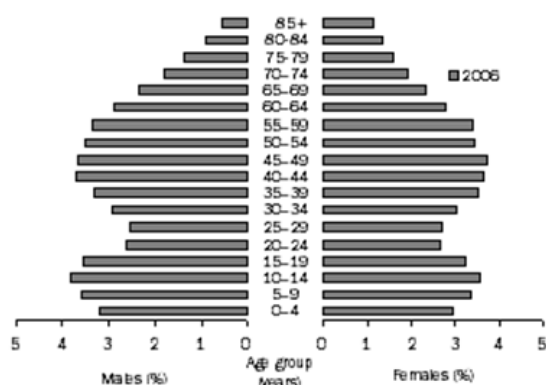


SECTION FOUR: NORTH WEST TASMANIA

1. POPULATION DEMOGRAPHICS [7]

On Census night 2006, the total population of the North West region of Tasmania was 106,137, 22.3% of Tasmania's total population. The North West had the highest proportion of people aged 65 years and over, for males (7.2%) and females (8.6%).

The population pyramid below illustrates that the North West region has a relatively low proportion of 20 to 29 year olds relative to the other age groups. The average age of people in the North West region was 39.6 years marginally above the State average of 38.8 years. The North West had the highest proportion of the population aged 65 years and over (15.4% compared with the state rate of 14.6%) and experienced the largest increase in this age group across the State. This was accompanied by a decrease in the proportion of population in the 0-14 years age group from 21.9% to 20.4% during the same period.



Source: Population by Age and Sex, Australia, 2006 (ABS cat. no. 3235.0)

Among the Local Government Areas (LGAs) in the North West region with a population of greater than 2,000 people, over the five years to June 2006:

The population of the West Coast declined at an average annual rate of 1.3%

The population of Circular Head had the lowest median age together with the highest proportion of children aged 0-14 years

Devonport was among the LGAs with the highest proportion of their population aged 65 years and over (17.2%) and 85 years and over (2.3%)

West Coast was among the LGAs with the highest proportion of males and Devonport the lowest proportion of males.

THE NORTH WEST REGION

AT A GLANCE:

- Estimated residential population of 106,137 people
- 28 general practices
- 100 general practitioners (GPs)
- 72 full-time equivalent GPs
- 76 practice nurses
- 24 practices with at least one practice nurse

KEY INDICATORS:

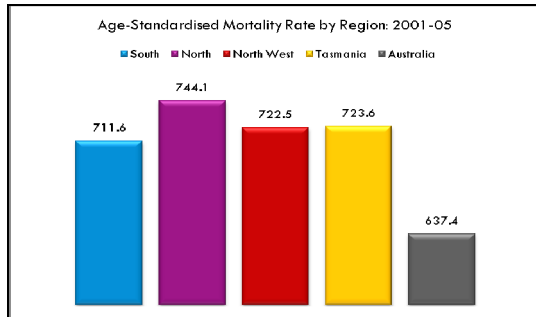
Compared with the rest of the State, the North West region had:

- The highest proportion of male GPs
- The highest average number of 3.5-hour GP sessions worked per week at 8.1
- The lowest number of full-time equivalent GPs
- The lowest proportion of female GPs
- The youngest average age for GPs (48.7 years), lower than other regions and the State average of 50.6 years
- Highest coverage of Practice Nurses
- Highest Practice Nurse to GP ratio in the State at 0.76:1
- The highest increase in Practice Nurse chronic disease management services in the September Quarter 2009
- The highest number of chronic disease management services per FTE GP
- The highest rate of standard consultations per FTE GP
- Highest proportion of Category 2 patients seen in Emergency Department within recommended timeframe
- Highest proportion of EDIS notifications

2. DISEASE AND MORTALITY^[7]

2.1 MORTALITY RATES

The age-standardised mortality rate for 2001-2005 was 722.5 per 100,000 population, close to the State rate of 723.6.



In the North West males had slightly lower mortality rates than the State rate for ischaemic heart disease and diabetes. Males in the North West had slightly higher than the State average mortality rate for cerebrovascular accidents, accidental falls and transport injuries.

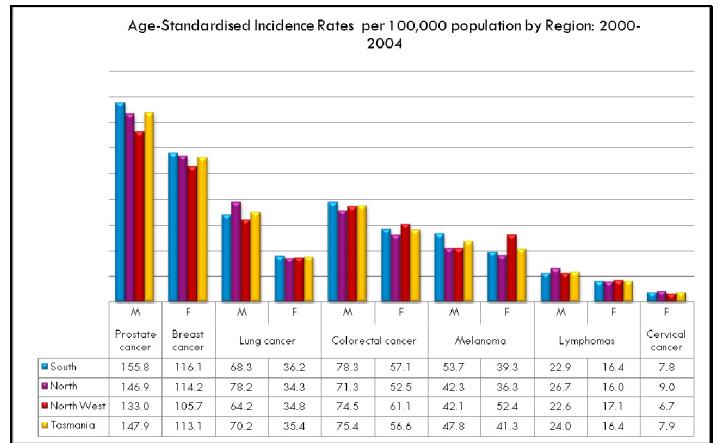
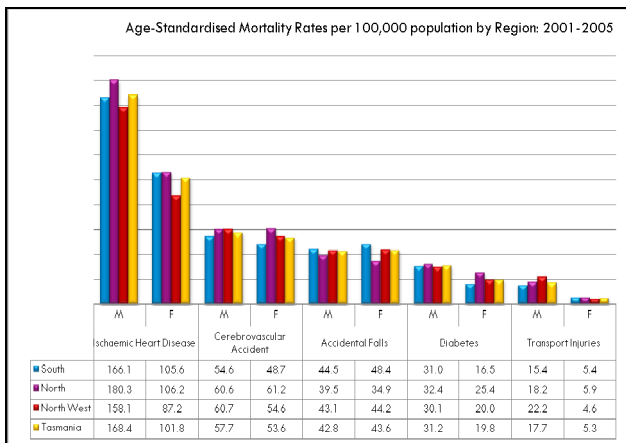
Females in the North West had very little difference in mortality rates from the State average for cerebrovascular accidents, accidental falls and diabetes. Transport injuries for females were lowest in the State. The mortality rate for ischaemic heart disease in females in the North West region was significantly lower than the other regions.

