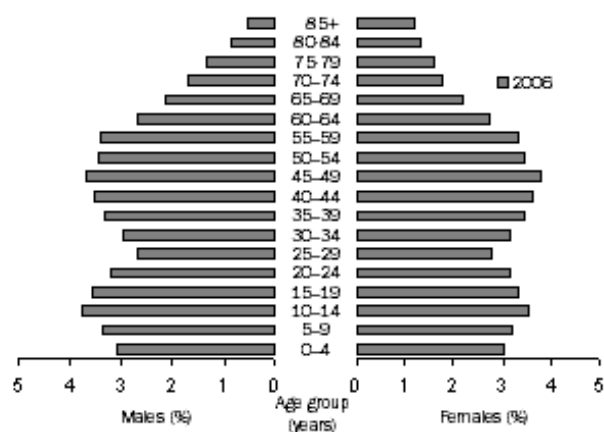


# Section three: Northern Tasmania

## 1. Population demographics<sup>[7]</sup>

On Census night 2006, the total population of the Northern region of Tasmania was 133,939 people, 28.2% of the State's total population.

The population pyramid below illustrates the proportion of the population of Northern Tasmania by age groups.



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

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

Dorset was the only area to have a decline in population during the period with an average annual decline of 0.2%

Among the highest median ages were found in Break O'Day together with among the highest proportion of the population aged 65 years and over (17.5%)

The lowest median age in the region was to be found in Launceston together with among the highest proportion of their population aged 85 years or more (2.1%)

George Town was among the LGAs with the highest proportions of children aged 0-14 years

# The Northern region

## At a glance:

- Estimated residential population of 133,939 people
- 51 general practices
- 141 General Practitioners (GPs)
- 94.8 full-time equivalent (FTE) GPs
- 48.4 FTE Practice Nurses
- Estimated FTE GP:PN ratio of 1:0.51

## Key indicators:

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

- The highest male age-standardised mortality rate for ischaemic heart disease and diabetes (2001-2005)
- The lowest GP coverage per 100,000 population at 68.6, below the State average of 76.4
- The oldest average age for male GPs at 55.3 years
- The oldest average age for female GPs at 48.9 years
- The highest proportion of GPs aged 55 and above (39%)
- The highest number of health checks per FTE GP
- The highest number of emergency visits per FTE GP
- The lowest rate of Category 2 emergency patients seen within 10 minutes at the State hospital
- The lowest number of mental health services per FTE GP
- The highest number of completed cycles of care for patients with moderate to severe asthma
- The lowest number of case conferencing items

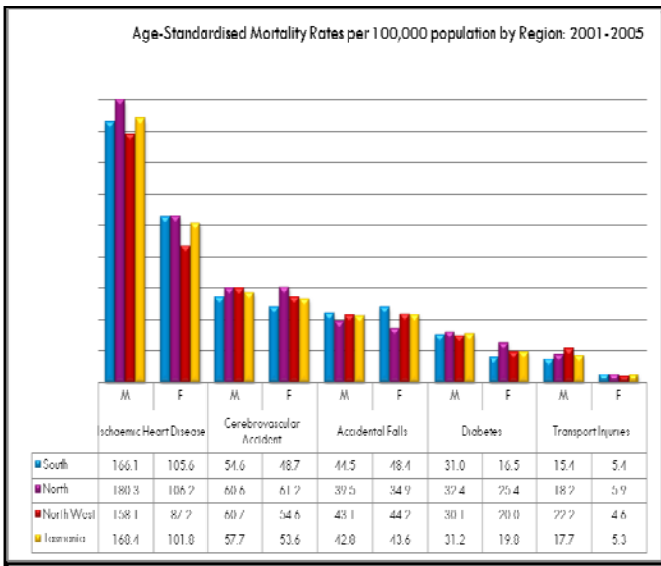
## 2. Disease and mortality<sup>[7]</sup>

### 2.1 Mortality rates

The avoidable mortality rate for the Northern region in 2003 to 2005 was equivalent to the State rate at 206 per 100,000 population. Over the period 2001-2005 the North recorded a rate 2.8% higher than the State rate, at 744.1 deaths per 100,000 population.

In the North between 2001-2005 males had the highest mortality rate in Tasmania for ischaemic heart disease and diabetes, and higher than the State rate for cerebrovascular accidents (strokes) and transport injuries. Males in the North had the lowest mortality rate in the State from accidental falls.

Females in the North had the highest mortality rate in the State for cerebrovascular accidents, diabetes and transport injuries but the lowest rate for accidental falls.



### 2.2 Incidence rates of diseases

In the Northern region there were higher incidence rates per 100,000 of the population compared to the State rate for:

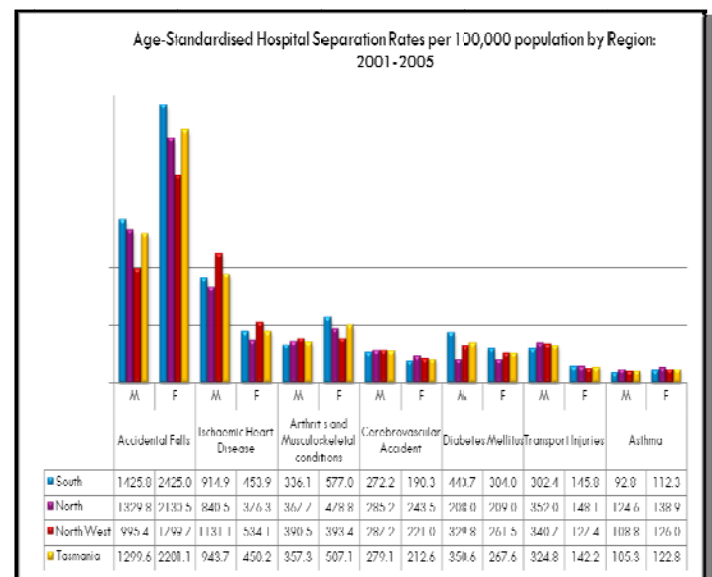
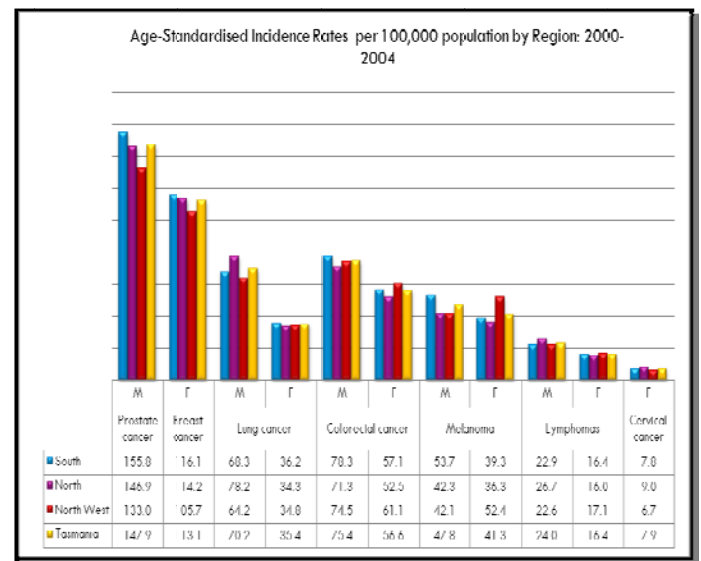
- Asthma (18.3% higher for males and 13.1% for females)
- Osteoarthritis (15.8% higher for males and 7.2% for females).
- Cervical cancer (13.9% higher)
- Lung cancer in males (11.4%) (female rate lower by 3%)
- Lymphoma in males (11.3% higher) while females were equivalent to the State rate
- Cerebrovascular accident (2.2% for males and 14.5% for females)

