National Primary Health Care Data Collection

Data Governance Framework 2026

The AIHW is seeking your feedback by **Thursday, 9th April 2026**. Feedback can be provided directly on the document or via email: primaryhealthcare@aihw.gov.au.

Contents

Overview

This Data Governance Framework (Framework) sets enduring, robust and secure governance foundations for the National Primary Health Care Data Collection (NPHCDC). The NPHCDC will comprise de-identified, unit-record primary care patient data managed within secure environments. Publication of data from the NPHCDC will be limited to aggregated outputs with the application of suppression and confidentialisation to protect privacy and confidentiality. The NPHCDC will leverage existing consent pathways and data flows, such as arrangements with Primary Health Networks (PHNs) and data extractors, so that there will be no additional burden placed on general practices or health consumers.

Purpose and Scope of this Framework

This Framework will enable Australia's primary health care data to be used safely and responsibly for population health research, policy development and planning, while maintaining the privacy and confidentiality of patients and the trust of the community. The Framework establishes principles, roles and accountabilities across the NPHCDC's full data lifecycle: collection, approvals, consent, legal pathways, secure access, data quality management, outputs review and release. The NPHCDC governance framework will be applied to all elements of the NPHCDC, implemented in a secure environment and aligned with national health and digital initiatives.

This Framework is based on the following principles of the NPHCDC:

- de-identified unit record patient data where privacy is preserved
- existing processes and infrastructure wherever possible
- no additional burden on health practitioners or consumers
- data used for population health research, policy, and planning
- suppression and confidentialisation applied to small cells in published data
- clinicians and community representatives consulted in the development of the collection and data analysis and interpretation

Activities such as real-time monitoring or enhancing individual patient care are beyond the scope of the NPHCDC.

Extensive consultation has been undertaken to develop this Data Governance Framework. Consultation was undertaken both through existing governance arrangements and targeted consultation to understand partner and stakeholder concerns and how those concerns can be addressed through the Framework. There has been ongoing engagement and partnerships with stakeholders from Primary Health Networks (PHNs), health practices, peak bodies, research organisations, software vendors, federal and state/territory governments, First Nations people and health representatives, and health consumers. A list of the consultations on the NPHCDC is at Appendix A.

A Roadmap was published in November 2025 outlining the activities to develop this Data Governance Framework.

This Framework will be updated as the NPHCDC expands.

Introduction

Primary care is one of the first points of contact for many people seeking health care. In Australia, there were 194 million primary care attendances (General Practices (GPs), allied health, nurses and Aboriginal and Torres Strait Islander health workers) recorded in 2023-24 (AIHW, 2025a), compared with 12.6 million hospitalisations during the same year (AIHW, 2025b).

The information collected by primary care practitioners, such as the health conditions of patients, and the subsequent health treatments patients receive, can provide crucial insights into the health of Australians and their access to essential services. Although general practice information has increasingly been used by Primary Health Networks (PHNs) and by the GP professional community to improve health outcomes at the point of care, there has not been a comprehensive, national primary health care data collection for other uses, such as for population health planning. More detail about the unique challenges of primary health care data is outlined in Appendix B.

Primary healthcare includes (DHDA, 2023):

- general practice
- Aboriginal Community Controlled Health Services (ACCHOS)
- community health centres and walk-in clinics
- community pharmacies
- community nursing services
- oral health and dental services
- mental health services
- drug and alcohol treatment services
- sexual and reproductive health services
- maternal and child health services

The NPHCDC will provide nationally consistent primary care data, to address the known information gap for effective population health research, policy and planning.

Primary use of data refers to clinical care and related internal quality or administrative activities; any other uses are secondary and must comply with this Framework's governance, privacy and ethical requirements.

An NPHCDC is essential for a coordinated, evidence-based health system that is responsive to community needs, and the development of health policies, programs and interventions to meet these needs. As outlined in the Department of Health and Aged Care's *Australia's Primary Health Care 10 Year Plan 2022–2032*, primary care data will facilitate improved measurement of services, support quality improvement initiatives, and enable targeted interventions across diverse populations.

Existing Governance Frameworks

This Framework draws on established models such as the AIHW Data Governance Framework 2022, the PHN National Data Governance Policy and the Five Safes framework. The Framework also builds on governance lessons learned from major data projects such as the AIHW's National Health Data Hub, National Disability Data Asset, New South Wales Ministry of Health Lumos program, and governance of the Practice Incentives Program Quality Improvement Measures. The Framework meets the Royal Australian College of General Practitioners (RACGP) requirements for secondary use of general practice data (in Appendix C).

The NPHCDC aligns with national health and digital initiatives including *Australia's Primary Health Care 10 Year Plan 2022–2032, Strengthening Medicare, Digital Health Blueprint and Action Plan 2023–2033,* the issues outlined in the *General practice data and electronic clinical decision support - Issues Paper (2022),* and the *National Digital Health Strategy 2023-2028.*

The Framework includes privacy, security, ethical use, and stakeholder/partner collaboration. The Framework aligns with the Governance of Indigenous Data and the National Aboriginal and Torres Strait Islander Health Data Principles, ensuring culturally respectful and inclusive governance.

A national primary health care data collection can provide significant insights into health care in Australia. These include:

- Population health planning and research
- Service provision planning at local, regional and national levels
- Understanding patient safety and quality
- Developing, monitoring and evaluating primary health care policy
- Mapping patient journeys through the health system, including across primary and acute care
- Health program design, monitoring and evaluation

Governance of Indigenous Data

Governance of the NPHCDC aligns with the Australian Government's Framework for the Governance of Indigenous Data and the National Aboriginal and Torres Strait Islander Health Data Principles. The NPHCDC Governance Committee and Advisory Group both include representatives from First Nations groups (including, for example the National Aboriginal Community Controlled Health Organisation (NACCHO).

Additionally, the AIHW Ethics Committee will assess proposals for health research with data on or about Aboriginal and Torres Strait Islander people using the Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders. These guidelines are based on six core values: spirit and integrity; cultural continuity; equity; reciprocity; respect; and responsibility. The guidelines ensure that all human research undertaken with Aboriginal and Torres Strait Islander people and communities:

- respects the shared values of Aboriginal and Torres Strait Islander Peoples
- is relevant for Aboriginal and Torres Strait Islander priorities, needs and aspirations
- develops long-term ethical relationships among researchers, institutions and sponsors
- develops best practice ethical standards of research.

Uses of the NPHCDC

Acceptable and Unacceptable uses

To minimise governance and administrative burden and align with stakeholder and community expectations of the use of health data, the acceptable and unacceptable uses of the NPHCDC have been developed. As well as transparently demonstrating to health consumers and data providers that the data will be used in a safe and responsible manner, the acceptable/unacceptable uses will streamline project approvals and minimise the burden on data custodians to evaluate proposed uses of the NPHCDC data.

The NPHCDC **can be used for** analyses for health, statistical and research purposes including:

- health research and statistical analyses to inform health service planning, evaluation and health policy development, including official statistics, related insights and reporting.
- health research and statistical analyses that support questions about population health and health outcomes.
- incidence and prevalence of health conditions, including patterns of treatments over time, in different geographies, and across different subpopulations.
- relationship between health conditions, patient demographics, treatments and health outcomes.
- health system usage patterns for patients, disaggregated by health conditions, outcomes, and demographics.

The NPHCDC **cannot be used for**:

- benchmarking, auditing or investigation of practices, staff or patients
- tracking individual patients
- recruitment for clinical trials
- access to unit-record data by private companies and commercial entities including pharmaceutical companies, device manufacturers and insurance companies
- data for compliance, enforcement, fraud detection, or legal interventions of patients, practitioners, practices or organisations in a health context; this does not preclude investigations into data breaches and data misuse by individuals or organisations.
- identifying or reporting on individuals or individual diagnoses.
- public reporting on practices or organisations unless requested by the practice or organisation.

These acceptable/unacceptable uses align with standard practice for other collections that include health data (for example, the AIHW National Health Data Hub).

