



National Health Performance **Authority**

# National Health Performance **Authority**

---

## **Healthy Communities:**

Australians' experience with primary health care in 2010–11







National Health Performance **Authority**

# National Health Performance Authority

---

## **Healthy Communities:**

Australians' experience with primary health care in 2010–11

## **National Health Performance Authority**

GPO Box 9848  
Sydney, NSW 2001 Australia  
Telephone: +61 2 9186 9210  
[www.nhpa.gov.au](http://www.nhpa.gov.au)

## **Paper-based publications**

© Commonwealth of Australia 2013

This work is copyright. You may reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the *Copyright Act 1968* or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so.

## **Internet sites**

© Commonwealth of Australia 2013

This work is copyright. You may download, display, print and reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the *Copyright Act 1968* or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so.

Requests and inquiries concerning reproduction and rights are to be sent to Communications, MDP 158, National Health Performance Authority, GPO Box 9848, Sydney NSW 2001, or by email to [nhpawebmaster@nhpa.gov.au](mailto:nhpawebmaster@nhpa.gov.au)

ISBN: 978-1-74241-888-9

Online ISBN: 978-1-74241-889-6

Suggested citation: National Health Performance Authority 2013, *Healthy Communities: Australian's experiences with primary health care in 2010–11*

Further copies of this document can be downloaded from [www.nhpa.gov.au](http://www.nhpa.gov.au)

Published March 2013.

Please note that there is the potential for minor revisions of this report.  
Please check [www.nhpa.gov.au](http://www.nhpa.gov.au) for any amendments.

# Table of contents

About the Authority .....	iii
Summary .....	iv
Key findings .....	iv
Introduction .....	1
About this report .....	1
Use of and experiences with primary health care .....	1
About the data .....	2
Fair comparisons .....	2
Key findings .....	3
Differences between Medicare Locals across Australia .....	3
Aboriginal and Torres Strait Islander peoples and experiences with primary health care .....	4
Reading the data .....	6
Key findings: summary tables .....	7
Differences between Medicare Locals within peer groups .....	9
National overviews: Use and experiences with primary health care	
Health status .....	13
How do Australians rate their health? .....	13
Use of primary health care .....	15
Seeing a GP .....	15
GP attendances .....	17
GP attendances, 2011–12 .....	23
Expenditure on GP attendances .....	29
Expenditure on GP attendances, 2011–12 .....	35
GP care planning .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
GP care planning, 2011–12 .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
Expenditure on GP care planning .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
Expenditure on GP care planning, 2011–12 .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
High use of GPs .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
Use of GPs for urgent care .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
GP after-hours attendances .....	41
GP after-hours attendances, 2011–12 .....	47
Expenditure on GP after-hours attendances .....	53
Expenditure on GP after-hours attendances, 2011–12 .....	59

Experiences with primary health care .....	65
Waiting times for GP appointments .....	65
Waiting times for urgent GP appointments .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
Having a preferred GP .....	67
Accessing a preferred GP .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
Cost barriers to seeing a GP .....	69
Experiences with GPs: listened .....	71
Experiences with GPs: showed respect .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
Experiences with GPs: spent enough time .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
Use of hospital EDs instead of GPs .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>
Specialist referrals by GPs .....	Available at <a href="http://www.nhpa.gov.au">www.nhpa.gov.au</a>

Acknowledgements .....	74
------------------------	----

#### Additional document

*Healthy Communities: Australians' experiences with primary health care in 2010–11,  
Technical Supplement*

# About the Authority

The National Health Performance Authority has been set up as an independent agency under the *National Health Reform Act 2011*. It commenced full operations in 2012.

Under the terms of the Act, the Authority will monitor, and report on, the performance of Local Hospital Networks, public and private hospitals, primary health care organisations and other bodies that provide health care services.

The Authority's reports will give all Australians access to timely and impartial information that fairly compares their local health care organisations against their peers.

The reports will let people see, for the first time, how their local health care organisations measure up against comparable organisations across Australia.

The Authority's activities are guided by a document called the *Performance and Accountability Framework* agreed by the Council of Australian Governments (COAG). The framework contains 48 indicators that will form the basis for the Authority's performance reports.

The Authority's role includes reporting on the performance of health care organisations against the 48 measures in order to identify both high-performing Local Hospital Networks, Medicare Locals and hospitals (so effective practices can be shared), and Local Hospital Networks and Medicare Locals that perform poorly (so that steps can be taken to address problems).

The Authority releases reports on a quarterly basis, and also publishes performance data on the MyHospitals website and on **[www.nhpa.gov.au](http://www.nhpa.gov.au)**

The Authority consists of a Chairman, a Deputy Chairman and five other members, appointed for up to five years. Members of the Authority are:

- Ms Patricia Faulkner AO (Chairman)
- Mr John Walsh AM (Deputy Chairman)
- Dr David Filby PSM
- Prof Michael Reid
- Prof Bryant Stokes AM RFD
- Prof Paul Torzillo AM
- Prof Claire Jackson (acting member).

The conclusions in this report are those of the Authority. No official endorsement from any Minister, department of health or health care organisation is intended or should be inferred.

# Summary

The National Health Performance Authority began operations in 2012 as an independent body to provide locally relevant and nationally consistent information on the performance of hospitals and other health care organisations.

This report, the Authority's second, allows for the first time the public, clinicians and health managers to see results for both use and experience of GP care at a local level.

For most measures, the results are broken down into the 61 geographic areas that are covered by the new network of Medicare Locals, which were set up in 2011 to improve responsiveness, co-ordination and integration of health services. Where possible, results are broken down by still smaller geographic areas.

The report's findings, largely based on interviews with nearly 27,000 adults, show that where people live makes a big difference both to their perceived health status and to perceived experiences of care.

However, the findings also show that when patients do get in to see a GP, their perceptions of care can be quite positive.

This report examines use, patient experiences and the perceived health of populations living in each Medicare Local area against a range of indicators, including:

- GP attendances
- Measures of patient experiences
- Wait times for GP services
- After-hours GP service utilisation.

All of these data are linked to Medicare Local areas on the basis of where the patient lives, rather than the location where a health service is delivered.

Most data in this report were collected before Medicare Locals were set up. The value of these findings is that they provide a baseline at a lower level of geographic detail. This will be important over time in allowing clinicians and health managers to see what impact they are having in improving health care in their respective areas.

## Key findings

The report suggests that where Australians live has a noticeable impact on whether they will get care when they need it, within acceptable waiting times, and at a price they can afford. But the results show no one area does consistently well or poorly across all measures.

The findings also demonstrate wide variations in the use of after-hours GP services. From 1 July 2013, Medicare Locals will be responsible for ensuring comprehensive face-to-face after-hours services are available across their catchments according to population need.

## National variations

Very large variations were seen between populations living within different Medicare Local catchment areas nationally, in terms of whether patients could afford to see a GP, how long they had to wait before securing a GP appointment, and how easily they could access after-hours GP care.

## Cost

The percentage of patients who delayed or avoided seeing a doctor due to cost was up to **five times higher** in some areas than in other



areas. The percentage ranged from 15% to 3% across Medicare Local populations nationally (Tables 1 and 2, pages 7 and 8).