The diseases with the lowest rate in this region compared to the State were:

- Diabetes (40.7% lower for males and 21.9% for females)
- Osteoporosis (29.2% lower for males and 18% for females)
- Melanoma of the skin (11.5% lower for males and 12.1% for females)
- Colorectal cancer (5.4% lower for males, 7.2% lower for females)

Incident rates for prostate cancer were equivalent to the State rate at 146.9 per 100,000. In females, rates of breast cancer were also equivalent to the State rate, at 114.2.

The following charts provide disease incidence rates and hospital separation rates for Tasmanian males and females by region for the periods 2000-04 and 2001-05, respectively.



## 2.3 Notifiable diseases

In the North between 2002 and 2006 there was a higher notification rate than the State rate for the following diseases:

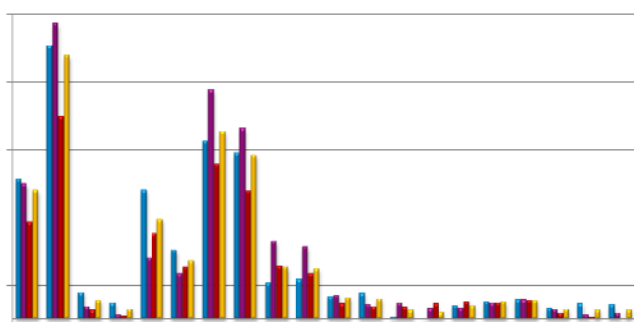
- Cryptosporidiosis (95.3% higher for males and 55.8% for females)
- Salmonellosis (51% higher for males and 44.1% for females)
- Campylobacteriosis (22.6% higher for males and 16.3% females).
- Chlamydia (4.7% for males, 12% for females)

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

- Ross River Virus (50.7% lower for males and 26.9% for females)
- Hepatitis B (33.8% lower for males and 53.9% for females)
- Hepatitis C (38.8% lower for males and 22% for females)
- Pertussis (21.6% lower for males and 5.5% for females)

The notification rate for pneumococcal disease for both males and females was equivalent to the State rate, at 14 and 7.2 per 100,000 population, respectively.

Disease Notification Rates by Region: 2002-2006



## 3. Primary care workforce<sup>[1]</sup>

### 3.1 General practices

During Census Week 2010, there were 51 general practices. As at September 2010 37 practices were fully accredited, with a further 5 practices registered for accreditation or reaccreditation. 31 practices were registered for the Practice Incentive Program as at May.

### 3.2 General practitioners

During Census Week 2010, there were 141 GPs practicing in Northern Tasmania, 56.7% of whom were male and 43.3% female. The number of full-time equivalent (FTE) GPs has increased since Census Week 2009, to 94.8 in 2010. Per 100,000 people this is equivalent to 68.6 FTE GPs – lower than the State rate of 76.4 and the national rate of 80.8.

The average number of weekly 3.5-hour sessions worked by GPs in the North in 2010 was 7.3, slightly higher than the State average rate of 7.1.

The average age of Northern Tasmania's GPs in 2010 was 52.5 years, older than the State average of 50.9 years. The average age for male GPs in the Northern region was 55.3 years, with the average age for female GPs six years younger at 48.9 years.

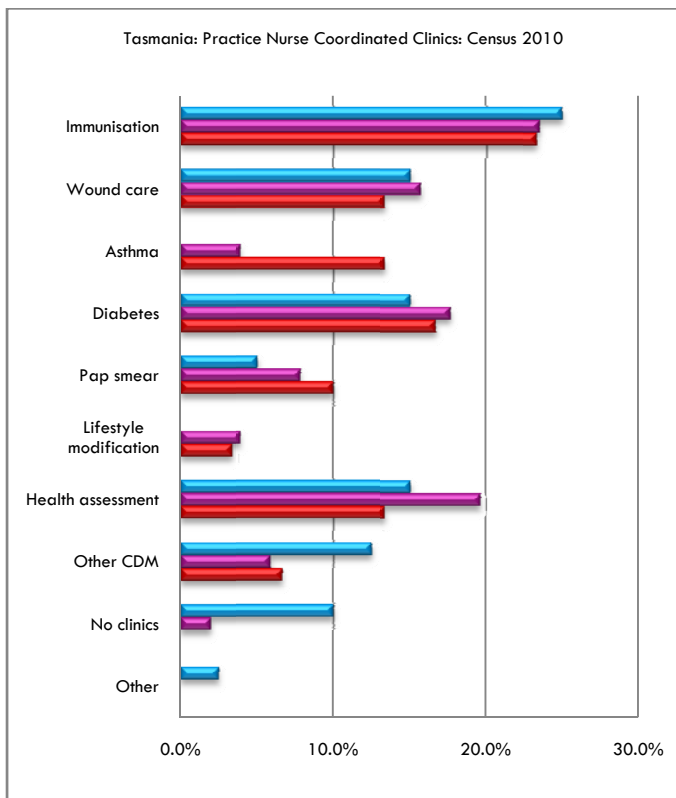
### 3.3 Practice nurses

During Census Week 2009 there were 104 Practice Nurses employed across 37 practices in the North. With a coverage rate of 71.2% of practices, Practice Nurse numbers in this region are the second highest in the State.

In Census Week 2010:

- Registered Nurses comprised 78.4% of the Practice Nurse workforce, with Enrolled Nurses 21.6%.
- The average number of hours worked by Registered Nurses (RNs) was 17.3
- The average number of hours worked by Enrolled Nurses (ENs) was 19.0
- The estimated number of FTE<sup>10</sup> Practice Nurses in the Northern region was 48.4
- The estimated FTE GP:PN ratio was 1:0.51
- Practice Nurses in the North were involved in coordinating clinics in immunisation (24% of all clinics), health assessments (20%) wound care (16%), diabetes (18%), Pap smear (8%) and other chronic disease management (10%). This is shown on a regional comparison below.

