

## 3.17 Accreditation

The proportion of:

- **accredited public hospital Aboriginal and Torres Strait Islander separations and patient days as a percentage of all Aboriginal and Torres Strait Islander separations and patient days in public hospitals**
- **accredited general medical practice service establishments by proportion of Indigenous populations in Divisions of General Practice**

### Data sources

Data for this measure come from the AIHW National Public Hospitals Establishment Database and general practice data from the Annual Survey of Divisions of General Practice, the Australian General Practice Accreditation Limited (AGPAL) and the General Practice Accreditation Plus (GPA+).

### Hospitalisations

The AIHW National Public Hospitals Establishment Database holds establishment-level data for public hospitals within the jurisdiction of the state and territory health authorities. Private hospitals and public hospitals not administered by the state and territory health authorities are not included. Information is provided annually to the AIHW by state and territory health departments.

Data are presented for the six jurisdictions that have been assessed by the AIHW as having adequate identification of Indigenous hospitalisations in 2004–05 – New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (AIHW unpublished). These six jurisdictions represent approximately 96% of the Indigenous population of Australia. Data are presented by state/territory of usual residence of the patient.

Hospitalisations for which the Indigenous status of the patient was not reported have been included with hospitalisations data for non-Indigenous people under the 'other' category. This is to enable consistency across jurisdictions because public hospitals in some states and territories do not have a category for the reporting of 'not stated' or inadequately recorded/reported Indigenous status.

Hospitalisation data are presented for the 2-year period July 2004 to June 2006. An aggregate of 2 years of data has been used, because the number of hospitalisations for some conditions is likely to be small for a single year.

### General practice data (Annual Survey of Divisions of General Practice, AGPAL, GPA+)

No data are currently available on the Indigenous status of clients/episodes for general practice data by accreditation status. Therefore a proxy looking at areas of Indigenous populations and accreditation status of practices in these areas has been used. Note that this proxy has some limitations, in that people do not necessarily visit GPs in the area in which they live.

A question on numbers of accredited general practices in Divisions of General Practice is included in the Annual Survey of Divisions of General Practice. This survey is managed by the Primary Health Care Research and Information Service, Department of General Practice, Flinders University. This survey collects data on the number of practices in Australia and the number of practices accredited in Australia. It does not collect data on practices that are registered for accreditation but are not yet fully accredited.

AGPAL and GPA+ are the two registered providers of general practice accreditation in Australia. Most general practices are accredited by AGPAL. AGPAL and GPA+ provide information on the total numbers of accredited practices and practices registered for accreditation. They do not collect data on the total number of practices in Australia.

There are no accurate data on the number of practices in Australia. The Annual Survey of Divisions of General Practice reported that in 2005–06 there were 7,525 general practices. This number has been used as the denominator for calculating the proportion of accredited practices.

### **Service Activity Reporting (SAR) data collection**

The SAR collects data from approximately 150 Australian Government-funded Indigenous primary health-care services and is held at the Australian Government Department of Health and Ageing (DoHA). It is estimated that these services provide GP services to around 40% of the Indigenous population. Service-level data on health care and health-related activities are collected by survey questionnaire over a 12-month period.

Response rates to the SAR by Indigenous primary health-care services in 2005–06 were around 99%.

Note that the SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

### **Healthy for Life Program**

Healthy for Life (HFL) program is an ongoing program funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) of the DoHA. The program aims to improve the capacity and performance of primary health-care services to deliver high-quality maternal and children's health services and chronic disease care to Indigenous people through population health approaches using best practice and quality improvement principles.

Services participating in the HFL program are required to submit de-identified, aggregate service data for 11 essential indicators covering maternal health, child health and chronic disease care on a regular basis (6 and 12 months) as well as information about the characteristics of their service and organisational infrastructure. For the January to June 2007 reporting period, 59 HFL services submitted data to the AIHW.

## Analyses

Accreditation is generally a voluntary process by which a recognised body – usually a non-governmental organisation – assesses and recognises that a health-care organisation meets applicable quality standards. The two pre-conditions for accreditation are an explicit definition of quality (that is, standards) and an independent review process aimed at identifying whether practices meet the quality standards (Australian Council on Health Care Standards 2005). Accreditation provides public recognition that a health-care organisation has undertaken a process to ensure it meets the requirements of national health-care standards. All health-care organisations – whether they are in the public or private sector, local community-based care facilities or tertiary level providers – can undergo accreditation.

