

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, the OATSIH Services Reporting (OSR) Data Collection, Medicare data and the Non-admitted Patient Emergency Department Care National Minimum Data Set.

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 General Practice Statistics and Classification Unit. Information is collected from a random sample of approximately 1,000 general practitioners (GPs) from across Australia each year. A sample of 100 consecutive GP-patient encounters is collected from each GP. A more detailed explanation of the BEACH methods can be found in *General practice activity in Australia 2008–09*, (Britt et al 2009).

The number of Indigenous patients identified in the BEACH survey is likely to be underestimated because some GPs might not ask the question on Indigenous status, or the patient may choose not to identify themselves (AIHW 2002). Further detailed analyses of this issue are covered in *General practice in Australia, health priorities and policies 1998–2008*, (Britt H & Miller GC (eds) 2009, p101).

“The findings of a BEACH substudy confirmed this suspected under-identification. In the data period reported here, 1.4% of patients encountered identified themselves as Indigenous. In contrast, in a BEACH substudy that asked 9,245 patients a complete set of questions about their cultural background (including Indigenous status) 2.2% (95% CI: 1.6–2.9) of respondents identified themselves as Indigenous (Britt H et al 2007). This rate is similar to the ABS estimates of Indigenous Australians as a proportion of the total population (ABS 2006).

However, the BEACH substudy included Indigenous Australians seen at Community Controlled Health Services funded through Medicare claims, and the estimate of 2.2% could have been an overestimate for the proportion of encounters that are with Indigenous patients in general practice as a whole. Deeble et al. (2008) conducted further investigations on this data and estimated that the BEACH encounter identification was an underestimate of about 10%, and that a more reliable estimate of the Indigenous population would be about 1.6% of all encounters (Deeble et al 2008).

The findings of these studies are that some GPs are not routinely asking patients at the encounter about their Indigenous status, even when this is a variable specifically collected for each patient encountered, as it is in BEACH encounter data.”

Before the late inclusion of a ‘not stated’ category of Indigenous status in 2001–02, ‘not stated’ responses were included with non-Indigenous encounters. Since then, 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 2004–05 to 2008–09, during which there were 6,137 GP encounters with Aboriginal and Torres Strait Islander patients recorded in the survey, representing 1.3% of total GP encounters in the survey.

OATSIH Services Reporting (OSR) Data Collection

In 2008–09, the Australian Institute of Health and Welfare (AIHW) collected the data from the Aboriginal and Torres Strait Islander primary health-care, substance use, and Bringing Them Home and Link Up counselling services funded by the Australian Government through the Office for Aboriginal and Torres Strait Islander Health (OATSIH). OATSIH funded services include both Indigenous Community Controlled Health Organisations and non-community controlled health organisations. Note that the OSR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

This collection, referred to as the OSR data collection replaces the Service Activity Reporting (SAR), Drug and Alcohol Services Reporting (DASR), and Bringing Them Home and Link Up counselling data collections previously collected by the OATSIH. The OSR data collection which was established in 2008–09 uses a new set of counting rules which treat all auspice services as individual services which yields a larger numerator and denominator on which the rates are based. While this change only marginally affects the aggregate rates, caution should be exercised when comparing rates based on earlier data collection periods.

The OSR data collection included 211 Australian Government-funded Aboriginal and Torres Strait Islander primary health-care services. Service-level data on health care and health-related activities were collected by survey questionnaire for the 2008–09 financial year reporting period and provided data on episodes of care, service population, clients and staffing. Response rates to the OSR questionnaire by Aboriginal and Torres Strait Islander primary health-care services in 2008–09 were around 97%.

Of the 86 Bringing Them Home and Link Up counselling services 81 (94%) responded to the OSR questionnaire, as well as five auspiced services. Many services providing Bringing Them Home and Link Up counselling are part of existing primary health-care or substance use service.

45 (90%) out of 50 stand-alone substance use services as well as three auspiced services responded to the OSR questionnaire.

Medicare data

Medicare enrolment application forms are lodged by persons wishing to enrol with Medicare at Medicare offices in each state/territory or by mail. Information from these forms is entered directly into the Medicare database, which is held by the DoHA.

In November 2002, the ABS standard question on Indigenous identification was included on this form. The question is asked in relation to the cardholder and any other family member named on the card. Responding to the question is voluntary and there is an explanation of the reasons for the question and the use of the data included on the form. This is referred to as the Voluntary Indigenous Identifier.

Because the Voluntary Indigenous Identifier was only introduced recently, the coverage of Aboriginal and Torres Strait Islander Australians in this database is not complete. There were 210,351 people who had identified as Aboriginal and/or Torres Strait Islander in this

database at January 2009: around 41% of the estimated Aboriginal and Torres Strait Islander population (AIHW 2010a). There has been a rapid expansion in the number of enrollees who identified as Aboriginal and/or Torres Strait Islander, from 47,200 people in August 2004.

To date, the database has not been analysed to estimate the numbers of people who have identified themselves as non-Indigenous, or those who have either not responded to the question or have not been presented with an opportunity to respond to the question.

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 held at the AIHW. The database includes episode-level data on non-admitted patients treated in the emergency departments of public hospitals. These hospitals are classified in the public hospital peer groups of principal 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.