Access to de-identified unit record data by government researchers or research institutes will be managed through the NPHCDC governance arrangements and require approvals from the NPHCDC Governance Committee and the relevant ethics committees. See Governing Bodies section for more information on the NPHCDC governance arrangements.

The use of published aggregate data from the NPHCDC is unrestricted, including by members of the public, or private and commercial entities.

Partners and Stakeholders

The NPHCDC has a broad range of partners and stakeholders contributing to the collection and interested in the outputs, including:

- Health consumers and the Australian public
- Health providers including general practices and ACCHOs
- PHNs
- Australian Institute of Health and Welfare (AIHW)
- Department of Health, Disability and Ageing
- State and territory health departments
- Heath providers professional bodies (for example, the Royal Australian College of General Practice (RACGP)
- Clinical information system vendors and data extractors
- First Nations individuals, communities and organisations such as NACCHO

Understanding the prevalence of selected conditions among people with mental illness in primary care

Primary health care services play a central role in the identification and management of mental illness. However, there is currently a lack of understanding of what other health conditions people with a mental illness present to their GP with.

The National Primary Health Care Data Collection (NPHCDC) provides a mechanism to address this evidence gap. Analysis of these data will support a clearer understanding of the health profiles of people experiencing mental health in the primary health care setting.

The NPHCDC will support population-level analysis of:

- **Co-occurring conditions among people with mental illness**

  Prevalence of selected conditions among people with mental illness, to inform understanding of comorbidity patterns relevant to primary health care policy and service planning.

- **Sub-population health profiles**

  Analysis of prevalence patterns for key population groups, such as by age, sex, and geography, to support more targeted and equitable approaches to primary mental health care.

- **Variation across regions and services**
- Aggregated analysis of variation across regions or service characteristics to identify differences in recorded prevalence that may warrant further investigation.

Governance partner and stakeholder groups include the AIHW Board, Ethics Committees, PHN National Data Governance Committee, AIHW Primary Healthcare Advisory Group and the AIHW Indigenous Statistical and Information Advisory Group.

These partners and stakeholders are represented on the NPHCDC governance bodies. See Governing Bodies section for more information.

Privacy, Confidentiality and Consent

Data for an NPHCDC will be sourced from existing data collection pathways and rely on legislative pathways and existing consent management processes. As a result, AIHW will partner to bring together existing data and will not engage directly with health providers to obtain data or manage patient/provider consent for the NPHCDC.

As sources of the NPHCDC are confirmed, the following steps will be undertaken:

- AIHW will establish data sharing agreements for data flows required for the collection of primary care data. AIHW will ensure that these data sharing agreements allow data to be shared to AIHW for an NPHCDC including that consent is being managed. This will involve reviewing data sharing agreements across the entire submission pathway to ensure that consent is being managed, collecting data on opt-out rates with each submission to ensure that patients and providers have the option of opting out, and providing consent and opt-out information for patients, providers, and partners as required.
- A legal review will be conducted. This will include considering AIHW's unique position as a legislated, statistical organisation with an established reputation for collecting and reporting health information.
- Establish a legal pathway and the associated governance arrangements, including under the robust framework contained in the *Australian Institute of Health and Welfare (AIHW) Act 1987*. This will be contingent on the sources of the collection, the data elements, terms and conditions of supply, and data sharing agreements. This will be an ongoing and iterative process as the primary healthcare data landscape continues to evolve, and the collection expands. This Framework will be reviewed as data sources are confirmed.
- The AIHW will liaise with relevant partners including Primary Health Networks and the Department of Health, Disability and Ageing on their data sharing arrangements to ensure data sharing agreements and health providers' privacy material will allow the data to be shared with the AIHW for population health purposes, and whether updates to existing privacy materials will be required.
- Obtain AIHW Ethics Committee approval, including a privacy impact assessment, for the NPHCDC collection and uses. Regularly report back to the AIHW Ethics Committee on the project, including any changes to the scope or research.
- Governance of the collection will reflect any changes in legislation as required, such as the anticipated amendments to the *Privacy Act 1988* through the *Privacy and Other Legislation Amendment Bill 2024*.

Consent and Confidentiality

Data for the NPHCDC will be sourced from existing data collection pathways placing no additional burden on patients or primary care providers. As a result, the NPHCDC will utilise existing consent management processes and legal pathways that allow data to be shared.

Once a source of the NPHCDC is confirmed, AIHW will establish data sharing agreements for data flows required for the collection of primary care data. AIHW will also ensure that these data sharing agreements allow data to be shared with AIHW for an NPHCDC.

The consent, privacy, and confidentiality requirements of primary health care data in a national collection will be routinely reviewed. This is especially important in the evolving primary health care data environment, requirements of relevant Acts including the *Privacy Act* and the *AIHW Act 1987* and any changing arrangements in data collection pathways. If any changes are identified, the Data Governance Framework will be updated accordingly. This will include any changes required to de-identification procedures.

Privacy and legal framework

The NPHCDC will comply with all relevant legislation and policies, in particular:

- *Privacy Act 1988 (Cth)* and the *Australian Privacy Principles*
    - The NPHCDC is designed so that only de-identified patient data will be collected and as a result, the data are not considered personal information and can be shared in ways that are not permitted under the *Privacy Act* (Office of the Australian Information Commissioner).
- *AIHW Act 1987*
    - Section 5(1) of the *AIHW Act 1987* provides broad legal authority for the AIHW to either collect health information directly or through intermediaries.
    - Section 29 of the *AIHW Act 1987* also applies strict confidentiality rules that explicitly prohibit unauthorised disclosure of personal information obtained through AIHW activities.
    - The Act also supports data custodians to impose specific conditions on the AIHW's use of their data. Any entities supplying data to the NPHCDC can apply more stringent requirements around re-identification beyond "reasonable re-identification" and impose any legal obligations required by state or territory health or privacy legislation to the AIHW's handling of their data. This will be agreed on through Data Sharing Agreements developed between AIHW and the providers of the data.

De-identification processes

The AIHW will proactively **manage de-identification processes** to ensure that the data are de-identified and no identifiers such as name, address or date of birth are received as part of the collection. The NPHCDC will use the AIHW's De-identification Policy (2022) as well as any other requirements identified as required for the NPHCDC, including:

- Free text information transcribed by clinicians will not be received on the basis that it is likely to include potentially identifying information.
- Some data items will not be supplied for the collection, or will be aggregated prior to supplying to AIHW, to minimise the risk that unique information is not provided. For example specific condition or precise appointment information. This approach is consistent with the existing collection of primary care data, for example extractors collecting de-identified data from general practices.
- Given the sensitivity of health data and that each patient has a different health experience, the NPHCDC will take account of contextual factors in addition to the data itself. This includes:

- the kind of data that are de-identified
- who has access to the data and for what purpose
- whether the data have unique or uncommon characteristics that may enable re-identification
- whether the data would be a target for re-identification
- whether there are other data that could be matched up to re-identify the data and
- what harm may result if the data are identified.

- The NPHCDC will not only rely on the de-identification processes that have been applied in the original data collection but will also undertake additional activities to ensure the data are de-identified and the risk of re-identification is low. This is consistent with the OAIC advice on de-identification. Attention will be given to risks of identification as the data in the collection grows over time and identification risks are not introduced. This will be achieved through regular re-assessment of the privacy risks of the data. The frequency and approach of privacy assessments will be agreed by the NPHCDC governance bodies.

Secure management of data

In addition to this Framework, other governance frameworks direct the NPHCDC for the secure management of the data. This includes the AIHW Data Governance Framework 2022:

Data Classification and Management

As part of the data development process for the NPHCDC, clear distinctions will be developed between different types of data, such as identified, non-identified, and de-identified data, to ensure that each type of data is appropriately handled.

Privacy and Confidentiality

Access to the NPHCDC will only be provided in secure environments to safeguard the information provided.