### Hospital accreditation

Data on the proportion of hospitalisations in accredited hospitals for Indigenous and other Australians in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined over the 2-year period July 2004 to June 2006 are presented in the tables 3.17.1–3.17.3.

- Over this period, there were approximately 415,945 hospitalisations of Indigenous Australians in the six jurisdictions in accredited public hospitals. This was 95% of all public hospitalisations of Indigenous Australians in these jurisdictions. Over the same period, 98% of hospitalisations of other Australians in these jurisdictions were in accredited public hospitals (Table 3.17.1).

### Hospital accreditation by state/territory and remoteness

- In the six jurisdictions, the proportion of hospitalisations of Indigenous Australians that were in accredited hospitals ranged from 91% in New South Wales to 100% in Victoria and the Northern Territory.
- Over the 2-year period July 2004 to June 2006 in the six jurisdictions, about 95% of days spent by Indigenous patients and 98% of days spent by other Australians in hospital were in accredited hospitals (Table 3.17.2).
- The proportion of hospitalisations of Indigenous Australians that were in accredited hospitals was highest among those residing in Major Cities (almost 100%) and lowest among those living in Very Remote areas (80%). A similar pattern was evident for hospitalisations of other Australians (Table 3.17.3).

**Table 3.17.1: Hospital separations, by Indigenous status and accreditation status, NSW, Vic, Qld, WA, SA and NT combined, July 2004 to June 2006<sup>(a)(b)</sup>**

	Indigenous			Other <sup>(c)</sup>		
	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals
NSW	81,069	8,149	90.9	2,581,132	94,359	96.5
Vic	20,201	7	100.0	2,474,215	1,850	99.9
Qld	106,848	7,739	93.2	1,340,419	29,072	97.9
WA	72,092	6,988	91.2	680,054	19,086	97.3
SA	29,837	247	99.2	708,776	4,403	99.4
NT	105,898	0	100.0	53,378	0	100.0
<b>NSW, Vic, Qld, WA, SA, NT</b>	<b>415,945</b>	<b>23,130</b>	<b>94.7</b>	<b>7,837,974</b>	<b>148,770</b>	<b>98.1</b>

(a) Data are from public hospitals only.

(b) Data are reported for NSW, Vic, Qld, WA, SA and NT only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) 'Other' includes hospitalisations for non-Indigenous people and those for whom Indigenous status was not stated.

Note: the proportion is the number of separations in accredited hospitals by Indigenous status and state/territory divided by the total number of separations by Indigenous status and state/territory.

Source: AIHW analysis of National Public Hospitals Establishment Database.

**Table 3.17.2: Hospital patient days, by Indigenous status and accreditation status, NSW, Vic, Qld, WA, SA and NT combined, July 2004 to June 2006<sup>(a)(b)</sup>**

	Indigenous			Other <sup>(c)</sup>		
	Number patient days in accredited hospitals	Number patient days in non-accredited hospitals	Per cent patient days in accredited hospitals	Number patient days in accredited hospitals	Number patient days in non-accredited hospitals	Per cent patient days in accredited hospitals
NSW	275,198	21,420	92.8	11,031,088	472,693	95.9
Vic	56,814	17	100.0	8,592,837	4,866	99.9
Qld	324,326	13,602	96.0	5,070,046	84,177	98.4
WA	228,907	28,032	89.1	2,589,271	64,367	97.6
SA	105,957	1,009	99.1	2,918,186	49,936	98.3
NT	286,359	0	100.0	182,010	0	100.0
<b>Total</b>	<b>1,277,561</b>	<b>64,080</b>	<b>95.2</b>	<b>30,383,438</b>	<b>676,039</b>	<b>97.8</b>

(a) Data are from public hospitals only.

(b) Data are reported for NSW, Vic, Qld, WA, SA and NT only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) 'Other' includes hospitalisations for non-Indigenous people and those for whom Indigenous status was not stated.

Source: AIHW analysis of National Public Hospitals Establishment Database.