In 2006–07 to 2007–08, there were 10,815,704 episodes of care provided by emergency departments, 467,115 (4.3%) of which were for patients identified as Aboriginal or Torres Strait Islanders.

Analyses

General practitioner data (BEACH)

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

- Over the BEACH reporting period April 2004–March 2005 to April 2008–March 2009, around 99% of GPs surveyed worked in practices with after-hours arrangements in place. For 21% of GPs, the practice had its own after-hours arrangements; 9.3% of GPs had cooperative arrangements with other practices regarding after-hours care; 29% employed a deputising service for after-hours patient care, 10% referred to another service for after-hours patient care and 2.4% 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 at their practice.

- Over the five year BEACH period April 2004–March 2005 to April 2008–March 2009, 95% of encounters with Indigenous patients, and 99% of encounters with other patients, were with GPs with after-hours arrangements (Table 3.14.1).
- At approximately 39% of GP encounters with Indigenous patients, the GP visited had their own after-hours arrangements for patient care; for 12% the GP had cooperative arrangements with other practices; for 20% the GP employed a deputising service for after-hours patient care; for 31% the GP referred to another service for after-hours care;

and for 9% the GP had other after-hours arrangements in place. For 5% of encounters with Indigenous patients, the GP visited had no after-hours arrangements in place (Table 3.14.1).

- The proportion of encounters with GPs at practices that referred to another service for after-hours patient care was higher for encounters with Indigenous patients than for encounters with other patients (31 per 100 compared with 17 per 100, respectively). Fewer encounters with Indigenous patients were with GPs at practices that employed a deputising service for after-hours patient care (20 per 100 encounters) than other patient encounters (20 compared with 51 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, BEACH years April 2004–March 2005 to April 2008–March 2009^(a)

After-hours arrangements	Number		Number per 100 encounters			Number per 100 encounters			Ratio
	Indigenous	Other	Indigenous	LCI	UCI	Other	LCI	UCI	
Practice does its own	2,362	158,738	38.6	30.9	46.2	33.3	32.0	34.6	1.2
Cooperative with other practices	750	73,650	12.3	8.5	16.0	15.5	14.4	16.5	0.8
Deputising service	1,228	242,672	20.1	15.1	25.0	50.9	49.5	52.3	0.4*
Referral to other services	1,885	79,415	30.8	22.9	38.7	16.7	15.6	17.7	1.9*
Other arrangement	519	20,181	8.5	3.8	13.1	4.3	3.7	4.8	2.0
<i>Total after-hours arrangements^(a)</i>	<i>5,843</i>	<i>470,557</i>	<i>95.4</i>	<i>91.2</i>	<i>99.7</i>	<i>98.7</i>	<i>98.4</i>	<i>99.1</i>	<i>1.0</i>
No after-hours arrangements	279	6,021	4.6	0.3	8.8	1.3	0.9	1.6	3.6
Total encounters	6,137	480,263	100.0	100.0

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

(a) Data from five combined BEACH years April 2004–March 2005 to April 2008–March 2009 inclusive.

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

(c) There were 3,700 encounters with after-hours arrangements missing (15 with Indigenous patients and 3,685 with Other patients).