### **Waiting times**

The percentage of patients who had seen a GP in the preceding 12 months, and who felt they waited longer than acceptable to get a GP appointment, was **three times as high** in some areas compared to other areas. The percentage ranged from 28% to 8% across Medicare Local populations nationally (Tables 1 and 2, pages 7 and 8).

### **After-hours GP care**

The number of after-hours GP visits per person differed greatly across the country from 0.71 visits per person to 0.03 in 2010–11, and from 0.79 visits to 0.05 in 2011–12. But just looking at metropolitan areas, the number of visits was **five times higher** in some areas compared to other areas. The number ranged from 0.71 visits per person to 0.14 visits across metro Medicare Local populations nationally in 2010–11 (Table 1, page 7), and from 0.79 visits to 0.15 visits in 2011–12.

### **Other findings**

The report suggests the vast majority of Australians considered themselves to be in good health in 2010–11, ranging from 91% to 81% of adults across Medicare Local catchments nationally who said their health was *excellent*, *very good* or *good* (Tables 1 and 2, pages 7 and 8).

However, variations were also apparent on this measure. The percentage of adults who reported their health as *fair* or *poor* was **twice as high** in some areas than in other areas. The percentage ranged from 19% to 9% across Medicare Local populations nationally.

Similarly, there was some variation in other measures of patient experience (Tables 1 and 2, pages 7 and 8).

### **Adults who saw a GP**

The percentage of adults who reported visiting a GP at least once in the preceding year varied across Medicare Local populations nationally, from 88% to 71%.

### **Number of visits to a GP**

The number of GP visits per person differed greatly across the country, as did the Medicare Benefits expenditure on GP visits per person.

The number of annual visits to a GP per person was **three times higher** in some areas compared to other areas. The number ranged from 7.3 visits per person to 2.3 visits per person across Medicare Local populations nationally in 2010–11, and from 7.4 to 2.4 in 2011–12.

Medicare Benefits expenditure on GP attendances per person was **nearly three times higher** in some areas compared to others. Expenditure ranged from \$302.95 to \$104.81 per person in 2010–11, and from \$321.03 to \$114.39 in 2011–12.

### **Adults who had a preferred GP**

The percentage of adults who reported having a preferred GP ranged from 95% to 78% across Medicare Local populations nationally. Having a preferred GP is considered conducive to improved health, as it should promote continuity of care.

### **Listening**

The percentage of adults who reported that their GP *always* or *often* listened carefully to them was generally high across all Medicare Locals, ranging from 96% to 83%.

For information on whether patients thought their GP showed respect, spent enough time with them or explained reasons for referrals see [www.nhpa.gov.au](http://www.nhpa.gov.au)

### Variations across and within peer groups

Results are reported for each Medicare Local catchment relative to the performance across all the Medicare Locals in the respective peer group (see pages 13 to 72). This reflects the fact that the geographic areas for which Medicare Locals are responsible vary considerably in terms of remoteness and the socioeconomic status of the populations they serve.

Comparisons of Medicare Local areas within peer groups are more fair than comparisons across peer groups. There are three peer groups in metropolitan areas, two in regional areas and two in rural areas.

**Tables 1 and 2 on pages 7 and 8** set out a summary of Australians' health, use and experiences with primary health care nationally. The tables identify Medicare Locals, and peer groups of Medicare Locals, where people have the most and least desirable experiences nationally.

Note that the green and orange highlights in Tables 1 and 2 portrays a narrower variation on some measures than reported on **pages 9 to 12**, and on the maps on **pages 13 to 72 (see Reading the data, page 6)**.

## Why are there large differences in use and experiences with primary health care?

These findings raise important questions relevant to Australians and national health reform. Do people who live in less healthy regions get access to more primary health care services? Do people who live in regions that use more primary health care services have more desirable experiences?

We don't yet know the answers to these questions, so future reports will examine 'access to services relative to need' along with other indicators that the Council of Australian Governments has asked the Authority to report on.

## What else did we learn?

In piecing together national data in new ways to produce information that has never before been available, the Authority identified opportunities to improve the data.

We learnt that data are scant or not consistently collected in some local areas, so we don't know about and can't report on their experiences with primary health care. Accordingly, the Authority has made investments so the Australian Bureau of Statistics is now collecting more data from those communities.

We learnt that comparable data at the Medicare Local level is not available for reporting experiences with primary health care for Aboriginal and Torres Strait Islander peoples. Work is under way to determine what improvements are needed, and the best way to report into the future nationally on local experiences with primary health care among Aboriginal and Torres Strait Islander peoples.

We learnt that there is little nationally consistent data about Australians' experiences in topics deemed a priority of health reform such as whether services are coordinated or integrated.

Accordingly, the Authority is working with the Australian Bureau of Statistics to ensure that the types of data collected in Australia reflect the needs of all people who want information about local health regions, to contribute to national and local efforts to improve care.

## Next steps

In the coming months, the National Health Performance Authority will look at Australians' experiences with a broader range of health care professionals including:

- Use of allied health
- Use of specialists
- Primary care-type emergency department attendances.

In 2013 the Authority will publish reports each quarter on the comparable performance of health care organisations to stimulate improvements in the Australian health system, to increase transparency and accountability and to inform consumers.

## How does primary health care compare in your local area?

The National Health Performance Authority has released data for 2010-11, and where possible 2011-12, for Medicare Locals and more than 300 local areas covering:

### *Use of primary health care*

- Adults who reported seeing a GP
- GP attendances (average number and expenditures)
- Primary care: GP care planning, comprising multidisciplinary care plans, case conferences and after-hours (attendances and expenditures)
- High use of GPs
- Use of GPs for urgent care

### *Experiences with primary health care*

- Wait times for GP appointments
- Having a preferred GP
- Access to a preferred GP
- Cost barriers to seeing a GP
- Experiences with GPs: listening, showed respect and spent enough time
- Use of hospital EDs instead of GPs
- Referrals to specialists by GPs

To find more information about your local area, go to **[www.nhpa.gov.au](http://www.nhpa.gov.au)**

# Introduction

## About this report

This is the second report by the National Health Performance Authority, and the first in a series of regular reports on community-based health services.

The Authority bases its performance reports on 48 indicators agreed by the Council of Australian Governments (COAG). In this report, the Authority has focused on indicators that relate to the experiences people have in accessing and receiving primary health care.

Instead of reporting at the state level, the report allows clinicians, health managers, administrators and the public to see for the first time how the results differ between each of the geographic areas covered by the new network of Medicare Locals.

There are 61 Medicare Locals across Australia, which were established in 2011. Most of the data reported covers July 2010 to June 2011. Whenever possible more recent data, covering 2011–12, is reported either in the report itself or on [www.nhpa.gov.au](http://www.nhpa.gov.au)

It is important to note that these data were collected before Medicare Locals were set up. The final group of Medicare Locals began operations in July 2012. Accordingly, the findings in this report do not reflect on the performance of Medicare Locals as organisations. Instead, the purpose of this report is to deepen understanding of local populations and where services may be improved.

There is considerable variation in the size of the geographic areas served by Medicare Locals, as well as in the nature of the populations they

serve. To allow fair comparisons, the Authority has grouped Medicare Locals into seven clusters, or peer groups, based on geographic remoteness and population characteristics (see page 6).

