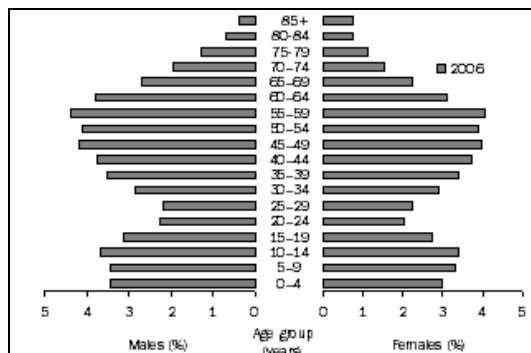


## SECTION TWO: SOUTHERN TASMANIA

### 1. POPULATION DEMOGRAPHICS [7]

On Census night 2006, the total population of the Southern region of Tasmania was 235,447, 49.5% of Tasmania's total population.

The population pyramid below illustrates that the Southern region has a relatively low proportion of 20 to 29 year olds relative to the other age groups.



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

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

- the fastest growing LGAs were Brighton and Sorell;
- the highest median ages were found in Glamorgan/Spring Bay and Tasman;
- The lowest median age was to be found in Brighton along with the highest proportion of children aged 0-14 years;
- the lowest proportions of children aged 0-14 years were found in Hobart, Glamorgan/Spring Bay and Tasman; and
- Glamorgan/Spring Bay had the highest proportion of population aged 65 years and over.

## THE SOUTHERN REGION

### AT A GLANCE:

- Estimated residential population of 235,447 people
- 90 general practices (at at May 2009)
- 317 general practitioners
- 194 full-time equivalent GPs
- 138 practice nurses
- 52 practices with at least one practice nurse

### KEY INDICATORS:

Compared with the rest of the State, the Southern region had:

- The lowest proportion of male GPs at 51.8%
- The highest proportion of female GPs at 48.2%
- The lowest number of average 3.5-hour sessions worked by GPs per week
- The highest number of FTE GPs
- The lowest number of consultations per FTE GP
- The highest number of home visits per FTE GP
- The highest GP coverage per 100,000 population at 83.5, well above the State's average of 73.2
- The lowest coverage of Practice Nurses across practices at 57.8%
- The lowest Practice Nurse to GP ratio at 0.43:1
- The highest number of services per Practice Nurse
- The lowest proportion of hospital raw separation notifications
- The highest number of mental health services per FTE GP

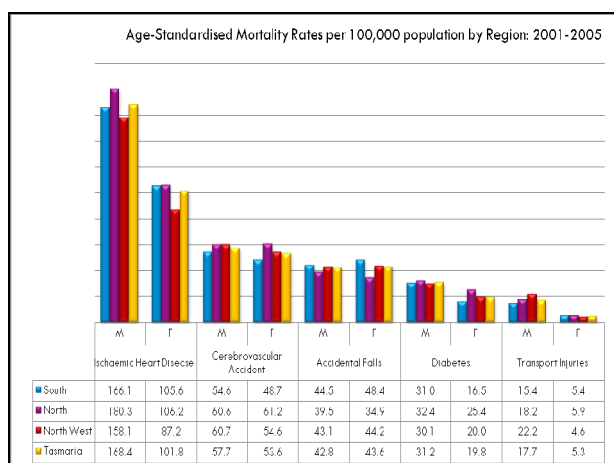
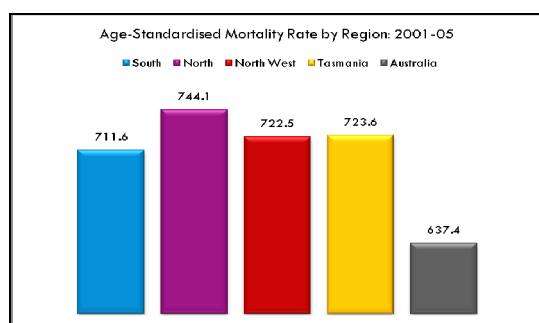
## 2. DISEASE AND MORTALITY [7]

### 2.1 MORTALITY RATES

Between 2003-2005 age-standardised avoidable mortality rates were lowest in the South at 202.8 per 100,000 population, below the State rate of 205.7. Over the period 2001-2005 the age-standardised mortality rate for the South was 711.6 per 100,000 population, the lowest in the State.

Females in the South had a lower rate of mortality for cerebrovascular accidents, and diabetes, but a higher rate of mortality than the state average for accidental falls, the biggest difference in the region between 2001 and 2005.

Males in the South had a mortality rate lower than the State rate for ischaemic heart disease, cerebrovascular accidents and transport injuries.



### 2.2 INCIDENCE RATES OF DISEASES

In 2000-2004 there were higher incidence rates in the Southern region compared to the State rate for:

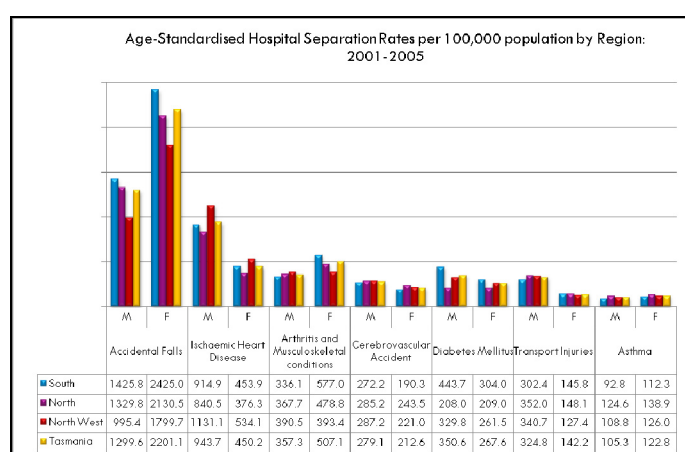
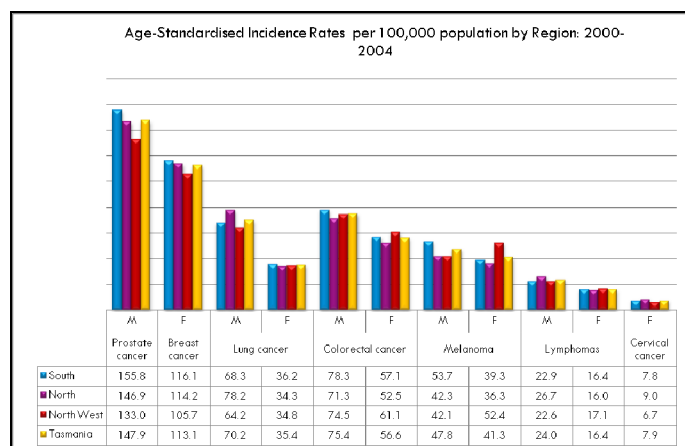
- Diabetes (26.6% higher for males and 13.6% for females)
- Osteoporosis (43.9% higher for males and 45.2% for females)
- Melanoma of the skin (12.3% higher for males, but 4.8% lower for females)
- Accidental falls (9.7% higher for males, and 10.2% for females)

- Arthritis and musculoskeletal conditions in females by 13.8% (male rate lower by 6%)
- Prostate cancer (5.3% higher)
- Breast cancer (2.7%)
- Colorectal cancer (3.9% for males, 1% for females)
- Lung cancer (2.3% higher for females; male rate lower by 2.7%)

The disease with the lowest rate in this region compared to the State was asthma, with males 11.9% lower than the national rate and females 8.6% lower.

Rates for ischaemic heart disease in the South were lower than the State rate in males (3.1%) and only 0.8% higher for females. Females had a 10.5% lower rate for cerebrovascular disease but males were only 2.5% 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.



### 2.3 NOTIFIABLE DISEASES

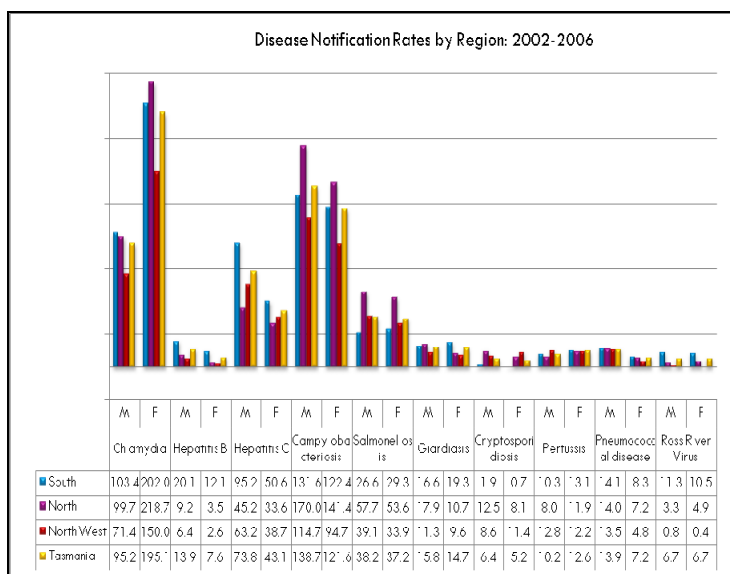
Between 2002 and 2006 there was a higher rate of reporting in the South than across the State for the following notifiable diseases:

- Ross River Virus (68.7% higher for males and 56.7% for females)

- Hepatitis B (44.6% higher for males and 59.2% for females)
- Hepatitis C (29% higher for males and 17.4% for females)
- Chlamydia (8.6% higher for males and 3.5% higher for females)
- Giardiasis (5% higher for males and 31.3% higher for females)

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

- Cryptosporidiosis (70.3% lower for males and 86.5% for females)
- Salmonellosis (30.4% lower for males and 21.2% for females)

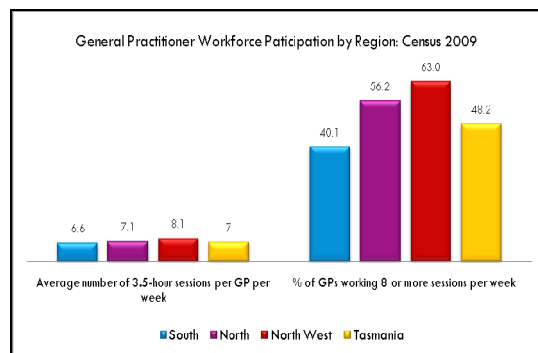


### 3. PRIMARY CARE WORKFORCE<sup>[1]</sup>

#### 3.1 GENERAL PRACTITIONERS

During Census Week 2009, there were 317 GPs practicing in Southern Tasmania, 51.8% of whom were male and 48.2% female. This equates to an estimated 194 full-time equivalent (FTE) GPs. Per 100,000 people this is equivalent to 83.5 FTE GPs – higher 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 South in 2009 was 6.6, slightly less than the State average rate of 7.0. This is the lowest proportion in the State.