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

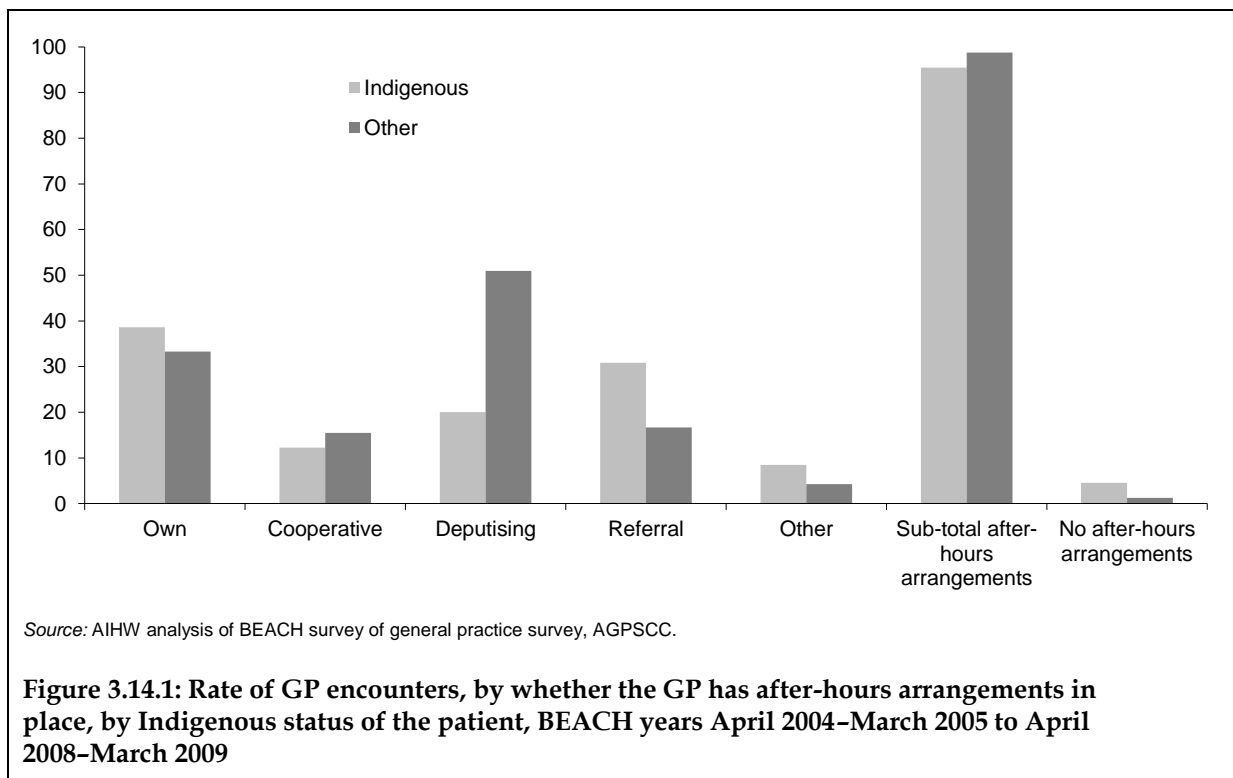


Figure 3.14.1: Rate of GP encounters, by whether the GP has after-hours arrangements in place, by Indigenous status of the patient, BEACH years April 2004–March 2005 to April 2008–March 2009

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 the 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.

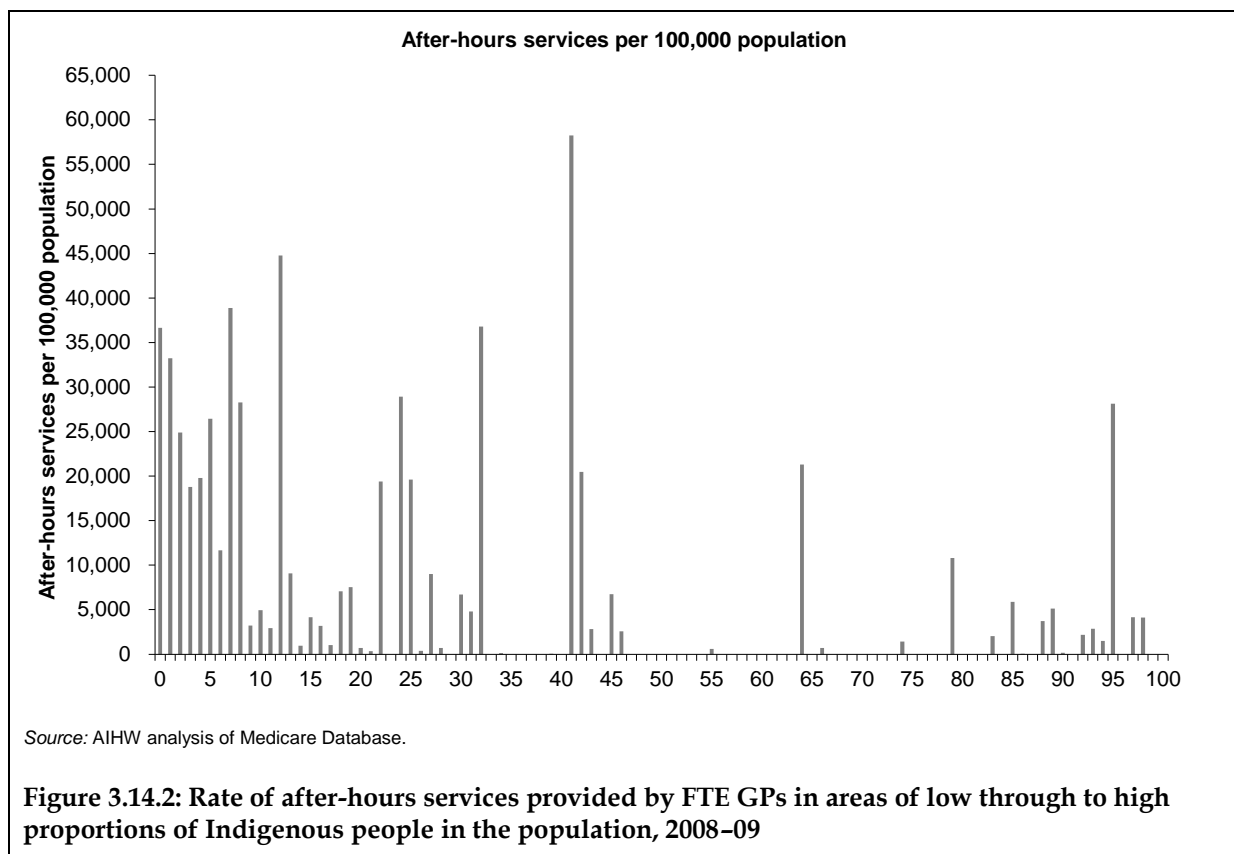
Data in Figure 3.14.2 present the number of after-hours services provided by full-time equivalent GPs per 100,000 population by areas of low through to high proportions of Indigenous people in the population. Using population data from the 2001 Census, Statistical Local Areas (SLAs) were grouped according 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 2008–09, there were approximately 16,000 full-time equivalent GPs working in Australia who provided 5,951,000 after-hours services to patients.
- Across Australia, the rate of after-hours services provided by GPs was around 28,752 per 100,000 population. The provision of after-hours services tends to be lower in regions where Indigenous Australians are a higher proportion of the population (Figure 3.14.2).

