3.14 Access to After-Hours Primary Health Care

Access to after-hours primary health care by Aboriginal and Torres Strait Islander people

Data sources

Data for this measure come from the Bettering the Evaluation and Care of Health (BEACH) survey, Service Activity Reporting (SAR) data, Medicare data, the Non-admitted Patient Emergency Department Care National Minimum Data Set, and expenditure data.

Bettering the Evaluation and Care of Health (BEACH) survey

Information about encounters in general practice is available from the BEACH survey, which is conducted by the AIHW Australian GP Statistics and Classification Centre, University of Sydney. Information is collected from a random sample of approximately 1,000 general practitioners (GPs) from across Australia each year. A sample of 100 consecutive encounters is collected from each GP.

The number of Indigenous patients identified in the BEACH survey is likely to be underestimated. This is because some GPs might not ask about Indigenous status, or the patient may choose not to identify (AIHW 2002). The estimates presented here are also derived from a relatively small sample of GP encounters involving Indigenous Australians.

Due to a late inclusion of a 'not stated' category of Indigenous status in 2001–02 (before which 'not stated' responses were included with non-Indigenous encounters), GP encounters for which Indigenous status was not reported have been included with encounters for non-Indigenous people under the 'other' category.

Data are presented for the 5-year period 2002–03 to 2006–07, during which there were 7,542 GP encounters with Aboriginal and Torres Strait Islander patients recorded in the survey—representing 1.5% of total GP encounters in the survey.

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 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 are usually between 97% and 99%.

Note that the SAR only includes Indigenous health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

Medicare data

In November 2002, the ABS standard question on Indigenous identification was included on the Medicare enrolment application form. Because the voluntary Indigenous identifier was only introduced recently, the coverage of Indigenous Australians in this data set is not

complete. Aboriginal and Torres Strait Islanders who had identified as Indigenous in this database as at 1 June 2008 numbered 206,408.

Data included in this analysis provides a substitute measure of access, but not the actual access of Indigenous Australians to the MBS after-hours items.

Note there are a number of items on the Medicare Benefits Schedule relevant to this performance measure that will be considered for inclusion once the data improves. These items include: 1, 2, 97–98, 5000–5067, 5200–5267, 601–602, 697, and 698.As the quality of the voluntary Indigenous identifier improves, Medicare data will provide an additional source of data for this performance measure.

National non-admitted Patient Emergency Department Care Database

The National Non-admitted Patient Emergency Department Care Database (NAPEDCD) is a national collection of de-identified data on emergency department episodes, which is held at the AIHW. The database includes episode-level data on non-admitted patients treated in the emergency departments of public hospitals that were classified in the public hospital peer groups of P*rincipal referral and specialist women's and children's hospitals and Large hospitals*.

The NAPEDCD includes data on the type and length of emergency department visit, triage category, waiting times, patient demographics, arrival mode and departure status.

This data set includes the standard Indigenous status question.

Analyses

General practitioner data (BEACH)

The BEACH Survey collected information on the after-hours arrangements of GPs surveyed. GPs can have more that one type of after-hours arrangement.

- Over the period 2002–03 to 2006–07, around 99% of GPs surveyed had after-hours arrangements in place. For 38% of GPs, the practice had its own after-hours arrangements; 17% of GPs had cooperative arrangements with other practices regarding after-hours care; 47% employed a deputising service for after-hours patient care, 17% referred to another service for after-hours patient care and 4% had other after-hours arrangements.

The BEACH survey also collected information on GP encounters with Indigenous patients and other patients. Table 3.14.1 and Figure 3.14.1 present the rate of GP encounters with Indigenous and other patients by whether the GP visited had after-hours arrangements in place.

- Over the period 2002–03 to 2006–07, Indigenous patients visited GPs with after-hours arrangements in place at a rate of 97 per 100 encounters and other patients visited GPs with after-hours arrangements in place at a rate of 98 per 100 encounters (Table 3.14.1).
- Of GP encounters with Indigenous patients, for approximately 46 per 100 encounters the GP visited had their own after-hours arrangements for patient care; for 17 per 100 encounters the GP had cooperative arrangements with other practices, for 20 per 100 encounters the GP employed a deputising service for after-hours patient care, for 32 per 100 encounters the GP referred to another service for after-hours care and for 5 per 100 encounters the GP had other after-hours arrangements in place. For 3 per 100 GP encounters with Indigenous patients, the GP visited had no after-hours arrangements in place (Table 3.14.1).

- The rate for which GPs visited had their own after-hours arrangements or had referred to another service for after-hours patient care was higher for encounters with Indigenous patients than for encounters with other patients (46 and 32 per 100 compared with 38 and 17 per 100, respectively).The rate at which GPs employed a deputising service for after-hours patient care was lower for encounters with Indigenous patients than for encounters with other patients (20 compared with 47 per 100) (Table 3.14.1; Figure 3.14.1).