Age-standardised incidence rates for colorectal cancer were equivalent to the State occurrence at 74.5 for males but slightly higher for females at 61.1 per 100,000 population. The incidence rate for lymphomas was also very close to the State rate, at 22.6 for males and 17.1 for females. Asthma rates were similar to the State rate in the North West at only slightly above the rate for males (108.8) and females (126).

For the period 2001-2005, the diseases with the lowest rate in the North West compared to the State were:

- Osteoporosis (57.1% lower for males and 74.2% for females)
- Accidental falls (23.4% lower for males and 18.2% for females)
- Arthritis and musculoskeletal conditions in females (22.4% lower)
- Cervical cancer (15.2% lower)
- Prostate cancer (10.1% lower)
- Lung cancer (8.5% lower for males, only 1.7% lower for females)
- Diabetes (5.9% for males, and 2.2% for females)
- Breast cancer (6.5% lower)

The following charts provide disease incidence rates and hospital separation rates for Tasmanian males and females by region for the periods 2000-04 and 2001-2005, respectively.

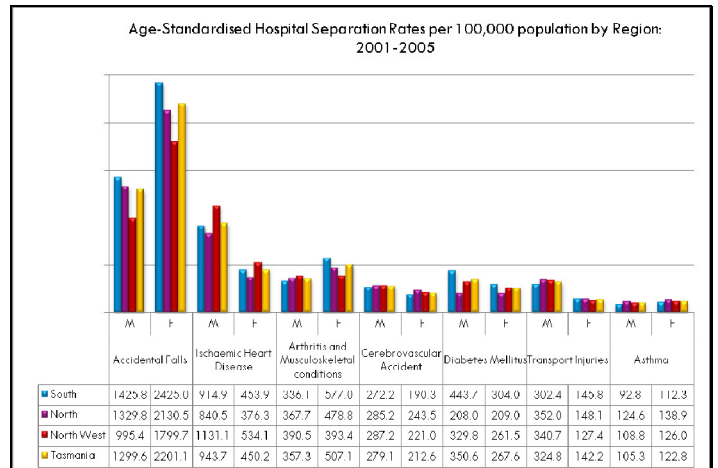


2.2 INCIDENCE RATES OF DISEASES

In the North West there were higher incidence rates per 100,000 of the population compared with the State rate for:

- Osteoarthritis (23.1% higher for males and 10.8% for females)
- Ischaemic heart disease (19.9% higher for males and 18.6% for females)
- Arthritis and musculoskeletal conditions in males (9.3%)

While the rate for melanoma of the skin was higher for females by 26% it was 12% lower for males compared to the State rate.



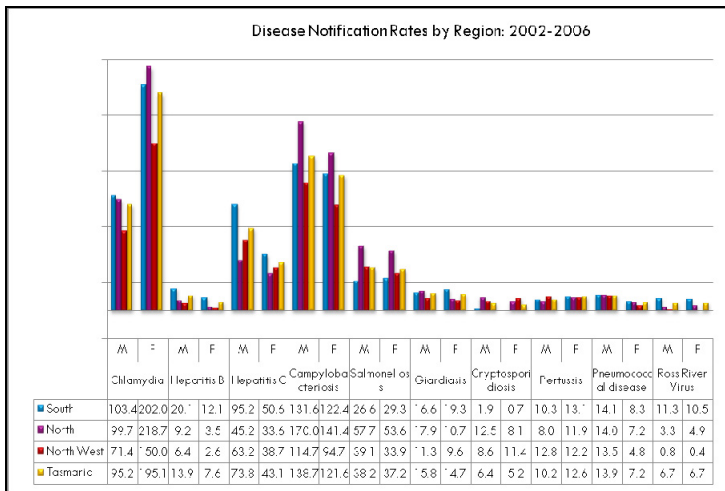
2.3 NOTIFIABLE DISEASES

Between 2002 and 2006 there was a higher rate of reporting in the North West than across the State for the following notifiable diseases:

- Cryptosporidiosis (34.4% higher for males and 119.2% for females)
- Pertussis for males (25.2% higher for males but 3.2% lower for females).

The notifiable diseases with lower rates reported in this region were:

- Ross River Virus (88.1% lower for males and 94% for females)
- Campylobacteriosis (17.3% lower for males, 22.1% for females)
- Hepatitis B (54% lower for males and 65.8% for females)
- Hepatitis C (14.4% lower for males, 10.2% for females)
- Chlamydia (25% lower for males, 23.1% lower for females)
- Giardiasis (28.5% lower for males and 34.7% for females)
- Pneumococcal disease in females (33.2% lower for females but only 2.9% lower for males).

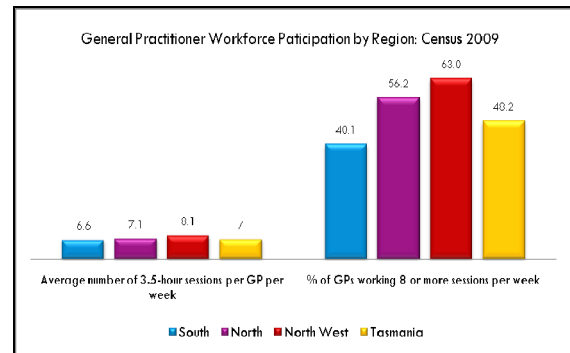


3. PRIMARY CARE WORKFORCE^[1]

3.1 GENERAL PRACTITIONERS

During Census Week 2009, there were 100 GPs practicing in Tasmania, 67% of whom were male and 33% female. This equates to an estimated 72 full-time equivalent (FTE) GPs. Per 100,000 people this is equivalent to 63.8 FTE GPs – lower than the State rate of 73.2 and the national rate of 74.5.

The average number of weekly 3.5-hour sessions worked by GPs in the North West region in 2009 was 8.1, above the State average rate of 7.0 and highest in the State.