Care must be taken in using and interpreting the data provided. There are three 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, these data do not measure Indigenous Australians use of after-hours MBS items. They are 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.



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 2008-09 OSR database.

- The most common types of service provided outside of normal operating hours by Indigenous primary health-care services were transport (78%) and transfer or admission to hospital (76%) (Figure 3.14.3; Table 3.14.2).

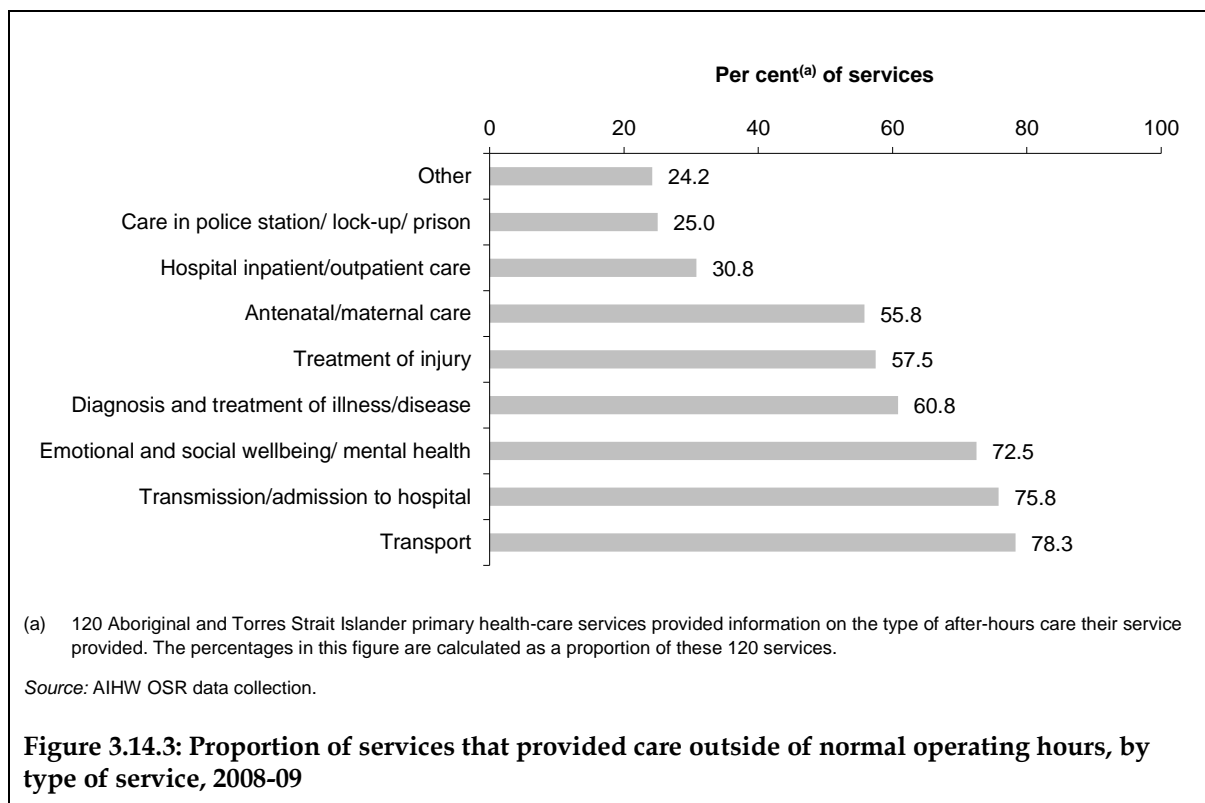


Table 3.14.2: Number and proportion of Aboriginal and Torres Strait Islander primary health-care services that provided care outside of normal operating hours, by type of service, 2008-09

Provider of after-hours services	No. services	Per cent
Provided after-hours services ^(a)	120	59.7
Did not provide after-hours services ^(a)	81	40.3
Type of after-hour service^(b)		
Transport	94	78.3
Transmission/admission to hospital	91	75.8
Emotional and social wellbeing/ mental health	87	72.5
Diagnosis and treatment of illness/disease	73	60.8
Treatment of injury	69	57.5
Antenatal/maternal care	67	55.8
Hospital inpatient/outpatient care	37	30.8
Care in police station/ lock-up/ prison	30	25.0
Other	29	24.2
Provided after-hours services^(b)	120	100.0
Not stated whether provide after-hours services	4	..
Reported whether provide after-hours services	201	..
Total primary health care services	205	..

(a) 201 of the 205 Aboriginal and Torres Strait Islander primary health-care services provided information on whether the service provides after-hours care. These percentages are calculated as a proportion of these 201 services.

(b) 120 of the 201 Aboriginal and Torres Strait Islander primary health-care services provided information on the type of after-hours care their service provided. The percentages in the table above are calculated as a proportion of these 120 services.

Source: AIHW OSR data collection.