<sup>10</sup> Based on a 38-hour working week



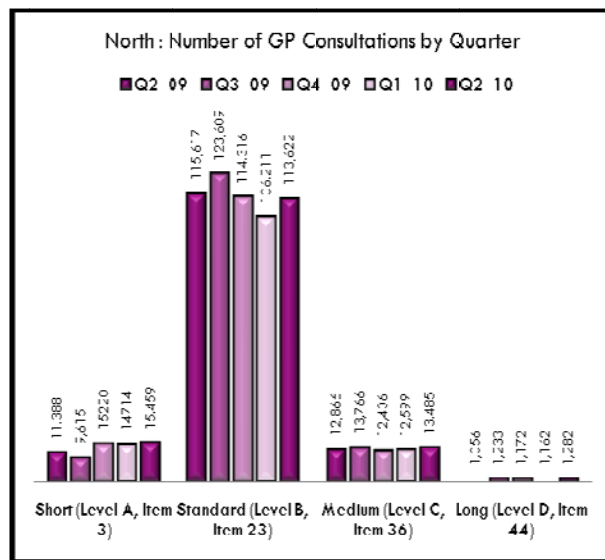
## 4. Service utilisation [1.2,3]

### 4.1 GP consultations

Service count statistics for Divisions are obtained through Medicare Divisions of General Practice statistics. Statistics were accurate at the time of printing this report, however may be adjusted retrospectively so may be subject to change post-publication.

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

During 2009-10 GPs in the Northern region provided a total of 569,871 short, standard, medium and long consultations, an increase of 17,071 consultations (3.1%) since the 2008-09 year. This represents 25.75% of the State's total consultations.



On an individual GP basis, this equates to 4,042 consultations over the last financial year. On a full-time equivalent GP basis for the region, an average of 6,011 consultations were conducted.

During the June 2010 Quarter consultations totalled 143,848, increasing by 2.1% since the June Quarter 2009, largely attributable to the 36% increase in short (Item 3) consultations. The increase in the number of short consultations has been evident since December 2009, and reflects the trend in Tasmania of higher per capita coverage of short consultations than those conducted nationally. A 5% increase was seen in the number of long (Item 36) consultations, and a larger 21% increase in prolonged (Item 44) consultations over this period while the number of standard (Item 23) consultations dropped by 1.7% (1,995 consultations).

For the June 2010 Quarter, GPs in the South billed 79% of their consultations as standard consultations, 9.4% as long consultations, 0.9% prolonged, and 10.7% short consultations.

## 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 minutes (non-VR)	Item 59
Long home visit ≤ 45 minutes (non-VR)	Item 60
Prolonged home visit ≥ 45 minutes (non-VR)	Item 65

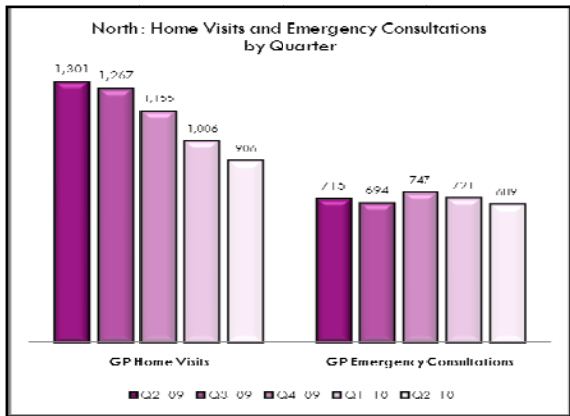
### Emergency Consultations:

Urgent After Hrs Cons (outside 11pm-7am)	Item 597
Urgent After Hrs Cons (between 11pm-7am)	Item 599

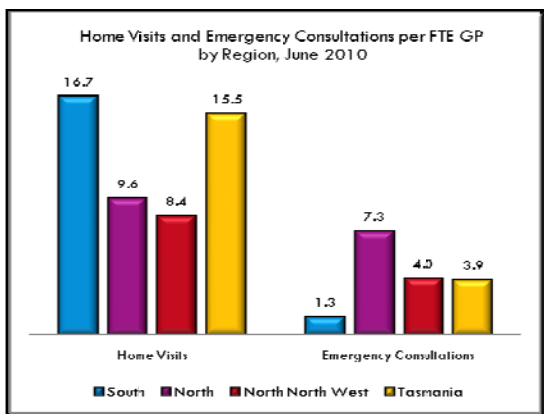
The rate of home visits in the North has continued to trend downward progressively over the last five Quarters. Home visits conducted in the June 2010 Quarter (906) are 30.4% lower than the same quarter in 2009.

During 2009-10 there was a total of 4,334 home visits conducted, a 7% decrease since 2008-09. On an FTE GP basis this equates to 46 visits per annum. During the June 2010 Quarter the Northern region averaged 9.6 home visits per FTE GP, the second-lowest rate statewide.

Emergency consultations have also fallen, with a 7% drop in 2009-10 (2,851 visits) compared to the 2008-09 year (3,065 visits).



The North has the highest FTE GP rate of emergency consultations for the June 2010 Quarter, at 7.3 visits, over 5 times the rate in the South, and over twice the North West rate. This may in part be attributable to the issues being experienced by the Launceston General Hospital emergency department, which has the lowest rate in the State of Category 2 patients seen within the nationally-recommended timeframe, and measures being addressed to improve patient flow and reduce waiting times for urgent patients.



## 4.3 Services administered by practice nurses

### Immunisation

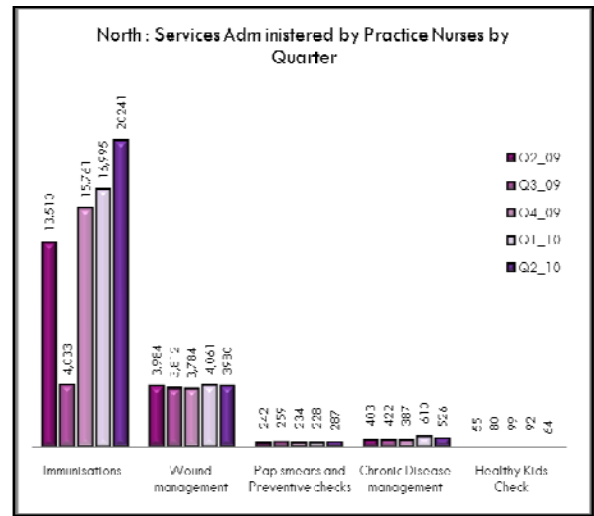
Wound management	Item 10993
Pap smears, preventive checks	Item 10996
	Items 10994, 10995, 10998, 10999
Chronic disease management	Items 10987, 10997
4 Year Healthy Kids Check	Item 10986

A total of 75,955 services were provided by Practice Nurses during the 2009-10 year, increasing by a sizeable 57% on the previous financial year. This increase is a result of substantial rises in immunisation services (94%), Pap smears (24%), and chronic disease management services (72%).

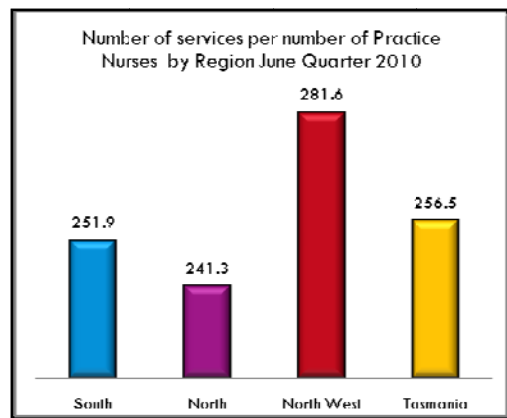
Immunisation services across all Divisions rose steeply in the December 2009 Quarter largely attributable to release of the Panvax in response to the swine 'flu outbreak, with MBS data showing a 291% increase in the North since September 2009.