**Table 3.17.3: Hospital separations, by Indigenous status, accreditation status and remoteness, July 2004 to June 2006<sup>(a)(b)</sup>**

Remoteness category <sup>(d)</sup>	Indigenous			Other <sup>(c)</sup>		
	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals
Major Cities	108,864	165	99.8	5,703,276	6,320	99.9
Inner Regional	61,285	2,259	96.4	1,415,791	61,361	95.8
Outer Regional	141,802	6,390	95.7	632,885	57,002	91.7
Remote	76,043	7,348	91.2	65,153	18,387	78.0
Very Remote	27,951	6,968	80.0	20,869	5,700	78.5
<b>Total<sup>(b)</sup></b>	<b>415,945</b>	<b>23,130</b>	<b>94.7</b>	<b>7,837,974</b>	<b>148,770</b>	<b>98.1</b>

(a) Data are from public hospitals only.

(b) Data are reported for NSW, Vic, Qld, WA, SA and NT only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) 'Other' includes hospitalisations for non-Indigenous people and those for whom Indigenous status was not stated.

(d) Remoteness category based on residence of patient.

Source: AIHW analysis of National Public Hospitals Establishment Database.

### Hospital accreditation by hospital category

- In New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, all hospitalisations of Indigenous and other Australians in principal referral hospitals, specialist women and children's hospitals; large hospitals in large major cities, hospice and rehabilitation hospitals were in accredited hospitals (Table 3.17.4).
- Between 69% and 85% of hospitalisations of Indigenous Australians and 77% and 89% of hospitalisations of other Australians in small hospitals were in accredited hospitals.
- Only 63% of Indigenous and 71% of other Australian hospitalisations in multi-purpose service hospitals were in accredited hospitals.

**Table 3.17.4: Hospital separations, by Indigenous status, accreditation status and hospital category (peer group), NSW, Vic, Qld, WA, SA and NT combined, July 2004 to June 2006<sup>(a)(b)</sup>**

	Indigenous			Other <sup>(c)</sup>		
	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals
<b>Principal referral</b>						
Principal referral	236,477	0	100.0	4,765,625	0	100.0
Specialist women's and children's	14,653	0	100.0	421,237	0	100.0
<b>Large hospitals</b>						
Large major cities	9,685	0	100.0	762,019	0	100.0
Large regional and remote	30,073	1,196	96.2	402,030	25,662	94.0
<b>Medium hospitals</b>						
Medium major cities and regional group 1	26,902	1,192	95.8	461,200	20,991	95.6
Medium major cities and regional group 2	16,481	1,605	91.1	471,820	26,274	94.7
<b>Small hospitals</b>						
Small regional acute	9,408	2,699	77.7	178,131	25,706	87.4
Small non-acute	5,651	2,550	68.9	126,200	15,197	89.3
Remote acute	49,155	8,386	85.4	43,465	12,769	77.3
<b>Sub- and non-acute hospitals</b>						
Multi-purpose service	6,161	3,649	62.8	35,197	14,141	71.3
Hospice	11	0	100.0	5,226	0	100.0
Rehabilitation	5,967	0	100.0	34,489	0	100.0
Mothercraft	217	7	96.9	26,429	1,850	93.5
Other non-acute	173	n.p.	98.9	20,761	1,095	95.0
<b>Other hospitals</b>						
Psychiatric	2,111	n.p.	99.8	28,555	248	99.1
Un-peered and other acute	2,820	1,840	60.5	55,590	4,837	92.0
<b>Total</b>	<b>415,945</b>	<b>23,130</b>	<b>94.7</b>	<b>7,837,974</b>	<b>148,770</b>	<b>98.1</b>

(a) Data are from public hospitals only.

(b) Data are reported for NSW, Vic, Qld, WA, SA and NT only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

