SHSR	3.48	7.43	5.99	24.54	8.27	np	np	8.80	8.33
	95% CI	3.33 to 3.63	6.95 to 7.9	5.78 to 6.19	23.97 to 25.1	7.75 to 8.79	np	np	8.44 to 9.16	8.21 to 8.46
Depressive disorder	Number	64	47	71	49	32	np	np	8	287
	SHSR	0.38	1.32	0.44	0.58	0.97	np	np	0.11	0.49
	95% CI	0.29 to 0.47	0.94 to 1.69	0.34 to 0.54	0.42 to 0.75	0.63 to 1.3	np	np	0.03 to 0.18	0.43 to 0.55
Anxiety disorder	Number	32	np	34	17	24	np	np	1	114
	SHSR	0.82	np	0.91	0.87	3.14	np	np	0.06	0.84
	95% CI	0.54 to 1.11	np	0.6 to 1.22	0.46 to 1.29	1.88 to 4.39	np	np	-0.06 to 0.17	0.69 to 1
Substance use disorder	Number	180	12	73	47	15	np	np	4	332
	SHSR	12.96	4.02	5.34	6.66	5.45	np	np	0.63	6.78
	95% CI	11.07 to 14.86	1.75 to 6.3	4.12 to 6.57	4.75 to 8.56	2.69 to 8.21	np	np	0.01 to 1.25	6.06 to 7.51
Psychotic disorder	Number	558	236	452	408	249	np	np	123	2 075
	SHSR	1.40	2.80	1.19	2.05	3.18	np	np	0.70	1.50
	95% CI	1.28 to 1.51	2.44 to 3.16	1.08 to 1.3	1.85 to 2.25	2.78 to 3.57	np	np	0.58 to 0.83	1.44 to 1.57

(a) The ratios are indirectly age standardised using the Census based estimated resident population of Indigenous males at 30 June 2001, the hospital separation rates for Australian males aged 0–74 years for 2000-01 and the male population at 30 June 2001.

Table 10A.39 **Female Indigenous separations, by type, 2003-04 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (e)*	*NT (f)*	Aust

(b) Tympanoplasty is for ages 0–14 years.

(c) Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions. The variation in the number of Indigenous separations per 1000 Indigenous population among the States and Territories suggests that there was variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population.

(d) The quality of the data provided for Indigenous status from 2001-02 has continued to improve due to the use of the National Health Data Dictionary definitions by all jurisdictions, however, it is still in need of improvement. The AIHW considers it acceptable for only SA, WA and the NT. Data on Indigenous status should therefore be interpreted cautiously.

(e) The ACT data are not considered reliable due to the small size of the Indigenous population in that jurisdiction.

(f) NT data if for public hospitals only.

(g) All diabetes refers to separations with either a principal or additional diagnosis of diabetes.

SHSR = Standardised Hospital Separation Ratio.

np Not published.

Source: AIHW (unpublished).

Table 10A.40 **Standardised hospital separations for Type 2 diabetes mellitus as principal diagnosis by complication, all hospitals, 2003-04 (per 100 000 people) (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Circulatory	11.9	24.4	13.3	24.8	28.9	np	np	np	18.9
Renal	13.8	18.9	16.6	19.6	18.3	np	np	np	17.9
Ophthalmic	69.5	86.0	61.6	118.1	96.5	np	np	np	82.2
Other specified	42.7	70.9	58.2	55.2	71.7	np	np	np	59.7
Multiple	17.3	32.6	39.3	34.3	66.4	np	np	np	36.0
No complications	6.7	7.7	4.2	5.9	15.2	np	np	np	7.5
Total	**162.0**	**240.5**	**193.5**	**257.9**	**297.1**	**np**	**np**	**np**	**222.2**

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

(b) Results for individual complications may be affected by small numbers, and need to be interpreted with care.

(c) Differences across jurisdictions in policy and practice relating to the admission of patients, the availability of outpatient services and the incentives to admit patients rather than treat them as outpatients will affect estimates of hospital separations.

(d) Morbidity data are coded under coding standards that may differ over time and across jurisdictions.

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

np Not published.

Source: AIHW (unpublished).