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 NAPEDCD. Note that this data set only includes hospitals that were classified in the public hospital peer groups of 'principal referral' as 'specialist women's and children's hospitals' or '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 2006–07 to 2007–08, there were 10,815,704 episodes of care provided by emergency departments, 467,115 (4.3%) of which were for patients identified as Aboriginal or Torres Strait Islander (Table 3.14.3).
- In 2006–07 to 2007–08, there were 6,438,775 episodes of care provided by emergency departments for triage categories 4 (semi-urgent) and 5 (non-urgent), of which 302,457 (4.7%) were for patients identified as Indigenous (Table 3.14.4).
- In 2006–07 to 2007–08, there were 5,143,214 episodes of care provided after-hours in emergency departments, of which 225,182 (4.4%) 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 (48% and 47%, respectively) (Table 3.14.5).
- Around one-quarter of all presentations to emergency departments by Indigenous patients were after-hours on weekends, 15% were on Sundays and 11% were before 8 am or after 1 pm on Saturdays (Table 3.14.5).
- In 2006–07 to 2007–08, there were 2,969,906 episodes of care provided after-hours in emergency departments for triage categories 4 (semi-urgent) and 5 (non-urgent), of which 139,703 (4.7%) were for patients identified as Indigenous. Around half of all presentations to emergency departments for triage categories 4 (semi-urgent) and 5 (non-urgent) by Indigenous and non-Indigenous patients were for after-hours care (both 46%) (Table 3.14.6).
- Around one-quarter of all presentations to emergency departments for triage categories 4 (semi-urgent) and 5 (non-urgent) by Indigenous patients were after-hours on weekends, 15% were on Sundays and 11% were before 8 am or after 1 pm on Saturdays (Table 3.14.6).
- The proportion of presentations to emergency departments after hours by Indigenous patients varied by jurisdiction, the Australian Capital Territory had the highest proportion (51%) and Tasmania the lowest (46%) (Figure 3.14.4; Table 3.14.7a). The Australian Capital Territory also had the highest proportion (49%) of Indigenous presentations to emergency departments after hours for semi-urgent and non-urgent triage categories and Queensland the lowest (44%) (Figure 3.14.5; Table 3.14.7b).

Table 3.14.3: Non-admitted patient emergency care episodes by time of day and Indigenous status, Australia, 2006-07 to 2007-08

Time	Number			Per cent		
	Indigenous	Non-Indigenous	Not stated	Indigenous	Non-Indigenous	Not stated
00:00	13,099	244,254	12,233	2.8	2.5	2.8
01:00	10,687	201,526	10,325	2.3	2.0	2.4
02:00	8,699	171,446	8,693	1.9	1.7	2.0
03:00	7,224	150,516	7,528	1.5	1.5	1.7
04:00	5,825	133,764	6,761	1.2	1.3	1.6
05:00	4,960	126,769	6,166	1.1	1.3	1.4
06:00	5,668	156,274	7,136	1.2	1.6	1.6
07:00	9,044	256,561	10,899	1.9	2.6	2.5
08:00	17,413	436,142	16,637	3.7	4.4	3.8
09:00	24,935	592,925	23,443	5.3	6.0	5.4
10:00	28,720	647,184	26,049	6.1	6.5	6.0
11:00	28,918	637,943	26,900	6.2	6.4	6.2
12:00	27,070	599,614	25,467	5.8	6.0	5.9
13:00	26,477	583,883	24,942	5.7	5.9	5.8
14:00	26,113	574,262	24,560	5.6	5.8	5.7
15:00	26,401	553,350	23,840	5.7	5.6	5.5
16:00	26,926	558,664	24,336	5.8	5.6	5.6
17:00	27,091	549,479	23,928	5.8	5.5	5.5
18:00	27,796	549,244	24,083	6.0	5.5	5.6
19:00	27,498	547,737	23,979	5.9	5.5	5.5
20:00	26,543	510,465	22,550	5.7	5.1	5.2
21:00	23,551	445,822	20,009	5.0	4.5	4.6
22:00	20,122	380,841	17,486	4.3	3.8	4.0
23:00	16,335	307,157	14,817	3.5	3.1	3.4
Total	467,115	9,915,822	432,767	100.0	100.0	100.0

(continued)

Table 3.14.3 (continued): Non-admitted patient emergency care episodes by time of day and Indigenous status, Australia, 2006–07 to 2007–08

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 78% of records for 2006–07 and for 2007–08. Therefore these data will only cover a subset of after-hours emergency episodes of care.
3. The identification of Indigenous patients is not considered complete and the level of completeness 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 for triage categories 4 (semi-urgent) and 5 (non-urgent) by time of day and Indigenous status, Australia, 2006–07 to 2007–08

Time	Number			Per cent		
	Indigenous	Non-Indigenous	Not stated	Indigenous	Non-Indigenous	Not stated
00:00	7,424	128,397	6,232	2.5	2.2	2.5
01:00	5,937	104,582	5,150	2.0	1.8	2.1
02:00	4,797	88,073	4,334	1.6	1.5	1.8
03:00	3,998	76,491	3,739	1.3	1.3	1.5
04:00	3,121	66,978	3,273	1.0	1.1	1.3
05:00	2,708	63,997	2,971	0.9	1.1	1.2
06:00	3,389	84,985	3,655	1.1	1.4	1.5
07:00	6,224	165,069	6,599	2.1	2.8	2.7
08:00	13,072	304,273	10,922	4.3	5.2	4.4
09:00	18,536	403,243	15,020	6.1	6.8	6.1
10:00	20,536	418,095	16,123	6.8	7.1	6.5
11:00	20,029	393,751	15,968	6.6	6.7	6.5
12:00	18,156	358,205	14,640	6.0	6.1	5.9
13:00	17,618	348,715	14,335	5.8	5.9	5.8
14:00	17,456	345,818	14,231	5.8	5.9	5.8
15:00	17,471	333,050	14,007	5.8	5.7	5.7
16:00	17,115	331,292	13,975	5.7	5.6	5.7
17:00	17,254	321,392	13,626	5.7	5.5	5.5
18:00	17,644	317,859	13,454	5.8	5.4	5.5
19:00	17,288	317,361	13,699	5.7	5.4	5.6
20:00	16,536	292,262	12,663	5.5	5.0	5.1
21:00	14,536	250,679	10,871	4.8	4.3	4.4
22:00	12,062	209,351	9,188	4.0	3.6	3.7
23:00	9,550	166,063	7,662	3.2	2.8	3.1
Total	302,457	5,889,981	246,337	100.0	100.0	100.0