Comparing activity for the June 2010 to June 2009 Quarters, the largest percentage increase has been against immunisation services, which rose by 50% in the North.

Immunisation services in the North accounted for 80.6% of billable Practice Nurse services in the June 2010 Quarter, wound management 15.9%, chronic disease management services 2.1%, Pap smears 1.1% and 4 year Healthy Kids Check 0.3%.



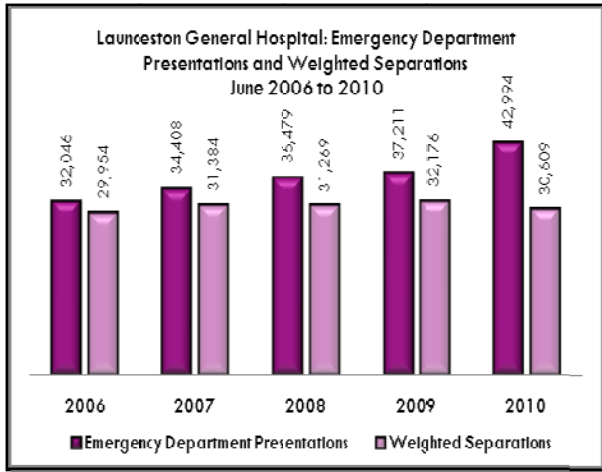
The number of services provided regionally by number of Practice Nurses for the June quarter 2010 was lowest in the North at 241.3.



## 4.4 Public hospital activity

Data reported are for the 12-month period ending June other than Outpatient Services, which are reported for the 3 months ending September 2010 (introduction of a new patient administration system has affected data collection).

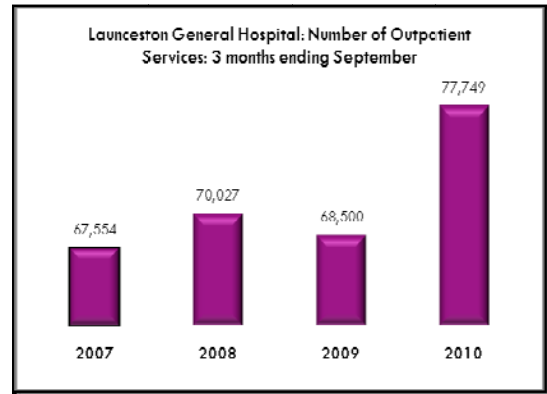
There were 30,609 weighted separations from the Launceston General Hospital in the 12 months ending June 2010. While there is an apparent decrease since the June 2009 year, the recent changes in business processes at the LGH have affected data collection rendering comparison inaccurate.



Emergency Department presentations to June 2010 saw the highest increase in the State of 15.5% since June 2009. There was a further decrease in the rate of Category 2<sup>11</sup> patients seen on time at the LGH from 62.1% down to 52.6%, the lowest in the State. Measures are being implemented at the LGH to improve patient flow and to reduce waiting times for more urgent cases, eg:

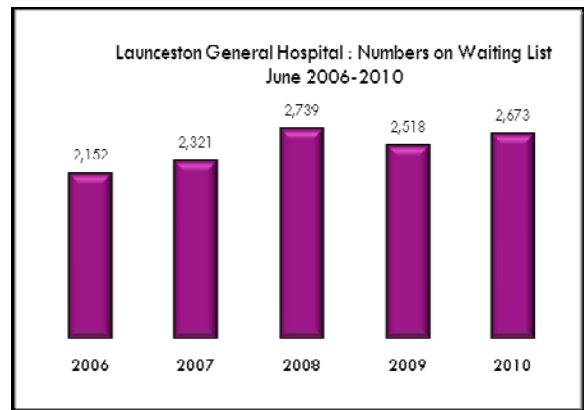
- Establishment of an Acute Medical Unit to reduce the amount of time patients spend in the Emergency Department and facilitate rapid streaming of patients to the correct setting
- Expansion of the LGH's fast-track ED service
- Construction of a new ED to improve current capacity issues
- Recruiting locums to help with staff shortages and seeking to fill all vacant positions
- Working with aged care providers, private and rural hospitals to provide improved stepdown care to improve patient flows

The volume of outpatient services shows a 13.5% increase from 2009 up to 77,749 services provided in the three months ending September 2010.



As at June 2010 there were 2,673 people on the waiting list at the LGH, an increase of 155 patients (6.2%) for the same period last year. In the 2009-10 year LGH admissions from the waiting list for elective surgery decreased by 2% to 5,521, having risen significantly since 2008 with the initiative to increase elective surgery admissions.

Median waiting times for elective surgery have started to reduce in recent months across the State compared to June 2009, with a drop at the LGH from 45 to 39 days, longer than at the RHH (35 days) but shorter than the NWRH (40 days).

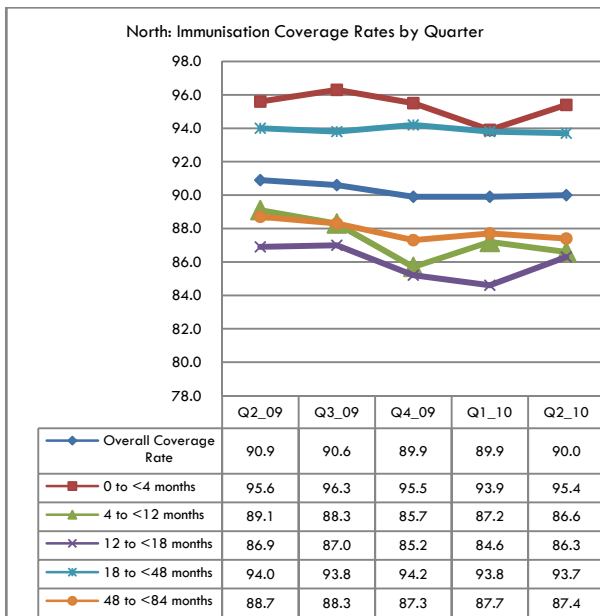


<sup>11</sup> Australian Triage Scale Category 2 patients are those who require emergency treatment for very severe pain or imminently life-threatening or time-critical treatment. The Australasian College for Emergency Medicine has set a national benchmark of 80% of Category 2 patients to be seen within 10 minutes.

## 5. Disease prevention and management [1,2]

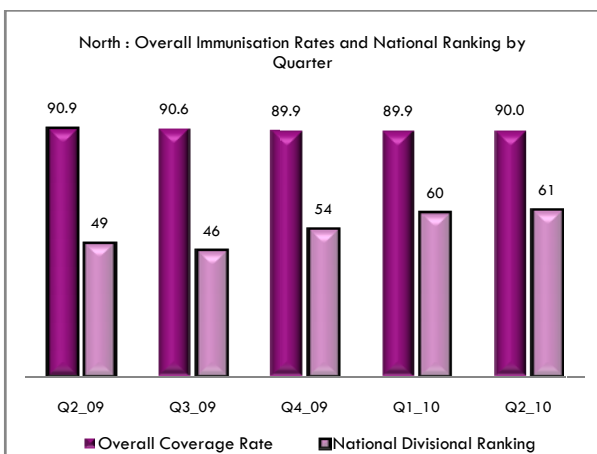
### 5.1 Immunisation coverage

Comparing the June 2010 Quarter with the June 2009 Quarter, there were decreases in immunisation coverage across all age brackets. The largest drop was seen in the 4 to <12 months age group, down by 2.5% on the same time the previous year.