Table 10A.41 Separations for principal diagnosis of Type 2 diabetes mellitus that were same day by complication, all hospitals, all episode types, 2003-04 (per cent) (a), (b), (c), (d), (e)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Circulatory	16.6	19.8	11.4	17.1	24.1	np	np	np	17.8
Renal	13.3	14.7	11.0	15.4	23.5	np	np	np	15.1
Ophthalmic	87.6	86.9	90.3	80.0	86.3	np	np	np	86.4
Other specified	13.7	28.5	13.5	14.2	18.5	np	np	np	19.5
Multiple	–	50.0	–	–	–	np	np	np	15.4
Unspecified	5.8	11.4	24.6	14.7	56.1	np	np	np	27.4
No complications	23.7	45.2	17.0	15.2	71.7	np	np	np	39.2
Total	**45.2**	**45.7**	**39.5**	**44.3**	**52.6**	**np**	**np**	**np**	**45.7**

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

(b) Results for individual complications may be affected by small numbers, and need to be interpreted with care.

(c) Differences across jurisdictions in policy and practice relating to the admission of patients, the availability of outpatient services and the incentives to admit patients rather than treat them as outpatients will affect estimates of hospital separations.

(d) Morbidity data are coded under coding standards that may differ over time and across jurisdictions.

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

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

Source: AIHW (unpublished).

Table 10A.42 **Standardised hospital separations for lower limb amputation with principal or additional diagnosis of Type 2 diabetes, all hospitals, 2003-04 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
ASR	per 100 000 people	11.3	14.7	16.9	15.6	17.3	np	np	np	15.1
Crude	per 100 000 people	12.0	15.5	16.7	14.8	20.4	np	np	np	15.0
Separations	no.	803	766	641	291	312	np	np	np	3 005

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

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

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

ASR = Age standardised rate

np Not published.

Source: AIHW (unpublished).

Table 10A.43 **Standardised separation rates of older people for injuries due to falls, 2003-04 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Separations per 1000 older people	75.2	67.2	65.7	74.6	56.0	np	np	np	68.7
Number	32 738	21 053	14 300	7 738	6 568	np	np	np	85 128

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

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

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

np Not published.

Source: AIHW (unpublished).

Table 10A.44 **Australian Government, community health services programs**

Programs funded by the Australian Government during 2004-05

Program	*Description*
Regional Health Services Sub-program	The RHS provides funding to local rural communities to identify local primary health priorities and develop and support services relating to these priorities. Programs to date include illness prevention and management, palliative care, women's health, children's health services and mental health.
Primary Health Sub-program	The Primary Health Sub-program comprises two strands of activity, national projects and community based projects under the Building Healthy Communities in remote Australia (BHC) Initiative. The BHC initiative provides funding to small rural and remote communities to undertake health education and promotion activities to address the risk factors that contribute to poorer health in these areas. The factors include: injury, high rates of smoking and harmful alcohol consumption; and high rates of obesity and low rates of physical activity.
More Allied Health Services Sub-program (MAHS)	This Program operates through rural Divisions of General Practice to improve access by rural and remote communities to a range of additional allied health professionals.

How the above programs were dealt with in a budgetary context

Regional Health Services Sub-program	The RHS program is part of the 2004-05 Australian Government Budget Initiative for Rural Primary Health Program and is funded through an identified program in the DoHA budget.
Primary Health Sub-program	The BHC program for Preventive Health initiatives is part of the 2004 Australian Government Budget Initiative for Rural Health and is funded through an identified program in the DoHA budget.
More Allied Health Services Sub-program (MAHS)	The MAHS program was first announced in the 2000-01 budget, and is continued in the 2004-05 budget under the Rural Health Strategy.

Reporting associated with the above programs

Regional Health Services Sub-program	Performance indicators for RHS are published in the Portfolio Budget Statements.
Primary Health Sub-program	Performance indicators for BHC are published in the Portfolio Budget Statements.
More Allied Health Services Sub-program (MAHS)	Divisions of General Practice are required to report to DHA against MAHS activities on a biannual basis.

Source: Australian Government (unpublished).

Table 10A.45 **New South Wales, community health services programs**

Programs funded by NSW Government during 2004-05

Program	*Description*
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, immunisation, post natal programs, early intervention and school surveillance services.
Aboriginal health services	Covering services such as health information and education, counselling, pre and post natal programs, early childhood nursing and health promotion programs.
Women's health services	Covering services and health promotion programs for women, such as mental health, violence prevention and pregnancy services and physical activity, smoking cessation and health improvement programs.
Physical Abuse and Neglect of Children services	Providing long-term and intensive counselling for families, and a range of interventions where physical abuse or neglect of a child is occurring.
Sexual Health services	Covering education, counselling, screening and the management of sexually transmitted diseases including HIV and Hepatitis A, B and C.
Sexual Assault services	Providing crisis counselling and support for victims of assault, court preparation and community education programs.
Aged Care services	Providing assessment and referral, case management, home nursing, allied health services such as physiotherapy, occupational therapy, social work, podiatry, chiropractic, orthotics and prosthetics, dietetics and nutrition, specialist services such as continence therapy and family support for the aged .
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.
Community Acute/Post Acute Care services	Providing acute care in the community which is a substitution for hospitalisation, including medical, nursing, allied health services such as physiotherapy and occupational therapy, social work and pharmacy and personal care.