This document reports performance against a range of COAG-endorsed indicators including:

- GP attendances
- Measures of patient experiences
- Wait times for GP services
- After-hours GP service utilisation.

The report provides some extra information not covered by the COAG indicators, such as Australians' views of their health status, to help interpret the findings.

## Use of and experiences with primary health care

Strong primary health care systems are associated with better health outcomes and lower costs. High-performing primary health care systems put the needs of populations first to ensure patients receive high-quality, timely and appropriate treatment throughout their illness or course of care, regardless of where care is delivered.<sup>1</sup>

Primary health care services are important in providing continuity of care. They create an accessible and regular point of entry into the health system, making it easier to build trusting and respectful relationships between patients and their health care providers.<sup>1</sup>

---

1. World Health Organization. *The World Health Report 2008. Primary Health Care—Now More Than Ever*. <http://www.who.int/whr/2008/en/index.html>. Accessed 30/01/2013.

National reforms aim to make health services more responsive to patient needs, by:

- Improving access and reducing inequality in access
- Increasing the focus on prevention
- Improving quality, safety, performance and accountability in primary health care.<sup>2</sup>

The role of Medicare Locals is to help achieve these goals. They have responsibility for identifying and assessing the health care needs of their populations, improving the responsiveness, coordination and integration of primary health care in local communities, addressing service gaps and making it easier for individuals, carers and service providers to navigate their local health system.<sup>2</sup>

## About the data

The data in this report principally rely on experiences with primary health care as reported by 26,423 adults in the Australian Bureau of Statistics Patient Experience Survey 2010–11. In the survey, Australians were asked to recall their experiences with health services that occurred over the preceding year.

The report includes data on services funded under the Medicare Benefits Schedule (MBS) for 2010–11 and 2011–12 to measure use of primary health care among all Australians. All MBS data are mapped to the Medicare Local areas in which people live, rather than the areas where services were provided. Where possible, results are broken down by geographic areas within Medicare Local catchments.

Data are included in this print report if they relate to an indicator included in the *Performance and Accountability Framework*. Other data are reported on the website because they give contextual information, or if results were available for a limited number of Medicare Locals. Additional data for 2011–12 are also available at [www.nhpa.gov.au](http://www.nhpa.gov.au)

Further information can be found in *Healthy Communities: Australians' experiences with primary health care in 2010–11, Technical Supplement*, at [www.nhpa.gov.au](http://www.nhpa.gov.au)

## Fair comparisons

As part of its work, the Authority used statistical methods to allow, for the first time, Australians to make fair comparisons between the populations for which Medicare Locals are responsible.

To this end, each Medicare Local has been allocated to one of seven peer groups: three in metropolitan areas, two in regional areas, and two in rural areas. Medicare Locals in the same peer group are more similar to each other than to Medicare Locals in other peer groups in terms of socioeconomic status, remoteness and distance to hospitals ([page 6](#)).

The Authority acknowledges that as Medicare Locals are newly established, many indicators require further data development work, and notes small differences in measured performance may not represent true differences in care experiences.

---

2. Australian Government Department of Health and Ageing 2009, *Building a 21st Century Primary Health Care System, Australia's First National Primary Health Care Strategy*. DoHA, Canberra.

# Key findings

## Differences between Medicare Locals across Australia

### What do Australians think about their own health?

In 2010–11, most Australians considered themselves to be in good health. The percentage of Australians within each Medicare Local catchment who reported a health status of *excellent, very good or good* varied from 91% to 81% nationally.

These results mean the percentage of adults who reported their health as *fair or poor* was twice as high in some Medicare Local catchments compared to others, ranging from 19% to 9% nationally **(See green and orange in Tables 1 and 2, pages 7 and 8, and pages 13 and 14).**

### Use of primary health care services

For many people, GPs are the first point of access to the health care system. In 2010–11, variations were seen across Australia in the use of GPs and use of GP after-hours services.

The percentage of adults who visited a GP at least once in the preceding year varied across Medicare Local catchments nationally, from 88% to 71%.

There was large variation in the annual number of visits to GPs per person, and in Medicare Benefits expenditure on GP visits per person. Annual visits were three times higher in some Medicare Local catchments than in others, ranging from 7.3 to 2.3 attendances per person in 2010–11, and from 7.4 to 2.4 in 2011–12. Expenditure ranged from \$302.95 to \$104.81 in 2010–11 and from \$321.03 to \$114.39 in 2011–12.

There was also a large variation across Medicare Local catchments in the use of GP after-hours services, and expenditure on GP after-hours attendances.

Nationally, the number of after-hours GP attendances ranged from 0.71 to 0.03 in 2010–11, and from 0.79 attendances to 0.05 in 2011–12. Similarly, Medicare Benefits expenditure ranged from \$36.18 to \$2.15 per person in 2010–11, and from \$42.11 to \$3.35 in 2011–12. However, it is not fair to compare after-hours GP care between metropolitan and regional/rural areas because in some regional and rural areas care may be provided through other services such as hospitals.

In the three metropolitan peer groups, annual visits ranged from 0.71 visits per person to 0.14 visits per person nationally in 2010–11, and from 0.79 to 0.15 in 2011–12. Expenditure ranged from \$36.18 to \$8.20 in 2010–11, and from \$42.11 to \$9.62 in 2011–12.

The variations were larger in the two regional and two rural peer groups. In the two regional peer groups, the number of after-hours visits per person was eight times higher in some areas compared to others (ranging from 0.40 visits per person to 0.05 visits in 2010–11, and in 2011–12), while in the two rural peer groups, the number of visits was up to 12 times higher (ranging from 0.36 visits per person to 0.03 visits in 2010–11, and from 0.42 to 0.05 in 2011–12) **(Tables 1 and 2, pages 7 and 8, and pages 15 to 64).**



For more information on Australians' use of primary health care in 2010–11 and 2011–12 go to [www.nhpa.gov.au](http://www.nhpa.gov.au)

Data are presented on maps of Australia and local regions at the Medicare Local area level and for more than 300 smaller geographic areas.

## Aboriginal and Torres Strait Islander peoples and experiences with primary health care

The Authority's activities are guided by a document called the *Performance and Accountability Framework* agreed by the Council of Australian Governments (COAG) as part of national health reform. The framework contains 48 indicators that form the basis for the Authority's reports. All indicators where possible will be reported by Aboriginal and Torres Strait Islander and non-Indigenous status.

The Australian Bureau of Statistics (ABS) Patient Experience Survey 2010–11 examined in this report surveyed approximately 400 Aboriginal and Torres Strait Islander people and 26,000 non-Indigenous people. This represents 1.5% of all respondents, compared with 2.4% of the estimated Aboriginal and Torres Strait Islander population.<sup>3</sup> People living in very remote areas or discrete Indigenous communities were excluded from the survey.

These limitations to the data in sample size and survey scope were considered by the Authority when interpreting the survey results for Aboriginal and Torres Strait Islander peoples. Accordingly, while responses from Aboriginal and Torres Strait Islander peoples are included in the results presented in this report, they are not presented separately.

The Authority will be investing in improvements to the data to be able to report into the future nationally on local experiences with primary health care among Aboriginal and Torres Strait Islander peoples. Data that were available are outlined on the following page.