The average age of Southern Tasmanian GPs in 2009 was 50.4 years, slightly younger than the State average of 50.6 years.

#### 3.2 PRACTICE NURSES

During Census Week 2009 there were 138 practice nurses employed across 52 of the 90 practices in the South. With a coverage rate of 57.8% of practices, practice nurse numbers in this region are the lowest in the State.

## 4. SERVICE UTILISATION<sup>[1,2,3]</sup>

### 4.1 GP CONSULTATIONS

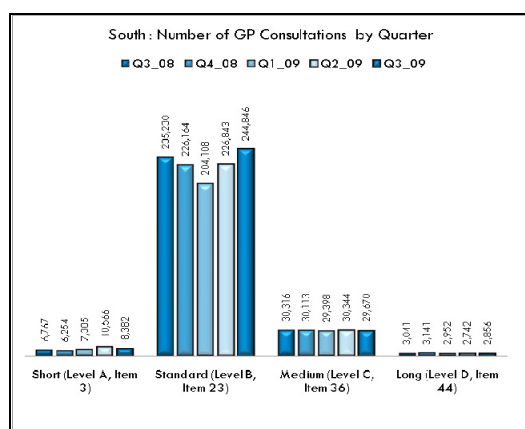
Level A consultation (short)	Item 3
Level B consultation (standard)	Item 23
Level C consultation (medium)	Item 36
Level D consultation (long)	Item 44

A total of 285,754 short, standard, medium and long consultations were conducted in the South during the September 2009 Quarter. This represents an increase of 3.8% compared to the September Quarter 2008. This equates to an average of 1,473 consultations per FTE GP.

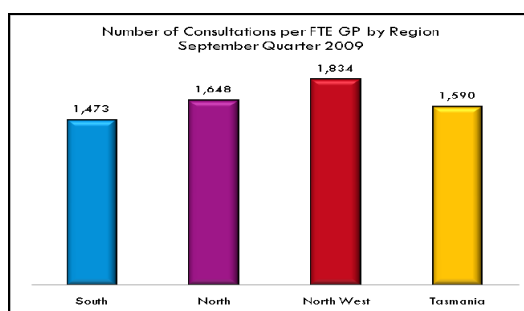
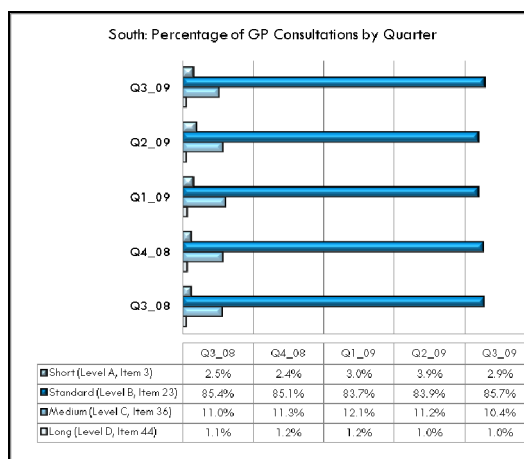
In 2008-09 GPs in the South conducted a total of 1,055,362 consultations, representing 50.7% of the State's total consultations. This is a small increase of 0.44% above the total consultations for the 2007-08 year.

Over this period the number of short (Item 3) consultations increased by 11% from the 2007-08 year, peaking in the June quarter 2009 at 10,566. A smaller increase (3%) was observed in standard (Item 23) consultations.

In the six months between the March and September Quarters 2009 the total consultations increased by 17.2%, with the highest increase seen in standard consultations, which rose by 20%.



Quarterly proportions of GP consultations in the South are shown below. The increase in the proportion of standard consultations peaked in the September Quarter at 85.7% of total consultations, with a commensurate decrease in other consultations, most particularly medium consultations, down to the lowest level (10.4%) in the last two years.



### 4.2 HOME VISITS AND EMERGENCY CONSULTATIONS

#### Home Visits:

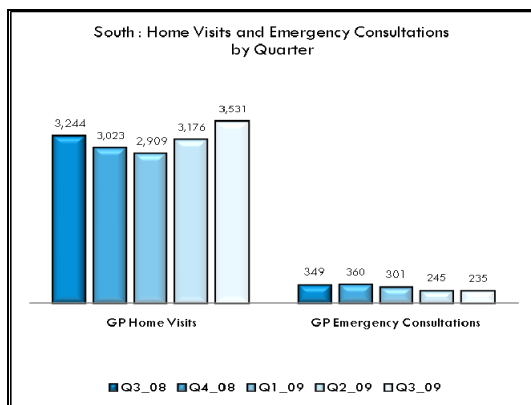
Level A consultation at home	Item 4
Level B consultation at home	Item 24
Level C consultation at home	Item 37
Level D consultation at home	Item 47
Standard home visit ≤ 25 mins (non-VR)	Item 59
Long home visit ≤ 45 mins (non-VR)	Item 60
Prolonged home visit ≥ 45 mins (non-VR)	Item 65

#### 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

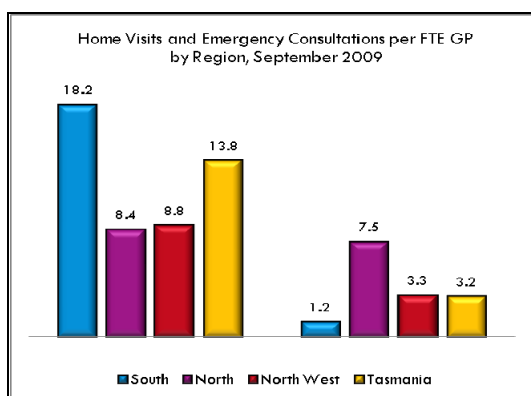
The rate of home visits in the South has increased progressively over the June and September 2009 Quarters while emergency consultations have declined. However, comparing the 2008-09 year to 2007-08, home visits have declined by 15% and emergency consultations by 17%.