Table 10A.45 **New South Wales, community health services programs**

Programs funded by NSW Government during 2004-05	
Community nursing	Providing generalist nursing care in the community.
Rehabilitation	Providing case management, allied health, prosthetic and home modification services in a community setting.
Eating disorder services	Providing case management, medical and counselling support services.
Program of Appliances for Disabled People	Providing appropriate equipment, aids and appliances such as mobility and toileting aids to prevent inappropriate entry into institutional facilities.
Health related transport services	Providing non-emergency transport for health-related issues.
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	Provide 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 Centres, HIV/Aids, Women's Health, Diabetes, Drug and Alcohol services.

How the above programs were dealt with in a budgetary context	
Child, Adolescent and Family services	Area Health Services (AHS) receive block funding from NSW Health to provide health services to their population. Each AHS determines how much money is allocated to this program
Aboriginal health services	A mix of AHS, NSW Health (via grants to non-government organisations) and Australian Government funding.
Women's health services	A mix of AHS funding and Australian Government funding allocated under the Public Health Outcomes Funding Agreement
Physical Abuse and Neglect of Children services	As for Child, Adolescent and Family services
Sexual Health services	As for Child, Adolescent and Family services
Sexual Assault services	As for Child, Adolescent and Family services
Aged Care services	As for Child, Adolescent and Family services

Table 10A.45 **New South Wales, community health services programs**

Programs funded by NSW Government during 2004-05	
Palliative Care services	A mix of AHS and Australian Government funding.
Dental services	As for Child, Adolescent and Family services
Community Acute/Post Acute Care services	As for Child, Adolescent and Family services
Community nursing	As for Child, Adolescent and Family services
Rehabilitation	As for Child, Adolescent and Family services
Eating disorder services	As for Child, Adolescent and Family services
Program of Appliances for Disabled People	The Department of Health allocates specific funding to AHSs for this program
Health related transport services	As for Child, Adolescent and Family services
Multicultural health services	As for Child, Adolescent and Family services
Youth Health services	A mix of AHS and Australian Government funding.
Non-Government Organisations	Funding allocations are via an annual grant program approved by the Minister for Health

Reporting associated with the above programs

These services are measured as Non-Admitted Patient Occasions of Service - the number of occasions on which one or more health care professionals provides a service to a Non-admitted Patient - and reported by AHSs to the Department of Health on a quarterly basis.

Source: NSW Government (unpublished).

Table 10A.46 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2004-05

Program	*Description*
Community health	Victoria's 100 Community Health Services provide integrated healthcare focused on health promotion, early intervention and chronic disease management to improve health outcomes and reduce demand for acute health services. Over 250 service sites across all local government areas offer allied health services (audiology, nutrition, occupational therapy, physiotherapy, podiatry and speech therapy) counselling, primary medical and nursing care. Many Community Health Services provide a range of home and community care (HACC), aged care, dental, drug and alcohol, disability, family support and maternal and child health services, and other community based health and support services.
Family planning	Providing a service to people with special needs who are less able to access mainstream health services. This group includes young people, women from culturally and linguistically diverse backgrounds, Kooris and people with disabilities.
Innovative health services for homeless youth	Providing healthcare for homeless and otherwise at risk young people through innovative approaches and through increasing access to mainstream and specialist services (Australian Government and State cost shared).
Family and reproductive rights education	Working with communities that practice female genital mutilation to improve the physical and emotional wellbeing of women, young girls and their families.
Women's health	Developing and disseminating health information, promoting research into priority women's issues, providing health education to groups and individuals, and community education.
Dental public health	Providing a statewide preschool dental program (preventive programs and dental care for children 0 - 5 years old), a statewide school dental service (preventive programs and dental care for all primary school children and concession card holders in years 7 and 8), a youth dental program (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.46 **Victoria, community health services programs**

Programs funded by the Victorian Government during 2004-05	
Primary Care Partnerships (PCP)	The PCP Strategy was initiated to create a genuine primary care service system to replace the previously uncoordinated group of services. Through it, 31 Partnerships that include key primary healthcare providers such as community health services, Local governments, Divisions of General Practice, rural and metropolitan health services are working to improve and integrate primary healthcare. PCPs are particularly focussed on improved service coordination and more integrated health promotion.

Source: Victorian Government (unpublished).