The average overall coverage rate for the 2009-10 year dropped to 90.1%, 1.2% below the 2008-09 year, and lower than the 2007-08 average.

National ranking of the Northern Division has dropped progressively since the September Quarter 2009 to a ranking of 61 in June 2010.



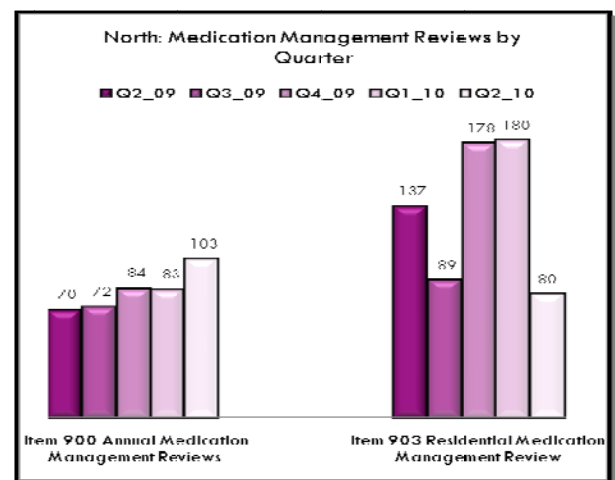
### 5.2. Medication management reviews

Domiciliary Medication Management Review Item 900  
Residential Medication Management Review Item 903

A total of 869 medication management reviews were undertaken by GPs in the Northern region in the 2009-10 year, an increase of 12.6% on the 2008-09 year. The majority of these (61%) were residential medication management reviews (RMMR). Annual reviews more than doubled over this period, while RMMRs dropped overall by 13%.

On an individual GP basis, this equates to 6 medication reviews per GP over the last financial year, or 9.2 MMR visits on an FTE GP basis.

Medication review activity for the June 2010 Quarter has increased by 47% for the annual review, with a decrease of 42% in RMMR compared to the same quarter in 2009.



### 5.3 Health assessments

Health assessment items are aimed at the early detection of health risk factors and chronic disease, and are part of the growing focus on the promotion of good health and the prevention of chronic disease.

To the end of April 2010 the Medicare Benefits Schedule provided 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 (aged care facility)
- 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)

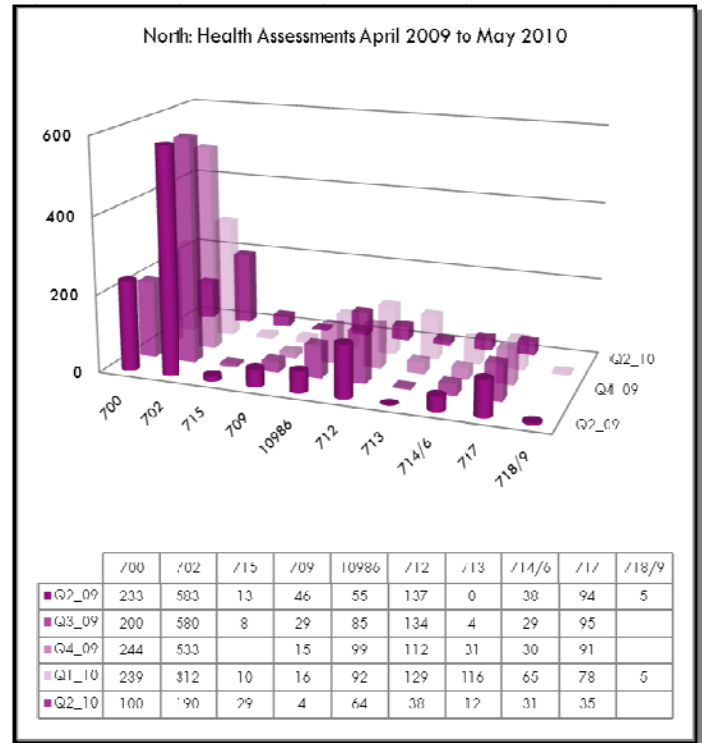
From 1 May 2010 the above items were consolidated into the following new health assessment items:

- 701: Brief Health Assessment < 30 minutes
- 703: Standard Health Assessment 30-45 minutes
- 705: Long Health Assessment 45-60 minutes
- 707: Prolonged Health Assessment > 60 minutes
- 715: Indigenous Health Assessments (non-time based)
- 10986: 4 year old Check (Practice Nurse/AHW)

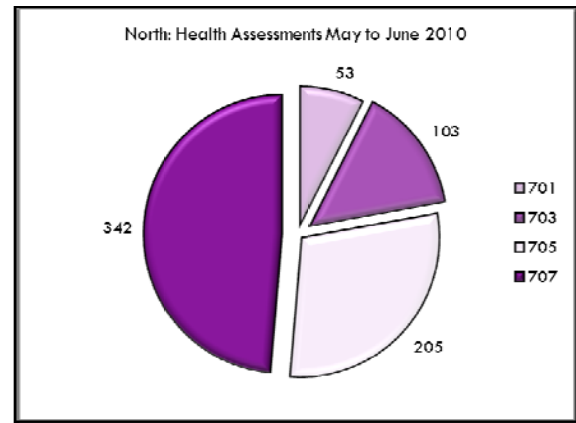
A total of 4,587 health assessments were conducted by GPs and Practice Nurses in the North in the 2009-10 year, a 0.5% decrease from the 2008-09 year.

During 2009 GPs in the North undertook 4,580 health assessments, representing 31.5% of health checks undertaken statewide. Over three-quarters of all health checks were conducted on the 75 year and over group and permanent residents of aged care facilities. Eight percent were undertaken on the 45-49 year old age group to screen for potential chronic disease risk factors. The 4 year old Healthy Kids Check conducted by GPs accounted for 3.6% of all health assessments, and Practice Nurses 7%. Indigenous health checks comprised 1%, refugee assessments 3.2% and those for the intellectually disabled, 0.3%.

Health assessments conducted from Quarter 2 2009 to Quarter 2 2010 are given below. Figures for Quarter 2 2010 are low due to the introduction of the new health assessment items on 1 May 2010 prior to the end of the second quarter, rendering comparison with last year's activity inaccurate.