Ethical Oversight

The AIHW Ethics Committee will ensure compliance with ethical standards for the NPHCDC and regularly monitor ongoing compliance with ethics approvals.

Legal and Regulatory Compliance

In addition to complying with all relevant legislation and policies, the Notifiable Data Breaches scheme also applies to the NPHCDC. AIHW's Data and Privacy Breach Response Plan will also be applied. AIHW's robust procedures for managing data breaches and data incidents will be applied. All potential data breaches or data incidents are immediately investigated and logged as a priority. The NPHCDC Data Custodian will comply with their obligations to mitigate risks from data incidents or breaches as a priority at all stages from data collection and analysis to reporting.

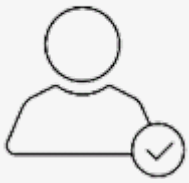
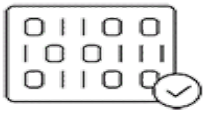
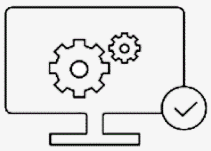
Technology and Security

The NPHCDC will use existing metadata standards, secure messaging, and file transfer systems to ensure data security and accessibility.

This includes the use of the **Fives Safes framework** (Table 1) to the NPHCDC. The Fives Safes framework is an internationally recognised approach to considering strategic, privacy, security, ethical and operational risks as part of a holistic assessment of the risks associated with data sharing or release. It has five dimensions:

1. **Safe People:** Only authorised and trained individuals will have access to the NPHCDC to reduce the risk of data misuse. The Data Custodian will monitor and control who has access to the NPHCDC. Regular privacy training will be conducted for all people who have access to the data.
2. **Safe Projects:** Evaluate whether each intended use of the data is ethical, legal, and beneficial, in addition to ensuring compliance with privacy laws. Oversight will be through the AIHW Ethics Committee, NPHCDC Data Custodian, and the NPHCDC Governance Committee. The approval process for access to the NPHCDC will evaluate the risk of data being used to identify an individual. Regular project monitoring and risk assessment will be undertaken throughout the entire data lifecycle.
3. **Safe Settings:** The environment where the NPHCDC data will be accessed will be controlled using secure platforms to prevent unauthorised access. It is proposed to use existing secure environments, to ensure there are strict controls on data access including authentication measures and access logging. Staff will undertake regular privacy training and work within a confidentiality-oriented culture under the limits of the *AIHW Act 1987*.
4. **Safe Data:** De-identification and confidentiality measures will be applied to minimise the risk of re-identification, taking into account the nature and amount of the primary care information collected. Access to the data will be limited to the data necessary for analyses taking into consideration what other data are available to the analysts that might increase re-identification risks. Additional protections will also be considered including perturbing data or removing contextually unique variables.
5. **Safe Outputs:** Reviews will be undertaken for all NPHCDC data analysis and reporting outputs to ensure that published results do not compromise individual or organisational privacy. This will be achieved through the design of the reporting outputs in addition to the application of data suppression and confidentialisation rules. All uses of the data will be evaluated for confidentiality risks, and all uses of data will be approved by the nominated data custodian. The NPHCDC Governance Committee and Advisory Group will provide guidance and perspective on the outputs to minimise any privacy or confidentiality risks.

Table 1: Five Safes dimensions

Dimension	Meaning
Projects 	Is the use of the data appropriate? AIHW Interpretation: Use of the data is legal, ethical and the project is expected to deliver public benefit.
People 	Can the users be trusted to use it in an appropriate manner? AIHW Interpretation: Researchers have the knowledge, skills and incentives to act in accordance with required standards of behaviour.
Data 	Is there a disclosure risk in the data itself? AIHW Interpretation: Data has been treated appropriately to minimise the potential for identification of individuals or organisations.
Settings 	Does the access facility prevent unauthorised use? AIHW Interpretation: There are practical controls on the way the data is accessed – both from a technology perspective and considering the physical environment.
Output 	Are the statistical results non-disclosive? AIHW Interpretation: A final check can be required to minimise risk when releasing the findings of the project.

Governing Bodies

Governance of the NPHCDC provides dedicated oversight of the collection.

Feedback from the NPHCDC stakeholder consultation (AIHW, 2019) highlighted the need for an independent governing body with representatives from all relevant partners including professionals (practice manager, health practitioners, data users), health consumers, and organisations. The consultation emphasised the importance of Indigenous Data Sovereignty and the principles of Governance of Indigenous Data as well as engagement with First Nations communities.

The NPHCDC Data Governance model includes a NPHCDC Governance Committee, an Advisory Group, a Privacy Officer, and a National Data Custodian (Figure 1). The governance bodies and their Terms of Reference will be revisited annually to ensure that the structure remain fit for purpose as the NPHCDC expands.

Health Consumers

Consumer representation on the NPHCDC governing bodies will advise the NPHCDC on consumer expectations of how the data are collected, stored and used and ensure the NPHCDC provides ongoing value to the Australian public.

The NPHCDC governance provides health consumers an active voice in the governance and use of the NPHCDC.

Health Professionals

The NPHCDC governance structure includes health workers in governing bodies to advise how the collection is governed. This will include providing direction on the interpretation and reporting of primary health care data.

First Nations People

First Nations' representation is embedded in the NPHCDC governance structures, to appropriately and consistently apply First Nations people priorities, cultural protocols and communication of findings are.

The governance structures in the NPHCDC reflect the principles set out in the Australian Government's Framework for Governance of Indigenous Data.

Data Providers and Data Custodians

Data providers and data custodians retain control of their data in the NPHCDC by aligning data governance frameworks and data custodianship. Representatives of data providers and data custodians are on the NPHCDC governing bodies.