Comparing the September 2009 Quarter to the September 2008 Quarter, home visits have risen by 8.8% but emergency consultations have declined by 32.7%.



The number of home visits per FTE GP for the September Quarter 2009 was highest in the South at 18.2, above the State average of 13.8.

The rate of emergency consultations per FTE GP for the September Quarter 2009 was lowest in the South at 1.2, one-sixth the rate conducted in the North.

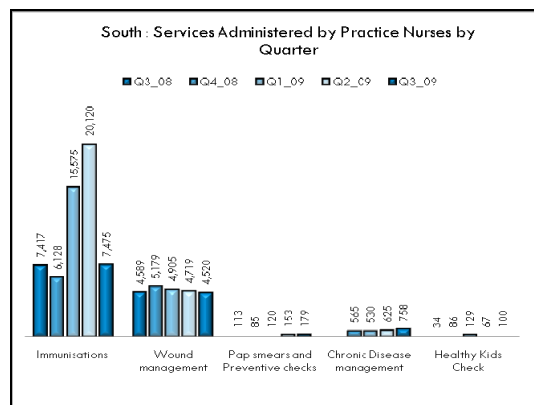


### 4.3 SERVICES ADMINISTERED BY PRACTICE NURSES

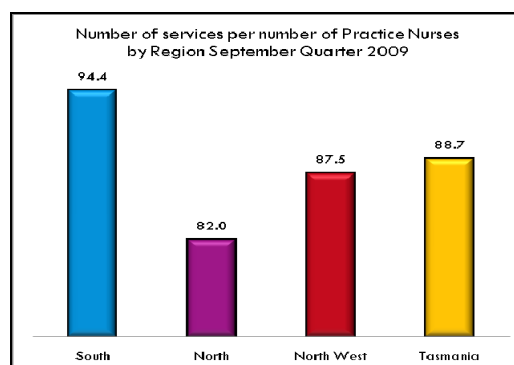
Immunisation	Item 10993
Wound management	Item 10996
Pap smears, preventive checks	Items 10994, 10995, 10998, 10999
Chronic disease management	Items 10987, 10997
Healthy Kids Check	Item 711

A total of 71,139 practice nurse services were conducted in the 2008-09 year, increasing by 4.3% from 68,214 in the 2007-08 year (excluding antenatal services). Immunisation services accounted for 69% of practice nurse services during this year, with wound management 27%, Pap smears 0.7% and chronic disease management 2.4%.

Immunisation services across all Divisions dropped markedly in the September Quarter compared to the June Quarter, decreasing by 63% in the South to 7,475 services conducted by 138 practice nurses. This equates to an average 54 immunisation services per practice nurse in Quarter 3 2009, compared to 146 immunisation services in Quarter 2 2009. Wound management services dropped slightly (4.2%) in Quarter 3 2009, while Pap smears and chronic disease management services showed a slight increase (17%, 21%, resp).



Immunisation services in the September Quarter accounted for 57% of the Practice Nurse billable services in the South, wound management 35%, with Pap smears 1.4%, chronic disease management 6% and healthy kids checks 0.8%.

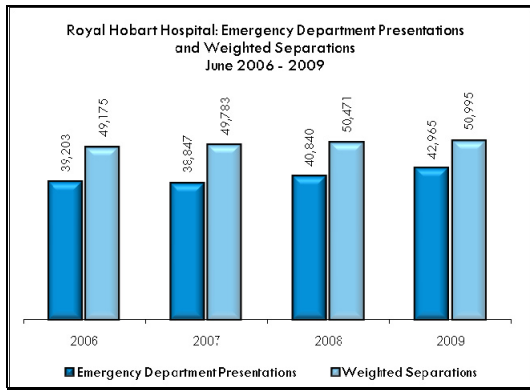


### 4.4 PUBLIC HOSPITAL ACTIVITY

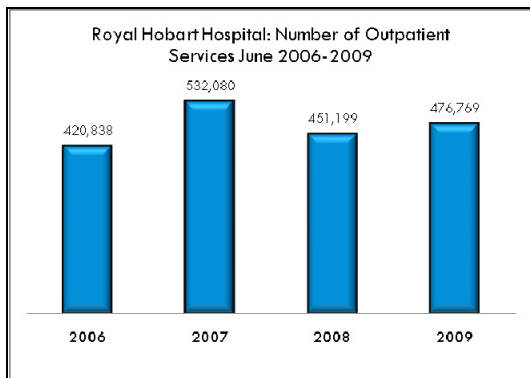
Data reported are for the 12-month period ending June 2009. All comparative data for 2008 are for the same 12-month period.

The highest increase in Emergency Department presentations across the State was seen at the Royal Hobart Hospital (5%), with weighted separations showing a minimal 1% increase, the lowest in the State.

The rate of Category 2 patient seen at the RHH within the recommended time frame increased from 76.7% to 84.6% for the 12 months ended June 2009.