### Experiences with primary health care

The percentage of patients who had seen a GP in the preceding 12 months and who felt they waited longer than acceptable to get an appointment varied across Medicare Local catchments nationally, from 28% to 8%, indicating large variations in timeliness of access.

Most adults in Australia said they had access to a preferred GP, but again this varied across Medicare Local catchments, from 95% to 78%.

There was also a large variation in the affordability of care between different Medicare Local populations, ranging from 15% to 3% across Medicare Local catchments nationally. This means that Australians living in some Medicare Local catchments were five times more likely to report delays in seeing a GP, or not seeing a GP due to cost, compared to Australians living in other Medicare Local catchments.

For most patients, experiences with GPs are positive, and most patients feel their GP listened to them. The percentage of patients who thought their GP *always* or *often* listened carefully varied across Medicare Local catchments nationally, from 96% to 83% (pages 65 to 72).

3. ABS Estimated Resident Population at 30 June 2011 as published in Australian Demographic Statistics, March 2012 (Cat. no. 3101.0)

## What do Aboriginal and Torres Strait Islander peoples think about their health?

In the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS), 44% of Aboriginal and Torres Strait Islander peoples aged 15 years and over reported their health as being *very good or excellent*, 34% reported their health as *good*, and 22% reported their health as *poor or fair*. People were twice as likely as non-Indigenous Australians to report their health as *poor or fair* after accounting for differences in age structure between these populations.<sup>4</sup>

## Aboriginal and Torres Strait Islander peoples' use of primary health care

In 2009–10, primary health care service use was similar for Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians (approximately 5.63 and 5.55 services per person respectively). However, Aboriginal and Torres Strait Islander peoples had a higher rate of long and complex consultations compared with non-Indigenous Australians.<sup>5</sup>

In 2010–11, Aboriginal and Torres Strait Islander primary health care services provided 2.5 million episodes of health care to about 428,000 clients nationally, most of whom were Aboriginal and Torres Strait Islander peoples.<sup>6</sup>

## Aboriginal and Torres Strait Islander peoples' experiences with health care

In the 2008 NATSISS, 26% of Aboriginal and Torres Strait Islander peoples aged 15 years and over reported problems with accessing health services. Access issues were higher in remote areas (36%) than non-remote areas (23%).

There were a range of barriers identified to accessing health services including in rank order:

- Waiting time too long/not available at time requested
- Not enough services in area
- No services in area
- Transport/distance
- Cost of service
- Don't trust services
- Services not culturally appropriate.<sup>4</sup>

---

4. Australian Health Ministers' Advisory Council 2012, *Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report*, AHMAC, Canberra.

5. Australian Institute of Health and Welfare 2011, *Access to health services for Aboriginal and Torres Strait Islander people*. Cat. No. IHW 46. Canberra, AIHW.

Note: MBS statistics exclude services provided by publicly funded programs which may include services provided by some Aboriginal Community Controlled Health Organisations.

6. Australian Institute of Health and Welfare 2012, *Aboriginal and Torres Strait Islander health services report, 2010–11: OATSIH Services Reporting—key results*. Cat. no. IHW 79. Canberra, AIHW.  
Note: Includes services funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH)



## Reading the data

**Tables 1 and 2** on the next page set out a summary of Australians' health, use and experiences with primary health care across all Medicare Locals in Australia. They identify Medicare Local catchments where people have more desirable and less desirable experiences nationally.

### Results for each measure

Look down the columns to see results on each measure for each Medicare Local population. Results for the Medicare Local(s) with the most desirable experiences for each measure are highlighted in green, while the Medicare Local(s) with the least desirable experiences are highlighted in orange.

None of the patient experience results in the Rural 2 peer group are highlighted as either most or least desirable, because more than 5% of the population in each Medicare Local in this peer group are in very remote areas, which were not included in the Patient Experience Survey 2010–11. This explains why the ranges of highest and lowest on **pages 9 to 12**, and on the maps on **pages 13 to 72**, appear wider than suggested by the green and orange highlights in **Tables 1 and 2** on the next two pages.

The two tables must be read together to see a national picture, which is why a column in one table may have only one result highlighted, or none at all. In these cases, the highlights will be present in the corresponding column in the other table.

### Results by peer group

Look along the horizontal coloured bars to see the overall result among all the Medicare Local populations in each peer group.

### Results by Medicare Local

Look along the rows to see the result for each Medicare Local population. On **pages 13 to 72**, the “whisker plot” graphics along the far right hand side of each two-page spread allow people to see the extent to which the results for each Medicare Local population differ from those of other Medicare Locals in the same peer group.

### About the peer groups





To enable fairer comparisons, we allocated each Medicare Local to one of seven peer groups, based on socioeconomic status, remoteness and distance to hospitals.

- **Metro 1:** High urban density, higher socioeconomic status
- **Metro 2:** Medium urban density, medium socioeconomic status
- **Metro 3:** Low urban density, lower socioeconomic status
- **Regional 1:** Outer urban areas, middle socioeconomic status
- **Regional 2:** Mostly non-metro urban and regional areas, middle socioeconomic status
- **Rural 1:** Distant from metro cities, with diverse socioeconomic status
- **Rural 2:** Mostly large remote areas, middle or lower socioeconomic status.

To find more information about peer groups go to [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Table 1: Australians' use of primary health care in metropolitan Medicare Locals, by Medicare Local peer group<sup>1</sup>, 2010–11**