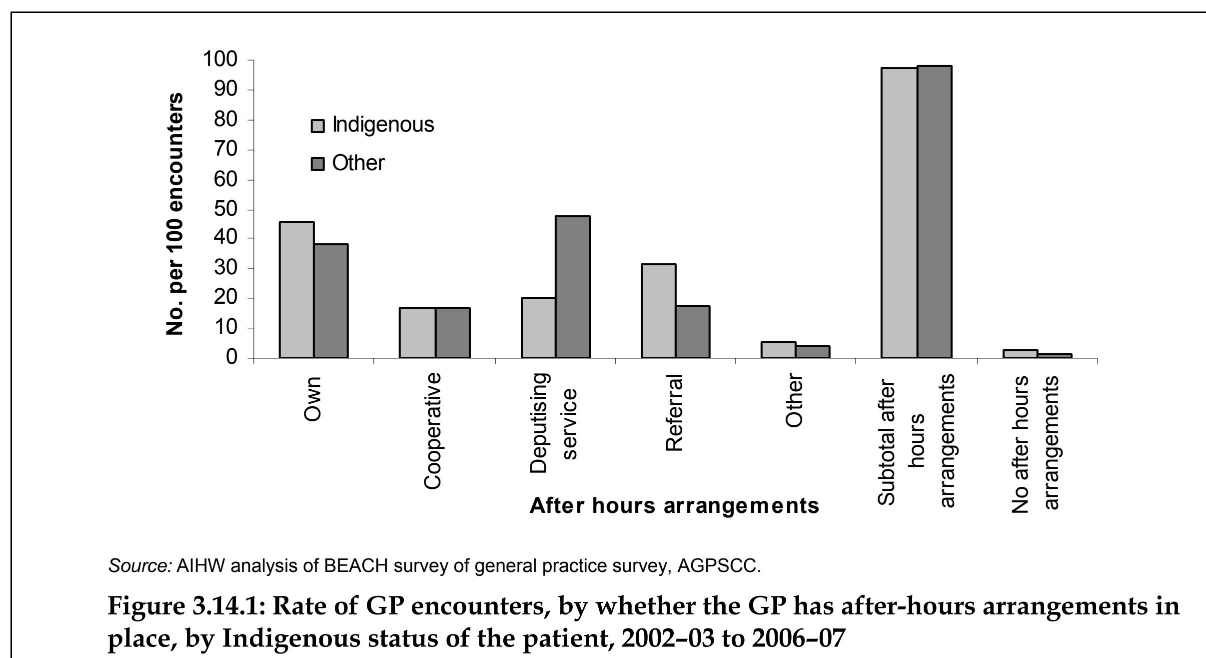
Table 3.14.1: GP encounters by whether the GP has after-hours arrangements, by Indigenous status, 2002–03 to 2006–07

	Number		No. per 100 encounters			No. per 100 encounters			
After-hours arrangements	**Indigenous**	**Other**	**Indigenous**	**LCI**	**UCI**	**Other**	**LCI**	**UCI**	**Ratio**
Practice does its own	3,433	183,667	45.5	41.4	48.6	38.0	36.7	39.3	*1.2**
Cooperative with other practices	1,267	80,733	16.8	11.1	21.0	16.7	15.3	18.1	*1.0*
Deputising service	1,525	228,675	20.2	16.6	23.6	47.3	45.2	49.4	0.4*
Referral to other services	2,392	83,208	31.7	20.8	39.8	17.2	15.6	18.8	1.8*
Other arrangement	397	18,003	5.3	0.5	9.4	3.7	2.8	4.6	1.4
Total after-hours arrangements[(a)]	*7,321*	*474,179*	*97.1*	*79.0*	*110.4*	*98.1*	*93.6*	*102.6*	*1.0*
No after-hours arrangements	206	5094	2.7	0.0	5.0	1.1	0.7	1.4	2.6
Total encounters	**7,542**	**483,258**	**100.0**	**100.0**	. .	**100.0**	**100.0**	. .	. .

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons.

(a) Subtotal is more than the sum of the components as GPs can have more than one type of after-hours arrangement.

Source: AIHW analysis of BEACH survey of general practice, AGPSCC.



Source: AIHW analysis of BEACH survey of general practice survey, AGPSCC.

Figure 3.14.1: Rate of GP encounters, by whether the GP has after-hours arrangements in place, by Indigenous status of the patient, 2002–03 to 2006–07

After-hours services provided by GPs (Medicare data)

Information on the number of after-hours services provided by GPs working in Australia is available from DoHA using the MBS items for after-hours services (1, 2, 97–98, 500–5067, 5200–5267, 601–602, 697 and 698).