(continued)

Table 3.14.4 (continued): Non-admitted patient emergency care episodes for triage categories 4 (semi-urgent) and 5 (non-urgent) by time of day and Indigenous status, Australia, 2006–07 to 2007–08

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 78% of records for 2006–07 and for 2007–08. Therefore these data will only cover a subset of after-hours emergency episodes of care.
3. The identification of Indigenous patients is not considered complete and the level of completeness 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 3.14.5: Non-admitted patient emergency care episodes after-hours^(a), by Indigenous status, 2006–07 to 2007–08

Time of presentation	Number				Per cent			
	Indigenous	Non-Indigenous	Not stated	Total	Indigenous	Non-Indigenous	Not stated	Total
On Sundays	67,883	1,542,960	68,484	1,679,327	14.5	15.6	15.8	15.5
Before 8 am or after 1 pm on Saturday	50,889	1,040,499	48,246	1,139,634	10.9	10.5	11.1	10.5
After-hours ^(a) weekday	106,410	2,119,772	98,071	2,324,253	22.8	21.4	22.7	21.5
<i>Total after-hours</i>	<i>225,182</i>	<i>4,703,231</i>	<i>214,801</i>	<i>5,143,214</i>	<i>48.2</i>	<i>47.4</i>	<i>49.6</i>	<i>47.6</i>
Between 8 am and 1 pm on Saturday	16,884	400,113	16,380	433,377	3.6	4.0	3.8	4.0
Between 8 am and 8 pm on a weekdays	225,049	4,812,478	201,586	5,239,113	48.2	48.5	46.6	48.4
<i>Not after-hours</i>	<i>241,933</i>	<i>5,212,591</i>	<i>217,966</i>	<i>5,672,490</i>	<i>51.8</i>	<i>52.6</i>	<i>50.4</i>	<i>52.4</i>
Total	467,115	9,915,822	432,767	10,815,704	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 8 am or after 1 pm on a Saturday, or at any time other than 8 am to 8 pm 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 78% of records for 2006–07 and for 2007–08. Therefore these data will only cover a subset of after-hours emergency episodes of care.
3. The identification of Indigenous patients is not considered complete and the level of completeness 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 3.14.6: Non-admitted patient emergency care episodes after-hours^(a) for triage categories 4 (semi-urgent) and 5 (non-urgent), by Indigenous status, 2006–07 to 2007–08

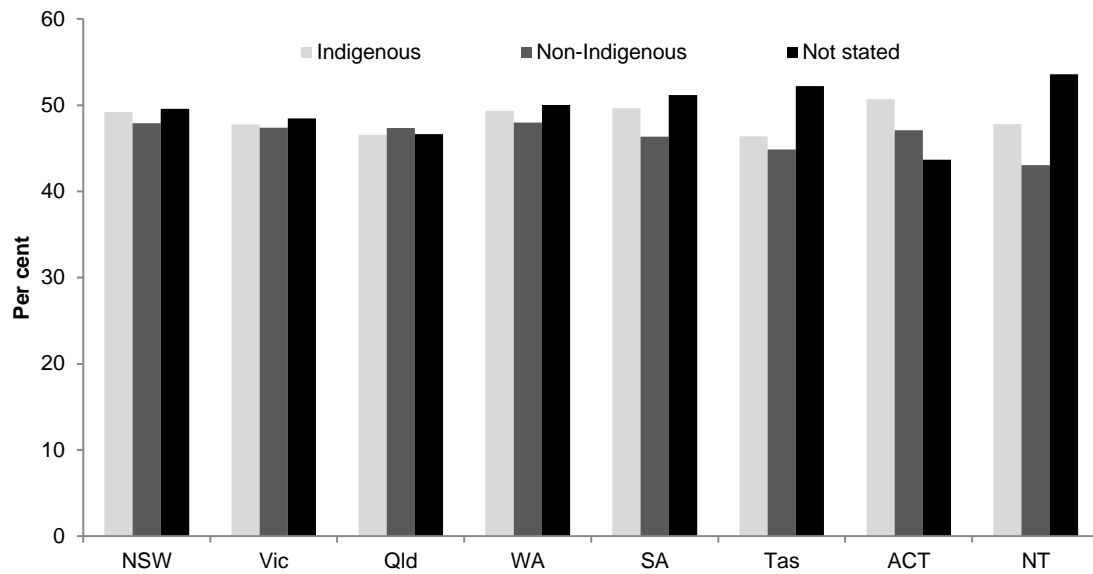
Time of presentation	Number				Per cent			
	Indigenous	Non-Indigenous	Not stated	Total	Indigenous	Non-Indigenous	Not stated	Total
On Sundays	44,407	945,232	40,676	1,030,315	14.7	16.0	16.5	16.0
Before 8 am or after 1 pm on Saturday	31,866	605,237	26,767	663,870	10.5	10.3	10.9	10.3
After-hours ^(a) weekday	63,430	1,160,704	51,587	1,275,721	21.0	19.7	20.9	19.8
<i>Total after-hours</i>	139,703	2,711,173	119,030	2,969,906	46.2	46.0	48.3	46.1
Between 8 am and 1 pm on Saturday	11,969	258,158	10,146	280,273	4.0	4.4	4.1	4.4
Between 8 am and 8 pm on a weekdays	150,785	2,920,650	117,161	3,188,596	49.9	49.6	47.6	49.5
<i>Not after-hours</i>	162,754	3,178,808	127,307	3,468,869	53.8	54.0	51.7	53.9
Total	302,457	5,889,981	246,337	6,438,775	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 8 am or after 1 pm on a Saturday, or at any time other than 8 am to 8 pm 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 78% of records for 2006–07 and for 2007–08. Therefore these data will only cover a subset of after-hours emergency episodes of care.
3. The identification of Indigenous patients is not considered complete and the level of completeness 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.