	Health status	Use of primary health care			Experiences with primary health care			
	Adults who rated health excellent, very good or good (%)	Adults who saw a GP in previous year (%)	Average number of GP attendances per person (n)	Average number of GP after-hours attendances per person (n)	Adults who reported:			
					Waiting too long for a GP appointment (%)	Having a preferred GP (%)	Cost barriers to seeing a GP (%)	Their GP listened carefully <sup>2</sup> (%)
<b>Metro 1</b>	<b>89%</b>	<b>80%</b>	<b>5.1</b>	<b>0.33</b>	<b>13%</b>	<b>82%</b>	<b>8%</b>	<b>91%</b>
Australian Capital Territory	89%	83%	4.0	0.24	20% <sup>#</sup>	81%	15% <sup>#</sup>	88% <sup>#</sup>
Bayside	91%	79%	4.9	0.29	11%	81%	7%	92%
Eastern Sydney	89%	77%	5.0	0.29	14%	80%	8%	96% <sup>#</sup>
Inner East Melbourne	88%	81%	5.1	0.34	10%	87% <sup>#</sup>	8%	94%
Inner NW Melbourne	89%	79%	5.2	0.33	19% <sup>#</sup>	81%	8%	91%
Inner West Sydney	87%	78%	6.0	0.44	12%	80%	5% <sup>#</sup>	89%
Northern Sydney	87%	85% <sup>#</sup>	5.2	0.32	12%	89% <sup>#</sup>	8%	92%
Sydney North Shore & Beaches	91%	81%	4.8	0.33	10%	81%	8%	89%
<b>Metro 2</b>	<b>87%</b>	<b>81%</b>	<b>5.1</b>	<b>0.32</b>	<b>13%</b>	<b>82%</b>	<b>9%</b>	<b>89%</b>
Bentley-Armadale	90%	78% <sup>#</sup>	4.2	0.16	15%	83%	8%	87%
Central Adelaide & Hills	87%	84% <sup>#</sup>	5.2	0.36	13%	82%	7% <sup>#</sup>	91%
Eastern Melbourne	88%	82%	5.4	0.34	14%	80%	8%	91%
Fremantle	90%	83%	4.3	0.14	19% <sup>#</sup>	79%	10%	91%
Gold Coast	83% <sup>#</sup>	80%	5.8	0.51	10% <sup>#</sup>	82%	13%	89%
Greater Metro South Brisbane	88%	80%	5.4	0.36	12%	79% <sup>#</sup>	10%	86% <sup>#</sup>
Metro North Brisbane	85%	82%	5.1	0.27	8% <sup>#</sup>	85%	11%	91%
Perth Central & East Metro	88%	80%	4.2	0.14	15%	82%	6% <sup>#</sup>	89%
Perth North Metro	90% <sup>#</sup>	78%	4.4	0.15	16% <sup>#</sup>	81%	14% <sup>#</sup>	91%
South Eastern Sydney	87%	83%	6.1	0.39	9% <sup>#</sup>	83%	6%	92%
South Western Melbourne	88%	84%	5.5	0.71	15%	80%	3% <sup>#</sup>	86%
Sthn Adelaide-Fleurieu-Kangaroo Is.	85%	83%	5.6	0.39	19% <sup>#</sup>	86% <sup>#</sup>	10%	88%
<b>Metro 3</b>	<b>84%</b>	<b>83%</b>	<b>6.5</b>	<b>0.55</b>	<b>14%</b>	<b>83%</b>	<b>6%</b>	<b>88%</b>
Macedon Ranges & NW Melb	83%	85%	6.0	0.45	24% <sup>#</sup>	78%	9%	83% <sup>#</sup>
Northern Adelaide	82%	85%	5.9	0.46	15%	80%	6%	89%
Northern Melbourne	85%	80%	6.1	0.62	14%	86%	6%	91%
South Eastern Melbourne	84%	84%	6.1	0.55	13%	87% <sup>#</sup>	6%	88%
South Western Sydney	84%	83%	7.3	0.60	11% <sup>#</sup>	83%	4% <sup>#</sup>	89%
West Moreton-Oxley	84%	84%	5.7	0.36	10%	84%	10% <sup>#</sup>	90%
Western Sydney	85%	83%	7.0	0.65	12%	82%	4%	89%
<b>Results and Maps</b>	<b>Page 13</b>	<b>Page 15</b>	<b>Page 17</b>	<b>Page 41</b>	<b>Page 65</b>	<b>Page 67</b>	<b>Page 69</b>	<b>Page 71</b>

	Medicare Locals with the most desirable experiences nationally		Highest <sup>3</sup> use of primary health care nationally
	Medicare Locals with the least desirable experiences nationally		Lowest <sup>3</sup> use of primary health care nationally

- For more information on Medicare Local peer groups see page 6 or [www.nhpa.gov.au](http://www.nhpa.gov.au)
  - For more information on whether adults thought their GP showed respect and spent enough time with them, see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  - Higher use does not directly relate to more desirable experiences, and may be impacted by variation in need for services.
  - Statistically different (at the 95% level) from the peer group percentage. Statistical difference was not calculated for the average number of GP attendances per person or average number of GP after-hours attendances per person.
- Note:** Medicare Locals with the highest and lowest results have been highlighted, however due to sampling error on estimates derived from the Patient Experience Survey 2010–11, other Medicare Locals may have statistically similar results. See the 95% confidence intervals on the national overviews. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Source:** Australian Bureau of Statistics, Patient Experience Survey 2010–11.  
Department of Human Services Medicare Benefits statistics 2010–11 and ABS Estimated Resident Population 30 June 2011.

**Table 2: Australians' use of primary health care in *regional* and *rural* Medicare Locals, by Medicare Local peer group<sup>1</sup>, 2010–11**

	Health status	Use of primary health care			Experiences with primary health care			
	Adults who rated health excellent, very good or good (%)	Adults who saw a GP in previous year (%)	Average number of GP attendances per person (n)	Average number of GP after-hours attendances per person (n)	Adults who reported:			
					Waiting too long for a GP appointment (%)	Having a preferred GP (%)	Cost barriers to seeing a GP (%)	Their GP listened carefully <sup>2</sup> (%)
<b>Regional 1</b>	<b>86%</b>	<b>85%</b>	<b>5.6</b>	<b>0.25</b>	<b>21%</b>	<b>83%</b>	<b>10%</b>	<b>90%</b>
Barwon	87%	88%	5.1	0.31	21%	80%	9%	89%
Central Coast NSW	84%	84%	5.7	0.23	25%	84%	13%	91%
Frankston-Mornington Peninsula	89%	86%	5.3	0.26	16% <sup>#</sup>	82%	12%	90%
Hunter	87%	84%	5.2	0.20	25% <sup>#</sup>	83%	10%	90%
Illawarra-Shoalhaven	86%	82%	5.9	0.31	26%	87%	12%	90%
Nepean-Blue Mountains	88%	84%	6.4	0.40	17%	89% <sup>#</sup>	7% <sup>#</sup>	93%
Perth South Coastal	82%	82%	4.8	0.12	20%	79%	11%	88%
Sunshine Coast	86%	87%	6.2	0.19	12% <sup>#</sup>	80%	6% <sup>#</sup>	90%
<b>Regional 2</b>	<b>83%</b>	<b>81%</b>	<b>5.0</b>	<b>0.12</b>	<b>19%</b>	<b>82%</b>	<b>8%</b>	<b>89%</b>
Country South SA	83%	80%	4.8	0.14	22%	79%	9%	84%
Darling Downs-SW Qld	81%	78%	4.9	0.17	21%	82%	7%	88%
Gippsland	85%	82%	5.6	0.13	23%	78%	4% <sup>#</sup>	87%
Goulburn Valley	81%	83%	5.5	0.24	16%	83%	11%	90%
Grampians	85%	84%	5.2	0.23	15%	81%	8%	91%
Great South Coast	NP	85%	4.9	0.15	10%	85%	5%	92%
Hume	83%	84%	4.5	0.07	24% <sup>#</sup>	78%	7%	87%
Loddon-Mallee-Murray	82%	NP	5.0	0.13	NP	84%	11%	88%
Murrumbidgee	83%	82%	4.9	0.06	17%	81%	13%	84%
New England	84%	78%	4.2	0.05	28%	NP	4%	86%
North Coast NSW	84%	84%	5.5	0.10	19%	84%	8%	89%
South West WA	89% <sup>#</sup>	80%	4.2	0.05	17%	78%	8%	90%
Southern NSW	87%	71% <sup>#</sup>	4.3	0.09	22%	84%	9%	95% <sup>#</sup>
Tasmania	81%	83%	4.9	0.11	18%	84%	10% <sup>#</sup>	90%
Western NSW	83%	84%	4.9	0.14	17%	81%	6%	92%
Wide Bay	85%	81%	5.8	0.10	15%	95% <sup>#</sup>	5%	92%
<b>Rural 1</b>	<b>82%</b>	<b>81%</b>	<b>4.9</b>	<b>0.20</b>	<b>16%</b>	<b>77%</b>	<b>9%</b>	<b>87%</b>
Central Qld	NP	81%	4.9	0.16	18%	NP	10%	84%
Country North SA <sup>†</sup>	81% <sup>†</sup>	78%	5.5	0.16	19%	80%	7%	88%
Far West NSW <sup>†</sup>	75% <sup>#†</sup>	NP	5.0	0.18	NP	NP	NP	NP
Lower Murray	NP	NP	5.5	0.19	NP	95% <sup>#</sup>	7%	NP
Townsville-Mackay	86% <sup>#</sup>	81%	4.6	0.24	14%	78%	10%	89%
<b>Rural 2<sup>†</sup></b>	<b>88%</b>	<b>76%</b>	<b>3.5</b>	<b>0.17</b>	<b>20%</b>	<b>67%</b>	<b>11%</b>	<b>85%</b>
Central & NW Qld <sup>†</sup>	NP	NP	3.5	0.10	NP	NP	NP	NP
Far North Qld <sup>†</sup>	87%	76%	4.6	0.36	26% <sup>#</sup>	70% <sup>†</sup>	8%	84%
Goldfields-Midwest <sup>†</sup>	89%	75%	3.4	0.03	10% <sup>#</sup>	NP	8%	88%
Kimberley-Pilbara <sup>†</sup>	NP	NP	2.3	0.03	NP	NP	NP	NP
Northern Territory <sup>†</sup>	87%	78%	2.9	0.11	18%	64% <sup>†</sup>	16% <sup>#†</sup>	83% <sup>†</sup>
<b>Results and Maps</b>	<b>Page 13</b>	<b>Page 15</b>	<b>Page 17</b>	<b>Page 41</b>	<b>Page 65</b>	<b>Page 67</b>	<b>Page 69</b>	<b>Page 71</b>

