
Chapter 10: Primary and community health

Previous reports have included a chapter on general practice. This year, the chapter has been expanded to include community health, to achieve a more comprehensive coverage of the primary health services supported by government. The primary and community health sector is the part of the healthcare system most frequently accessed by Australians. It is important in providing preventative care, diagnosis and treatment of illness, and referral to other health care services.

The expanded coverage of the primary and community health chapter includes (in addition to general practice) Indigenous primary health care, drug and alcohol treatment, public dental, maternal and child health, and a range of other community health services. The scope of this chapter does not extend to:

- Home and Community Care program services (which are covered in the Aged care chapter)
- public hospital emergency departments and outpatient services (which are covered in the Public hospitals chapter)
- community mental health services (which are covered in the Health management issues chapter)
- government funding of pharmacies.

Indigenous data in the primary and community health chapter

The primary and community health chapter in the *Report on Government Services 2004* contains the following on Indigenous people:

- descriptive information on specific health programs for Indigenous people
- ten most common health problems managed for Indigenous peoples encounters with general practitioners (GPs) and other data relating to the use of general practice services by Indigenous people, and
- a comparison of hospitalisation rates for diabetes for Indigenous and non-Indigenous people.

Supporting tables

Supporting tables for data within the primary and community health chapter of the compendium are contained in the attachment to the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 10A.3

is table 3 in the primary and community health attachment to the compendium). As the data are directly sourced from the Report on Government Services 2004, the compendium also notes where the original table, figure or text in the Report on Government Services 2004 can be found. For example, where the compendium refers to 'ROGS 2004, p. 10.15' this is page 15 of chapter 10 and 'ROGS 2004, 10A.2' is attachment table 2 of attachment 10 of the Report on Government Services 2004.

Primary and community health services

In Australia, general practices are an important source of primary health care. General practice is the business structure within which one or more general practitioners provide and supervise health care for a group of patients. The services provide in a general practice include: diagnosing and treating illness (both chronic and acute); providing preventative care through to palliative care; referring patients to consultants, allied health professionals, community health services and hospitals; and acting as gatekeepers for other health care services (DHFS 1996). The Royal Australian College of General Practitioners (RACGP) defines a general practitioner (GP) as 'a medical practitioner who provides primary, comprehensive and continuing care to patients and their families within the community' (Britt *et al.* 1999, p. xxxv).

Community health services usually consist of multidisciplinary teams of salaried health professionals who aim to protect and promote the health of particular communities (Quality Improvement Council 1998). They are either provided directly by governments, or government funded with management by a local community organisation. State and Territory governments are responsible for most community health services. There is no national strategy for community health and there is considerable variation in the services provided across jurisdictions. The Australian Government's main role in the community health services covered in this chapter is in the area of Indigenous health.

Aboriginal Community Controlled Health Services and government provided community health services

Primary health care services are delivered to Indigenous people through general practice, Aboriginal Community Controlled Health Services (ACCHSs) and government provided community health services. This section includes information on the latter two categories, while a later section covers the use of general practice services by Indigenous people.

There are ACCHSs in all jurisdictions. These services are planned and governed by local Indigenous communities and aim to deliver holistic and culturally appropriate health and health related services. Funding for ACCHSs is provided by Australian, State and Territory

governments. In addition to the ACCHSs, there are specific health programs for Indigenous Australians funded by jurisdictions, as outlined below.