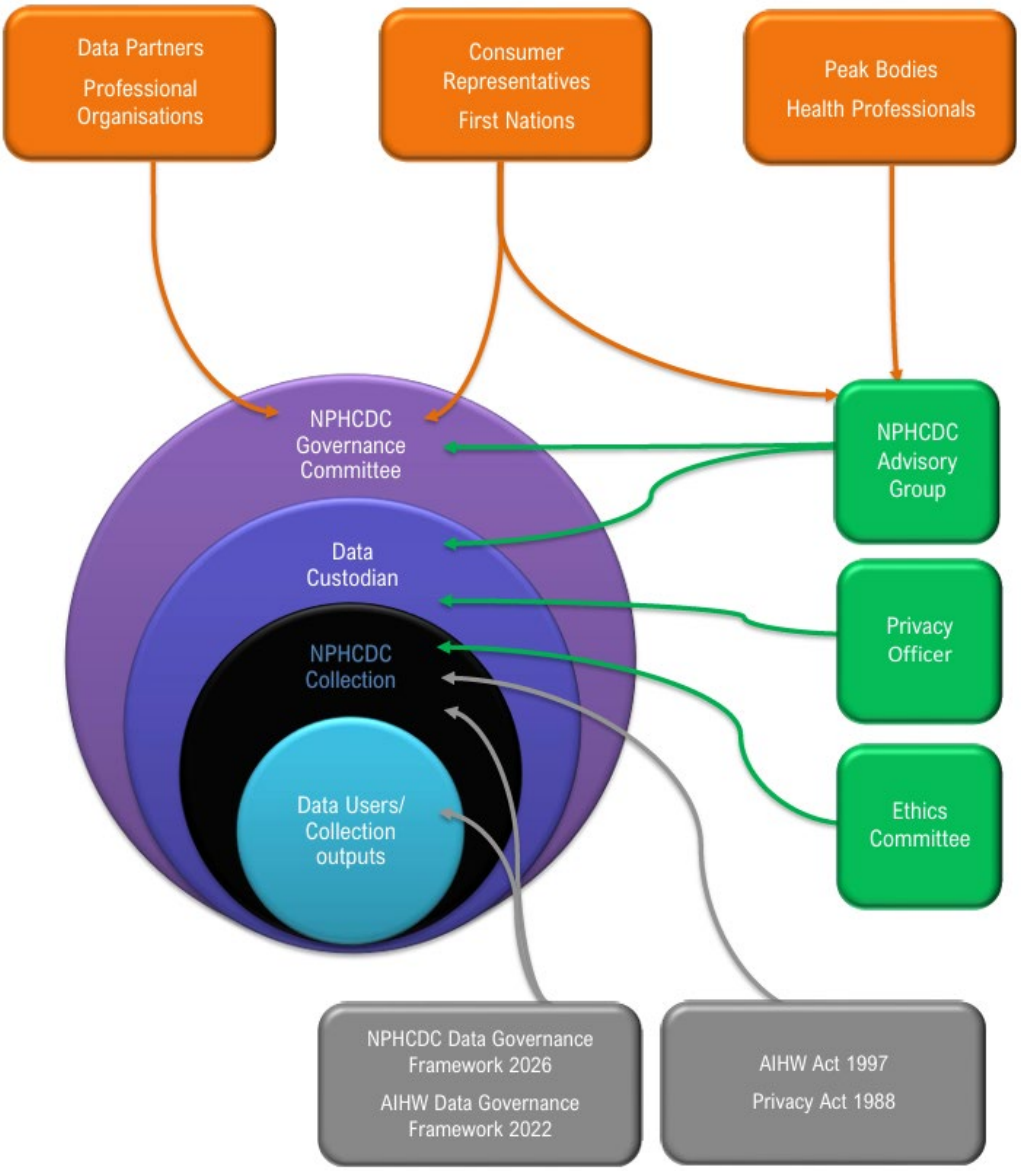


Figure 1. NPHCDC Governance arrangements including governance bodies.

NPHCDC Governance Committee

The NPHCDC Governance Committee provides oversight, accountability and guidance. Its role centres on six key duties:

Strategic and Governance Level

1. Ensure that data use supports public benefit.
   → *Aligns the purpose of data use with societal and health outcomes.*
2. Oversee the development and expansion of the NPHCDC.
   → *Strategic growth and sustainability of the data collection initiative.*

3. Ensure that the operation of the NPHCDC abides by the standards and requirements of relevant legislation, approving Ethics Committees, data suppliers and public expectations.
   → *Establishes the legal, ethical, and stakeholder framework for the data collection.*

Evaluation and Access Control

4. Evaluate project applications against approved uses and data sharing agreements to determine whether an Ethics approved project is supported by current data sharing agreements, approved use cases, and data quality.
   → *Ensures responsible and compliant data access.*

Operational Standards and Data Handling

5. Set and maintain standards for suppression and confidentialisation rules.
   → *Protects privacy and ensures safe data handling.*

Feedback and Impact

6. Ensure the outputs back to source (to practitioners and data suppliers) align with partner expectations and inform to improve population health.
   → *Closes the loop by ensuring data insights are actionable and beneficial.*

The composition of the NPHCDC Governance Committee reflects the current partnerships and stakeholders involved in the NPHCDC.

The Governance Committee includes representatives from Primary Health Networks, the Royal Australian College of General Practitioners, general practitioners, First Nations communities, AIHW, allied professionals, and consumer representatives.

The NPHCDC Governance Committee will align with governance arrangements across primary care sector by engaging with other governing bodies and frameworks, such as the PHN National Data Governance Committee, NACCHO and ACCHOs, and the RACGP.

This committee is in addition to AIHW's Primary Healthcare Advisory Committee (PHAC) which provides strategic advice to AIHW on all primary care data.

The Terms of Reference for the NPHCDC Governance Committee are available on the AIHW website.

NPHCDC Advisory Group

The NPHCDC Advisory Group provides advice on contemporary and emerging issues for the NPHCDC to the NPHCDC Data Custodian and the NPHCDC Governance Committee on:

- priorities for the NPHCDC
- scope and structure of data products to maximise their value and utility
- communication and engagement with partners, stakeholders and the public

The Advisory Group represents the main stakeholder groups in the NPHCDC.

The Advisory Group is made up of consumer representatives, practice/organisation providers of primary health care, representatives from First Nations communities, researchers in

primary health care, representatives from digital health and/or security and infrastructure, and representatives of Commonwealth/state/territory primary health care policy.

The Advisory Group replaces the NPHCDC Expert Advisory Group which has advised on the development of the NPHCDC prior to the establishment of this framework and the governance bodies.

The Terms of Reference for the NPHCDC Advisory Group are available on the AIHW website.

Privacy Officer

The NPHCDC uses the AIHW Privacy Officer unless otherwise advised by the NPHCDC Governance Committee. The role of the Privacy Officer includes:

- advising on potential privacy impacts including for new collection or dissemination of the NPHCDC
- providing advice on the general application of the *Privacy Act 1988* (*Privacy Act*) to new initiatives or to general operations
- handling, or supervising the handling, of privacy complaints and enquiries
- training staff in aspects of the *Privacy Act* that apply to their day-to-day activities
- primary privacy contact for the Office of the Australian Information Commissioner (OAIC)
- maintaining a register of privacy incidents.

NPHCDC National Data Custodian

The National Data Custodian is responsible for data management practices of collating existing data nationally for the NPHCDC, including how the data are securely brought together, managed and reported as part of the NPHCDC. The Data Custodian manages the day-to-day responsibilities of the collection on behalf of the NPHCDC Governance Committee, as agreed by the Committee.

Data custodianship exists from when the data are first collected through to when data are brought together into a national collection, with data custodianship expanding accordingly.

Each contributing health agency provides custodianship for their own data. Custodians of source data are responsible for the day-to-day management and oversight of their data, including the data's quality and security.

Governing Data Quality

An important part of governing the NPHCDC is governing the completeness and quality of the data. This includes how data are assessed for suitability for inclusion in a national collection, establishing metadata, providing data quality assessments for users to understand the limitations of the data and what the data can be used for, and identifying opportunities for improvements in the quality of the data.

A data demonstration project between PHNs and AIHW to explore diagnosis of dementia in general practice (AIHW, 2025c) found that while general practice data has the potential to provide insights into the health conditions of the Australian population, there is the need to improve the consistency, quality and accessibility of the data.

An NPHCDC Data Quality Framework will be developed to support the NPHCDC Governance Committee and the NPHCDC Data Custodian manage and improve data quality in the NPHCDC.

Output framework

The NPHCDC Output framework establishes a set of expectations and priorities to ensure that outputs from the NPHCDC meet stakeholder expectations and provide broad public benefit, recognising the diversity of audiences and end users of the primary care data, including:

- Australian public and users of the health system including consumer groups
- Aboriginal Controlled Community Health Organisations and other First Nations health organisations
- State, Territory, and Commonwealth Government health departments
- Primary Health Networks
- General practices, allied health and other primary care health organisations, including peak bodies

The outputs cater to different users, including:

- Regular reporting of publicly accessible health insights
- Standardised dashboards that are accessible and easy to use
- Data Quality Reports
- Individualised PHN and practice reports, to provide practice and PHN specific insights and how they contribute to the broader system
- National, state/territory and local insights.

Confidentialisation and cell-suppression will be applied to outputs so attribute disclosure cannot occur and re-identification risks are minimised.

The NPHCDC Data Custodian will ensure that releases of aggregate data meet the confidentialisation and suppression requirements agreed with the NPHCDC Governance Committee.

Appendix A. Stakeholder consultations

The development of this framework was informed through three consultative processes:

1. development of an NPHCDC (2019)
2. roadmap outlining the activities to develop a data governance framework for an NPHCDC (2025), and
3. this framework (2025 to 2026).

These consultations included one-on-one consultations as well as through the AIHW's Primary Health Care Advisory Committee and the National Primary Health Care Data Collection Expert Advisory Group.

Development of an NPHCDC

National consultation was undertaken in 2019 to inform the development of an NPHCDC on priorities, governance arrangements, and implementation considerations to ensure the collection would meet the needs of the health system and its users.