The average age of North West region GPs in Census Week 2009 was 48.7 years, youngest by region and below the State average of 50.6 years.

3.2 PRACTICE NURSES

During Census Week 2009 there were 76 practice nurses employed across 24 of the 28 practices in the North West. With a coverage rate of 85.7% of practices, practice nurse numbers in this region are the highest in the State.

4. SERVICE UTILISATION [1,2,3]

4.1 GP CONSULTATIONS

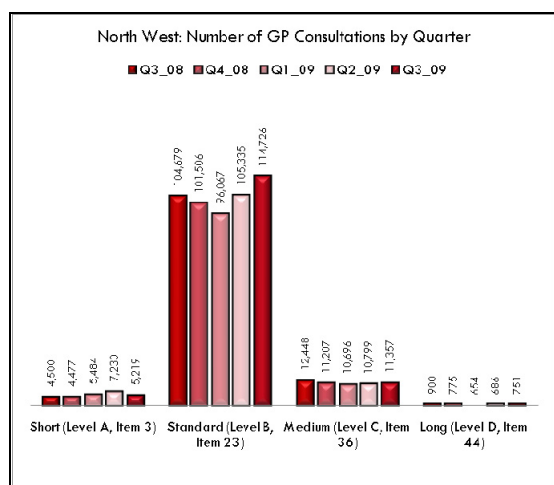
Level A consultation (short)	Item 3
Level B consultation (standard)	Item 23
Level C consultation (medium)	Item 36
Level D consultation (long)	Item 44

A total of 132,053 short, standard, medium and long consultations were conducted in the North West region during the September 2009 Quarter. This represents an increase of 7.8% compared to the September Quarter 2008. This equates to an average of 1,834 consultations per FTE GP, the highest in the State.

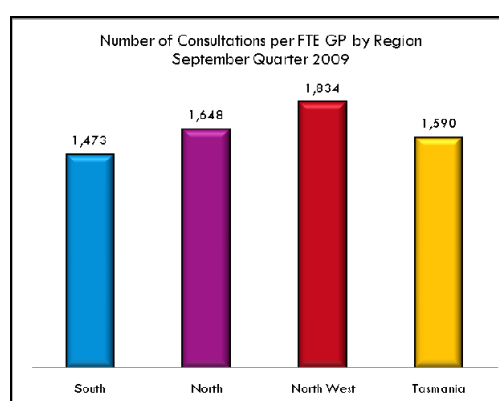
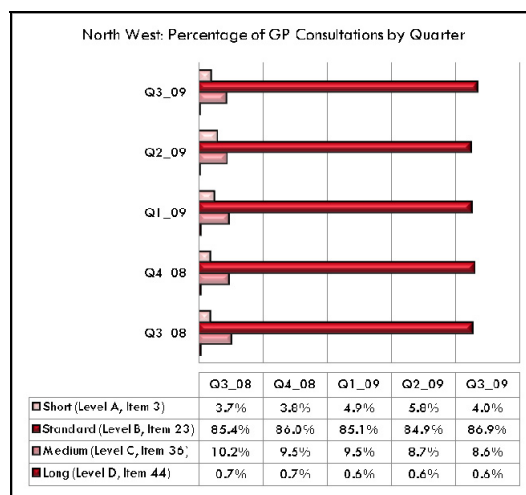
In 2008-09 GPs in the North West conducted a total of 477,443 consultations, representing 22.9% of the State's total consultations. This is a minimal increase of 0.7% above the total consultations for the 2007-08 year.

Over this period the number of short (Item 3) consultations increased by 30% from the 2007-08 year, peaking in the June Quarter 2009. A smaller increase (3%) was observed in standard (Item 23) consultations, with decreases in both medium (Item 36) and long (Item 44) consultations of 22% and 26%, respectively.

In the six months between the March and September Quarters 2009 the total consultations increased by 17%, with the highest increase seen in standard consultations, which rose by 19%.



Quarterly proportions of GP consultations in the North West are shown below. The increase in the proportion of standard consultations peaked in the September Quarter 2009 at 86.9% of total consultations, the highest by region over the reporting period. The proportion of long consultations has remained relatively stable over the last five quarters, while the rate of medium consultations has been trending downwards.



4.2 HOME VISITS AND EMERGENCY CONSULTATIONS

Home Visits:

Level A consultation at home	Item 4
Level B consultation at home	Item 24
Level C consultation at home	Item 37
Level D consultation at home	Item 47
Standard home visit ≤ 25 mins (non-VR)	Item 59
Long home visit ≤ 45 mins (non-VR)	Item 60
Prolonged home visit ≥ 45 mins (non-VR)	Item 65

Emergency Consultations:

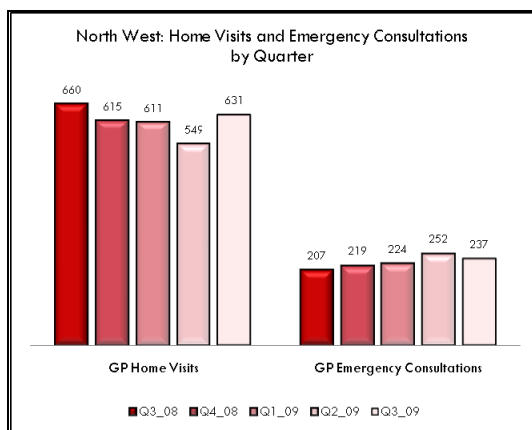
Cons (outside 11pm-7am) outside rooms	Item 1
Cons (outside 11pm-7am) at cons rooms	Item 2
Cons (outside 11pm-7am) outside rooms (non-VR)	Item 97
Cons (outside 11pm-7am) at cons rooms (non-VR)	Item 98
Cons (between 11pm-7am) outside rooms	Item 601
Cons (between 11pm-7am) at cons rooms	Item 602
Cons (between 11pm-7am) outside rooms (non-VR)	Item 697

The rate of home visits in the North West region has been declining over the previous four quarters but increased in the September Quarter 2009. The North West is the only region to show an upwards trend in emergency consultations.