- The Indigenous health services provided by NSW include health information and promotion programs, pre- and post-natal programs, and early childhood nursing programs (table 10A.1).
- Community health services in Victoria are provided through a range of Indigenous specific and mainstream services funded by the Department of Human Services. The areas covered include medical, alcohol and drug, maternity and early childhood services (table 10A.2)
- Queensland provides 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. Services offered include: health prevention and promotion services; men’s and women’s health programs; child and adolescent health services; alcohol, tobacco and other drug services; sexual health services; allied health services; and patient transport provided to increase access to health care (table 10A.3).
- In WA, Indigenous health services are provided to clients in various age groups (table 10A.4).
- South Australia provides a range of services including: strategies to improve birthing outcomes for Indigenous babies; Indigenous home support; and programs provided by multidisciplinary teams from community settings (table 10A.5).
- In Tasmania, population and health priorities programs are implemented to prevent and manage chronic conditions, and promote nutrition, physical activity and injury prevention in identified population groups such as the Indigenous population (table 10A.6).
- Primary care for the Indigenous population in the NT is provided by the NT Government and community controlled Aboriginal Medical Services. The NT also provides services to promote Indigenous community awareness on Aboriginal Hearing Health (table 10A.8).

Since 1997-98, information on service activity in Australian Government funded Aboriginal and Torres Strait Islander primary health care services has been collected through service activity reporting (SAR) surveys. Many of the surveyed services receive additional funding from State and Territory governments and other sources. The SAR data reported here represent the health related activities, episodes and staffing resulting from all funding sources.

In 2000-01, 124 Indigenous primary health care services provided SAR data. Of these services, 51 (41.1 per cent) were located in remote or very remote areas. The number of services by jurisdiction and by remoteness category are shown in tables 10A.9 and 10A.10

respectively. A wide range of primary health care services are provided, including the diagnosis and treatment of illness and disease, the management of chronic illness and immunisation (table 10A.11).

An episode of health care is defined in the SAR data collection as contact between an individual client and a service by one or more staff to provide health care. Estimated episodes of health care provided by participating services are shown in table 10.1. Estimated episodes are shown by remoteness category in table 10A.10.

Table 10.1 Estimated episodes of care by surveyed services

	<i>NSW & ACT</i>	<i>Vic & Tas</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>NT</i>	<i>Aust</i>
1997-98	228 749	76 592	107 173	228 998	107 827	110 062	859 401
1998-99	265 783	143 492	149 251	247 112	131 433	124 186	1 061 257
1999-2000	286 775	172 471	176 265	295 025	129 651	163 027	1 223 214
2000-01	348 592	143 537	186 884	326 703	147 383	189 372	1 342 471

Source: DHA SAR (unpublished); ROGS 2004, p. 10.10.

At 30 June 2001, services included in the SAR data collection employed approximately 2300 full time equivalent staff, including 1477 health staff. Of the health staff, 985 were Indigenous (66.7 per cent). The proportions of Indigenous doctors (2.5 per cent of doctors) and nurses (12.8 per cent of nurses) employed by surveyed services, however, were relatively low (table 10A.12). In addition, 200 full time equivalent staff worked at, but were not paid by, the services. Most services (70 per cent) had access to medical specialists or allied health professionals who were not paid by the service.

Use of general practice services by Indigenous people

An overview of Indigenous health is provided in the Health preface. Two key points for the purposes of this chapter are as follows:

- Based on data from 1998-99, expenditure per person on Medicare and the Pharmaceutical Benefits Scheme (PBS) was much lower for Indigenous people than for non-Indigenous people — about 39 per cent (AIHW 2001, table HP.1).
- Indigenous Australians are using secondary/tertiary care at a higher rate than they are using primary care.

These conclusions are based in part on BEACH survey data collected from 1998 to 2000, adjusted for under identification of Indigenous people. The reliability of these data is affected by the sample frame used not being designed to produce statistically significant results for Indigenous Australians. However, no more recent or more reliable data are available on expenditure on health services for Indigenous people.

Annual BEACH data indicate the nature of encounters between Indigenous people and GPs. The BEACH study includes questions to identify encounters between Indigenous patients and participating GPs, but these data should be treated with care for the reasons mentioned above. Further the Indigenous Australians included in the BEACH survey do not necessarily have the same characteristics as other Indigenous Australians. The 2003 BEACH study also included Indigenous data aggregated over a five year period to improve reliability.