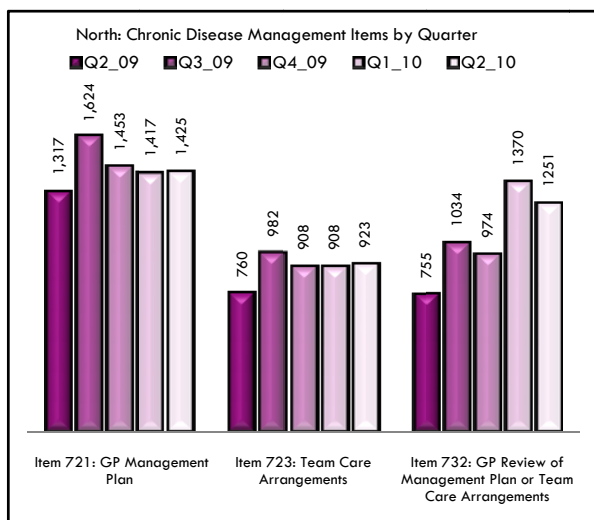


For the remainder of the June Quarter 2010 GPs in the North conducted 703 health assessments against the new time-based health check items. Of these, 49% were prolonged health assessments, 7.5% short assessments, 15% standard (703) and 29% long assessments.



## 5.4 Chronic disease management

GP Management Plan	Item 721
Team Care Arrangements	Item 723
GP Review of Management Plan or Team Care Arrangements	Item 732



GPs in the North conducted a total of 14,269 chronic disease management services during the 2009-10 year, a 36% increase since the 2008-09 year. This increase is attributable to an 18% rise in GP Management Plans (GPMP), a 46% increase in Team Care Arrangements (TCA), and a 56% increase in the number of reviews of both GPMPs and TCAs.

On an FTE GP basis, this equates to an average of 151 chronic disease services per annum.

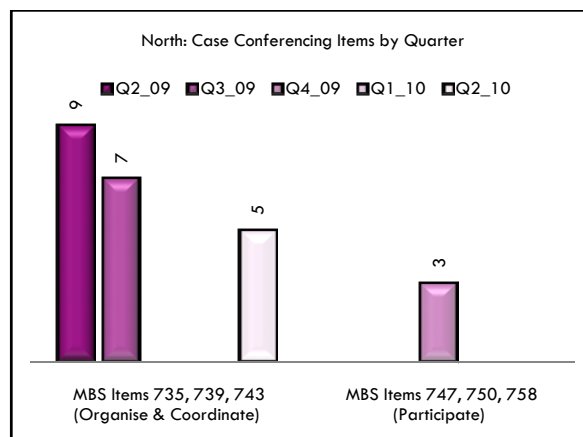
In the June 2010 Quarter a total of 3,599 chronic disease services were rendered, up from June 2009 activity by an additional 767 services.

## 5.5 Case conferencing items

The case conferencing items provide Medicare rebates where GPs participate in a meeting or discussion held to ensure that their patient's multidisciplinary care needs are met through a planned and coordinated approach.

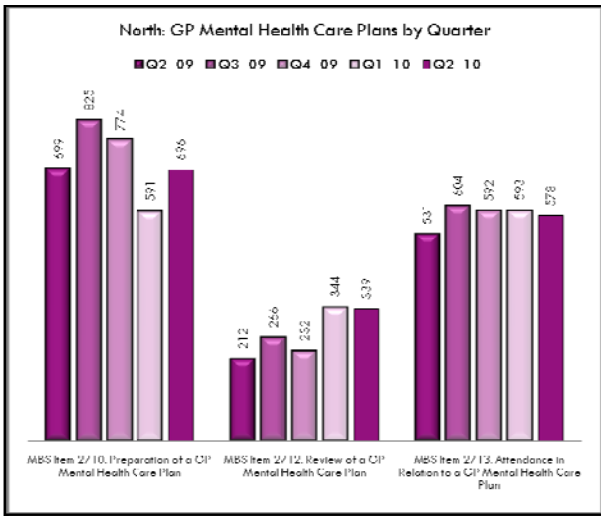
Organise & Coordinate Case Conference 15-20 minutes	735
Organise & Coordinate Case Conference 20-40 minutes	739
Organise & Coordinate Case Conference >40 minutes	743
Participate in Case Conference 15-20 minutes	747
Participate in Case Conference 20-40 minutes	750
Participate in Case Conference >40 minutes	758

GPs in the North conducted a total of 15 case conferences to discuss patient's multidisciplinary care needs during the 2009-10 year. Case conferencing activity has been low since the start of 2009, averaging 6 conferences per Quarter, the lowest in the State.



## 5.6 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

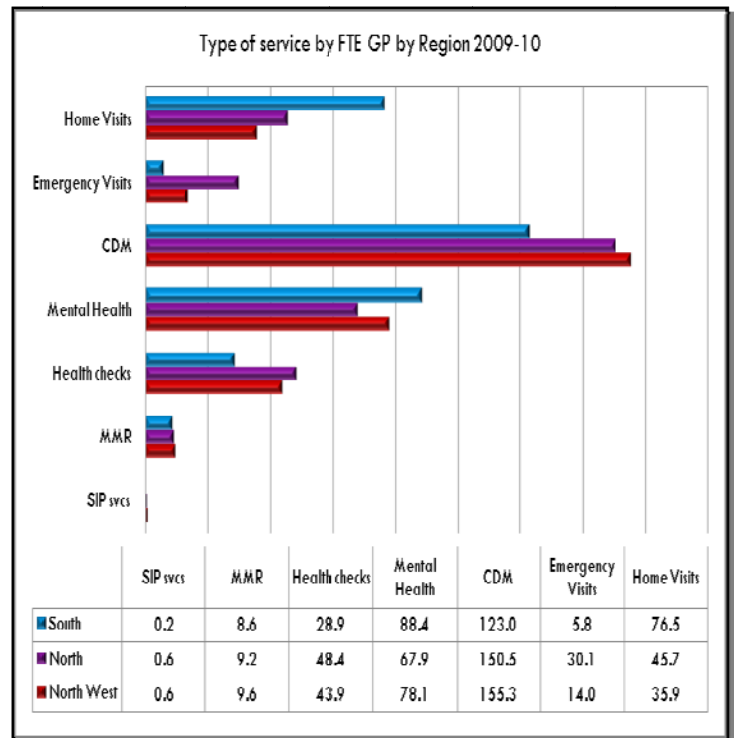


Northern region GPs conducted a total of 6,434 mental health care services over the last financial year, increasing by 11% or 645 services since the 2008-09 year. This equates to an average of 68 services per FTE GP.

The number of mental health care plans prepared by GPs remained at the same level for the June Quarter 2010 compared to the same quarter in 2009, while reviews have increased by 60%, and attendances in relation to a GP Mental Health Care Plan have increased by 9%.

## 5.7 Services per FTE GP by region

The chart below illustrates the relative numbers of services (excluding standard consultations) by region rendered by Tasmania's FTE GPs<sup>12</sup> over the 2009-10 financial year. All regions provided the highest proportion of services for chronic disease management, highest in the North West region. A higher number of home visits per FTE GP were conducted in the South while emergency visits were fewest in this region. The Northern region had a higher proportion of health checks per FTE GP and the highest rate of emergency visits. More mental health checks were being conducted by Southern FTE GPs.