However, comparing the 2008-09 year to 2007-08, home visits have declined by 21% and emergency consultations by 1%.

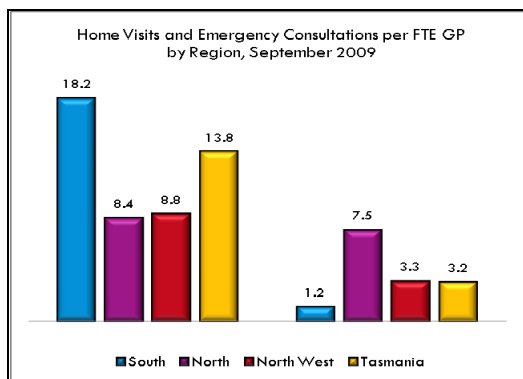
Looking at seasonal comparisons, the North West has had small increases in both home and emergency consultations, of 3.3% and 5.8%, respectively in the

September Quarter 2009 compared to the same Quarter last year.



The number of home visits per FTE GP in the North West for the September Quarter 2009 was 8.8, below the State average of 13.8.

The rate of emergency consultations per FTE GP in the North West for the September Quarter 2009 was 3.3, above the State average of 3.2 and less than half the rate in the North.



4.3 SERVICES ADMINISTERED BY PRACTICE NURSES

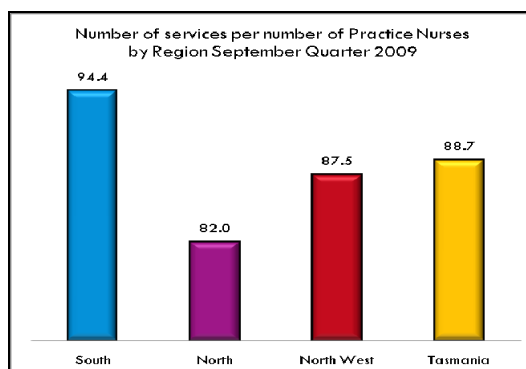
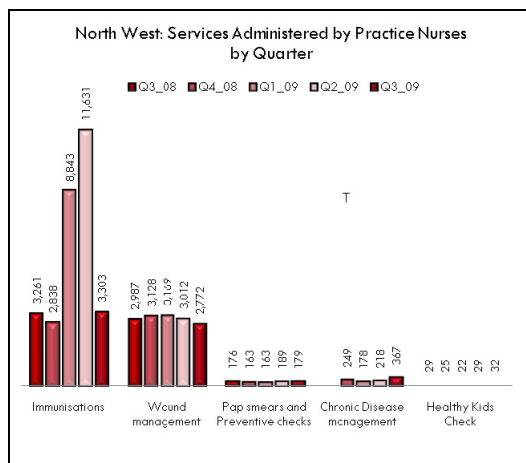
Immunisation	Item 10993
Wound management	Item 10996
Pap smears, preventive checks	Items 10994, 10995, 10998, 10999
Chronic disease management	Items 10987, 10997
Healthy Kids Check	Item 711

A total of 40,310 practice nurse services were conducted in the 2008-09 year, increasing by 4.9% from the 2007-08 year (excluding antenatal services). Immunisation services accounted for 66% of practice nurse services during this year, with wound management 31%, Pap smears only 1.7% and chronic disease management 1.6%.

Immunisation services across all Divisions dropped markedly in the September Quarter compared to the June Quarter, decreasing by 71.6% in the North West to 3,303 services conducted by 76 practice nurses. This equates to an average of 43 immunisation services per practice nurse in Quarter 3 2009, compared to 153 immunisation services in Quarter 2 2009.

Wound management and Pap smear services dropped slightly in Quarter 3 2009 (8% and 5%, respectively), while chronic disease management services showed a sizeable increase (68%).

Immunisation services in the September Quarter accounted for 49.6% of the Practice Nurse billable services in the North West, wound management 41.7%, with Pap smears 2.7%, chronic disease management 5.5% and healthy kids checks 0.5%.

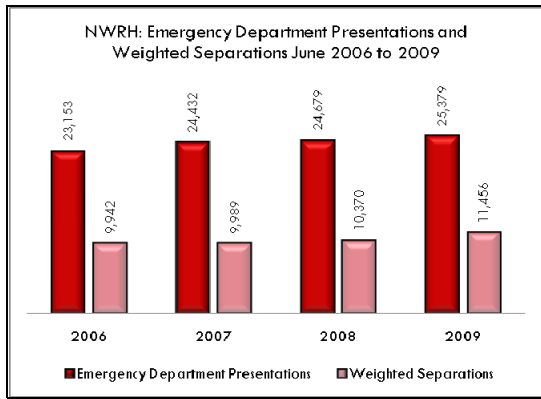


4.4 PUBLIC HOSPITAL ACTIVITY

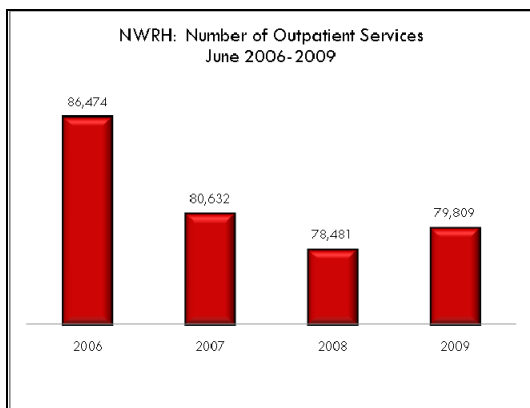
Data reported are for the 12-month period ending June 2009. All comparative data for 2008 are for the same 12-month period.

The highest increase in weighted separations across the State was seen at the North West Regional Hospital (9.5%). The rate of Emergency Department presentations rose by 2.8% for the 12 months ended June 2009.

The North West continues to have the highest response rate to Category 2 patients, with 89.5% of patients seen within the recommended timeframe, an increase of 6% since June 2008.