Table 10A.47 **Queensland, community health services programs**

Programs funded by Qld Government during 2004-05

Program	*Description*
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 promotion and health services and prevention, promotion, early intervention, assessment and treatment related to child development and health
Alcohol & 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	na
Allied Health	na
Oral Health Services	na
Poisons Information	Providing information and advice to assist in the management of poisoning and suspected poisoning, education and promotion of poisoning prevention
Palliative Care	na
Sexual Health	16 sexual health clinics predominantly providing sexual health screening of at risk populations as well as treatment and counselling services. QH also works closely with Family Planning Queensland to provide referrals and support services relating to reproductive health and contraception.
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 prevention and health 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
Dental health	Queensland provided free emergency, general, denture and specialist services to holders, and their dependents, of Pensioner Concession Cards, Health Care Cards, and State and Commonwealth Seniors cards. Free services were also provided to school children up to Year 10.

Table 10A.47 Queensland, community health services programs

Programs funded by Qld Government during 2004-05	
How the above programs were dealt with in a budgetary context	
Child, Youth and Women's Health	Funding for cancer screening services is provided through state funds and the joint State/Commonwealth Public Health Outcomes Funding Agreement (PHOFA)
Alcohol & drug services	These services are funded through a range of programs or health services within the Queensland Health budget
Integrated Health Care	na
Allied Health	na
Oral Health Services	na
Poisons Information	These services are funded from Queensland Health Corporate and Health Service District funds
Palliative Care	na
Sexual Health	These programs are funded through a combination of Commonwealth and State funding programs with a significant contribution from HIV/AIDS programs. Funds are also provided through the Public Health Outcomes Funding Agreement (PHOFA)
Indigenous Health	These services are funded through a range of programs or health services within the Queensland Health budget
Dental health	These services are funded from Queensland Health Corporate and Health Service District funds.
Reporting associated with the above programs	
Child, Youth and Women's Health	Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement
Alcohol & drug services	Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement
Integrated Health Care	na
Allied Health	na
Oral Health Services	na
Poisons Information	The Poisons Information Centre is required to provide periodic reports on the extent and nature of calls, substances and caller type

Table 10A.47 Queensland, community health services programs

Programs funded by Qld Government during 2004-05	
Palliative Care	na
Sexual Health	PHOFA reporting requirements, particularly in relation to the prevention of HIV/AIDS and services to Indigenous populations
Indigenous Health	Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement
Dental health	Performance targets and overall financial reporting are published in the annual report and the Ministerial Portfolio Statement.

na Not available.

Source: Queensland Government (unpublished).

Table 10A.48 **Western Australia, community health services programs**

Programs funded by WA Government during 2004-05

Program	*Description*
Child and Maternal	Community based services provided to parents of new-borns and infants include: screening and early detection, immunisation, advice and support to parents on infant care and a range of common health conditions, early intervention services for children with developmental diffculties and health promotion activity. Services can be delivered in Child Health Clinics, child development centres, community based centres or in the home environment.
School and Youth	Services for school-age children and youth include: screening and early detection, immunisation, health promotion, early intervention services for children with developmental difficulties and advice and consultancy to school principals and pastoral care teams. Services are predominantly delivered in the school environment however early interventions services may be centre based.
Gender	A range of community based health services mostly targeting women, are predominately delivered through funded service agreements with Not for Profit organisations. Services include: health promotion, education and therapeutic services.
Adult and Ageing	A limited range of community based health services are provided to clients in this age span. Services provided in regional areas are tailored to meet community needs wherever possible. Services focus on health promotion activity particularly related to the prevention of complex or chronic conditions.
Primary Health	Community Health services support local strategies to improve collaboration at the Community Health/ General Practice interface through the development of innovative prevention focussed service models. Statewide policy development is in partnership with the Commonwealth Government and other State agencies and focuses on developing conjoint models of service delivery and approaches to chronic disease management.

How the above programs were dealt with in a budgetary context

The Department of Health negotiates with area/regional health services utilising service specifications. Funding is provided directly to individual Area Health Services or regions. Performance targets are set by the Department of Health on an 80/20 basis: whereby 80 per cent of services are delivered accord with State policy and direction, and 20 per cent are delivered according to locally identified service needs and priorities.

Table 10A.48 **Western Australia, community health services programs**

Programs funded by WA Government during 2004-05

Reporting associated with the above programs

Health Services provide monthly activity reports to demonstrate program delivery. The program measure for all non-admitted patient services is Occasions of Service. A quarterly activity report from the same sources has more detailed information including where possible, waiting times for first booked appointment and 'did not attends' for Dr attended non admitted only. The non admitted services are broken down by type - mental health, doctor attended, allied health attended and 'other' (path tests etc) which is consistent with reporting using the HA215 series.