 Medicare Locals with the most desirable<sup>3</sup> experiences nationally
  Highest<sup>3, 4</sup> use of primary health care nationally  
 Medicare Locals with the least desirable<sup>3</sup> experiences nationally
  Lowest<sup>3, 4</sup> use of primary health care nationally

- For more information on Medicare Local peer groups see page 6 or [www.nhpa.gov.au](http://www.nhpa.gov.au)
  - For more information on whether adults thought their GP showed respect and spent enough time with them, see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  - Excludes Medicare Locals with a †, except for the average number of GP attendances and GP after-hours attendances per person.
  - Higher use does not directly relate to more desirable experiences, and may be impacted by variation in need for services.
- # Statistically different (at the 95% level) from the peer group percentage. Statistical difference was not calculated for the average number of GP attendances per person or average number of GP after-hours attendances per person.
- † This area has greater than 5% of its population in very remote areas which were not included in the scope of the Patient Experience Survey 2010–11. Therefore this area is not shaded green or orange.
- NP Not available for publication.
- Note:** Medicare Locals with the highest and lowest results have been highlighted, however due to sampling error on estimates derived from the Patient Experience Survey 2010–11, other Medicare Locals may have statistically similar results. See the 95% confidence intervals on the national overviews.
- Source:** Australian Bureau of Statistics, Patient Experience Survey 2010–11.  
Department of Human Services Medicare Benefits statistics 2010–11 and ABS Estimated Resident Population 30 June 2011.

## Differences between Medicare Locals within peer groups

There was considerable variation on some measures between Medicare Local catchments within the same peer group.

### How do Australians in different regions rate their own health?

In 2010–11, the Rural 1 peer group had the biggest range in terms of the percentage of adults who reported their health status as *excellent*, *very good* or *good*, while the Rural 2 peer group had the smallest range (Tables 1 and 2, pages 7 and 8, and pages 13 and 14).

In the year before the establishment of Medicare Locals, the ranges within each of the metropolitan, regional and rural peer groups were:

- Metro 1: from **91%** for **Sydney North Shore & Beaches** and **Bayside** (Vic) to **87%** for **Inner West Sydney** and **Northern Sydney**
- Metro 2: from **90%** for **Perth North Metro**, **Fremantle** (WA) and **Bentley-Armadale** (WA) to **83%** for **Gold Coast** (Qld)
- Metro 3: from **85%** for **Northern Melbourne** and **Western Sydney** to **82%** for **Northern Adelaide**
- Regional 1: from **89%** for **Frankston-Mornington Peninsula** (Vic) to **82%** for **Perth South Coastal**
- Regional 2: from **89%** for **South West WA** to **81%** for **Tasmania**, **Goulburn Valley** (Vic), **Darling Downs-SW Qld**
- Rural 1: from **86%** for **Townsville-Mackay** (Qld) to **75%** for **Far West NSW**
- Rural 2: from **89%** for **Goldfields-Midwest** (WA) to **87%** for **Far North Qld** and the **Northern Territory**.

## Use of primary health care in different regions

### Adults who saw a GP

In 2010–11, the Regional 2 peer group had the biggest range in terms of the percentage of adults who reported having seen a GP in the previous year, while the Rural 1 and Rural 2 peer groups had the smallest range (Tables 1 and 2, pages 7 and 8, and pages 15 and 16).

In the year before the establishment of Medicare Locals, the ranges within each of the metropolitan, regional and rural peer groups were:

- Metro 1: from **85%** for **Northern Sydney** to **77%** for **Eastern Sydney**
- Metro 2: from **84%** for **South Western Melbourne** and **Central Adelaide and Hills** to **78%** for **Perth North Metro** and **Bentley-Armadale** (WA)
- Metro 3: from **85%** for **Northern Adelaide** and **Macedon Ranges & NW Melbourne** to **80%** for **Northern Melbourne**
- Regional 1: from **88%** for **Barwon** (Vic) to **82%** for **Illawarra-Shoalhaven** (NSW) and **Perth South Coastal**
- Regional 2: from **85%** for **Great South Coast** (Vic) to **71%** for **Southern NSW**
- Rural 1: from **81%** for **Central Qld** and **Townsville-Mackay** (Qld) to **78%** for **Country North SA**
- Rural 2: from **78%** for **Northern Territory** to **75%** for **Goldfields-Midwest** (WA).

### **Number of GP attendances**

In 2010–11, the Rural 2 peer group had the largest range in terms of the number of visits per person to a GP, while the Rural 1 peer group had the smallest range (**Tables 1 and 2, pages 7 and 8, and pages 17 to 40**).

In the year before the establishment of Medicare Locals, the ranges within each of the metropolitan, regional and rural peer groups were:

- Metro 1: from **6.0** attendances for **Inner West Sydney** to **4.0** for the **Australian Capital Territory**
- Metro 2: from **6.1** attendances for **South Eastern Sydney** to **4.2** for **Bentley-Armadale (WA)** and **Perth Central & East Metro**
- Metro 3: from **7.3** attendances for **South Western Sydney** to **5.7** for **West Moreton-Oxley (Qld)**
- Regional 1: from **6.4** attendances for **Nepean-Blue Mountains (NSW)** to **4.8** for **Perth South Coastal**
- Regional 2: from **5.8** attendances for **Wide Bay (Qld)** to **4.2** for **New England (NSW)** and **South West WA**
- Rural 1: from **5.5** attendances for **Country North SA** and **Lower Murray (Vic/NSW)** to **4.6** for **Townsville-Mackay (Qld)**
- Rural 2: from **4.6** attendances for **Far North Queensland** to **2.3** for **Kimberley-Pilbara (WA)**.