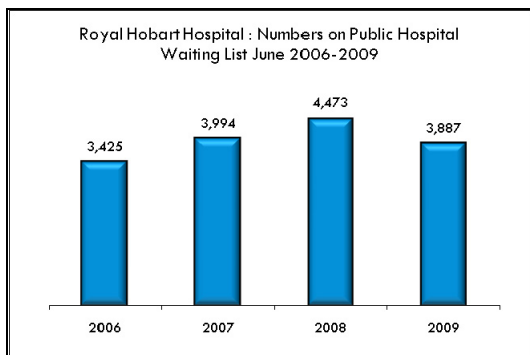


The volume of outpatient services at the Royal Hobart Hospital increased by 5.4% between June 2008 and 2009.



As at June 2009 there were 3,887 people on the waiting list at the RHH, representing a 13% drop since 2008. This reduction has been evidenced statewide as a result of more long wait patients being treated in response to an increase in federal government funding for this purpose. However, this has caused median waiting times to increase, with the RHH having the longest waiting time in the State at 54 days (compared to 43 days in June 2008).

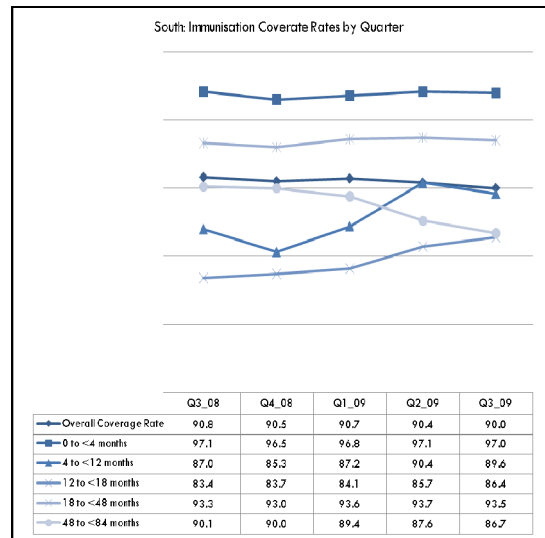
As at June 2009, there were 7,186 admissions from the elective surgery waiting list, an increase of 18.1% since June 2008.



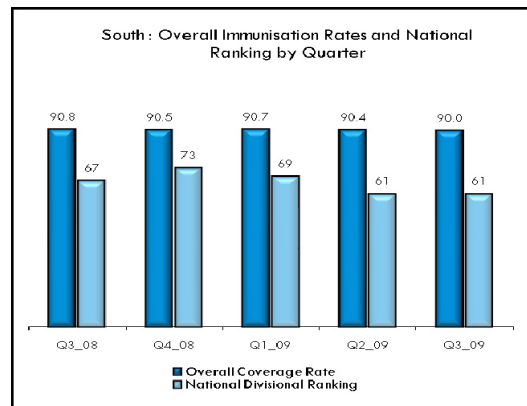
## 5. DISEASE PREVENTION AND MANAGEMENT<sup>[1,2]</sup>

### 5.1 IMMUNISATION COVERAGE

The average overall coverage rate for the 2008-09 year was 90.6, 0.3% above the average for 2007-08. During the 2008-09 year increases were seen in the average coverage rates in the South in the 0 to <4 months age group (1.7%), the 4 to <12 months age group (2.1%), a larger increase in the 12 to <18 months age group (3.2%), but decreases in both the 18 to <48 months age group (-0.2%) and the 48 to <84 months age group (-0.5%).



In the six months since the March Quarter 2009, the average overall coverage rate has declined by 0.7% to 90.0%, with a continuing trend of slightly improved coverage across the three younger age brackets and persisting decreases in the older two age brackets, the largest being a reduction of 2.7% 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.



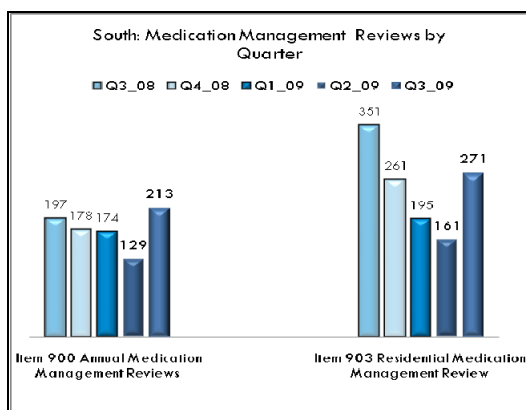
National ranking in the South was steady over the last two quarters at 61, 6 points above the September Quarter last year.

## 5.2 MEDICATION MANAGEMENT REVIEWS

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

A total of 1,646 medication management reviews were undertaken by GPs in the South in the 2008-09 year. This represents an overall increase of 9.4% for both medication reviews (Items 900, 903) compared to the 2007-08 year, with an average of 8.5 MMR services per FTE GP. The largest contributor to this increase was the annual medication management review (27%), while the residential medication management review decreased by a minimal 2 services on the previous year.

However, in the six months since the March Quarter 2009, residential reviews have increased by 39%, with a continuing increase in annual reviews of 22%. Residential management reviews peaked in the September Quarter 2008 and, although trending upwards since March 2009, are still 23% below the level the previous year.