Source: WA Government (unpublished).

Table 10A.49 **South Australia, community health services programs**

Programs funded by SA Government during 2004-05

Program	*Description*
Maternity	
Community Midwifery Services	A regional home care support for women after the birth of a baby.
Early Childhood Programs	
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.
Child Development Unit	Multidisciplinary care planning for children with developmental delay in partnership with visiting paediatrician.
Paediatric Intervention Unit	Provides therapy, parent support, information and advocacy for children that have a disability or developmental delay and their parents.
Child and youth health	Provides a universal child and maternal health service for babies and children up to 5 years old. Services are both home based and clinic based. Provides youth health services for 12-25 years of age - services include counselling, medical, therapy, group programs and community development. A range of specialist programs are also provided through child health services including hearing screening programs, mothers and babies residential programs.
Indigenous Health	
Aboriginal services	A range of primary health care services and programs provided by multidisciplinary teams from community settings focused 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 linkage point with other mainstream providers.
Aboriginal Mental Health	Dedicated Aboriginal Health Worker positions are funded in both mainstream health services and Aboriginal Community Controlled Services.
Healthy Ways Project	The project focuses on improving nutrition standards and reduction in tobacco use by Aboriginal people in seven select locations in SA.
Aboriginal Scholarship Scheme	A scholarship scheme has been established to promote and foster the development of Aboriginal people through a tertiary education scholarship program

Table 10A.49 **South Australia, community health services programs**

Programs funded by SA Government during 2004-05	
Community nursing (excluding Home and Community Care)	
Community Services	Provides a range of home support services including home help, personal care, Aboriginal home support, home oxygen, respite and equipment.
Continence (Adult and Paediatric)	Education, counselling and conditioning therapy in all areas of continence management.
Diabetes Education	Counselling for clients and relatives on the self care of diabetes and its associated complications.
Community health services	A range of primary health care services and programs provided by multidisciplinary teams from community settings that are aimed at prevention, early intervention and community capacity building to protect the health and wellbeing of the community.
Women's Health	Primary health care services and programs, often linked to community health services, to address the specific health and well being 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.
Community nursing	Nursing care provided in people's homes or in a community setting to maximise their health and quality of life, taking into consideration the needs of the carer.
Integrated health care program	Covering diabetes services, dietetic services, community nursing, and discharge planning services.
Palliative Care / Bereavement Counselling	Palliative Care Services provide support and services to clients and their families when faced with a life limiting illness.
	Palliative care community outreach services provide care and support in people's homes or in community settings to maximise quality of life during end of life phase, including the needs of the carer.
	Bereavement Counselling offers counselling and support to clients and relatives on grief and loss issues.
Mens Health program	Promotion and education services.
Mental Health Team	Assessment, counselling, support, information and education on mental health issues.

Table 10A.49 **South Australia, community health services programs**

Programs funded by SA Government during 2004-05	
Oral health (including public dental services)	
Specialist Dental Services	Specialist Dental Services for concession card holders provided in association with students of the University of Adelaide.
Community Dental Service	Emergency and general dental care (including dentures) for adult holders of concession card and their dependents in public dental clinics and contracted through private providers.
School Dental Service	Regular preventively focused general dental care for pre-school aged, primary and secondary school children under 18 years of age.
Allied health (including physiotherapy and optometry)	
Allied health services	Treatment, therapy and rehabilitation program with multiple allied health professions, equipment loan.
Counselling	Community Based counselling in a number of areas.
Dietetics / Nutrition	Therapeutic dietary advice, nutrition education.
Health Social Worker	Advice for clients with personal, accommodation and financial issues.
Occupational Therapy	Work with people of any age to promote independence and maximise performance in activities of daily living.
Physiotherapy	Provide services to inpatients and outpatients. Paediatric services are provided.
Podiatry	Foot care clinics are provided. The department also offers special insoles and orthoses if required.
Speech Pathology	Paediatric services for speech and language difficulties from 0 - 4 years. Any age for swallowing, feeding, voice difficulties. Adults with communication issues.
Drug and Alcohol Treatment	
Drug and Alcohol services	Counselling, support and education for youth at risk.