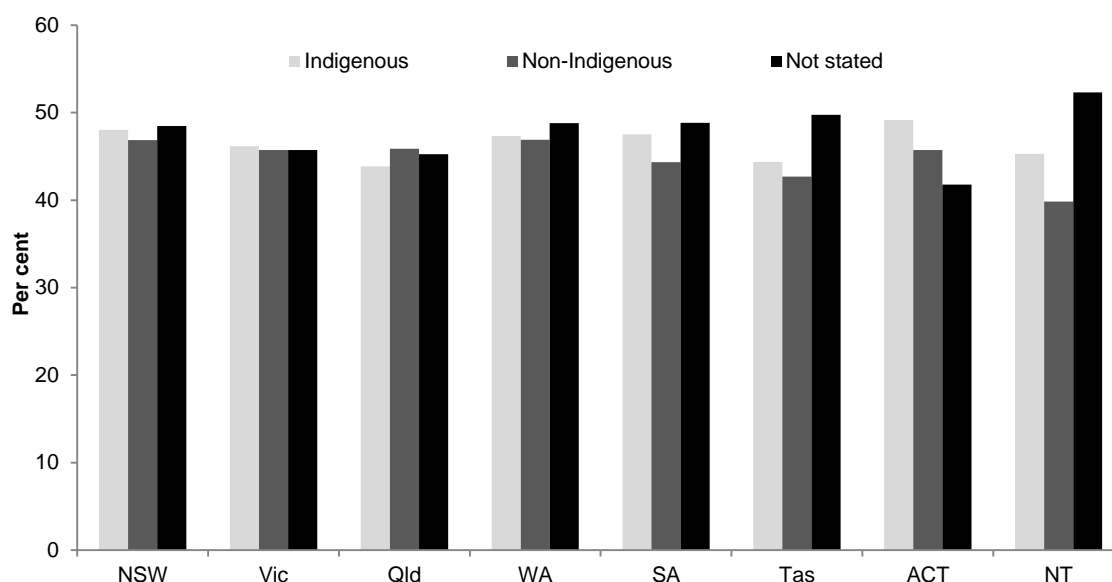


Notes

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 78% of records for 2006-07 to 2007-08. 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, 2006-07 to 2007-08



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 78% of records for 2006-07 to 2007-08. 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, 2006-07 to 2007-08

Table 3.14.7a: Proportion of presentations to emergency departments that were after-hours, by Indigenous status of the patient and state/territory, 2006–07 to 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
After-hours presentations	Number								
Indigenous	56,940	14,806	48,452	41,889	7,926	3,830	1,683	49,657	225,183
Non-Indigenous	1,666,352	1,238,419	804,306	444,504	297,343	102,114	88,582	61,611	4,703,231
Not stated	120,449	4,232	15,904	36,501	31,882	4,014	1,445	374	214,801
Total	1,843,741	1,257,457	868,662	522,894	337,151	109,958	91,710	111,642	5,143,215
Total emergency department presentations	Number								
Indigenous	115,763	31,001	104,034	84,887	15,959	8,258	3,321	103,892	467,115
Non-Indigenous	3,477,501	2,613,040	1,698,134	926,790	641,573	227,542	188,124	143,118	9,915,822
Not stated	242,975	8,735	34,096	72,956	62,312	7,687	3,308	698	432,767
Total	3,836,239	2,652,776	1,836,264	1,084,633	719,844	243,487	194,753	247,708	10,815,704
Proportion of after-hours presentations out of all presentations to ED (per cent)									
Indigenous	49.2	47.8	46.6	49.3	49.7	46.4	50.7	47.8	48.2
Non-Indigenous	47.9	47.4	47.4	48.0	46.3	44.9	47.1	43.0	47.4
Not stated	49.6	48.4	46.6	50.0	51.2	52.2	43.7	53.6	49.6
Total	48.1	47.4	47.3	48.2	46.8	45.2	47.1	45.1	47.6

Notes:

1. After-hours is defined by the MBS definition (excluding consideration of public holidays): on Sunday, before 8 am or after 1 pm on a Saturday, or at any time other than 8 am to 8 pm 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 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.
5. The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 78% of records for 2006–07 to 2007–08. Therefore these 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.