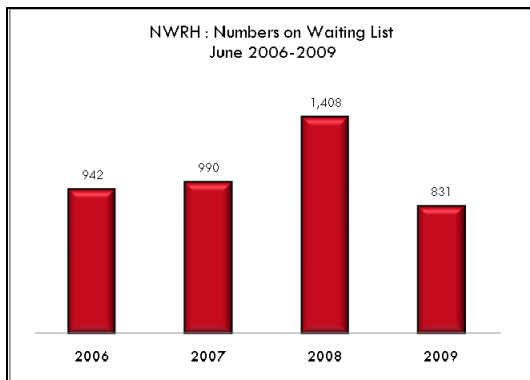


The volume of outpatient services shows a minimal increase of 1.7% since June 2008.



As at June 2009 there were 831 people on the waiting list at the NWRH, and 506 people on the waiting list at the new MCH. This combined total represents a reduction of less than 1% in the North West region compared to June 2008, but a 41% reduction for the NWRH. With the federal government measure providing additional funding to treat more long wait patients, the NWRH has also experienced an increase in waiting times, with the median waiting time increasing from 41 to 53 days for the 12 months ended June 2009.

There were 2,388 admissions from the elective surgery waiting list at the NWRH to June 2009, an increase of 21.3% since June 2008. The MCH had 1,788 admissions between September 2008 to June 2009.



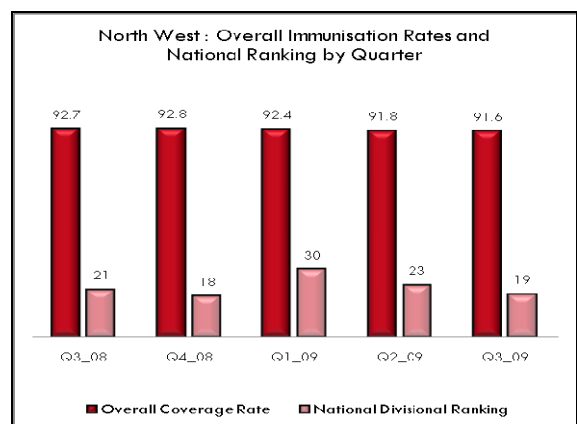
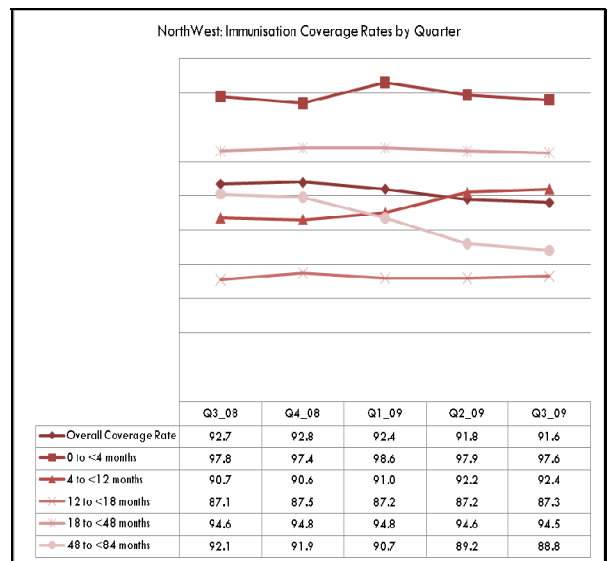
5. DISEASE PREVENTION AND MANAGEMENT [1,2]

5.1 IMMUNISATION COVERAGE

The average overall coverage rate for the 2008-09 year was 92.4, 0.5% above the average for 2007-08. During the 2008-09 year increases were seen in the average coverage rates in the North West in the 0 to <4 months age group (0.8%), the 4 to <12 months age group (1.9%), a larger increase in the 12 to <18 months age group (3.2%), the 18 to <48 months age group (0.3%) but a decrease in the 48 to <84 months age group (0.3%).

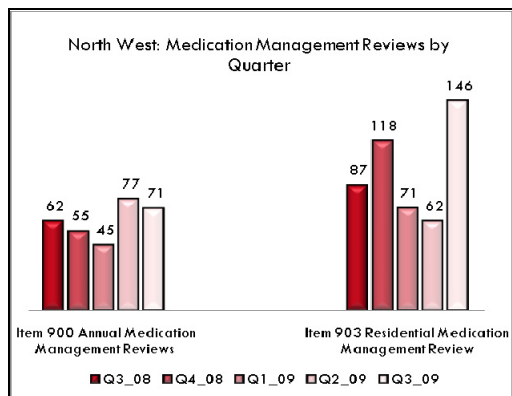
In the six months since the March Quarter 2009, the average overall coverage rate has declined by 0.8% to 91.6%, with slightly improved coverage across the 4 to <12 months (1.4%), 12 to <18 months (0.1%) and decreases in the older two age brackets, the largest being a reduction of 1.9% in the 48 to <84 months age group. This reduction in the over 4 year immunisation coverage rate is consistent with both regional and a national trend since the introduction of the new due and overdue rules which have reduced the overdue period down from 12 months to one month.

National ranking in the North West has improved by 2 points on the September Quarter last year.



5.2 MEDICATION MANAGEMENT REVIEWS

Domiciliary Medication Management Review (DMMR) Item 900
Residential Medication Management Review (RMMR) Item 903



A total of 577 medication management reviews were undertaken by GPs in the North West in the 2008-09 year. This represents an overall increase of 23.3% for both medication reviews (Items 900, 903) compared to the 2007-08 year, an average of 8 MMR services per FTE GP. The largest contributor to this increase was the annual medication management review (96%), while the residential medication management review decreased by a minimal 8 services on the previous year.

However, in the six months since the March Quarter 2009, residential reviews have more than doubled, with a continuing increase in annual reviews of 58%. Residential management reviews peaked in the September Quarter 2009 at the highest number of services over the previous two years.