Table 10A.49 **South Australia, community health services programs**

Programs funded by SA Government during 2004-05	
Community Health Services	
Primary Health Care Networks	Primary Health Care Networks are being implemented by regional health services by developing systems of integrated care in partnership with a range of primary health care partners. Partners include Divisions of General Practice, General Practitioners, Community Health Services, Hospitals, and Aged Care providers. The initial focus of network activity is on improving the coordination of care for people with chronic disease through structured care planning, referral, monitoring and review with the aim of providing more services and support in the community. The activity aims to reduce the morbidity associated with uncontrolled chronic disease and reducing the prevalence of risk factors that are the precursors to the development of chronic disease.
Hospital Avoidance	Provision of home-based and rapid-response support to clients who present to hospital Emergency Departments and/or General Practice and who without this support would otherwise be admitted to hospital. Hospital Avoidance services utilise a brokerage model to develop flexible packages of care that meet the individual needs of clients of all ages. Examples of services may include showering and personal care, transportation, medication management, intravenous therapy, client observation in their own home, nursing care and GP home visits.
Home Supported Discharge	Provides home-based care to clients who can be discharged from hospital early and/or to those who are at risk of readmission to hospital. Home Supported Discharge services utilise a brokerage model to develop flexible packages of care that meet the individual needs of clients of all ages. Examples of services may include showering and personal care, transportation, medication management, intravenous therapy, client observation in their own home, nursing care and GP home visits.
Chronic Disease Community programs	These programs aim to reduce the rate of unplanned admissions to public hospitals within the metropolitan catchment area for people with target chronic diseases; improve early detection and effective management of deterioration in clients' health status; and increased empowerment and self-efficacy of people to manage their chronic disease. The programs use packages of care to provide a range of services tailored around an individual or their family's needs that allows them to receive care in their home and convenient community locations, and to manage the risk factors, signs, symptoms and changes in their chronic disease. Examples of services provided could include care-planning with a documented care plan or review, one-off allied health initial assessment, self-management program, coaching via phone, home medication review, disease specific education, allied health through regional allied health services or Medicare Plus allied health initiative and short term equipment or services as identified in the care-plan.

Table 10A.49 **South Australia, community health services programs**

Programs funded by SA Government during 2004-05

How the above programs were dealt with in a budgetary context

Funding for these programs comes for a variety of sources both federal and state and is acquitted according to the appropriate requirements.
Dental services are funded through the SA Dental Service, a state wide health unit. Community nursing services are funded by DH, including HACC, to a non-government organisation.
For Palliative Care some funding through palliative care budget in ACHA. Site specific grants.
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 Federally funded services.

Reporting associated with the above programs

Detailed service targets are part of health service agreements or contracts between the Department of Health and the particular service. Monthly reporting against these targets.
Monthly Management Summaries - Department of Health
Palliative Care Minimum Data Set (MDS) 6 monthly reporting on community based palliative care - published in palliative care bulletin
Mental Health MDS
Health Service Region Performance Agreements

Source: SA Government (unpublished).

Table 10A.50 **Tasmania, community health services programs**

Programs funded by Tasmanian Government during 2004-05

Program	*Description*
Aged, Rural and Community Health Services	Aged, Rural and Community Health (ARCH) brings together a wide range of community and rural health services to meet the needs of individuals in a changing environment. Services are provided to both develop and support communities and to help people maintain or improve levels of physical functioning or independence in the community. ARCH incorporates a range of acute services, sub-acute and primary health care services.
Oral Health Services	Oral Health Services provides emergency, basic general dental care (check up, x-rays, dental health advice, referral) and dentures to eligible adults (holders of a Health Care or Pensioner Concession Card). Services are also provide to all children up to, but not including the age of 18. Oral Health Services also engages in health promotion and prevention activities to promote oral health on a population basis.
Palliative Care Services	Palliative Care is a State-wide specialist service that provides interdisciplinary care, consultancy, support and advice to people living with a life threatening illness and 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.
Community Assessment and Care Management	Community Assessment and Care Management (CACM) comprises three statewide service groupings: Assessment and Case Management Services (ACMS), Community Rehabilitation Services and Community Care Services. ACMS consists of the Aged Care Assessment Program, case management of complex clients through the Community Options Service and packages of care. Community Rehabilitation Services comprises the Community Rehabilitation Unit Southern Tasmania, Orthotics & Prosthetics Services Tasmania and Equipment Schemes. Community Care Services consists of primary health care service providers in community and rural settings including the Statewide Continence Nursing Service and Community Therapy Services (podiatry, physiotherapy, occupational therapy and speech pathology).