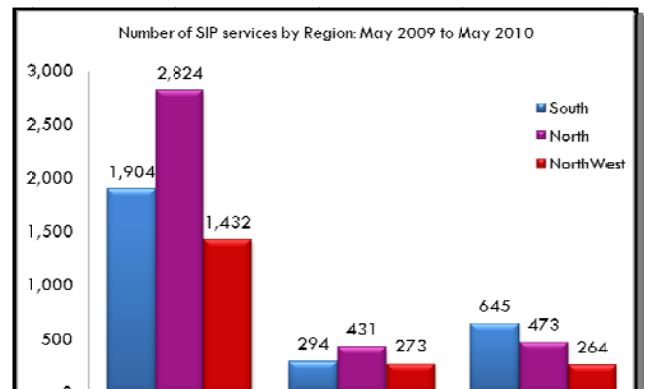
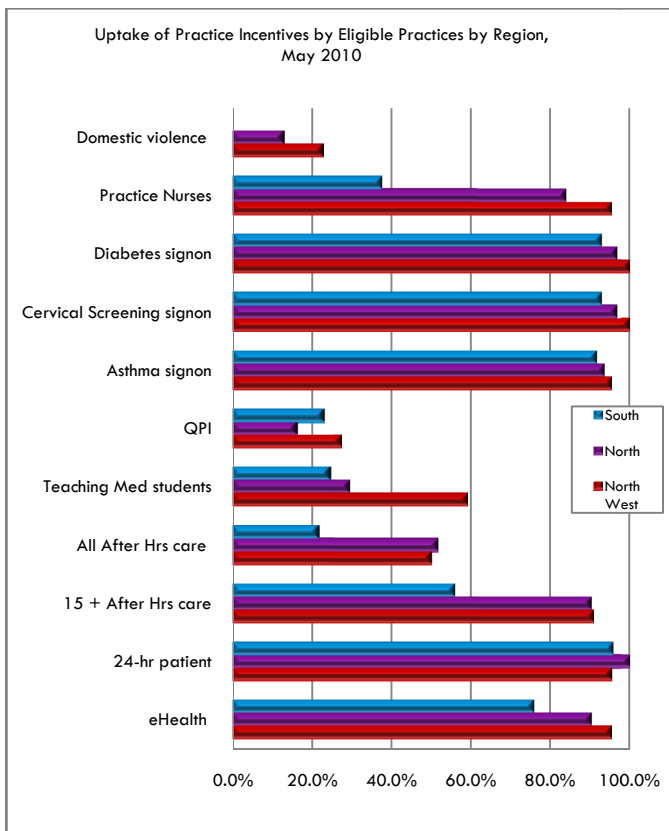


<sup>12</sup> FTE GPs based on Census of Tasmanian General Practice 2010 findings

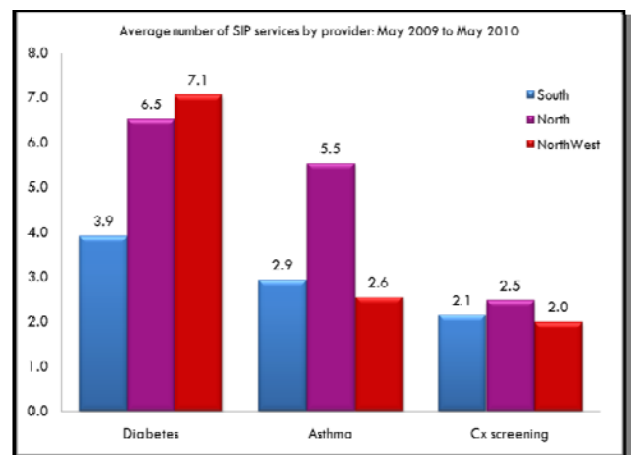
## 6. Uptake of national incentives<sup>[2]</sup>

### 6.1 Practice Incentive Payments

As at May 2010 there were 31 PIP registered practices of 42 accredited or registered for accreditation within the Northern region. Uptake of the PIP is shown below by region.



Over the last five Quarters, GPs in the North claiming SIP payments on average rendered 6.5 services for diabetes cycles of care completion, 5.5 services for asthma, and 2.5 for Pap screening.



The North has maintained 100% coverage by eligible PIP practices of 24-hr after hours care since August 2009, the highest rate in the State. Payments for teaching medicine students peaked in November 2009 at 15 practices (46.9%) and over the last two quarters have remained at 9 practices (29%). The Quality Prescribing Initiative paid annually in May was the lowest in the State at 16.1% (5 of 31 practices).

As at May 2010 the Northern region had the following sign-up rates for the PIP quality stream incentives:

- Asthma sign-on 94%
- Cervical screening sign-on 97%
- Diabetes sign-on 97%

The number of service incentive payments (SIP) under the PIP program is given below by region for the last five Quarters. SIP claims signify completion of annual cycles of care for asthma and diabetes, and Pap testing of underscreened women. The North had the highest number of claims for the completion of the asthma cycle of care.

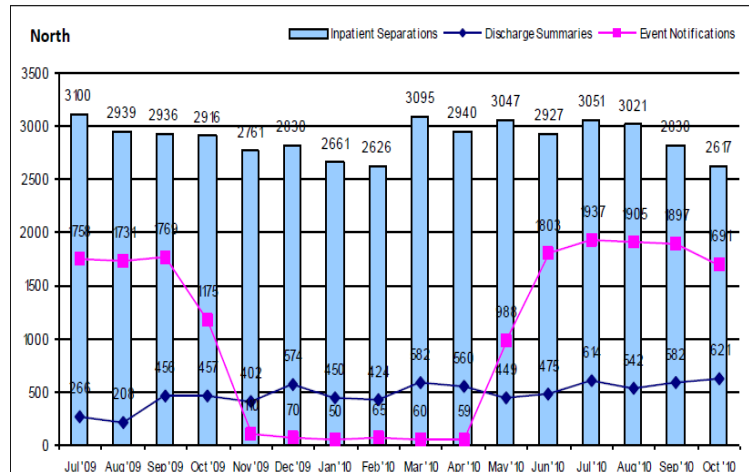
## 7. eHealth

### 7.1 Electronic communications

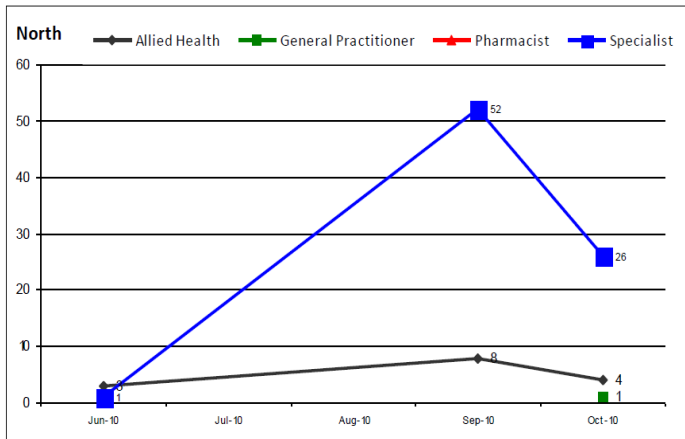
EDS: Electronic Discharge Summary (raw separations)  
 EDIS: Emergency Department Information System  
 ENHE: Electronic Notification of Hospital Event

Under the TAS eHealth Program, General Practice Tasmania undertakes regular monitoring and reporting of the uptake and utilisation of the TAS eHealth Messaging service using ReferralNet.