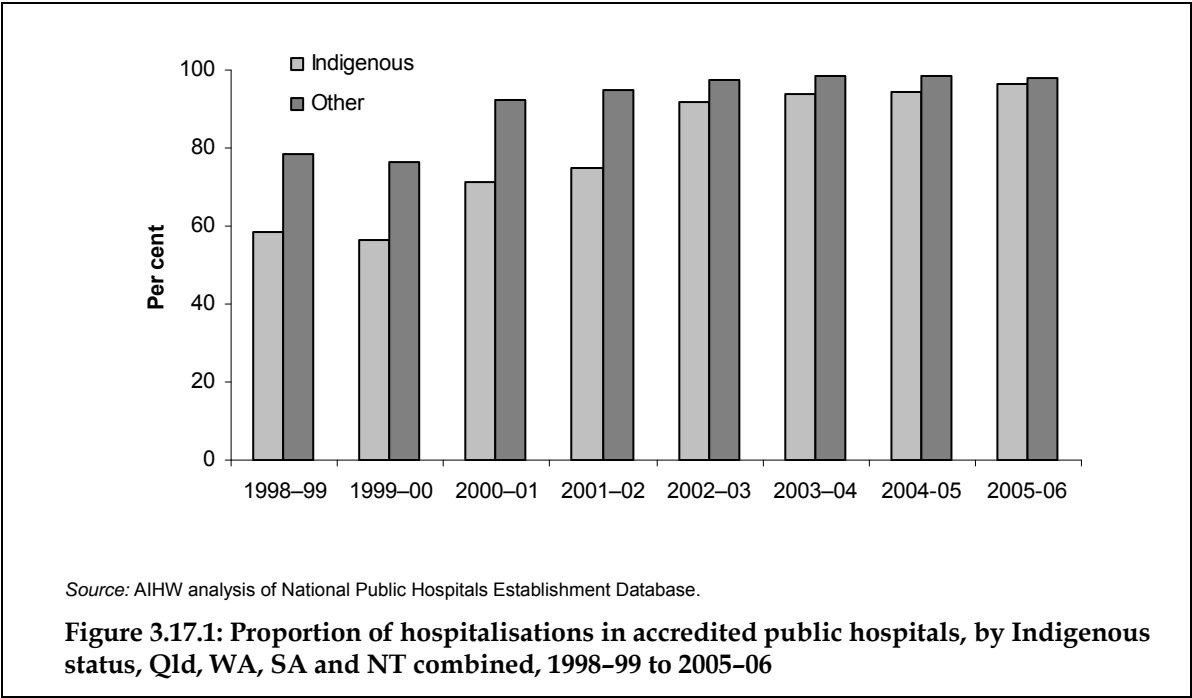
Source: AIHW analysis of National Public Hospitals Establishment Database.

### Time series analyses

Time series data is presented for the four jurisdictions that have been assessed as having adequate identification of Indigenous hospitalisations from 1998–99 onwards – Queensland, Western Australia, South Australia and the Northern Territory. These four jurisdictions represent approximately 60% of the Indigenous Australian population.

- Between 1998–99 and 2005–06 in these four jurisdictions combined, there were increases in the proportion of hospitalisations of Indigenous and other Australians in accredited hospitals (from 59% to 96% for Indigenous separations and from 78% to 98% for other separations) (Figure 3.17.1).

Although the difference between the proportion of Indigenous and non-Indigenous separations in accredited hospitals appear to decline between 1998–99 and 2005–06, this is likely to be the result of more hospitals in rural and remote areas obtaining accreditation in recent years. A higher proportion of Indigenous Australians than non-Indigenous Australians are hospitalised in hospitals in these areas.



## General practice accreditation

Information on the accreditation of general practices is available from the Annual Survey of Divisions of General Practice and from the two registered providers of general practice accreditation in Australia – AGPAL and GPA+. Although the Annual Survey of Divisions of General Practice collects information on the accreditation of all general practices in Australia, AGPAL and GPA+ collect a subset of this information – accreditation of general practices registered with these two providers.

Table 3.17.5 and Figure 3.17.2 present data on the number and proportion of general practices accredited in Australia based on the Annual Survey of Divisions of General Practice.

- In 2005–06, the Annual Survey of Divisions of General Practice estimated that there were 7,525 general practices in Australia, 4,897 (65%) of which were accredited.
- Approximately 61% of general practices in areas where less than 1% of the population was Indigenous were accredited. Between 66% and 80% of general practices in areas where between 1–10% of the population were Indigenous were accredited. In areas where more than 10% of the population were Indigenous, only 49% of general practices were accredited (Figure 3.17.2).

**Table 3.17.5: Number and proportion of general practices accredited by Divisions of General Practice, by proportion of the population that are Indigenous, 2005–06**

Proportion of Indigenous <sup>(a)</sup>	Total number of practices	Number accredited	Per cent accredited
<1%	2,980	1,824	61.2
1–2%	2,286	1,500	65.6
2–3%	960	645	67.2
3–4%	389	312	80.2
4–10%	568	448	78.9
>10%	342	168	49.1
<b>Total</b>	<b>7,525</b>	<b>4,897</b>	<b>65.1</b>

(a) Indigenous proportions are based on ABS population estimates used in the Annual Survey of Divisions of General Practice.