### **Number of after-hours visits to a GP**

In 2010–11, the Metro 2 peer group had the largest range in terms of the use of GP after-hours services per person, while the Rural 1 peer group had the smallest range (**Tables 1 and 2, pages 7 and 8, and pages 41 to 64**).

In the year before the establishment of Medicare Locals, the ranges within each of the metropolitan, regional and rural peer groups were:

- Metro 1: from **0.44** attendances for **Inner West Sydney** to **0.24** for the **Australian Capital Territory**
- Metro 2: from **0.71** attendances for **South Western Melbourne** to **0.14** for **Perth Central & East Metro** and **Fremantle (WA)**
- Metro 3: from **0.65** attendances for **Western Sydney** to **0.36** for **West Moreton-Oxley (Qld)**
- Regional 1: from **0.40** attendances for **Nepean-Blue Mountains (NSW)** to **0.12** for **Perth South Coastal**
- Regional 2: from **0.24** attendances for **Goulburn Valley (Vic)** to **0.05** for **South West WA** and **New England (NSW)**
- Rural 1: from **0.24** attendances for **Townsville-Mackay (Qld)** to **0.16** for **Country North SA** and **Central Qld**
- Rural 2: from **0.36** attendances for **Far North Qld** to **0.03** for **Goldfields-Midwest** and **Kimberley-Pilbara (WA)**.

The number of after-hours visits to a GP (also known as GP after-hours attendances) includes only those funded under the Medicare Benefits Schedule.

## Experiences with primary health care services in different regions

### *Adults' views on waiting times for a GP appointment*

In 2010–11, the Regional 2 peer group had the biggest range in terms of the percentage of adults who waited longer than they felt acceptable to get an appointment with a GP in the preceding year, while the Rural 1 peer group had the smallest range (**Tables 1 and 2, page 7 and 8, and pages 65 and 66**).

In the year before the establishment of Medicare Locals, the ranges within each of the metropolitan, regional and rural peer groups were:

- Metro 1: from **20%** in the **Australian Capital Territory** to **10%** in **Sydney North Shore & Beaches** and **Inner East Melbourne**
- Metro 2: from **19%** in **Southern Adelaide-Fleurieu-Kangaroo Island** (SA) and **Fremantle** (WA) to **8%** in **Metro North Brisbane**
- Metro 3: from **24%** in **Macedon Ranges & NW Melbourne** to **10%** in **West Moreton-Oxley** (Qld)
- Regional 1: from **26%** for **Illawarra-Shoalhaven** (NSW) to **12%** for **Sunshine Coast** (Qld)
- Regional 2: from **28%** for **New England** (NSW) to **10%** for **Great South Coast** (Vic)
- Rural 1: from **19%** for **Country North SA** to **14%** for **Townsville-Mackay** (Qld)
- Rural 2: from **26%** for **Far North Queensland** to **10%** for **Goldfields-Midwest** (WA).

### *Adults who have a preferred GP*

In 2010–11, the Regional 2 and Rural 1 peer groups had the biggest range in terms of the percentage of adults who reported having a preferred GP, while the Rural 2 peer group had the smallest range (**Tables 1 and 2, pages 7 and 8, and pages 67 and 68**).

In the year before the establishment of Medicare Locals, the ranges within each of the metropolitan, regional and rural peer groups were:

- Metro 1: from **89%** for **Northern Sydney** to **80%** for **Eastern Sydney** and **Inner West Sydney**
- Metro 2: from **86%** for **Southern Adelaide-Fleurieu-Kangaroo Island** to **79%** for **Fremantle** (WA) and **Greater Metro South Brisbane**
- Metro 3: from **87%** for **South Eastern Melbourne** to **78%** for **Macedon Ranges & NW Melbourne**
- Regional 1: from **89%** for **Nepean-Blue Mountains** (NSW) to **79%** for **Perth South Coastal**
- Regional 2: from **95%** for **Wide Bay** (Qld) to **78%** for **Gippsland** (Vic), **Hume** (Vic/NSW) and **South West WA**
- Rural 1: from **95%** for **Lower Murray** (Vic/NSW) to **78%** for **Townsville-Mackay** (Qld)
- Rural 2: from **70%** for **Far North Queensland** to **64%** for the **Northern Territory**.



### **Adults who report avoiding or delaying seeing a GP due to cost**

In 2010–11, the Metro 2 peer group had the biggest range in terms of the percentage of adults who reported avoiding or delaying in seeing a GP in the previous year due to cost, while the Rural 1 peer group had the smallest range (**Tables 1 and 2, pages 7 and 8, and pages 69 and 70**).

In the year before the establishment of Medicare Locals, the ranges within each of the metropolitan, regional and rural peer groups were:

- Metro 1: from **15%** for the **Australian Capital Territory** to **5%** for **Inner West Sydney**
- Metro 2: from **14%** for **Perth North Metro** to **3%** for **South Western Melbourne**
- Metro 3: from **10%** for **West Moreton-Oxley (Qld)** to **4%** for **Western Sydney** and **South Western Sydney**
- Regional 1: from **13%** for **Central Coast NSW** to **6%** for **Sunshine Coast (Qld)**
- Regional 2: from **13%** for **Murrumbidgee (NSW)** to **4%** for **New England (NSW)** and **Gippsland (Vic)**
- Rural 1: from **10%** for **Townsville-Mackay (Qld)** and **Central Qld** to **7%** for **Lower Murray (Vic/NSW)** and **Country North SA**
- Rural 2: from **16%** for the **Northern Territory** to **8%** for **Far North Qld** and **Goldfields-Midwest (WA)**.

### **Adults' thoughts on how often GPs listened carefully**

In 2010–11, the Regional 2 peer group had the largest range in terms of the percentage of adults who reported their GP *always* or *often* listened carefully in the preceding year, while the Regional 1, Rural 1 and Rural 2 peer groups had the smallest range (**Tables 1 and 2, pages 7 and 8, and pages 71 and 72**).

In the year before the establishment of Medicare Locals, the ranges within each of the metropolitan, regional and rural groups were:

- Metro 1: from **96%** for **Eastern Sydney** to **88%** for the **Australian Capital Territory**
- Metro 2: from **92%** for **South Eastern Sydney** to **86%** for **Greater Metro South Brisbane** and **South Western Melbourne**
- Metro 3: from **91%** for **Northern Melbourne** to **83%** for **Macedon Ranges & NW Melbourne**
- Regional 1: from **93%** for **Nepean-Blue Mountains** to **88%** for **Perth South Coastal**
- Regional 2: from **95%** for **Southern NSW** to **84%** for **Country South SA** and **Murrumbidgee**
- Rural 1: from **89%** for **Townsville-Mackay (Qld)** to **84%** for **Central Qld**
- Rural 2: from **88%** for **Goldfields-Midwest (WA)** to **83%** for the **Northern Territory**.