A service refers to a claim for a single MBS item. There may be more than one service provided for each patient episode of care.

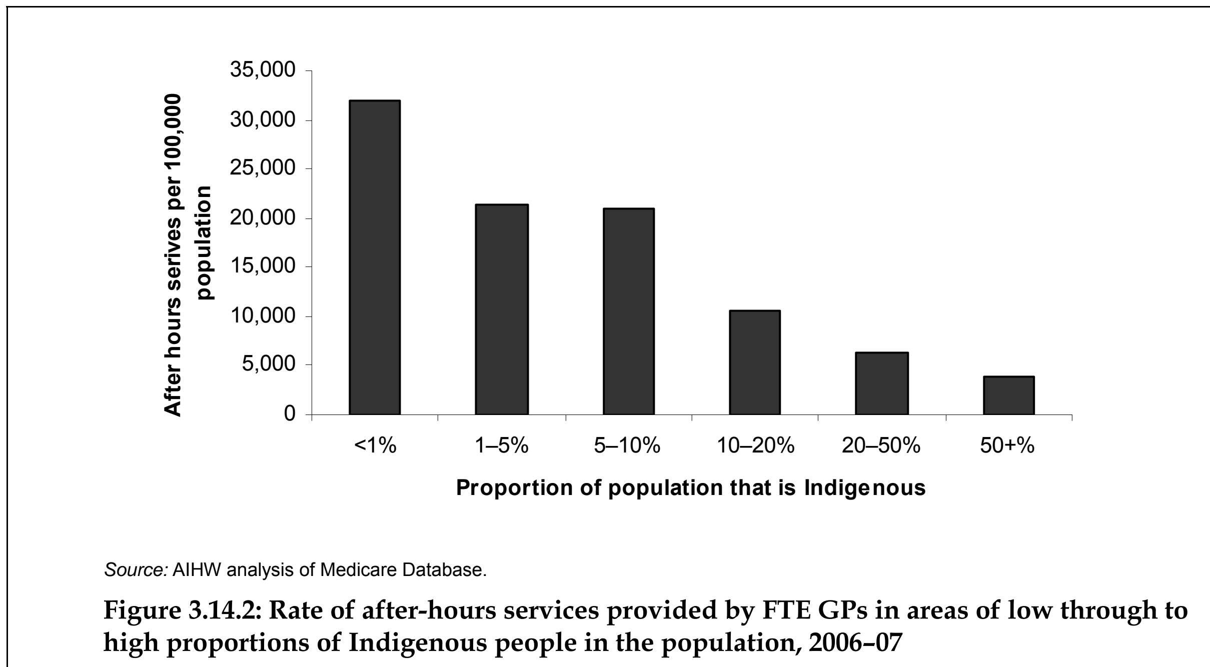
Data in Figure 3.14.3 present the number of after-hours services provided by full-time equivalent GPs per 100,000 population by areas of low through to high proportions of Indigenous people in the population. Using population data from the 2001 Census, SLAs were grouped according to the proportion of the population living in these areas that was Indigenous. Note that the use of proportions of Indigenous populations does not show the number of Indigenous persons actually claiming after-hours services.

- In 2006–07, there were approximately 14,789 full-time equivalent GPs working in Australia who provided 5,007,122 after-hours services to patients.
- The rate of after-hours services provided by GPs was around 25,792 per 100,000 population. The rate of after-hours services provided by GPs was highest in areas where less than 1% of the population was Indigenous and lowest in areas where 50% or more of the population was Indigenous (32,028 compared with 3,926 per 100,000 population) (Figure 314.2).

Care must be taken in using and interpreting the data provided. There are two issues to note that have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently, the full-time equivalent (FTE) for doctors in remote areas, which are more likely to have high proportions of Indigenous population, will be understated because some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system—further understating the FTE for doctors in areas with high Indigenous populations.

Secondly, the data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although one group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of individual SLAs in the first group with far more people per doctor than some of the individual SLAs in the second group.

Thirdly, this data does not measure Indigenous Australians use of after-hours MBS items. It is a substitute measure based on after-hours MBS claims for the whole population in relation to the size of the Indigenous population in each SLA.