Table 3.14.7b: Proportion of presentations to emergency departments that were after-hours for triage categories 4 (semi-urgent) and 5 (non-urgent), by Indigenous status and state/territory, 2006–07 to 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
After-hours presentations	Number								
Indigenous	36,937	9,923	28,948	26,605	3,982	2,285	988	30,035	139,703
Non-Indigenous	981,615	753,759	417,873	262,142	149,485	57,136	51,275	37,888	2,711,173
Not stated	70,983	2,028	6,758	20,361	15,835	1,963	853	249	119,030
Total	1,089,535	765,710	453,579	309,108	169,302	61,384	53,116	68,173	2,969,907
Total emergency department presentations	Number								
Indigenous	76,888	21,497	66,005	56,199	8,381	5,147	2,009	66,331	302,457
Non-Indigenous	2,094,426	1,647,782	911,018	558,760	337,018	133,829	112,077	95,071	5,889,981
Not stated	146,388	4,434	14,927	41,711	32,413	3,946	2,042	476	246,337
Total	2,317,702	1,673,713	991,950	656,670	377,812	142,922	116,128	161,878	6,438,775
	Proportion of after-hours presentations out of all presentations to ED (per cent)								
Indigenous	48.0	46.2	43.9	47.3	47.5	44.4	49.2	45.3	46.2
Non-Indigenous	46.9	45.7	45.9	46.9	44.4	42.7	45.7	39.9	46.0
Not stated	48.5	45.7	45.3	48.8	48.9	49.7	41.8	52.3	48.3
Total	47.0	45.7	45.7	47.1	44.8	42.9	45.7	42.1	46.1

Notes:

1. After-hours is defined by the MBS definition (excluding consideration of public holidays): on Sunday, before 8 am or after 1 pm on a Saturday, or at any time other than 8 am to 8 pm 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 the level of 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 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.
5. The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 78% of records for 2006–07 to 2007–08. Therefore these 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.

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.

OATSIH Services Reporting (OSR) Data Collection

The data were collected using the OSR questionnaire, (surveying all auspice services) which combined previously separate questionnaires for primary health, substance use, and Bringing Them Home and Link up counselling services.

OATSIH sent a paper copy of the 2008–09 OSR questionnaire to each participating service and asked the service to complete the relevant sections. The participating services sent their completed OSR questionnaires directly to the AIHW.

The AIHW examined all completed questionnaires received to identify any missing data and data quality issues. Where needed, AIHW staff contacted the relevant services to follow up and obtain additional or corrected data. After manually entering the data on the data repository system, staff conducted further data quality checks.

The AIHW identified three major problems with the data quality: missing data, inappropriate data provided for the question, and divergence of data from two or more questions. The majority of 2008–09 OSR questionnaires received had one or more of these data quality issues.

Further information can be found in the data quality statement in the *Aboriginal and Torres Strait Islander Health Services Report, 2008–09* (AIHW 2010).

Medicare data

MBS items

The MBS items included in this measure have been introduced over the last few years with the child health check item commencing in May 2006. The take-up of new MBS items is influenced by the speed at which practitioners and the population become aware of the new items and how to use them. Also take-up can be influenced by administrative processes and the time taken to change computer systems to incorporate these new items. Analysis of monthly statistics on Items 704 and 706 suggest that it took several years for these statistics to stabilise into a fairly regular pattern. Item 710 was introduced in May 2004 and monthly statistics have become relatively stable within 12 months.

Standard Indigenous status question

In November 2002, the ABS standard question on Indigenous identification was included on Medicare enrolment forms. The question is asked in relation to the cardholder and any other family member named on the card. Responding to the question is voluntary and there is an explanation of the reasons for the question and the use of the data included on the form. This is referred to as the Voluntary Indigenous Identifier.

Under-identification

Because the Voluntary Indigenous Identifier was only introduced recently, the coverage of Aboriginal and Torres Strait Islander Australians in this database is not complete. There were

210,351 people who had identified as Aboriginal and/or Torres Strait Islander in this database at January 2009: around 41% of the estimated Aboriginal and Torres Strait Islander population (AIHW 2010a). There has been a rapid expansion in the number of enrollees who identified as Aboriginal and/or Torres Strait Islander, from 47,200 people in August 2004.

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.

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.

The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 78% of records for 2006–07 and for 2007–08. Therefore these data will only cover a subset of after-hours emergency episodes of care.

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. 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 2008).

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

Data excludes patients who were admitted or arrived at the hospital by ambulance.

Indigenous status question

This data set includes the standard Indigenous status question.

Under-identification

The quality of the data provided for Indigenous status in 2007–08 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 2008).

List of symbols used in tables

n.a. not available

– rounded to zero (including null cells)

0 zero

.. not applicable

n.e.c. not elsewhere classified

n.f.d. not further defined

n.p. not available for publication but included in totals where applicable, unless otherwise indicated

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