The total year to date messaging volume generated through ReferralNet in the Northern region has been 95 messages, 1.2% of the State total. Since January 2010 specialist messaging has accounted for over 83% of the total messaging volume, GP-sent messages 1%, and allied health providers 16%. Messages sent peaked during September at 63% of the total year to date volume.

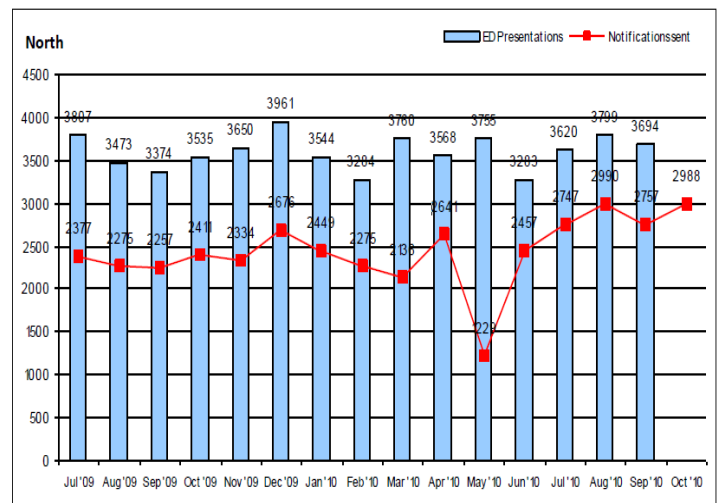


Emergency Department notifications (EDIS) as a proportion of the number of Emergency Department presentations in the North since January 2010 have averaged 67.3%. The highest rate of EDIS notifications was recorded in August at 78.7%.



General Practice Tasmania monitors 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).

The rate of electronic notification of hospital events (ENHE) was affected by the introduction of the new patient administration system. For the months June to October 2010, the rate of ENHE notifications in the Northern region has averaged 64% of inpatient separations. The rate of notification of raw separations by electronic discharge summaries for the same period averaged 19.7%, peaking in October at 23.7%.



## 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?

Three of four GPs in the Northern region responded to this question, with the majority of satisfaction ratings in the 'partly satisfied' category. Feedback received from GPs on communication from the public hospitals indicates areas where improvement is required (p 26).

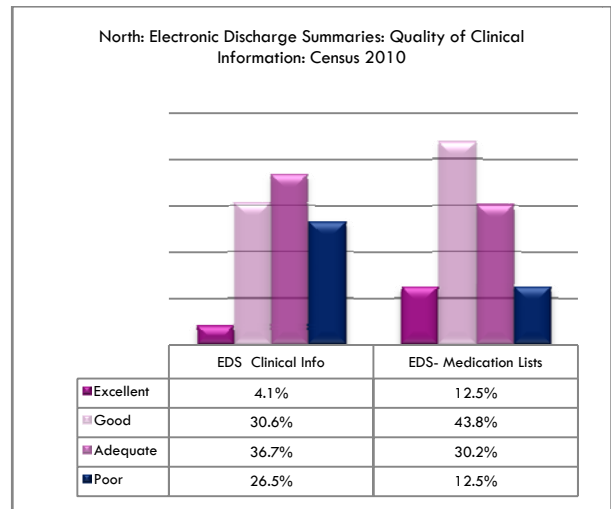
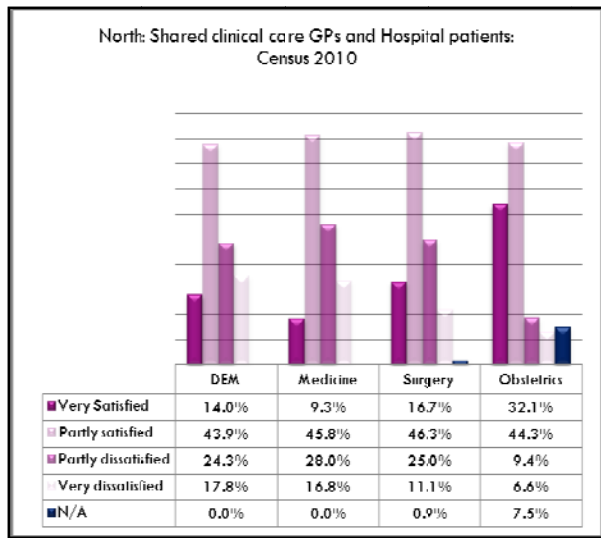
The highest level of overall satisfaction was for shared care of obstetric patients at 76%, with one in three responding GPs very satisfied. The highest dissatisfaction was for shared care of Medicine (45%) and DEM (42%) patients, with feedback indicating delays in receiving discharge information prior to patient review, inaccurate clinical information and unclear follow-up arrangements.

#### Electronic Discharge Summaries

If you have received EDSs, how would you rate the quality of the:  
- clinical information?  
- information contained in the medication lists?

94 GPs in the Northern region responded to this question (67%). The information contained in the EDS was rated as adequate or better by 72% of respondents, with an increase since 2009 in the proportion of GPs rating the information as good (from 15% up to 30%). However, over one in four GPs still rated the information overall as poor.

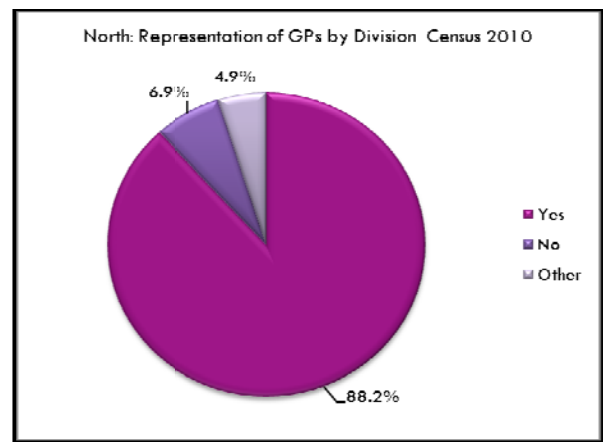
Satisfaction with information in the medication lists decreased overall in 2010 (87%) from 2009 (90%), with the majority of respondents rating the information as good (44%).



### 8.2 GP Census divisional questions

#### GP North continuing advocacy role in health reform environment

Three of four GPs in the North responded to this question, with 88% (90 GPs) stating that they were satisfied with GP North continuing to represent their views and advocate on their behalf. 7% of GPs did not wish this to continue.



#### Evaluation of GP North Services

Three of four GPs (105) in the Northern region provided their evaluation of the range of services offered by GP North. Services valued the most highly were vocational training for GPs and PNs (89%), delivery of clinical services (83%) and chronic disease management support (diabetes, mental health) (83%). Practice support and preventative health activities (Lifestyle Modification Program, immunisation, health promotion) were rated favourably at 76%.

Just under half the respondents assigned little or no value to data management services, with half of these (21%) unaware of the service. 29% of respondents returned minimal value ratings or were unaware of the Division's representation and advocacy role for health policy issues. Preventative health activities were assigned minimal value by 17% of respondents, with 8% unaware of the service and rating of no value. 9% of GPs were unaware of practice support activities offered by GP North.