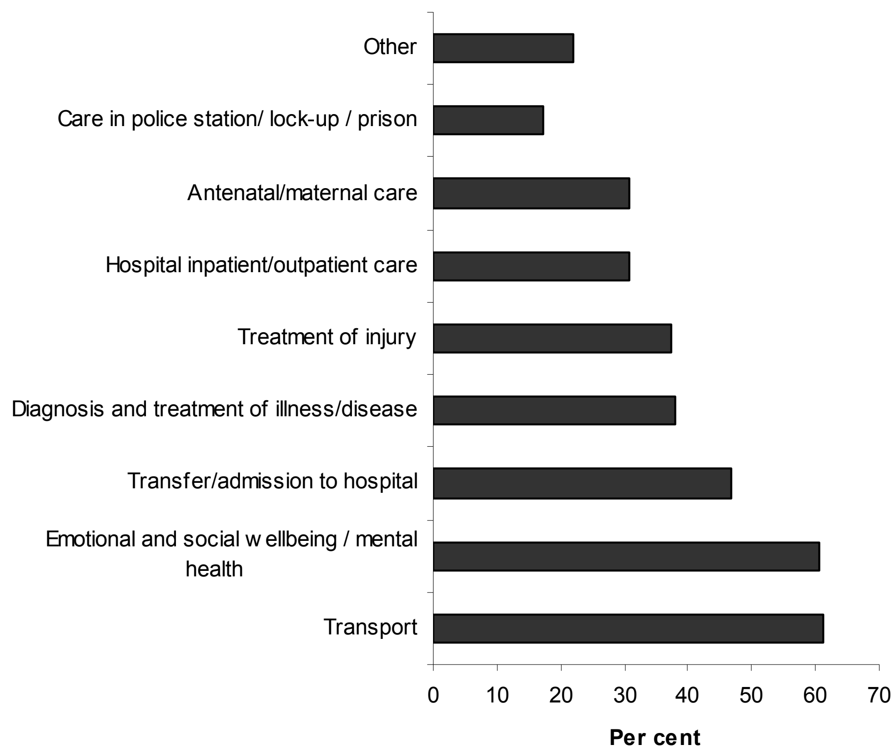
Source: AIHW analysis of Medicare Database.

Figure 3.14.2: Rate of after-hours services provided by FTE GPs in areas of low through to high proportions of Indigenous people in the population, 2006–07

Aboriginal and Torres Strait Islander primary health-care services

Information on Aboriginal and Torres Strait Islander primary health-care services that provided care outside of normal operating hours is available from the 2005–06 SAR database.

- In 2005–06, approximately 115 (77%) of the 150 Indigenous primary health-care services that reported data in the SAR provided care outside of normal operating hours.
- The most common types of service provided outside of normal operating hours by Indigenous primary health-care services were transport (61%) and emotional and social wellbeing/mental health (61%). Approximately 47% of services provided transfer/admission to hospital; 38% provided diagnosis and treatment of illness/disease; 37% provided treatment of injury; 31% provided hospital inpatient/outpatient care, 31% provided antenatal/maternal care; and 17% provided care in a police station/lock-up/prison (Figure 3.14.3).



Source: Service Activity Reporting Database 2005–06.

Figure 3.14.3: Proportion of services that provided care outside of normal operating hours, by type of service, 2005–06

Emergency department episodes

Information on non-admitted patients treated in the emergency departments of public hospitals that were classified in the public hospitals is available from the AIHW National Non-admitted Patient Emergency Department Care Database. Note that this data set only includes hospitals that were classified in the public hospital peer groups of *Principal referral and specialist women's and children's hospitals* and *Large hospitals*. These hospitals are predominantly in Major Cities. Therefore, the episodes of care reported underestimate the level of use of emergency department services by Indigenous Australians nationally.

- In 2004–05 to 2005–06, there were 9,437,824 episodes of care provided by emergency departments, 405,721 (4%) of which were for patients identified as Aboriginal or Torres Strait Islander (Table 3.14.2).
- In 2004–05 to 2005–06, there were 4,725,692 episodes of care provided after hours in emergency departments, of which 205,584 (4%) were for patients identified as Indigenous. Around half of all presentations to emergency departments by Indigenous and non-Indigenous patients were for after-hours care (51% and 50%, respectively) (Table 3.14.4).
- Around one-quarter of all presentations to emergency departments by Indigenous patients were after hours on weekends, 14% were on Sundays and 11% were before 8am or after 1pm on Saturdays (Table 3.14.4).
- In 2004–05 to 2005–06, there were 5,689,677 episodes of care provided by emergency departments for triage categories 4 (semi-urgent) and 5 (non-urgent), of which 271,137 (5%) were for patients identified as Indigenous. Around 45% of episodes of care were provided after hours for Indigenous Australians compared with 46% for non-Indigenous Australians (Table 3.14.3).
- Around 59% of Indigenous presentations to emergency departments after hours were for semi-urgent or non-urgent triage categories.
- The proportion of presentations to emergency departments after hours by Indigenous patients varied by jurisdiction, South Australia had the highest proportion (50%) and Queensland the lowest (45%) (Figure 3.14.4). South Australia also had the highest proportion (48%) of Indigenous presentations to emergency departments after hours for semi-urgent and non-urgent triage categories and Queensland the lowest (42%) (Figure 3.14.5).