## 5.3 HEALTH ASSESSMENTS

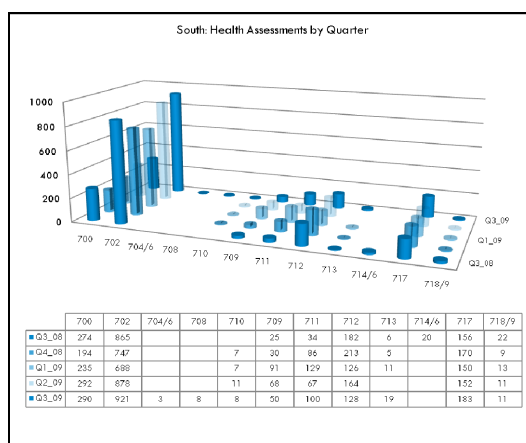
The Medicare Benefits Schedule provides for the following Health Assessment Items:

- 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 6,138 health assessments were conducted by GPs in the South in the 2008-09 year, increasing by 24% from the 2007-08 year. This represents an average of 32 health assessments per FTE GP. The highest contributors to this increase were the comprehensive medical assessments in aged care

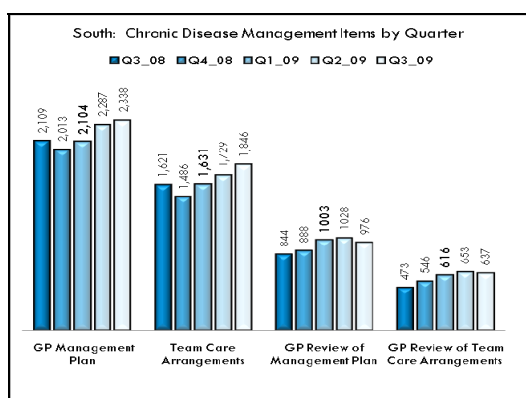
facilities (Item 712) up 58%, and the aged health assessments conducted at home (22%). Decreases were seen in the 45-49 year old health check (Item 717), down 27%.

In the September Quarter 2009 aged health assessments at home continue to increase since the March Quarter (34%), 4 year healthy kids checks undertaken by GPs fell (45% from 91 to 50), as did those undertaken by practice nurses (by 23% from 120 to 100 checks). The number of 45-49 year health checks (Item 717) has increased over this six month period (22%) to 183 services. Comparing the September Quarters 2008 and 2009, there has been an overall increase of almost 9%, or an additional 137 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 South show upwards trends over the last four quarters. However, in the September Quarter these drop slightly from the June Quarter by 5% for GP management plan reviews (Item 725), and by 2.5% for team care reviews (Item 727).

In the 2008-09 year a total of 21,031 CDM services were conducted, a 22% increase on the 2007-08 year, with the highest increase (33%) seen in the GP management plan reviews (Item 725). This equates to

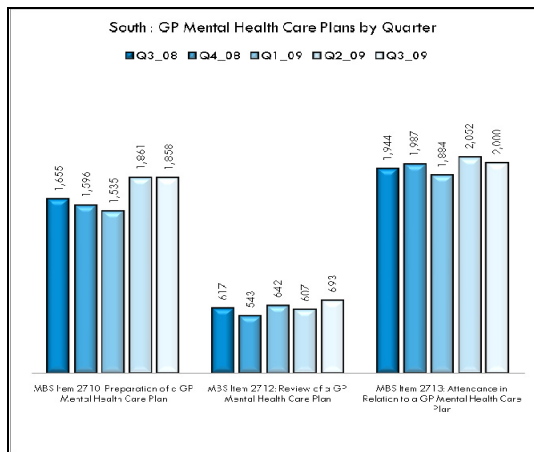
an average of 108 CDM services per annum per FTE GP.

During the September Quarter 2009 a total of 5,797 CDM services were provided by GPs in the South, an average of approximately 30 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 35% to 637 services.

### 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 16,923 mental health service consultations were provided by GPs in the South in the 2008-09 year, representing an increase of 22% since the 2007-08 year. This equates to an average per FTE GP of 87 mental health services per annum.

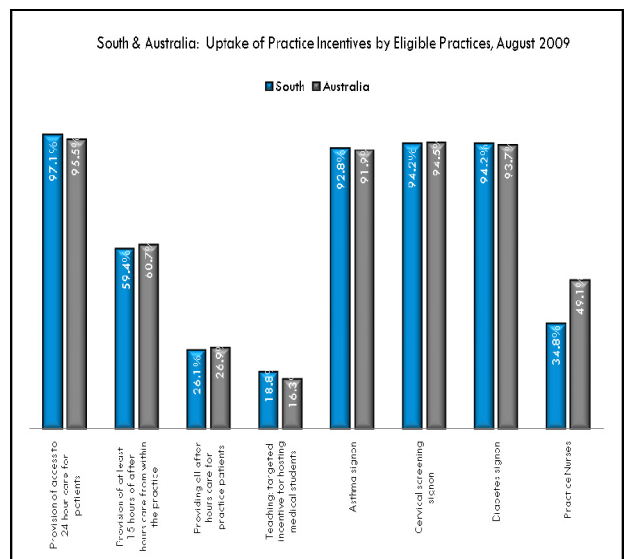
In the six months since the March Quarter 2009 preparation of GP mental health care plans increased by 21% to 1858 of a total of 4,551 mental health services provided in the September Quarter 2009. This is an 8% increase in total mental health service consultations provided in the September Quarter 2008 (4,216). This equates to an average of 23.5 mental health services per FTE GP over the last Quarter.