Note: There is double counting of some services where general practices reside on the border of two divisions. In that case two divisions may service the same practice.

Source: AIHW analysis of the Annual Survey of Divisions of General Practice.

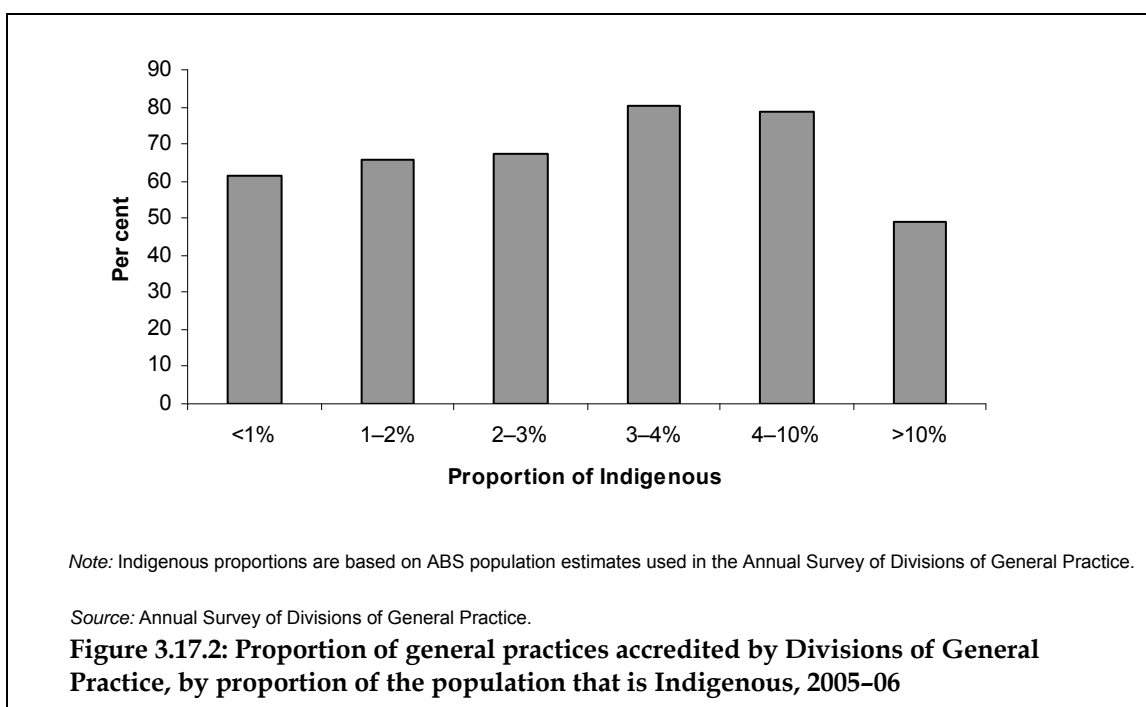


Table 3.17.6 presents data on the number of general practices accredited, and the number of general practices registered for accreditation but not yet accredited, based on data from AGPAL and GPA+.

- In 2007-08, there were 4,462 general practices accredited through AGPAL and GPA+, which represents 59% of total general practices. Over the same period there were 624 general practices registered for accreditation through AGPAL and GPA+ but not yet accredited, which represents 8% of total general practices.
- The majority of general practices accredited through AGPAL and GPA+ were in areas where less than 1% or between 1% and 2% of the population were Indigenous (1,585 and 1,341 practices, respectively).
- Areas where between 4% and 10% of the population were Indigenous had the highest proportion of general practices accredited through AGPAL and GPA+ (86%), although areas where less than 1% of the population were Indigenous and where more than 10% of the population were Indigenous had the lowest proportion of general practices accredited through AGPAL and GPA+ (53% and 54%, respectively).

**Table 3.17.6: Number of general practices accredited through AGPAL and GPA+, by proportion of the population that is Indigenous, 2007-08**

<b>Proportion of Indigenous<sup>(a)</sup></b>	<b>Accreditation status</b>	<b>Number</b>
<1%	Accredited	1,585
	Registered but not yet accredited	186
1-2%	Accredited	1,341
	Registered but not yet accredited	191
2-3%	Accredited	585
	Registered but not yet accredited	97
3-4%	Accredited	279
	Registered but not yet accredited	39
4-10%	Accredited	487
	Registered but not yet accredited	68
>10%	Accredited	184
	Registered but not yet accredited	43
<b>Total<sup>(b)</sup></b>	<b>Accredited</b>	<b>4,462</b>
	<b>Registered but not yet accredited</b>	<b>624</b>

(a) Indigenous proportions are based on ABS population estimates used in the Annual Survey of Divisions of General Practice.