The consultation involved:

- Workshops in all capital cities between February and May 2019, which brought together 163 participants representing 115 organisations
- Online submission between March and July 2019. This process attracted 40 submissions from 33 organisations and seven individuals.

Stakeholders engaged in the consultation included representatives from state and territory health departments, Primary Health Networks, health service providers and their peak bodies, researchers, consumer groups, and clinical software vendors.

The consultation explored several key topics. These included the rationale for improving primary health care data, the priority uses and expected outcomes of an NPHCDC, preferred models for data flow and governance, privacy and security considerations, and the identification of enablers, barriers, and risks associated with implementation.

Key Findings

- **Strong Support for Enhanced Data**

  Participants expressed strong support for the development of an NPHCDC. They agreed that it would improve understanding of primary health care delivery and outcomes, increase the visibility and policy relevance of primary care, and highlight variations across geography and provider types.

- **Communication and Trust**

  Stakeholders emphasised the importance of clear communication about the purpose and benefits of the NPHCDC. Transparency in data collection and use was seen as essential for building trust, and consumer engagement was considered critical to addressing privacy concerns.

- **Impact on Clinicians**

  The consultation highlighted the need for data collection processes to integrate seamlessly with clinical workflows and to be supported financially. Clinicians should derive direct value from the insights generated, and there must be assurances that data will not be used punitively.

- **Research and Quality**

  Stakeholders called for transparent governance and fair access for researchers. They supported the inclusion of longitudinal and linked data to enable analysis of patient journeys and outcomes. Improving data quality through standardisation and interoperability was identified as a priority.

- **Barriers and Enablers**

  Key enablers included clear standards, strong governance, interoperability, and demonstrated value to stakeholders. Barriers identified were data quality issues, workload burden on clinicians, diversity of primary care settings, and privacy concerns.

As a result of the consultation, several actions were outlined to progress the development of an NPHCDC. These include a data demonstration project, continuing stakeholder engagement, establishing advisory groups and committees, and drafting a detailed roadmap for implementation.

Development of a Roadmap for the NPHCDC Data Governance Framework

The Roadmap outlined the components required in an NPHCDC Data Governance Framework. It also included the timeline and process for the development of the Framework.

Sixty organisations were invited to provide feedback on the roadmap and included government departments, consumer groups, peak organisations, general practices, primary health networks, academics, and professional organisations.

Consultations on the roadmap were undertaken were undertaken in 2025 through the AIHW Primary Healthcare Advisory Group, the NPHCDC Expert Advisory Group and invitations to participate via direct invitation. The consultation considered issues such as data quality, engagement with partners and stakeholders, consent processes, integration with existing projects and systems, First Nations representation, scope, and governance.

One hundred and fifteen comments were received from 12 organisations. These organisations included various PHNs, sections within the then Department of Health and Aged Care, and members of the Primary Health Care Advisory Committee and the NPHCDC Expert Advisory Group. The main feedback received and incorporated into the roadmap covered:

- scope and uses of the collection,
- designing the data governance framework to support all primary care data not only general practice data
- designing the data governance framework to embed Indigenous data governance at the outset
- outlining management of data quality and sources,
- inclusion of definitions,
- details stakeholder engagement mechanisms,
- outlining consent practices,
- alignment with PHN data governance activities,
- governance arrangements for the collection,

Development of the NPHCDC Data Governance Framework

Consultation on the Framework commenced in April 2025 with the NPHCDC Expert Advisory Group progressively providing feedback on individual sections of this framework prior to broader consultation on the whole framework. The Expert Advisory Group reviews the scope, use cases, proposed outputs, acceptable and unacceptable uses of the collection, privacy approaches and governing bodies.

Table A1. Stakeholders consulted in the development of the NPHCDC Roadmap and Data Governance Framework

Allied Health Professions Australia	PHN - Murray (VIC/NSW)
Australian Association of Practice Management Ltd	PHN - Murrumbidgee (NSW)
Australian Bureau of Statistics	PHN - Nepean Blue Mountains (NSW)
Australian College of Rural and Remote Medicine	PHN - North Coast (NSW)
Australian Commission for Safety and Quality in Health Care	PHN - North Western Melbourne (VIC)
Australian Digital Health Agency	PHN - Northern Queensland
Australian Government Department of Health and Aged Care	PHN - Northern Sydney (NSW)
Australian Indigenous Doctors' Association	PHN - Northern Territory
Australian Primary Health Care Nurses Association	PHN - South Eastern Melbourne (VIC)
Best Practice	PHN - South Eastern (NSW)
Calvary Health Care	PHN - South Western Sydney (NSW)
Centre for Primary Health Care and Equity	PHN - Tasmania
Consumer Advocates	PHN - WAPHA (Perth North, Perth South & Country WA)
Consumer Health Forum	PHN - Western NSW
CSIRO	PHN - Western Queensland
Hills Family General Practice	PHN - Western Sydney (NSW)
Inala Primary Care	PHN - Western Victoria
Institute for Urban Indigenous Health	Population Health Research Network
Australian College of Rural and Remote Medicine	Primary Sense
NACCHO	Queensland General Practice Liaison Network
National Rural Health Alliance	RACGP
NSW Health	Telstra Health
Outcome Health (POLAR)	The Australian Multicultural Health Collaborative
PHN - Adelaide (SA)	The Royal Australian College of General Practitioners
PHN - Brisbane North (QLD)	UNSW
PHN - Brisbane South (QLD)	
PHN - Capital Health Network (ACT)	
PHN - Central and Eastern Sydney (NSW)	
PHN - Central Queensland, Wide Bay, Sunshine Coast (QLD)	
PHN - Country South Australia (SA)	
PHN - Eastern Melbourne (VIC)	
PHN - Gippsland (VIC)	
PHN - Gold Coast (QLD)	
PHN - Darling Downs West Moreton (QLD)	
PHN - Hunter New England (NSW)	

Appendix B. The primary health care data environment

Primary care is health care people seek first in their community, such as GPs, pharmacists, allied health professionals, midwives, dentists, and Aboriginal and Torres Strait Islander (First Nations) health workers. Services can be provided in the home or in community-based settings such as in general practices, ACCHOs, other private practices, community health, local government and non-government service settings. Services can also be provided by telehealth and video consultations.

Figure B1 outlines the primary health care data environment and associated data use cases. It shows the interrelationships and dependencies between different use cases as it relates to data governance. The importance of data collection is evident, as the clinical and administrative data can be used for multiple purposes (collect once, use often) if managed with appropriate data governance. Each use case plays a specific role in supporting, informing and ultimately improving the broader primary health care system, and sound and efficient processes and procedures will allow the maximum benefit of the data be realised. The aims of the AIHW with a national primary healthcare data set include building from, aligning with and supporting the current data available while providing a national collection for population health research and reporting.

Data governance remains a challenge for primary health care data, including general practice data. Issues such as consent for the collection of primary health care data require more attention, as do clarity of data ownership, custodianship and stewardship. There is a need to better understand these aspects of data management to ensure community expectations are being met with regards to data use.

An additional challenge of primary care data is the inconsistent capture of non-standardised clinical data that is not interoperable. This could be addressed through the development of a core set of Fast Healthcare Interoperability Resources (FHIR) standards for health care information exchange in Australia through the Sparked program.