Table 3.14.2: Non-admitted patient emergency care episodes by time of day and Indigenous status, Australia, 2004–05 to 2005–06

	Number			Per cent		
Time	Indigenous	Non-Indigenous	Not stated	Indigenous	Non-Indigenous	Not stated
00:00	11,191	218,753	5,705	2.8	2.5	3.0
01:00	8,907	178,954	4,875	2.2	2.0	2.6
02:00	7,274	151,717	4,189	1.8	1.7	2.2
03:00	5,887	132,938	3,591	1.5	1.5	1.9
04:00	4,776	116,967	3,015	1.2	1.3	1.6
05:00	4,008	111,274	2,690	1.0	1.3	1.4
06:00	4,645	136,513	3,105	1.1	1.5	1.7
07:00	8,010	228,742	4,713	2.0	2.6	2.5
08:00	15,777	397,881	7,568	3.9	4.5	4.0
09:00	22,783	536,211	10,423	5.6	6.1	5.5
10:00	25,788	575,858	11,536	6.4	6.5	6.1
11:00	25,337	568,003	11,457	6.2	6.4	6.1
12:00	23,563	531,638	11,261	5.8	6.0	6.0
13:00	23,194	518,923	10,896	5.7	5.9	5.8
14:00	22,771	508,720	10,662	5.6	5.8	5.7
15:00	22,659	493,626	10,187	5.6	5.6	5.4
16:00	23,872	498,248	10,537	5.9	5.6	5.6
17:00	23,969	490,575	10,163	5.9	5.5	5.4
18:00	24,278	491,007	10,211	6.0	5.6	5.4
19:00	24,109	490,511	10,074	5.9	5.5	5.4
20:00	22,573	456,106	9,064	5.6	5.2	4.8
21:00	19,524	396,838	8,208	4.8	4.5	4.4
22:00	17,065	339,420	7,379	4.2	3.8	3.9
23:00	13,761	274,611	6,560	3.4	3.1	3.5
Total	**405,721**	**8,844,034**	**188,069**	**100.0**	**100.0**	**100.0**

Notes

1. The non-admitted patient emergency department care data are required to be reported for hospitals categorised as peer group A or B in the previous year's Australian hospital statistics. In addition, data are provided for some smaller hospitals by some states and territories.
2. The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 76% of records for 2004–05 and 78% for 2005–06. Therefore this data will only cover a subset of after-hours emergency episodes of care.
3. The identification of Indigenous patients is not considered complete and varies among jurisdictions. It is considered acceptable only for Western Australia and the Northern Territory.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Table 3.14.3: Non-admitted patient emergency care episodes for triage categories 4 (semi-urgent) and 5 (non-urgent) by time of day and Indigenous status, Australia, 2004–05 to 2005–06

	Number			Per cent		
Time	Indigenous	Non-Indigenous	Not stated	Indigenous	Non-Indigenous	Not stated
00:00	6,473	116,444	2,832	2.4	2.2	2.7
01:00	5,141	93,713	2,355	1.9	1.8	2.3
02:00	4,069	78,726	2,057	1.5	1.5	2.0
03:00	3,263	67,963	1,732	1.2	1.3	1.7
04:00	2,638	58,788	1,396	1.0	1.1	1.4
05:00	2,209	56,203	1,246	0.8	1.1	1.2
06:00	2,855	74,676	1,558	1.1	1.4	1.5
07:00	5,687	148,983	2,903	2.1	2.8	2.8
08:00	12,276	284,799	5,072	4.5	5.4	4.9
09:00	17,767	372,032	6,612	6.6	7.0	6.4
10:00	19,111	376,277	7,009	7.0	7.1	6.8
11:00	18,225	354,228	6,686	6.7	6.7	6.5
12:00	16,188	320,474	6,223	6.0	6.0	6.0
13:00	15,902	312,994	5,942	5.9	5.9	5.8
14:00	15,486	309,826	5,995	5.7	5.8	5.8
15:00	15,383	301,093	5,666	5.7	5.7	5.5
16:00	15,909	299,072	5,782	5.9	5.6	5.6
17:00	15,813	289,257	5,472	5.8	5.4	5.3
18:00	15,966	286,980	5,396	5.9	5.4	5.2
19:00	15,648	286,929	5,394	5.8	5.4	5.2
20:00	14,280	263,040	4,769	5.3	4.9	4.6
21:00	12,219	224,154	4,144	4.5	4.2	4.0
22:00	10,402	188,405	3,592	3.8	3.5	3.5
23:00	8,227	150,440	3,211	3.0	2.8	3.1
Total	**271,137**	**5,315,496**	**103,044**	**100.0**	**100.0**	**100.0**