(b) Includes one Division for which the proportion of the Indigenous population was not available.

(c) Proportions calculated using the total number of Divisions in each category of Indigenous populations from the Annual Survey of Divisions of General Practice.

*Note:* There is double counting of some services where general practices reside on the border of two divisions. In that case, two divisions may service the same practice.

*Source:* AIHW analysis of AGPAL and GPA+ data.

## **Accreditation of Aboriginal and Torres Strait Islander primary health-care services**

OATSIH recognises that there are several accreditation frameworks for clinical or other service delivery relevant to the Indigenous health sector. Work is currently underway to explore options for a streamlined/integrated approach to accreditation under multiple frameworks. Until the outcomes of this work are available, organisations will be supported to tackle clinical or other service delivery accreditation. For example, organisations with a GP will be supported to tackle accreditation against the Royal Australian College of General Practitioners (RACGP) standards for general practice. Other services may recognise an alternative accreditation framework that reflects their service delivery; for example, Quality Improvement Council (QIC) modules deal with services such as home-based care services, alcohol, tobacco and other drugs services, and mental health services. Organisations that obtain service delivery accreditation through a discrete framework will also be supported to work towards organisational accreditation through the accreditation frameworks of organisations such as the QIC or International Standards Organisation (ISO).

Reform in this area is likely to be led by the Australian Commission on Safety and Quality in Health Care, which is currently considering reforms to standards and accreditation in Australian health care. Part of this work includes the development of mandatory Australian health-care safety standards.

Information on the accreditation of Indigenous primary health-care services is available from the registered providers of general practice accreditation (AGPAL and GPA+); the Quality Improvement Council; the SAR and from the AIHW HFL Data Collection. Note that there is great overlap in the services that are captured in each of these data sources.

### **Service Activity Reporting**

Client counts were available for 131 of the 151 Indigenous primary health-care services eligible for SAR for 2005–06, and an estimated 289,000 individual clients were seen by these services.

- In 2005–06, 59 (42%) of the 140 Indigenous primary health-care services with a GP that reported in the 2005–06 SAR were accredited.
- Of the accredited services with a general practitioner, 52 (88%) of services were accredited against the RACGP standards for accreditation only (which includes accreditation through AGPAL and GPA+), 1 (2%) were accredited through QIC, 4 (7%) were accredited against the RACGP standards and through QIC, and 2 (3%) were accredited against the RACGP standards and through another provider.
- Three (10%) of the 29 Indigenous primary health-care services without a GP were accredited – two (67%) through QIC only and one (33%) against the RACGP standards and through another provider.

**Table 3.17.7: Number and proportion of Aboriginal and Torres Strait Islander primary health-care services, by accreditation status, 2005–06**

Accreditation status	Services with a GP	Services without a GP
	<b>Number of services</b>	
Accredited	59	3
Not accredited	81	26
<b>Total</b>	<b>140</b>	<b>29</b>
	<b>Proportion of services (%)</b>	
Accredited	42.1	10.3
Not accredited	57.9	89.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

Source: Service Activity Reporting 2005–06.

### Healthy for Life Program

Information on the accreditation status of services funded through the HFL program is available from the AIHW Healthy for Life data collection.

- Of the 58 services that were included in the Healthy For Life program and reported information on accreditation, two-thirds (38) of services were accredited and around one-third (20) of services were undergoing accreditation. AGPAL was the most commonly used provider, with 40 (69%) of services accredited or undergoing accreditation by AGPAL. Four (7%) services were accredited by QIC, and 13 (22%) services used other providers (Table 3.17.8).

**Table 3.17.8: Number and proportion of services funded through the Healthy for Life program, by accreditation status and recognised provider, at 30 June 2007**

Accreditation status	Recognised provider				Total
	AGPAL	QIC	Other	Provider not stated	
<b>Number of services</b>					
Accredited	25	2	11	0	38
Undergoing accreditation	15	2	2	1	20
<b>Total</b>	<b>40</b>	<b>4</b>	<b>13</b>	<b>1</b>	<b>58</b>
<b>Proportion of services (%)</b>					
Accredited	63	50	85	0	66
Undergoing accreditation	37	50	15	100	34
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

*Note:* Data were provided by 58 services.