Over the period 1998-99 to 2002-03, 5476 encounters between Indigenous patients and GPs were recorded in the BEACH study (table 10A.13). This represented 1.1 per cent of encounters in the study over this period (compared with the Indigenous proportion of the Australian population which was 2.4 per cent in June 2001 [tables A.2 and A.6 in appendix A]). Extrapolating these results to all GP/patient encounters across Australia suggests there was an average of around 1.1 million encounters between Indigenous patients and GPs annually over the five years to 2002-03 (Britt *et al.* 2003).

The 10 most common health problems managed at encounters with Indigenous people over the five years of the BEACH study are presented in table 10.2, along with comparative data for all encounters. Diabetes was the problem most frequently managed (7.1 per 100 Indigenous encounters, compared with 2.8 per 100 total encounters). Other problems with significantly higher management rates at Indigenous encounters include acute otitis media and pre- and post-natal care. Further information on BEACH study encounters between Indigenous patients and GPs is included in tables 10A.14–10A.16.

Future directions

The overview of Indigenous health included in the Health preface identifies barriers to accessing primary health services as a factor contributing to the health status of Indigenous people being generally poorer than that for other Australians. Evidence of access deficiencies includes the apparent low rate of expenditure on these services for Indigenous people. In recognition of this, the Steering Committee has identified primary and community health services for Indigenous people as a priority area for reporting. Accordingly, the feasibility of including indicators of the accessibility of primary and community health services to Indigenous people will be examined. If possible, indicators relating to the capability of the health workforce and other aspects of the health system's capability to address the primary health care needs of Indigenous people will also be developed.

Table 10.2 **Health problems managed for Indigenous encounters and all encounters, 1998-99 to 2002-03**

<i>Problems managed</i>	<i>Indigenous encounters</i>			<i>All encounters</i>		
	<i>Rate per 100 encounters (n=5476)</i>	<i>95% LCL</i>	<i>95% UCL</i>	<i>Rate per 100 encounters (n=502 100)</i>	<i>95% LCL</i>	<i>95% UCL</i>
Diabetes ^a	7.1	6.0	8.2	2.8	2.7	2.9
Hypertension ^a	6.7	5.7	7.7	8.8	8.6	9.0
Upper respiratory tract infection	5.7	4.8	6.5	6.0	5.9	6.2
Asthma	4.3	3.6	5.0	2.9	2.8	3.0
Acute bronchitis/ bronchiolitis	3.8	3.2	4.5	2.8	2.7	2.8
Depression ^a	3.4	2.9	3.9	3.8	3.7	3.9
Immunisation (all) ^a	3.3	2.6	3.9	4.8	4.6	5.0
Acute otitis media/ myringitis	3.1	2.5	3.6	1.4	1.4	1.5
Back complaint ^a	2.2	1.7	2.6	2.6	2.5	2.7
Pre- and post-natal check ^a	2.1	1.5	2.5	1.0	0.9	1.0
Subtotal	41.7
Total problems	147.7	143.7	151.6	148.1	147.3	148.9

LCL = lower confidence level. UCL = upper confidence level. ^a Includes multiple primary care classification codes. .. Not applicable.

Source: Britt *et al.* (2003); ROGS 2004, p. 10.13; Table 10A.13.

References

- AIHW (Australian Institute of Health and Welfare) 2001, *Expenditures on Health Services for Aboriginal and Torres Strait Islander People 1998-99*, AIHW Cat. no. 7, Australian Institute of Health and Welfare and Commonwealth Department of Health and Aged Care, Canberra.
- Britt, H., Sayer, G.P., Miller, G.C., Charles, J., Scahill, S., Horn, F., Bhasale, A. and McGeechan, K. 1999, *General Practice Activity in Australia 1998-99*, AIHW Cat. no. GEP 2, Canberra.
- DHFS (Commonwealth Department of Health and Family Services) 1996, *General Practice in Australia: 1996*, General Practice Branch, Canberra.
- Quality Improvement Council 1998, *Australian Health and Community Service Standards: Community and Primary Health Care Services Module*, Melbourne.