Notes

1. The non-admitted patient emergency department care data are required to be reported for hospitals categorised as peer group A or B in the previous year's Australian hospital statistics. In addition, data are provided for some smaller hospitals by some states and territories.
2. The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 76% of records for 2004–05 and 78% for 2005–06. Therefore this data will only cover a subset of after-hours emergency episodes of care.
3. The identification of Indigenous patients is not considered complete and varies among jurisdictions. It is considered acceptable only for Western Australia and the Northern Territory.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Table 3.14.4: Non-admitted patient emergency care episodes after hours[(a)], by Indigenous status, 2004–05 to 2005–06

	Number				Percent			
Time of presentation	Indigenous	Non-Indigenous	Not stated	Total	Indigenous	Non-Indigenous	Not stated	Total
On Sundays	58,458	1,374,101	30,202	1,462,761	14.4	15.5	16.0	15.5
Before 8am or after 1pm on Saturday	45,427	971,104	22,336	1,038,867	11.2	11.0	11.9	11.0
After hours[(a)] weekday	101,699	2,076,399	45,966	2,224,064	25.1	23.5	24.4	23.5
Total after hours	*205,584*	*4,421,604*	*98,504*	*4,725,692*	*50.7*	*50.0*	*52.3*	*50.0*
Between 8am and 1pm on Saturday	12,783	305,558	6,259	324,600	3.1	3.5	3.3	3.4
Between 8am and 8pm on a weekdays	187,489	4,122,847	83,680	4,394,016	46.2	46.6	44.4	46.5
Not after hours	*200,272*	*4,428,405*	*89,939*	*4,718,616*	*49.3*	*50.0*	*47.7*	50.0
Total	**405,856**	**8,850,009**	**188,443**	**9,444,308**	**100.0**	**100.0**	**100.0**	**100.0**

(a) After hours is defined by the MBS definition (excluding consideration of public holidays): on Sunday, before 8am or after 1pm on a Saturday, or at any time other than 8am to 8pm on a weekday.

Notes

1. The non-admitted patient emergency department care data are required to be reported for hospitals categorised as peer group A or B in the previous year's Australian hospital statistics. In addition, data are provided for some smaller hospitals by some states and territories.
2. The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 76% of records for 2004–05 and 78% for 2005–06. Therefore this data will only cover a subset of after-hours emergency episodes of care.
3. The identification of Indigenous patients is not considered complete and varies among jurisdictions. It is considered acceptable only for Western Australia and the Northern Territory.
4. Excludes patients who were admitted or arrived at the hospital by ambulance.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Table 3.14.5: Non-admitted patient emergency care episodes after hours[(a)] for triage categories 4 (semi-urgent) and 5 (non-urgent), by Indigenous status, 2004–05 to 2005–06

	Number				Percent			
Time of presentation	**Indigenous**	**Non-Indigenous**	**Not stated**	**Total**	**Indigenous**	**Non-Indigenous**	**Not stated**	**Total**
On Sundays	39,266	847,814	17,233	904,313	14.5	15.9	16.7	15.9
Before 8am or after 1pm on Saturday	27,734	541,059	11,259	580,052	10.2	10.2	10.9	10.2
After hours[(a)] weekday	54,898	1,042,966	21,105	1,118,969	20.2	19.6	20.5	19.7
Total after hours	*121,898*	*2,431,839*	*49,597*	*2,603,334*	*45.0*	*45.7*	*48.1*	*45.8*
Between 8am and 1pm on Saturday	10,919	229,896	4,443	245,258	4.0	4.3	4.3	4.3
Between 8am and 8pm on a weekdays	138,320	2,653,761	49,004	2,841,085	51.0	49.9	47.6	49.9
Not after hours	*149,239*	*2,883,657*	*53,447*	*3,086,343*	*55.0*	*54.3*	*51.9*	*54.2*
Total	**271,137**	**5,315,496**	**103,044**	**5,689,677**	**100.0**	**100.0**	**100.0**	**100.0**

(a) After hours is defined by the MBS definition (excluding consideration of public holidays): on Sunday, before 8am or after 1pm on a Saturday, or at any time other than 8am to 8pm on a weekday.