*Source:* AIHW, Healthy for Life data collection.

## **Data quality issues**

### **Hospital separations data**

#### **Separations**

*The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.*

#### **Indigenous status question**

*Some jurisdictions have slightly different approaches to the collection and storage of the standard Indigenous status question and categories in their hospital collections. The not stated category is missing from several collections. It is recommended that the standard wording and categories be used in all jurisdictions (AIHW 2005).*

#### **Under-identification**

*The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Aboriginal and Torres Strait Islander people. For several years, Queensland, South Australia, Western Australia and the Northern Territory reported that Indigenous status in their hospital separations data was of acceptable quality (AIHW 2007). The AIHW, however, has recently completed an assessment of the level of Indigenous under-identification in hospital data in all states and territories. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory have adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW unpublished). It has therefore been recommended that reporting of Indigenous hospital separations data be limited to aggregated information from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. The proportion of the Indigenous population covered by these six jurisdictions is 96%. The following caveats have also been recommended for analysis of hospitalisation data from selected jurisdictions (ABS & AIHW 2005):*

- *Interpretation of results should take into account the relative quality of the data from the jurisdictions included (currently a small degree of Indigenous under-identification in Western Australia and the Northern Territory and relatively marked Indigenous under-identification in South Australia and Victoria data).*
- *Data for these six jurisdictions over-represent Indigenous populations in less urbanised and more remote locations.*
- *Hospitalisation data for these six jurisdictions are not necessarily representative of the jurisdictions not included.*

*From the AIHW study it was possible to produce correction factors for the level of Indigenous under-identification in hospital data for each jurisdiction and at the national level.*

### **General practice data**

#### **Numerator**

*There is good evidence on the number of practices accredited in Australia. However, no data are available on the Indigenous status of clients/episodes for general practice by accreditation status. Therefore, a substitute looking at areas of Indigenous populations and accreditation status of practices in these areas is suggested. This substitute is limited in that people do not necessarily visit GPs in the area they live.*

*(continued)*

## **Data quality issues (continued)**

### ***Annual Survey of Divisions of General Practice***

*A question on numbers of accredited general practices in Divisions of General Practice is included in the Annual Survey of Divisions of General Practice. This survey does not collect data on practices that are registered for accreditation but are not yet fully accredited.*

*These data are self-reported, collated at the division level and the survey includes some non-response. The main caveat with these data is that there is double counting of some services where general practices reside on the border of two divisions. In that case, two divisions may service the same practice. Therefore these data would be less accurate than data obtained from the accreditation bodies; that is, AGPAL and GPA+. The Annual Survey does not seek information on general practices by Statistical Local Area (SLA). Therefore the analysis of these data in relation to Aboriginal and Torres Strait Islander Australians is limited to division-level population statistics on Indigenous proportions of the population. Divisions are large (for example, two Divisions for the Northern Territory) and therefore only loosely measure areas of high and low Indigenous populations.*

### **AGPAL**

*AGPAL provides information on the total numbers of accredited practices and practices registered for accreditation. These data are published by Division of General Practice, but not SLA.*

### **GPA+**

*Data on practices accredited by GPA+ have not been routinely reported, but may in the future become available.*

### **Service Activity Reporting (SAR) data collection**

*Response rates to the SAR by Aboriginal and Torres Strait Islander primary health-care services were around 99% in 2005–06. The SAR collects service-level data on health care and health-related activities by survey questionnaire over a 12-month period. Although this data collection provides valuable information, it needs to be recognised that there are limitations that have to be considered when using these data. Particular issues include:*

- *The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.*
- *The SAR questionnaire collects a broad set of indicators for the services and did not aim to provide a comprehensive set of statistics on the activities of the services or their needs.*
- *Data provided are often estimates and although these are thought to be reasonable, there has been no audit to check the accuracy of these figures.*

*In relation to the statistics for this performance measure, these data provide a rough guide to service activity in this area but do not attempt to measure quantity or quality.*

### **Healthy For Life data**

*For the January to June 2007 reporting period 59 services submitted data as part of the Healthy For Life Program. Not all of these services were able to provide data for all of the essential indicators and service profile questions.*

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