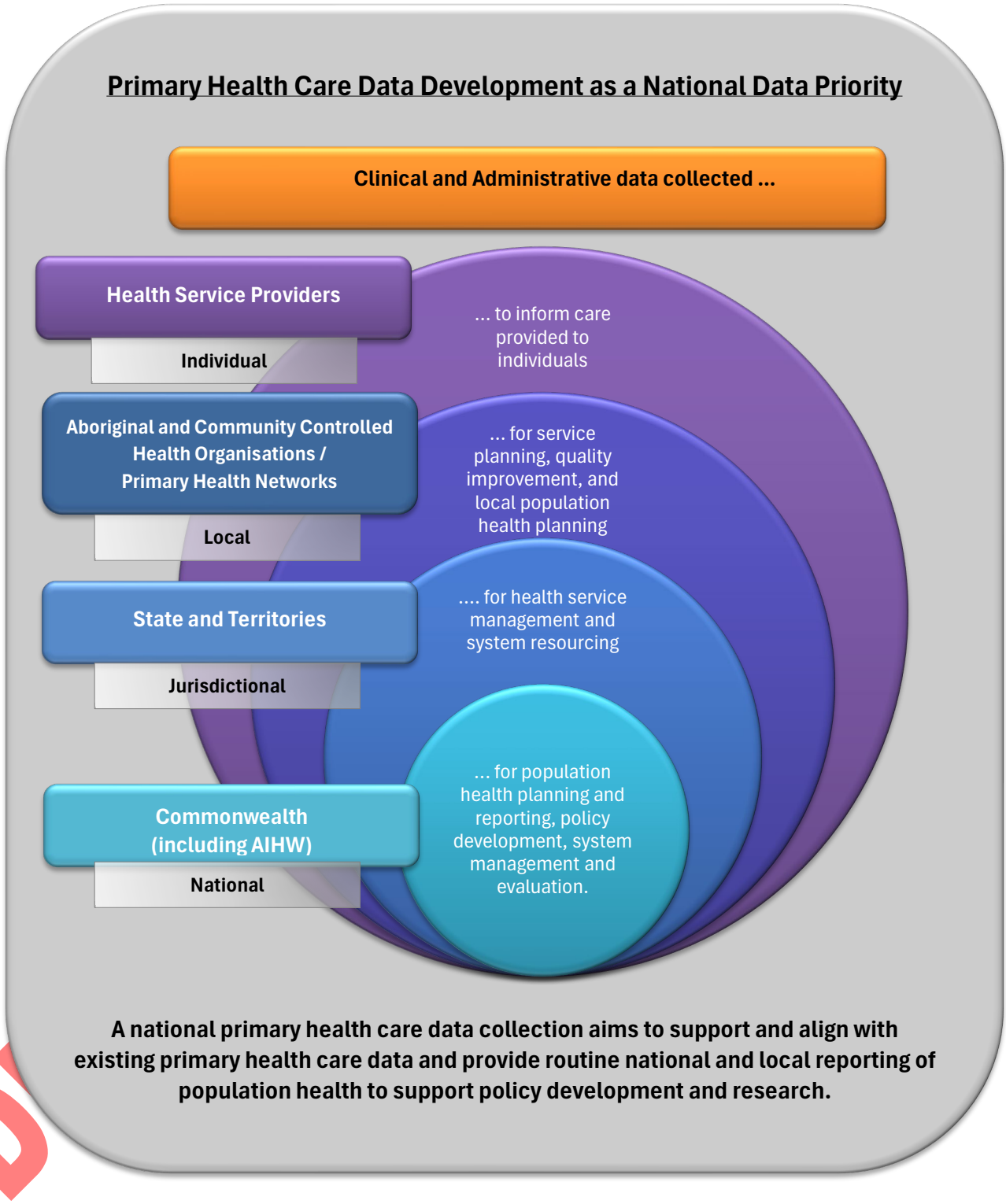
Sound data governance processes of primary care data are crucial to health consumers, practitioners and the broader primary health care system to establish accountability that data will be stored and used safely, and the privacy and security of the data is assured.

Data governance also sets frameworks around the accuracy and quality and efficient data sharing. Strong governance develops an environment for high quality data which allows for improved patient care. Accurate and more reliable data allows health practitioners to make more informed decisions, and provide more coordinated care across the health system, contributing to better effectiveness of healthcare delivery. Without overcoming data governance barriers, the primary health care sector will not be able to maximise the tangible benefits that a comprehensive national data set will bring.

Additional benefits of establishing transparent governance arrangements for primary health care data include:

- improved consumer and provider privacy and trust
- more efficient workflows (reducing administrative burden and providing more time for patient care)
- stronger data security and protection; and
- support for population health research, policy, and planning.

Figure B1: Primary health care data development as a national priority



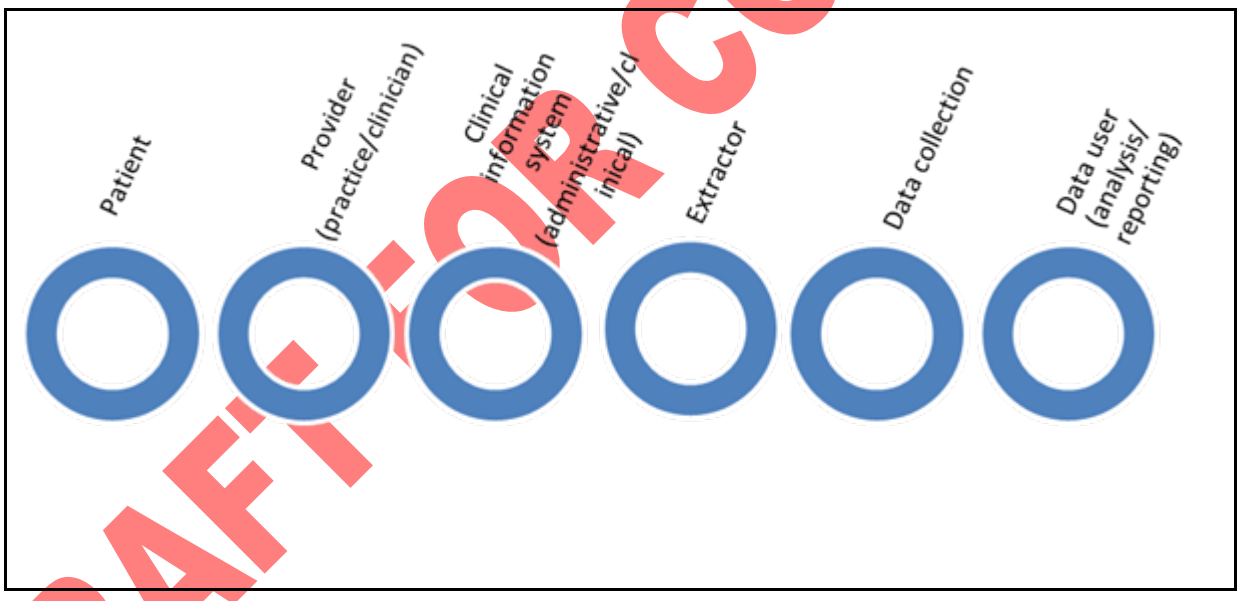
The RACGP provides guidance on legal and ethical use of general practice data for secondary purposes, through the *Three key principles for the secondary use of general practice data by third parties;* this aims to help GPs and general practice staff to understand when, how, and to whom general practice data should be provided. The principles include demonstrating best practice data management, transparency in data use and recognising the contribution of general practice. Appendix C outlines how the existing AIHW data governance mechanisms address the RACGP requirements. The principles can act as a point of reference in the establishment of formal data sharing agreements.

While the potential utility of primary care data is generally acknowledged (Braunack-Mayer *et al.*, 2024; Busingye, 2019; Varhol *et al.* 2022; Youens *et al.* 2020), challenges in the collection and use of this data remain. Primary health care providers (clinical care and service infrastructure) operate independently within an environment that is influenced by complex and interacting interests and priorities.

Primary care data lifecycle

The journey of patient information (clinical and administrative) from patient to national collection involves several points of interpretation and transformation as data is transferred from one system to another (Figure B2).

Figure B2: The primary health care data journey



Each entity has responsibility for undertaking its own data governance processes with respect to data collection, access, usage, storage, transfer and destruction. It is critical to know where data comes from and how the data changes as it moves between systems to have confidence that any secondary use of that data is occurring in an environment that respects privacy and confidentiality of both patients and providers.

Appendix C. Mechanisms addressing RACGP principles for secondary data use

The RACGP's Three key principles for the secondary use of general practice data by third parties document the College's support for the secondary use of primary health care data to support public health initiatives, research and service delivery. It establishes principles to support the legal and ethical responsibilities of practices. This appendix demonstrates how the AIHW's existing mechanisms address the RACGP's principles.