## 6. UPTAKE OF NATIONAL INCENTIVES

### 6.1 PRACTICE INCENTIVE PROGRAM

At the end of August 2009, 69 of the 90 practices in the South (76.7%) were approved as eligible for Practice Incentive Payments, a reduction of 1 practice since the May 2009 reporting period. Uptake of PIP is shown below for the South compared to the national payments.

Uptake for After Hours Care Tier 1 access to 24-hour care has dropped by 1.5% to 97.1% due to a reduction of 2 eligible practices since May 2009. After Hours Care Tier 2 has also reduced by 1 practice since May 2009.



## 7. E-HEALTH

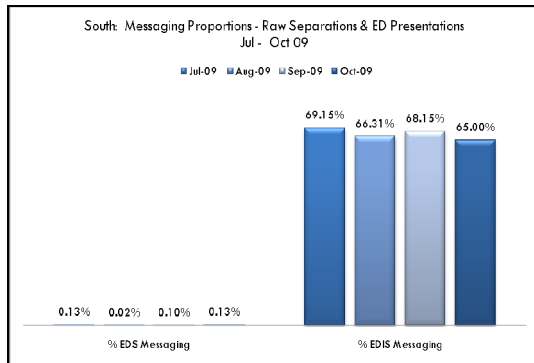
### 7.1 ELECTRONIC COMMUNICATIONS

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

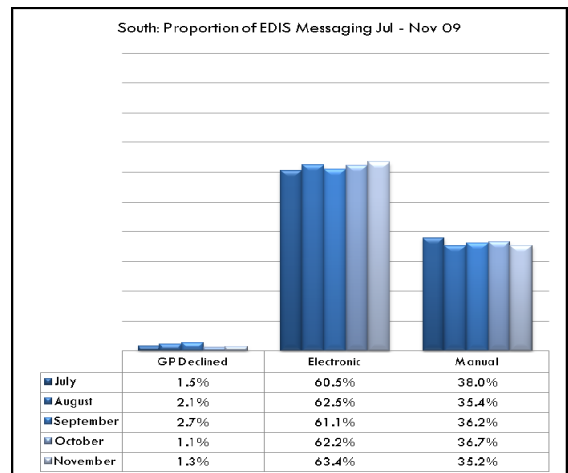
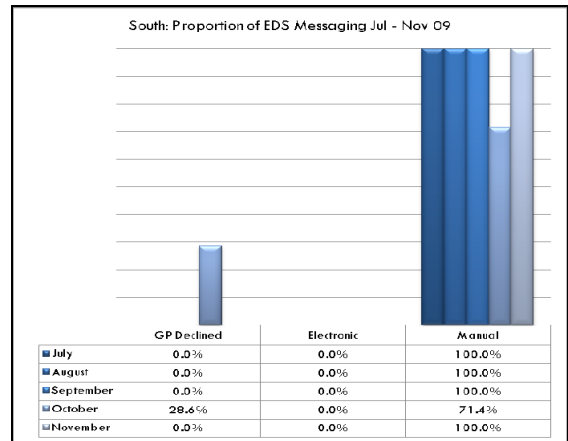
General Practice Tasmania has also commenced monitoring and reporting on the level of clinical communications from the public hospitals to general practice in relation to electronic Discharge Summaries sent (as a percentage of the raw separations) and Emergency Department Notifications (as a percentage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

Since commencement in July 2009, the total volume of clinical communications from the Royal Hobart Hospital to general practitioners has been 22,785 messages, 57.4% of which has been Emergency Department notifications (EDIS), 0.2% Electronic Discharge Summaries (EDS) for separation advice, and 42.4% hospital notification events. During the period to November monthly average messaging volume has comprised 2,616 EDIS messages, 9 EDS and 1,932 hospital notification event messages, yielding an average monthly total of 4,557 hospital clinical communications.

EDIS notifications as a proportion of the number of Emergency Department presentations in the South show a slight decrease in the patient coverage rate from July to October of 4%. Notifications for raw separations are the lowest in the State, at an average of just 0.1% between July to October 2009.



Modes of transmission per type of message shows an average rate of electronic transmission for EDIS messaging of 61.9% but 0% for EDS messaging. Fax remains the primary mode of transmission for electronic discharge summaries (94%) and accounts for approximately 36.3% of EDIS transmissions. GP Declined reflects the rate of GPs electing not to receive these hospital notifications.



## 8. GP CENSUS<sup>[1]</sup>

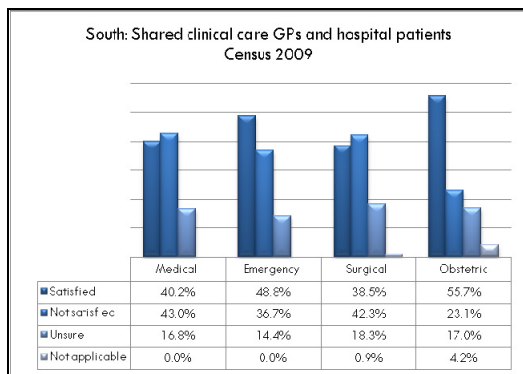
### 8.1 GP CENSUS STATEWIDE QUESTIONS

#### 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 Southern region responding to this question (67%), indicated their highest satisfaction rating for shared care of obstetric patients, with surgical and medical patients rating poorly with higher levels of dissatisfaction.