Table 10A.50 **Tasmania, community health services programs**

Programs funded by Tasmanian Government during 2004-05	
Public and Environmental Health Services	The Public and Environmental Health Service (P&EH) monitors the health of the Tasmanian population, and puts in place programs that protect and promote the health of the community. P&EH provides Health Protection Services (such as immunisation, communicable diseases control and environmental health advice, fluoridation and enforcement of tobacco control legislation), Environmental Health Services (such as food safety, toxicology, nutrition, public health advice, incident response and water quality), Health Physics (administering the Radiation Control Act 1977, Radiation Control Regulations 1994) and Pharmaceutical Services (regulation of drugs and poisons).
Cancer Screening and Control Services	Cancer screening administers and provides cancer screening services, provides community education and promotions, and advises on cancer control and policy. The service includes Breast Screen Tasmania program, the Cervical Cancer prevention program and a cancer control policy component. Each of the screening program is a part of a National, Commonwealth/State public health initiative.
Population and Health Priorities	This service unit works with population groups and health agencies on a range of programs including those aimed at the prevention of chronic diseases such as diabetes and cardiovascular diseases. Also includes promotion of nutrition, physical activity and injury prevention. Identified population groups include Aboriginal Health, Women's Health, Men's Health, and Multicultural Health. The area also supports the work of the Tasmanian Government's Health and Wellbeing Cluster Group which helps provide a coordinated response to health-related benchmarks under the Tasmania Together process.
Disability Services	Disability Services works with people with a disability, their families and carers, and other relevant stakeholders to deliver integrated services promoting the health and well being of people with disabilities. Services are provided in six broad categories, these are: 1) Accommodation Support 2) Community Support 3) Community Access 4) Respite 5) Advocacy and Information 6) Research and Development. NB: Disability Services is covered in detail in the Services for People with a Disability chapter of this report.

Table 10A.50 **Tasmania, community health services programs**

Programs funded by Tasmanian Government during 2004-05	
Mental Health Services	Mental Health Services provides services for people with mental illness and serious mental disorder, and has a wider role in mental health promotion, prevention and early intervention. The services are provided in acute, inpatient and community settings throughout Tasmania. Mental Health Services are provided to the general community in the following settings: 1) Child and Adolescent Services 2) Adult Inpatient Services 3) Adult Residential Services 4) Adult Community Services 5) Psychiatric Services for Older People NB: Mental Health is covered in detail in another chapter of the Report.
Alcohol and Drug Services	The Alcohol and Drug Service (ADS) is a State-wide specialist service that provides services to people with alcohol and drug problems, and also provides training, advice and consultation services to other health care providers. The services are delivered in acute inpatient settings and in the community throughout Tasmania. As well as providing direct care, ADS manages contracts with the many NGO's that also provide services in the alcohol and drug field. ADS also has a wider role in fostering the promotion of harm minimisation, and is a contributor to National, State and local processes for policy making on alcohol and other drugs issues.
Correctional Health	Correctional Health works with prison inmates with medical and/or mental health problems. Service has responsibility for the prison hospital. It provides inpatient and outpatient health services to Risdon Prison, Hobart and Launceston Remand Centres and Hayes Prison Farm. Also provides inpatient and outpatient forensic mental health services, community based Forensic Mental Health Services and court liaison services.
Family, child health and youth health services	Provision of information, screening, early intervention services through child health centres, parenting centres, child development units and youth health services.

How the above programs were dealt with in a budgetary context

The service is provided in accordance with the Tasmanian Government's Output Budgeting framework. Services are funded through identified outputs within the DHHS budget.

Table 10A.50 **Tasmania, community health services programs**

Programs funded by Tasmanian Government during 2004-05

Reporting associated with the above programs

Performance Information is collected and reported at the state level through Budget Papers and Annual Report. As required performance reporting is provided nationally through National Minimum Data Sets, Report On Government Services, Tasmania Together, Australian Institute of Health and Welfare, Australian Health Care Agreement, Public Health Outcome Funding Agreement and Australian Council of Healthcare Standards.

Source: Tasmanian Government (unpublished).

Table 10A.51 **Australian Capital Territory, community health services programs**

Programs funded by ACT Government during 2004-05

Program	*Description*
Alcohol and Drug Program	Services are provided to populations with alcohol and/or drug issues that includes treatment, counselling and medical withdrawal. In addition, the service provides consultation and liaison with other health service providers both in the public and private sectors.
Corrections Health Program	Services are provided to detainees in remand facilities. These include general health, forensic mental health and alcohol and drug services.
Dental Health Program	Covering dental services with specific Adult services - (periodontics, restorative, prosthodontics, domiciliary and oral surgery). Child and Youth services including limited orthodontics and Health Promotion.
Continuing Care Program	A multidisciplinary health service covering acute and/or post-acute conditions, and chronic health problems. Includes allied health and community nursing. Provides assessment, treatment, case management and discharge planning services.
Acute Support Program	Covering allied health and diabetes services in the acute setting and community based provision of multidisciplinary diabetes services . Provides assessment, treatment and discharge planning services. Provision of specialist allied health and diabetes services for Canberra and surrounding region. Provision of the Victim Services Scheme for victims of crime.
Child, youth and women's health services	Covering post-natal parenting information services, child health checks, immunisation, and 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.

