

Discussion

The sample size for the *BEACH* program was calculated on the basis of a 12-month data-collection period. While this interim report covers only the first six months of the program the vast majority of the relative standard errors shown in the above tables are less than 10, indicating very high reliability for the more frequent events in general practice. The exceptions are where relative frequency of the event is very low (e.g. consultations in hospitals—see Table 3).

This analysis has served to identify several areas for which data collection could be improved.

- The high level of missing data in the ‘problem status’ field is of some concern, especially since the number of ‘new cases’ can be used to estimate incidence of many specific disease types in the population attending general practice. The format of the recording form for this section is being revised to encourage higher completion rates.
- The format and design of the imaging questions also presented GPs with a problem where multiple X-rays of a single type (e.g. multiple contrast/special X-rays) were ordered. Again, this section of the form is under revision and will be improved for the *BEACH* program 1999–2000.

Access to the *BEACH* data

Public domain

In line with the standard Australian Institute of Health and Welfare’s practice, an annual publication will provide a comprehensive view of general practice activity in Australia.

Participating organisations

Organisations providing funding for the *BEACH* program receive quarterly summary reports of the encounter data and standard reports about their subjects of interest. Analysis of the data is a complex task. The General Practice Statistics and Classification Unit has therefore designed standard report formats that cover most aspects of the subject under investigation.

Standard reports have multiple possible entry points. For example,

- population based (e.g. the elderly; non-English speaking background patients)
- encounter type (e.g. long consultations)
- GP type (e.g. those with FRACGP)
- test ordering (e.g. pathology of any sort; a specific pathology test ordered)

- referral (e.g. those patients and problems for which a referral to a specialist was made)
- drug-based analyses for individual drugs (brand or generic), drug subgroups or drug groups
- diagnostically based analyses for individual ICPC-2 PLUS codes (hypertension), ICPC individual code (e.g. hypertension; nephropathy), ICPC grouper (e.g. all hypertension), ICPC chapter components (e.g. musculoskeletal symptoms), or ICPC chapters (e.g. all cardiovascular).

Individual data analyses are conducted where the specific research question is not adequately answered through standard reports.

External purchasers of standard reports

Non-contributing organisations may purchase standard reports or other ad hoc analyses. Charges are available on request. The General Practice Statistics and Classification Unit should be contacted for further details.

Conclusion

This report details the methods adopted in the *BEACH* program and provides a brief overview of the results of the first six months' data. A more detailed report of results and an investigation of changes since the Australian Morbidity and Treatment Survey 1990–91 will be prepared after the first year's data have been received. The report will be available later in 1999.