Notes

1. The non-admitted patient emergency department care data are required to be reported for hospitals categorised as peer group A or B in the previous year's Australian hospital statistics. In addition, data are provided for some smaller hospitals by some states and territories.
2. The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 76% of records for 2004–05 and 78% for 2005–06. Therefore this data will only cover a subset of after hours emergency episodes of care.
3. The identification of Indigenous patients is not considered complete and varies among jurisdictions. It is considered acceptable only for Western Australia and the Northern Territory.
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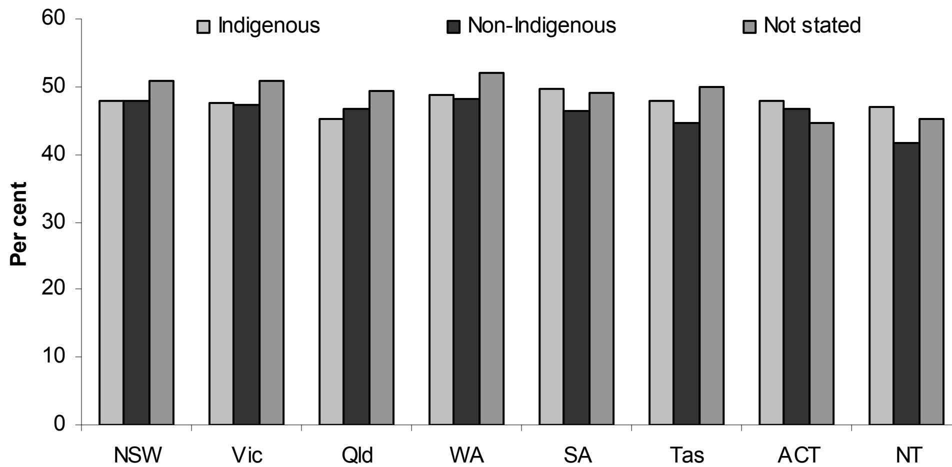
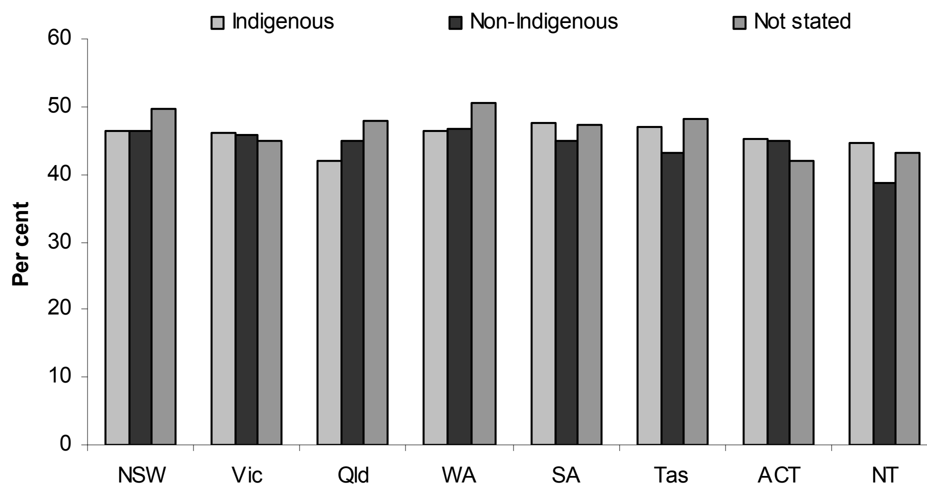


Notes

1. After hours is defined by the MBS definition (excluding consideration of public holidays): on Sunday, before 8am or after 1pm on a Saturday, or at any time other than 8am to 8pm on a weekday.
2. Caution should be used in the interpretation of these data because the identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions.
3. The quality of Indigenous identification is considered acceptable for the purpose of analysis only for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only).
4. The non-admitted patient emergency department care data is required to be reported for hospitals categorised as peer group A or B in the previous year's Australian hospital statistics. In addition, data are provided for some smaller hospitals by some states and territories.
5. The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 76% of records for 2004–05 and 78% for 2005–06. Therefore this data will only cover a subset of after-hours emergency episodes of care.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Figure 3.14.4: Proportion of presentations to emergency departments which were after hours, by Indigenous status of the patient and state/territory, 2004–05 to 2005–06



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3. The quality of Indigenous identification is considered acceptable for the purpose of analysis only for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only).
4. The Non-admitted Patient Emergency Department Care data is required to be reported for hospitals categorised as peer group A or B in the previous year's Australian hospital statistics. In addition, data are provided for some smaller hospitals by some states and territories.
5. The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 76% of records for 2004–05 and 78% for 2005–06. Therefore this data will only cover a subset of after-hours emergency episodes of care.

Source: AIHW analysis of National Non-admitted Patient Emergency Department Care Database.