RACGP Principle[i]	AIHW Mechanism
1. All parties must demonstrate compliance with data management best practice	The Australian Institute of Health and Welfare (AIHW) has a strong reputation over 30 years collecting health and welfare data – including hospital data and data from health registers - and turning it into authoritative evidence to support better policy and service delivery decisions by ministers, government agencies and researchers. During this period, the AIHW has earned the respect and trust of our stakeholders as an independent and reliable information management agency that has well established and robust data governance arrangements, a rigorous privacy regime and strict confidentiality protocols. **Objective 1.3 of the AIHW's Strategic Directions 2022-2026 prioritises data management best practice: The AIHW will "lead the adoption of best practice in data collection, presentation, and analysis" including the use of the Five Safes, a comprehensive Data Governance Framework, and its status as a nationally accredited linking authority.** The NPHCDC will have a National Data Custodian responsible for data management practices of collating existing data national for the NPHCDC, on behalf of the NPHCDC Governance Committee, as agreed by the Committee.
1a. All parties must act in compliance with the Privacy Act and Privacy Principles	The AIHW's internal data governance ensures compliance with the external legal, regulatory and governance environment while achieving its purpose to create authoritative and accessible health statistics (AIHW Data Governance Framework, 2022). **AIHW complies with the *Privacy Act 1988* and the Australian Privacy Principles as well as the *Australian Institute of Health and Welfare Act 1987*.** Where AIHW uses state and territory data, it complies with the relevant privacy, public health and other Acts. The NPHCDC will have a Privacy Officer, which unless otherwise advised by the NPHCDC Governance Committee will be the AIHW Privacy Officer.
1b. All parties must act ethically with regard to general practice data	**The AIHW Ethics Committee plays an integral role in ensuring that the work of the AIHW is ethically acceptable.** The Ethics Committee is part of AIHW's robust data governance arrangements that ensure privacy and confidentiality in the management and release of data. The Committee operates in line with best practice for Human Research Ethics Committees, as outlined in the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research, and **the Australian Government's Framework for the Governance of Indigenous Data**.

	The NPHCDC governance bodies will ensure the collection, use and storage of the NPHCDC abides by the standards and requirements of relevant legislation, approving Ethics Committees, data suppliers and public expectations.
1c. Data must only be used for agreed purposes	Section 6(a) of the *AIHW Act* gives the AIHW the power to enter into contracts or arrangements in connection with performance of its functions, and Section 29 places controls on the use and sharing of health- and welfare-related information. The AIHW can enter into legally binding contracts for data and information sharing with other government agencies and external entities. Subject to the needs of the parties, the AIHW also has the option of entering into non-legally binding arrangements, such as Memoranda of Understanding, Data and Information Sharing Agreements and other intergovernmental agreements. **These agreements make clear the expectations, obligations and considerations that have been agreed by the parties, including any data licensing arrangements which can impact on current and future use of the data** (AIHW Data Governance Framework, 2022). The NPHCDC Data Governance Framework specifies the acceptable and unacceptable use of NPHCDC data.
1d. Data security is everyone's responsibility.	**The AIHW Security Plan prescribes the following security roles**, in accordance with the Australian Government Protective Security Policy Framework and the Australian Government Information Security Manual, to ensure the security of data: Chief Security Officer, Chief Information Security Officer, Information Technology Security Advisor, Agency Security Advisor. The AIHW has a long history of compliance with its privacy and confidentiality obligations and is well experienced in managing the risks associated with the use and release of data, using the Five Safes framework[ii] to reinforce management of the privacy and confidentiality of data.
1e. Special considerations apply for data linkage	**The RACGP (2025) specifically recognises the AIHW as a reputable body for data linkage processes.** The AIHW is an accredited Data Service Provider and follows data linkage best practice, including the separation principle for preserving privacy. The AIHW maintains the following national linked data collections: • National Health Data Hub • National Disability Data Asset • National Aged Care Data Asset • Child and Wellbeing Data Asset
2. Healthcare consumers deserve transparency in the use of their health data 2a. General practices must provide information on secondary use to patients 2b. General practices must provide patients an opportunity to opt out of	In alignment with the RACGP Standards for general practices (5th edition), **AIHW's data sharing agreements and consent models** will support "general practices [to] advise patients about whether they provide de-identified data to third parties, and by whom and for what purpose the data is used". The AIHW Ethics Committee ensures alignment with the principles and standards established by the National Health and Medical Research Council such as the Australian Code for the Responsible Conduct of Research. The NPHCDC will be overseen by the NPHCDC Governance Committee with advice from the NPHCDC Advisory Group, both of which include

providing data for secondary uses 2c. Consent must be obtained from patients for particular secondary uses	representation from primary health care, general practices, consumers, and First Nations groups.
2d. Special considerations apply for data on or about Aboriginal and Torres Strait Islander peoples 2e. Special considerations may apply for data collected specifically related to other patient groups	The AIHW Ethics Committee is required to apply the Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders as the basis for assessing proposals for health research with Aboriginal and Torres Strait Islander participation. These guidelines are based on six core values: spirit and integrity; cultural continuity; equity; reciprocity; respect; and responsibility. The AIHW and Australian Bureau of Statistics have produced a set of National Best Practice Guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people (AIHW, 2012). **The AIHW will implement the principles in the Australian Government's Framework for the Governance of Indigenous Data.** Additionally, the AIHW has extensive experience working with and reporting on data from special populations (for example, Reporting on the health of culturally and linguistically diverse populations in Australia: An exploratory paper) and the AIHW's work with Closing the Gap. The AIHW has a range of initiatives and formal arrangements in place that support the Closing the Gap Priority Reforms and embed the principles in the Australian Government's Framework for the Governance of Indigenous Data throughout the entire data lifecycle of our projects. The NPHCDC will be overseen by the NPHCDC Governance Committee with advice from the NPHCDC Advisory Group, both of which include representation from primary health care, general practices, consumers, and First Nations groups.
3. The contribution of general practice must be valued and recognised 3a. General practices must retain access and control over what can be extracted 3b. There must be a value proposition for general practice 3c GP advisors must be involved in data analysis and interpretation	The AIHW has active discussion with a broad range of partners and stakeholders; including general practitioners, Primary Health Networks (PHNs), vendors and extractors of practice management systems, peak bodies, and allied health researchers. The *Developing a National Primary Health Care Data Asset: Consultation Report*, published in 2019, summarised the feedback (including feedback from representatives in primary health care) identifying the key issues raised in developing the NPHCDC. The development of the NPHCDC has been guided by the AIHW's **Primary Healthcare Advisory Committee** and the AIHW's **National Primary Health Care Data Collection Expert Advisory Group**, both of which features involvement from representatives in primary health care including general practitioners. The NPHCDC will be overseen by the NPHCDC Governance Committee with advice from the NPHCDC Advisory Group, both of which include representation from primary health care and general practices.