How the above programs were dealt with in a budgetary context

Alcohol and Drug Program	Through a designated budget
Corrections Health Program	Through a designated budget
Dental Health Program	Direct government funding with additional revenue from client co-payment contributions

Table 10A.51 **Australian Capital Territory, community health services programs**

Programs funded by ACT Government during 2004-05	
Reporting associated with the above programs	
Alcohol and Drug Program	Reporting is quantitative and concentrated around occasions of service and client numbers
Corrections Health Program	Reporting is quantitative and concentrated around occasions of service and client numbers
Dental Health Program	Monthly/Annual reports including strategic indicators, activities against output targets, financial indicators and waiting lists-(times/numbers).

Source: ACT Government (unpublished).

Table 10A.52 **Northern Territory, community health services programs**

Programs funded by NT Government during 2004-05

Program	*Description*
Remote Health Services	The Remote Health Branch of the Department of Health and Community Services ensures that Primary Health Care (PHC) Services are delivered to the remote population of the Northern Territory through a network of 52 Remote Health Centres. Core PHC services include 24 hour emergency services, primary clinical care, population health programs, access to retrieval services, medical and allied health specialist services, provision of essential medications.
Austalian Bat Lyssavirus Pre and Post Exposure Prophylaxis (and rabies post exposure)	CDC Darwin provides rabies vaccine for pre-exposure prophylaxis to Australian Bat Lyssavirus (ABL) to persons at risk due to occupational exposure. Post-exposure rabies immunoglobulin and vaccine is administered by CDC in Darwin and regional CDC's. Education programs are provided to the community and to occupational groups.
Sexual Health Services	The AIDS/STD Program of the Department of Health and Community Services, provides five sexual health clinics known as Clinic 34 in the NT. The service is free and confidential, offering testing and treatment for blood borne viruses and sexually tansmitted infections. The Program also operates to rural and remote areas as well as urban offering screening, education and prevention strategies. It funds community based organisations such as the NT AIDS/Hepatitis Council, and Needle and Syringe programs offering harm reduction strategies, community and peer support and education.
TB Control Unit	Covers screening of high risk groups (contacts, refugees, prisoners, health workers); monitoring and administration of directly observed treatment for active TB and leprosy; remote community visits to implement preventive and early diagnostic strategies (treatment of latent TB infection, community screening); and provision of information to the public, service providers, and governments.
Urban CommunityHealth Services	Urban Community Health services provides a range of Primary Health Care, Acute (HITH), Palliative Care, Health Promotion, early childhood, community nursing, school entry screening services, to all residents of major NT centres, including Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs. Services are provided from Community Health Centres, but are also provided in school settings and clients' homes.

Table 10A.52 **Northern Territory, community health services programs**

Programs funded by NT Government during 2004-05	
Oral Health Services	The Children's Dental Service provides oral health promotion, screening and treatment to all children up to school leaving age. Services to eligible adults are provided from remote community health centres and town-based clinics.
Preventable Chronic Disease Services	Public Health professionals provide visiting and on-site support to remote primary health care teams to systematise health centre activity to maximise early detection and best practice management of chronic diseases, including support for population registers and recall systems.
Public Health Nutrition and Physical Activity services	Public Health Nutritionists work with local communities to monitor and improve the local food supply, and provide nutrition education.
Maternal/Child/Youth Health Services	Well baby clinics, staffed by Registered Nurses and Aboriginal Health Workers, operate from all remote Community Health Centres and town-based Community Care Centres, providing a range of services including growth surveillance/promotion and immunisation, assisted in remote areas by visiting and on-site paediatric specialist nurses, Aboriginal Health Workers and Child health Workers. Antenatal care is available in all remote Community Health Centres and is enhanced by the Strong Women Strong Babies Strong Culture program.
Women's Health Strategy Unit	This is a policy group setting strategic directions relating to improving women's health in partnership with community stakeholders
Well Women's Cancer Screening	This incorporates BreastScreen NT and Cervical Cancer screening.
School Health Services	This is an education focused health service including nursing, counselling, promotion and assistance with immunisation programs
Hearing Services	These services are provided across the whole of the NT including diagnostic audiological and audiometric services.

How the above programs were dealt with in a budgetary context

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

Reporting associated with the above programs

Performance targets against key functions of Community Health and Public Health Services. Financial reports are published in Department of Health and Community Services Annual Report.

Source: NT Government (unpublished).