Communication via telephone from hospital interns, registrars and specialists was particularly useful and timely. Overall, GPs expressed dissatisfaction with the quality of clinical information, lack of results, illegible discharge summaries, late correspondence, and lack of protocol clarifying patient follow-up. Reporting of DEM presentations was particularly of concern, with several GPs reporting a need to chase up information on patient presentations.

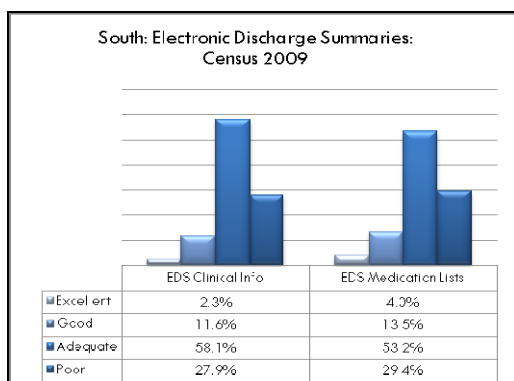


#### Electronic Discharge Summaries

If you have received EDSs, how would you rate the quality of the:

- clinical information?
- Information contained in the medication lists?

The majority of responding GPs in the South who had received electronic discharge summaries rated the quality of clinical and medication information positively (72%, 71%, respectively).

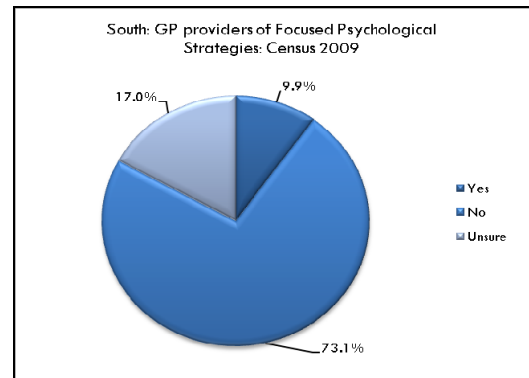


### 8.2 GP CENSUS DIVISIONAL QUESTIONS

#### Focused Psychological Strategies

Are you registered with Medicare Australia as a GP provider of *Focused Psychological Strategies* and therefore eligible to claim MBS Items 2721 to 2727?

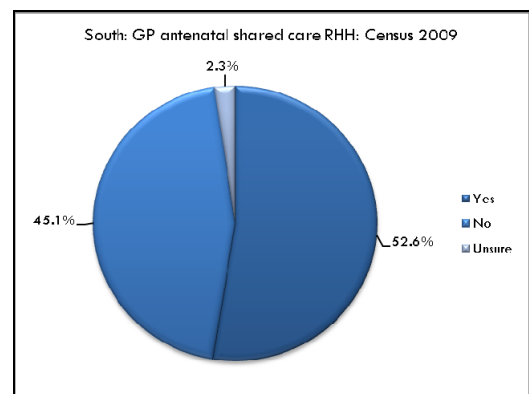
Of the 67% of respondents in the Southern region, nearly 3 out of 4 GPs was not registered as a provider of Focused Psychological Strategies. 10% of GPs were registered with 17% unsure.



#### Antenatal Shared Care

Have you participated in the Royal Hobart Hospital Antenatal Shared Care service in the last 12 months?

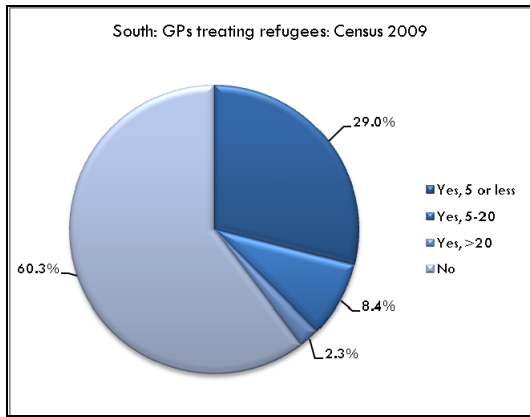
Of the 67% of practitioners responding to this question, over half (53%) had participated in shared antenatal care in the last 12 months. Satisfaction levels with shared care of hospital obstetric patients rated highest of hospital shared care, at 56% of GPs in the South, consistent with the statewide response.



#### Refugee Health

Do you currently treat refugees?

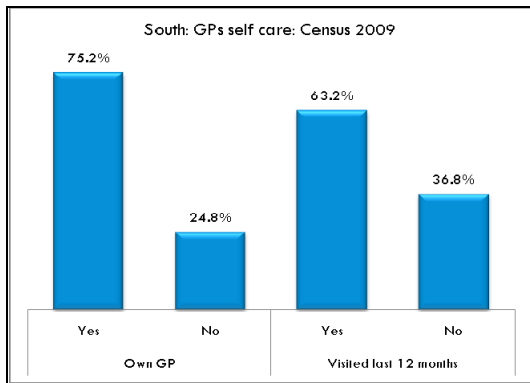
Of the 67% of Southern region GPs answering this question, 39.7% treat refugees.



### GP self care

Do you have your own GP?  
If yes, have you visited your GP in the last 12 months?

Of the 67% GP respondents in the South, one-quarter did not have their own GP. Of the three-quarters who do have a GP, nearly two-thirds of these had had a GP visit within the last 12 months.



### Aged Care

How many residential aged care facilities do you currently visit?

Of the 67% of GPs answering this question, 53% visit between 1-5 RACFs, 10% visit 6 or more, and 37% do not conduct residential aged care visits.