5.3 HEALTH ASSESSMENTS

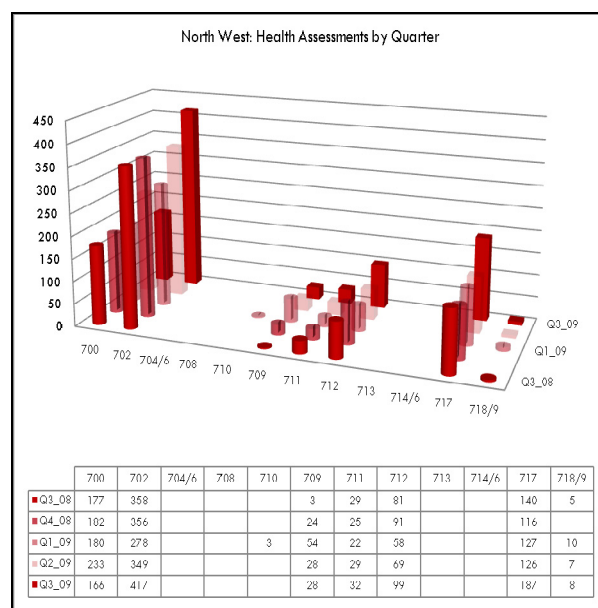
The Medicare Benefits Schedule provides for the following Health Assessment Items:

- 700: 75yo+ (in rooms)
- 702: 75yo+ (at home)
- 704: Aboriginal Torres Strait Islander 55yo+ (rooms)
- 706: Aboriginal Torres Strait Islander 55yo+ (home)
- 708: Aboriginal Torres Strait Islander to 14 years
- 709: 4 year old check (GP)
- 710: Aboriginal Torres Strait Islander 15-54yo
- 711: 4 year old check (PN)
- 712: Comprehensive Medical Assessments (in aged care facilities)
- 713: 40-49 year Diabetes type 2 risk evaluation
- 714: Refugee Humanitarian entrant (rooms)
- 716: Refugee Humanitarian entrant (home)
- 717: 45-49 year check (rooms/home)
- 718: Intellectually disabled (rooms)
- 719: Intellectually disabled (home)

A total of 3,160 health assessments were conducted by GPs in the North West region in the 2008-09 year, increasing by 6.5% from the 2007-08 year. This represents an average of 44 health assessments per FTE GP. The highest contributor to this increase was the comprehensive medical assessments in aged care

facilities (Item 712) up 16%, and the aged health assessments conducted at home (8%). A decrease was demonstrated in the 45-49 year old health check (Item 717), down 26%, consistent with other regions and the national trend.

In the September Quarter 2009 aged health assessments at home continue to increase since the March Quarter (50%), 4 year healthy kids checks undertaken by GPs fell (48% from 54 to 28), but by practice nurses increased by 46% from 22 to 32 checks. The number of 45-49 year health checks (Item 717) has increased over this six month period (47%) to 187 services. Comparing the September Quarters 2009 and 2008, there has been an overall increase of 18%, or an additional 144 health assessments.



5.4 CHRONIC DISEASE MANAGEMENT

GP Management Plan	Item 721
Team Care Arrangements	Item 723
GP Review of Management Plan	Item 725
GP Review of Team Care Arrangements	Item 727

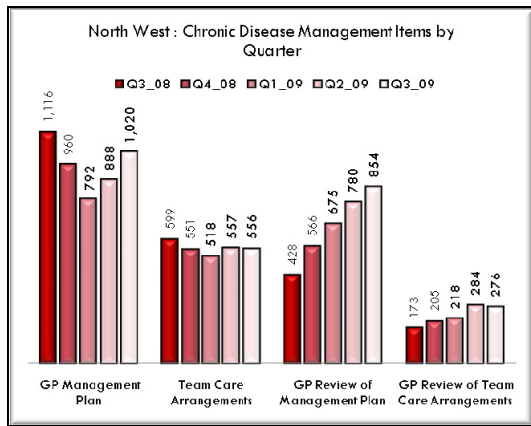
Chronic disease management (CDM) items in the North West show increases in the GP management plan (Item 721) over the last three quarters, and a consistent upwards trend in GP team care arrangements (Item 723).

In the 2008-09 year a total of 9310 CDM services were conducted, a 13.7% increase on the 2007-08 year, with the highest increase (37%) seen in the GP team care reviews (Item 727). This equates to an average of 129 CDM services per annum per FTE GP.

During the September Quarter 2009 a total of 2,706 CDM services were provided by North West GPs, an average of approximately 37.5 CDM consultations per FTE GP.

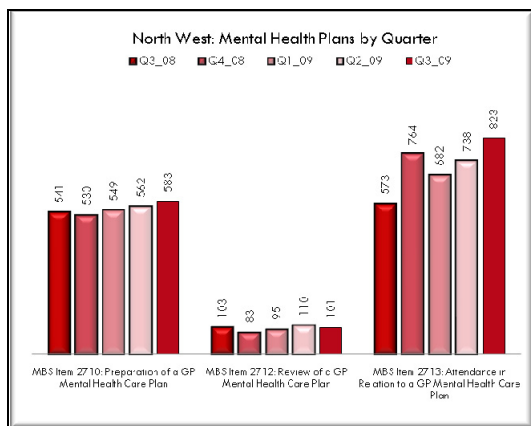
Comparing the September Quarters from 2009 and 2008, GP review of team care arrangements shows the highest increase of the CDM items, rising by 60%

to 276 services, consistent with the pattern observed in the South and North.



5.5 MENTAL HEALTH CARE ITEMS

GP Mental Health Care Plan	Item 2710
GP Mental Health Care Plan Review	Item 2712
GP Mental Health Care Consultation	Item 2713



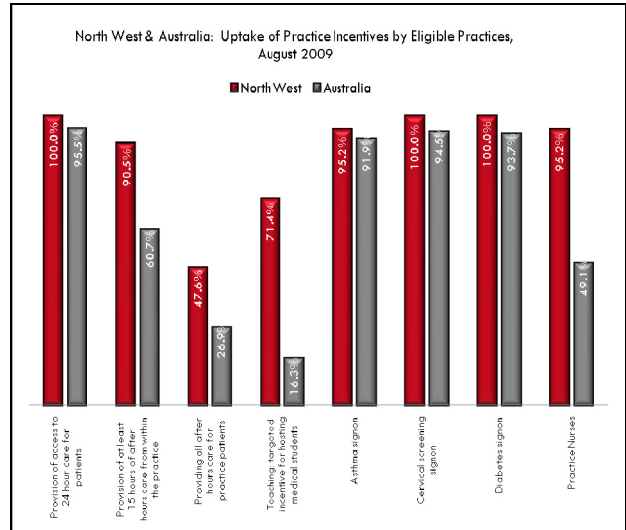
A total of 5,330 mental health service consultations were provided by GPs in the North West in the 2008-09 year, representing an increase of 31% since the 2007-08 year. This equates to an average per FTE GP of 74 mental health services per annum.

