



Better Evaluation and Care of Health (BEACH) is a continuous, national survey of general practice activity in Australia in which 1000 GPs per year take part. It commenced in 1998.

Different from the rest

Janice Charles and Helena Britt

A look at patient populations and clinical need in inner regional and very remote Australian general practice

The BEACH team published a report in 2005 entitled 'Locality matters' which looked at general practice by region.¹ It was based on 6 years of BEACH data and included information about 601 900 GP-patient encounters collected by 6019 general practitioners. (A summary of findings was published in *GPreview Vol 9 No 5*).

We used two systems to categorise the areas of Australia: the Rural, Remote and Metropolitan Areas (RRMA) classification and the Australian Standard Geographical Classification (ASGC) remoteness structure. We found the latter system a more accurate way of defining regional differences in general practice, especially in the most remote categories.

We learned that general practice activity was remarkably similar throughout Australia, but two regions stood out as different from the norm in terms of patient population and clinical need.

Inner regional Australia includes satellite areas around major cities, and large sections of the coastal areas of eastern and southern Australia. These areas are undergoing major demographic change as people migrate from the large cities to coastal and other satellite areas. In addition, older Australians from more remote areas may move into inner regional areas for better access to health services. Our results showed the effect of this social phenomenon on general practice.

Patients seen at encounters in inner regional Australia were older than the national average. General practitioners in inner regional Australia were seeing fewer new patients, a greater

proportion of concession card holders, fewer patients of non-English speaking background, and fewer Indigenous patients than GPs in other parts of Australia.

This patient profile was reflected in the problems managed at encounters. Patients had fewer new or acute problems and more chronic problems managed. There were significantly fewer cases of upper respiratory tract infection, contact/allergic dermatitis, gastroenteritis and unspecified viral disease managed. The management rates of depression, back complaint, osteoarthritis, oesophageal disease and ischaemic heart disease were all significantly higher than the national average. These higher rates of chronic problems managed were not seen in either major cities or outer regional Australia.

In very remote Australia we found higher than average management rates of eye problems, diabetes, general checkup and urological problems, and low rates of psychological problems, including depression and sleep disturbance. There was a large

proportion of encounters with Indigenous patients (27.4 percent compared with 13.4 percent in remote Australia and 1.3 percent nationally). The proportion of patients who spoke a language other than English was also high. Very remote Australia had the greatest proportion of encounters with male patients and the smallest proportion of encounters with patients aged 65 years and older. Long and prolonged consultations were twice as common compared with remote Australia. This could reflect the extremely low GP visit rate per head of population associated with difficulties of access to services in very remote Australia.

Hospital consultations by the GP, which were common in remote Australia, were almost nonexistent in very remote Australia where local facilities are limited. Other distinctive aspects of general practice activity in very remote Australia compared with the average were higher rates of antibiotic prescribing, counselling for smoking, microbiology tests and referrals. ♦

Our results showed the effect of major demographic change on general practice

1. Knox S, Britt H, Pan Y et al. 2005. Locality matters: the influence of geography on general practice activity in Australia 1998–2004. AIHW Cat. No. GEP 17. Canberra: Australian Institute of Health and Welfare (General Practice Series no.17).