Figure 3.14.5: Proportion of presentations to emergency departments which were after hours for triage categories 4 (semi-urgent) and 5 (non-urgent), by Indigenous status and state/territory, 2004–05 to 2005–06

Data quality issues

General Practitioner data (BEACH)

Information about general practitioner encounters is available from the 'Bettering the Evaluation and Care of Health' (BEACH) survey. The BEACH data on Indigenous Australians should be treated with care. First, the sample frame has not been designed to produce statistically significant results for population subgroups such as Indigenous Australians. Second, the identification of Indigenous Australians is not complete. In the BEACH survey, 'not stated' responses to the Indigenous identification question are often higher than the 'yes' responses. It can be assumed, therefore, that the survey consistently undercounts the number of Indigenous Australians visiting general practitioners, but the extent of this undercount is not measurable.

Service Activity Reporting data

Response rates to the SAR by Aboriginal and Torres Strait Islander primary health-care services were around 99% for the period 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.*
- *These data provide a rough guide to service activity in this area, but do not attempt to measure quantity or quality.*
- *These data also do not differentiate between services provided by the service and those facilitated by the service.*
- *These services have a different distribution by remoteness than mainstream GPs.*

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.

The SAR questionnaire does not ask for details of the actual hours that a service is available in this period, what 'after hours' or 'usual opening hours' actually constitutes, nor does it require respondents to report on actual numbers of patients seen in this period. The inclusion of the MBS definition within the after-hours question in the SAR is currently under consideration for the 2007–08 SAR questionnaire.

Furthermore, SAR data is not representative of the total Indigenous population, as only around 30% of Indigenous people use such services as their regular GP or health service (AHMAC 2006).

Medicare data

The data on MBS items for after-hours care by high through to low proportions of Indigenous population is a substitute measure of access by Indigenous Australians that does not actually capture Indigenous Australians access to these items. Note there are a number of items on the Medicare Benefits Schedule relevant to this performance measure that will be considered for inclusion once the data improves. These items include 1, 2, 97–98, 5000–5067, 520--5267, 601–602, 697, and 698.As the quality of the voluntary Indigenous identifier improves, Medicare data will provide an additional source of data for this performance measure.

(continued)

Data quality issues (continued)

Note: Medicare Indigenous identification is collected once rather than at the point of service.

National Minimum Data Set—non-admitted patient emergency department care

The National Non-admitted Patient Emergency Department Care Database is a national collection of de-identified data on emergency department episodes based on the Non-admitted Emergency Department Care National Minimum Data Set.

As the coverage of this data collection is largely public hospitals, which were classified in peer groups A and B, most of the data relates to large hospitals within Major Cities. The proportion of accident and emergency occasions of service for which detailed episode-level data were available was 78% in 2005–06 and 2006–07. This coverage estimate is likely to overestimate the level of coverage for Indigenous occasions of service because proportionally more Indigenous Australians live in rural and remote areas. Therefore these data may not be indicative of the level of use of emergency department services by Indigenous people nationally (AIHW 2008a).

It is recommended that this data only be reported as numbers, and not rates, because the denominator would include Indigenous Australians not covered in this collection.

Indigenous status question

This data set includes the standard Indigenous status question.

Under-identification

The quality of the data provided for Indigenous status in 2006–07 for emergency department presentations varied by jurisdiction. Most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients; the data should therefore be used with caution (AIHW 2008a). In 2006–07 only New South Wales, Western Australia and the Northern Territory reported that the quality of Indigenous status data was acceptable.

Expenditure data

Quality of data on Indigenous service use

For many publicly funded health services, there are few details available about service users and, in particular, about their Indigenous status. For privately funded services, this information is frequently unavailable. For those services that do collect this information, recording Indigenous status accurately for all people does not always occur. The result is that there is some margin of error in the estimations of health expenditure for Indigenous people and their corresponding service use.

Expenditure estimates

There may be some limitations associated with the scope and definition of health expenditures included in this measure. Other (non-health) agency contributions to health expenditure, such as 'health' expenditures incurred within education departments and prisons, are not included.

Furthermore, although every effort has been made to ensure consistent reporting and categorisation of expenditure on health goods and services, in some cases there may be inconsistencies across data providers. These may result from limitations of financial reporting systems and/or different reporting mechanisms. Reporting of health administration (n.e.c.) is one such example; in some cases, all the associated administration costs have been included in the estimates of expenditure on a particular health-service category (for example, acute care services), whereas in other cases they have been separately reported.

References

AHMAC (Australian Health Ministers' Advisory Council) 2006. Aboriginal and Torres Strait Islander Health Performance Framework Report 2006, AHMAC, Canberra.

AIHW (Australian Institute of Health and Welfare) 2002. Australia's children 2002. Cat. no. PHE 36. Canberra: AIHW.

AIHW 2008a. Australian hospital statistics 2006–07, Health services series no. 30. Cat. no. HSE 50. Canberra: AIHW.

AIHW 2008b. Expenditures on health for Aboriginal and Torres Strait Islander people 2004–05. Health and welfare expenditure series no. 32. Cat. no. HWE 40. Canberra: AIHW.