In the six months since the March Quarter 2009 preparation of GP mental health care plans increased by 6% to 583 of a total of 1,507 mental health services provided in the September Quarter 2009. This is a 24% increase in total mental health service consultations provided in the September Quarter 2008 (1,217). This equates to an average of 21 mental health services over the last Quarter.

The highest increase since the March Quarter 2009 has been in attendance in relation to a GP mental health care plan, rising by 21% to 823 services, accounting for 55% of mental health services provided in the last Quarter.

6. UPTAKE OF NATIONAL INITIATIVES [2]

6.1 PRACTICE INCENTIVE PAYMENTS



At the end of August 2009, 21 of the 28 practices in the North West (75%) were approved as eligible for Practice Incentive Payments. Uptake of PIP is shown below for the North West compared to the national payments.

Incentives paid to the North West were consistent across both the May and August 2009 payment quarters, remaining at higher than national levels of coverage for all After Hours tier payments, all sign-on incentives and practice nurse incentive. The August 2009 Quarter saw an increase of 19% paid for teaching undergraduate medical students due to an additional 4 practices participating during this period. This incentive has exceeded four times the national payments over this Quarter.

7. E-HEALTH

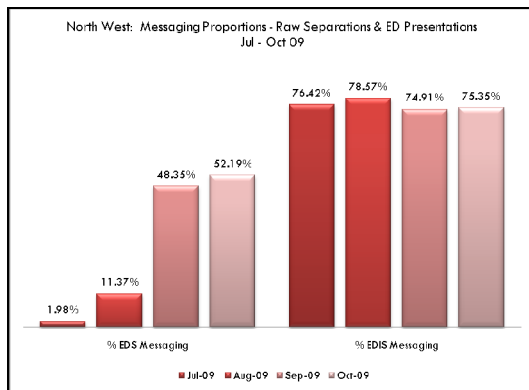
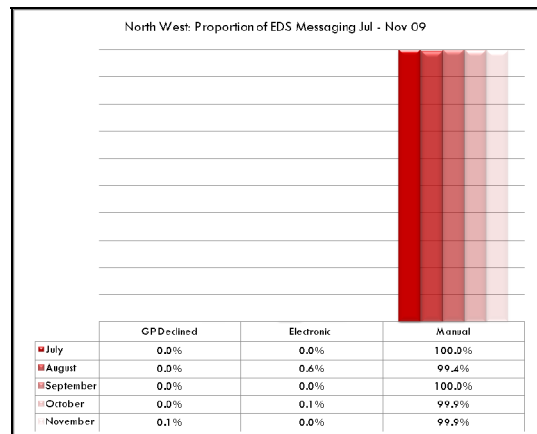
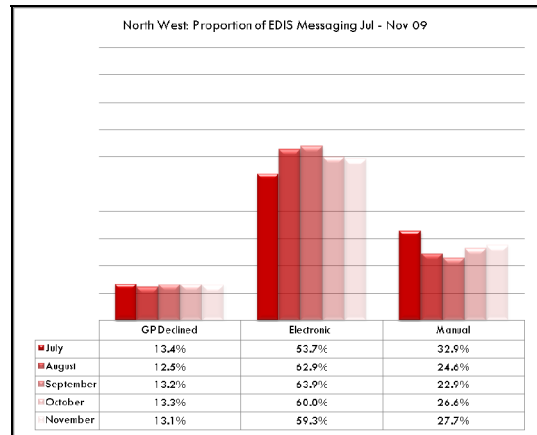
7.1 ELECTRONIC COMMUNICATIONS

EDS: Electronic Discharge Summary (raw separations)
 EDIS: Emergency Department Information System

General Practice Tasmania has commenced monitoring and reporting on the level of clinical communications from the public hospitals to general practice in relation to Electronic Discharge Summaries sent (as a percentage of the raw separations) and Emergency Department Notifications (as a percentage of presentations).

Since commencement in July 2009, the total volume of clinical communications from the North West Regional Hospital to general practitioners has been 29,763 messages, 56% of which has been Emergency Department notifications (EDIS), 8.4% Electronic Discharge Summaries (EDS) for separation advice, and 35.6% hospital notification events. During the period to November monthly average messaging volume has comprised 3,333 EDIS messages, 502 EDS and 2118 ENHE messages, yielding an average monthly total of 5,953 hospital clinical communications.

EDIS notifications as a proportion of the number of Emergency Department presentations in the North West are the highest in the State, with an average coverage over this period of 76%. Notifications for raw separations have improved markedly to over half the patient coverage rate from a 2% commencement in July.



Modes of transmission per type of message shows an average rate of electronic transmission for EDIS messaging of 60%, but only 0.1% for EDS messaging. Fax remains the primary mode of transmission for electronic discharge summaries (99.9%) and accounts for approximately 27% of EDIS transmissions. GP Declined reflects the rate of GPs electing not to receive these hospital notifications.