Glossary

Term	Definition
Aboriginal and Torres Strait Islander health worker	An Aboriginal and/or Torres Strait Islander with a minimum qualification in the field of primary health care work or clinical practice. This includes Aboriginal and Torres Strait Islander health practitioners who are one speciality stream of health worker. Health workers liaise with patients, clients and visitors to hospitals and health clinics, and work as a team member to arrange, coordinate and deliver health care in community health clinics.
Aboriginal Community Controlled Health Organisation (ACCHO)	An Aboriginal Community Controlled Health Organisation is a community-run primary healthcare service that provides comprehensive, culturally informed care for Aboriginal and Torres Strait Islander people. These services address not only physical health but also the social, emotional, and cultural wellbeing of individuals, families, and communities, aiming to support healthier, happier lives.
aggregated data	Data that have been collected and combined from multiple individuals/units. This data can then be used to report on a population or group level. For example, to report on Medicare rebates by state/territory, the data on rebates claimed by individuals is combined. The individual data are not presented, just the rebate totals.
allied health professional	A health professional who is not a doctor, nurse or dentist. Allied health professionals include (but are not limited to) chiropractors, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, psychologists and speech pathologists.
Australian Clinical Data for Interoperability (AUCDI)	The Australian Clinical Data for Interoperability (AUCDI) is a collection of data groups and data models representing the clinical (patient care) requirements for data entry, data use and sharing of health information supporting patient care. AUCDI has been developed and will continue to evolve to include health data to support care: - Across a person's life course - Across the health continuum (preventative, acute and chronic care), and - Across the health ecosystem (all domains, private and public, from primary to population health). The AUCDI is designed to support a comprehensive range of clinical use cases by enabling the collection and use of information beyond traditional medical data. This includes social, emotional, economic, and other contextual factors that influence a person's health across the life course. AUCDI aims to enhance continuity of care, inform policy, and support more holistic, person-centred healthcare delivery.
Australian eRequesting Data for Interoperability (AUeReqDI)	The AUeReqDI builds upon the work and community of Australian Clinical Data for Interoperability (AUCDI) and focuses on the use case of electronic requesting and ordering.
Clinical Information Systems (CISs)	A Clinical Information System (CIS) is a computer-based system that gathers, stores, and alters clinical data on patients. These systems may be used at single locations or across entire healthcare systems. The purpose of CIS is to integrate, collect, store and manage data from a number of sources to support

	healthcare operational management, support policy decisions and manage patient data. Best Practice and MedicalDirector are examples of CISs.
confidentialisation	Confidentialisation involves both the removal of direct identifiers and then assessing and managing the risk of indirect identification occurring in the data.
data breach	A data breach happens when personal information is accessed, disclosed without authorisation, or is lost.
data custodian	The agency that collects or generates data for any purpose and is accountable and responsible for the governance of that data.
data lifecycle	Data exists within a lifecycle which includes processes that create or obtain data, those that move, transform, and store it and enable it to be maintained and shared, and those that use or apply it, as well as those that dispose of it. Throughout its lifecycle, data can be cleansed, transformed, merged, enhanced, or aggregated. As these processes occur often new data is created which form interconnecting processes.
data linkage/linked data	Bringing together (linking) information from two or more data sources believed to relate to the same entity, such as the same individual or the same institution. The resulting data set is called linked data.
de-identification	De-identification involves removing or altering information that identifies an individual or is reasonably likely to enable their identification
diagnostic imaging	The production of diagnostic images; for example, computed tomography, magnetic resonance imaging, X-rays, ultrasound and nuclear medicine scans.
disclosure	An entity discloses personal information when it makes it accessible or visible to others outside the entity and releases the subsequent handling of the personal information from its effective control. This focuses on the act done by the disclosing party, and not on the actions or knowledge of the recipient. Disclosure, in the context of the Privacy Act, can occur even where the personal information is already known to the recipient.
extraction tools	Extraction tools are used to collect general practice data from practice management software to support data sharing, such as the sharing of PIP QI indicators and full datasets with PHNs. There are several extraction tools in the market and each extracts and processes information in different ways. Data extraction software companies also offer tools that provide feedback to general practices at the practitioner, practice and individual patient levels to support comparison and patient management. Examples include Primary Sense, POLAR and PenCS.
Fast Healthcare Interoperability Resources (FHIR)	An open-source healthcare data standard that enables continuous real-time data exchanges between healthcare applications.
general practitioner (GP)	A medical practitioner who provides primary comprehensive and continuing care to patients and their families in the community.
identifier	An identifier is a number, letter or symbol, or a combination of any or all of those things, that is used to identify the individual or to verify the identity of the individual.
MedicineInsight	MedicineInsight is a primary care quality improvement program using data from Australian general practices to support best practice and the post-market surveillance of medicines. It allows general practitioners to reflect on their

	prescribing patterns and patient care and review their practice results as well as the aggregate of all participating MedicineInsight practices.
Medicare	A national, government-funded scheme that subsidises the cost of personal medical services for all Australians and aims to help them afford medical care. The Medicare Benefits Schedule (MBS) is the listing of the Medicare services subsidised by the Australian Government. The schedule is part of the wider Medicare Benefits Scheme (Medicare).
National Primary and Acute Care Data Linkage Project (NPACDLP)	The National Primary and Acute Care Data Linkage Project (Design Phase) was co-led by NSW Health, Commonwealth Department of Health and Aged Care and AIHW, in partnership with all state and territory health departments. The project is engaging key stakeholders, such as those from the Primary Health Network, general practice and Aboriginal community-controlled health sectors, during the consultation process to inform a blueprint for a hub-and-spoke data linkage system. It is envisaged that de-identified data from general practices would be linked with other health data by leveraging existing infrastructure and successes across jurisdictions, such as the Lumos project in NSW, to provide better insights into patient journeys across the health system.
personal information	Personal information includes a broad range of information, or an opinion, that could identify an individual. What is personal information will vary, depending on whether a person can be identified or is reasonably identifiable in the circumstances. For example, personal information may include: an individual's name, signature, address, phone number, date of birth or sensitive information about an individual.
primary care	Primary care refers to those services in the community that people go to first for health care: general practices, ACCHS, community pharmacies, many allied health services, mental health services, drug and alcohol services, community health and community nursing services, maternal and child health services, sexual health services and oral health and dental services. It is differentiated from secondary health care delivered by specialists where a referral is usually required, and tertiary care delivered in hospitals.
primary health care	A whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment.
SPARKED	Delivering a core set of Fast Healthcare Inoperable Resources (FHIR) standards, developed by and for the community, for use in Australian settings.
suppression	Data (cells) in tables may be suppressed to maintain the privacy or confidentiality of a person or organisation, or because a proportion or other measure related to a small number of events and may therefore not be reliable.
unit record data	Information relating to an individual person, household, business, organisation or event

References

AIHW, 2012. National best practice guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people. Australian Institute of Health and Welfare, Canberra.

AIHW, 2019. Developing a national primary health care data asset: consultation report. Australian Institute of Health and Welfare, Canberra.

AIHW, 2022. AIHW Data Governance Framework, Australian Institute of Health and Welfare, Canberra.

AIHW, 2025a. General Practice, allied health and other primary care services. Australian Institute of Health and Welfare, Canberra.

AIHW, 2025b. Admitted patient care. Australian Institute of Health and Welfare, Canberra.

AIHW, 2025c. Towards a national primary health care data collection – dementia demonstration project. Australian Institute of Health and Welfare, Canberra.

Braunack-Mayer AJ, Adams C, Nettel-Aguirre A, Fabrianesi B, Carolan L, Beilby J, Flack F, 2024. Community views on the secondary use of general practice data: findings from a mixed-methods study. *Health Expect*. 27:e13984. doi:10.1111/hex.13984

Busingye D, Gianacas C, Pollack A, Chidwick K, Merrifield A, Norman S, Mullin B, Hayhurst R, Blogg S, Havard A, Stocks N, 2019. Data Resource Profile: MedicineInsight, an Australian national primary health care database. *International Journal of Epidemiology*, 48(6): 1741–1741h, https://doi.org/10.1093/ije/dyz147

DHDA, 2023. About Primary Care. Department of Health, Disability and Ageing, Canberra.

RACGP, 2025. Three key principles for the secondary use of general practice data by third parties. Royal Australian College of General Practitioners.

Varhol RJ, Randall S, Boyd JH, Robinson, S, 2022. Australian general practitioner perceptions to sharing clinical data for secondary use: a mixed method approach. *BMC Prim. Care* (23) 167: 1-11. https://doi.org/10.1186/s12875-022-01759-y

Youens D, Moorin R, Harrison A, Varhol R, Robinson S, Brooks C and Boyd J, 2020. “Using general practice clinical information system data for research: the case in Australia”, *International Journal of Population Data Science*, 5(1). doi: 10.23889/ijpds.v5i1.1099