8. GP CENSUS

8.1 GP CENSUS STATEWIDE QUESTIONS

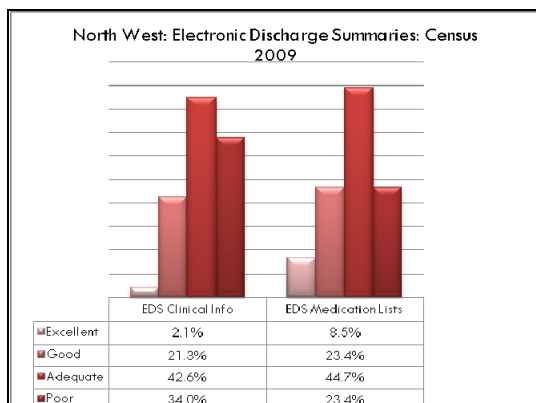
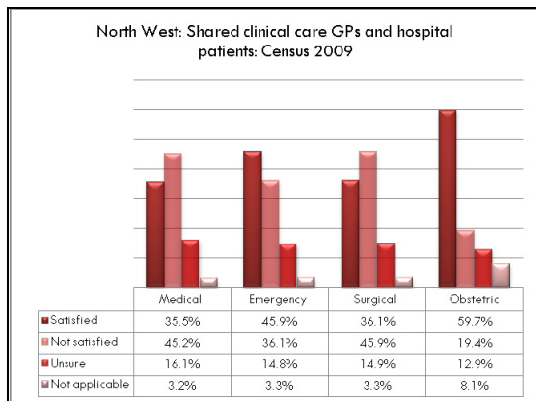
General Communication with Public Hospitals

How satisfied are you with arrangements for sharing clinical care between GPs and hospitals for: Medical patients Emergency Dept patients; Surgical patients; Obstetric patients

GPs in the North West region responding to this question (62%), indicated their highest satisfaction rating for shared care of obstetric patients (60%). It was noted, however, that the increase in obstetric services (midwives) has resulted in increased servicing and patient travel costs. Sharing of information for patients attending the Emergency Department showed greater levels of satisfaction than dissatisfaction.

Do you have any feedback regarding the sharing of clinical care information between hospitals and general practice, including discharge messaging?

Over one-third of responding GPs expressed dissatisfaction with the illegible discharge summary, lack of critical clinical information, eg results, medications, follow-up arrangements, and management in the ED. However, communication via telephone from hospital clinicians was particularly useful and timely. Timeliness of written correspondence out to GPs remains an issue as often it is not arriving prior to the next patient GP visit. Reporting of DEM presentations was particularly of concern, as was late notification of patient deaths in hospital.



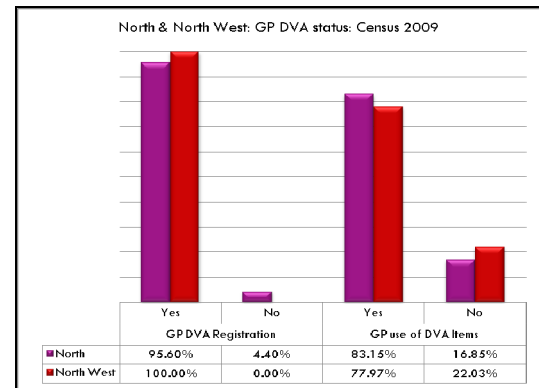
8.2 GP CENSUS DIVISIONAL QUESTIONS

Department of Veterans' Affairs

Are you registered to provide services under the DVA Schedule?

Do you personally utilise DVA Item numbers?

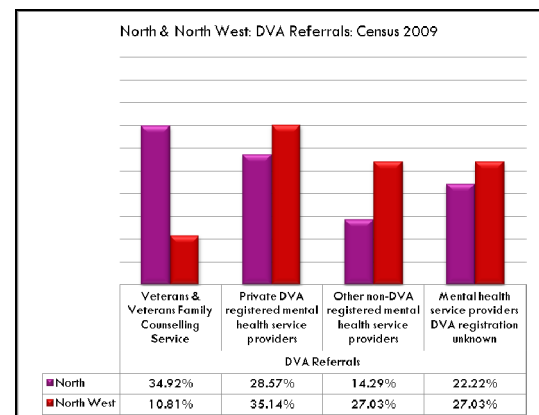
Of the 58% of GP respondents in the North West, all are DVA registered, however 22% of these do not use DVA item numbers.



Have you personally referred eligible patients to any of the following?

- Veterans and Veterans Family Counseling Service; Private DVA registered mental health service providers;
- Other non-DVA registered mental health service providers;
- Mental health service providers DVA registration unknown.

Patterns of DVA referrals were variable across the two Northern regions of the State. Referrals to Veterans and Veterans Family Counseling Service in the North were reported at over 3 times the rate in the North West. Private DVA-registered mental health providers were preferentially referred to in both regions over non-DVA registered providers, at almost twice the rate of referrals to the latter in the North compared to the North West. Referral to other mental health service provider services was 5% higher in the North West than in the Northern region.



Were you aware that immediate family members of veterans are now able to access the Veterans and Veterans Family Counseling Service?

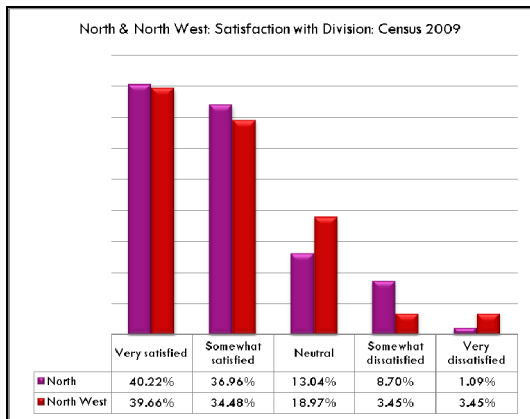
Of the 57% GP respondents, over 68% were not aware that veterans' family members were able to access the DVA Counseling Service.

GPs in the North West commented that they were not aware of some services; veterans felt the DVA services did not meet their needs; and there is an excess of paperwork eg particularly with medication pack authorisations.

Satisfaction with your Division

Describe your overall level of satisfaction with General Practice North as a support organisation for general practice.

Of the 58% response rate for this question, North Western region GP's returned a 74% satisfaction rating with the support provided by General Practice North West, slightly below that for the North (77%). However, 7% of the responding GPs were dissatisfied, and 19% neutral.



8.3 PRACTICE CENSUS DIVISIONAL QUESTION

Do you record the DVA status of patients upon registration with your practice?

25 of the 28 practices in the North West (89.3%) responded to this question, with all respondents (100%) confirming that they do record patients' DVA status on registering with the practice.