### **How does your local area compare?**

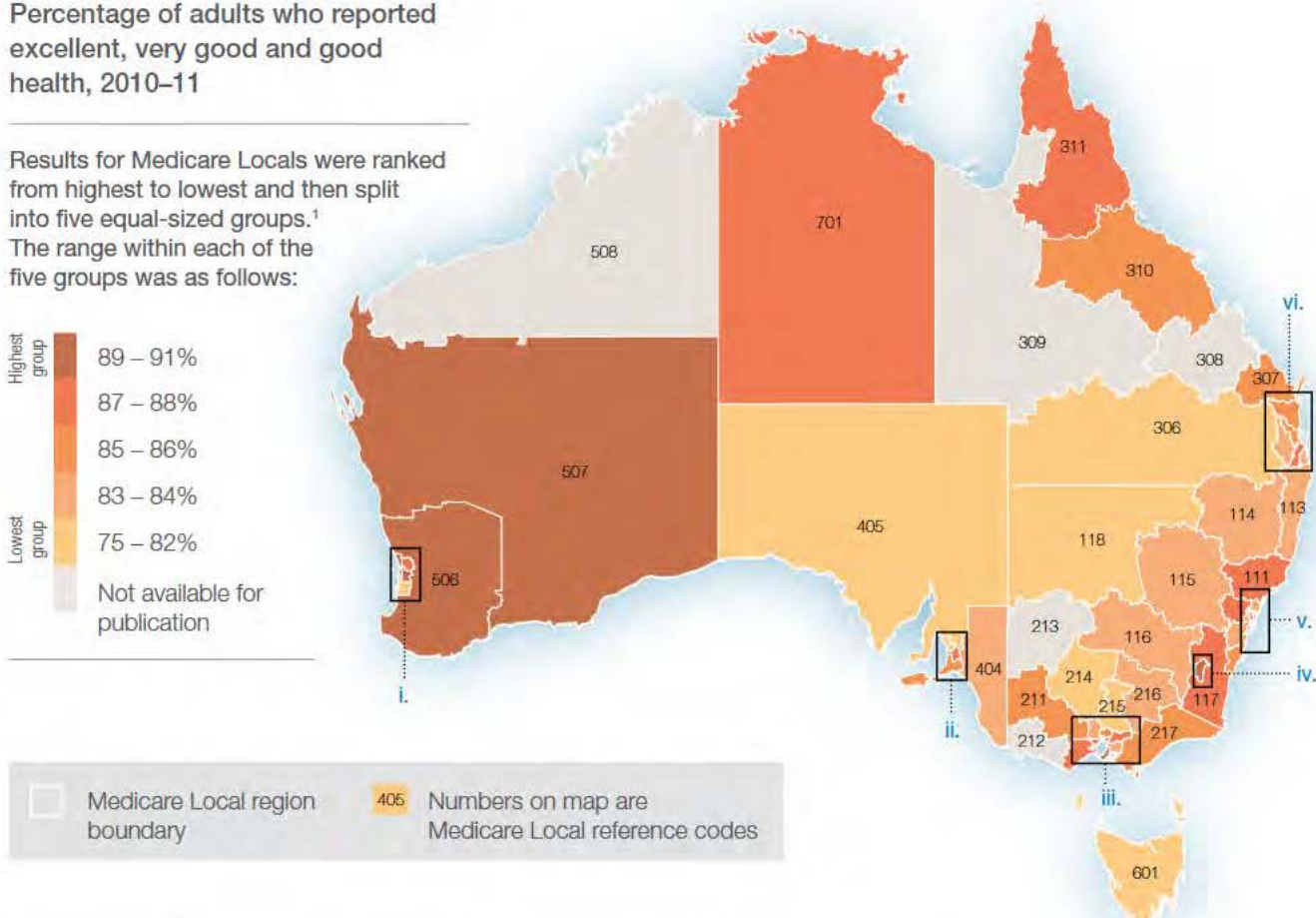
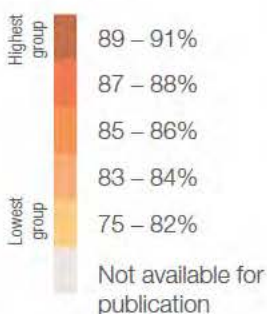
The Authority has released additional 2010–11 and 2011–12 data for Medicare Local catchments and more than 300 smaller areas on [www.nhpa.gov.au](http://www.nhpa.gov.au)

# How do Australians rate their health?

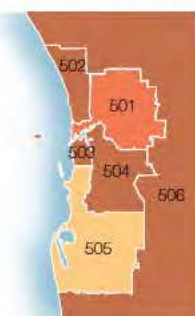
Respondents to the ABS Patient Experience Survey were asked to assess their own health and categorise it as excellent, very good, good, fair or poor. Responses of excellent, very good and good were considered positive. In 2010–11, the percentage of adults who reported a positive health status varied across Medicare Locals, ranging from 75% to 91%.

## Percentage of adults who reported excellent, very good and good health, 2010–11

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>1</sup> The range within each of the five groups was as follows:



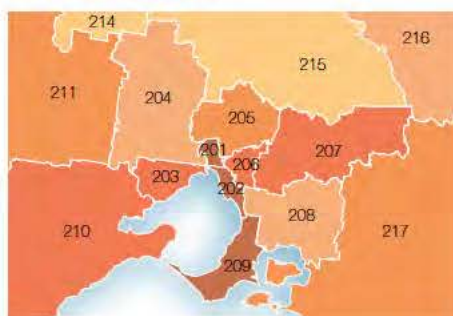
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



1. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
 2. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
 3. Peer group results are calculated using the results of all survey responses within the group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
**Notes:**  
 • Survey excludes persons aged less than 15 years, persons living in non-private dwellings, very remote areas, and discrete Indigenous communities.  
 • Self-assessed health status is based on the respondent's perception of their own health status. Perceptions are influenced by a number of factors and can change quickly. Care should be taken when analysing or interpreting the data.  
**Source:** Australian Bureau of Statistics, Patient Experience Survey 2010–11.  
**Data can be downloaded from** [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons

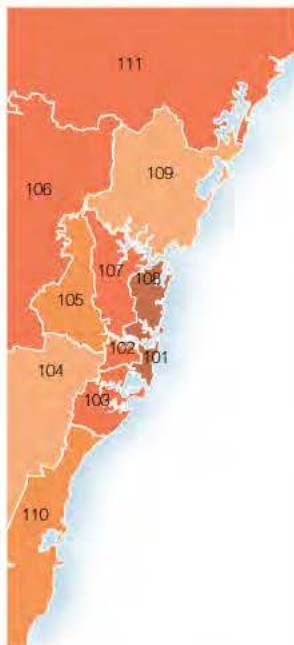


To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>2</sup>, based on remoteness and socioeconomic status. This allows:

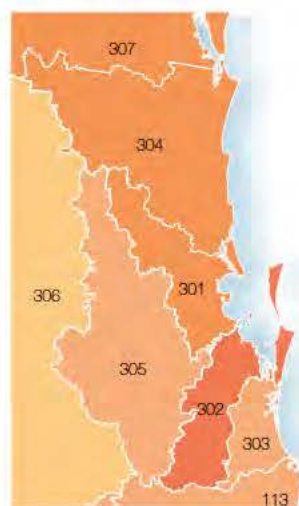
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>3</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



vi. Greater Brisbane



# Statistically different (at the 95% level) from the peer group percentage.  
 † This area has >5% of its population in very remote areas which were not included in the Patient Experience Survey 2010–11. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
 —●— 95% confidence interval - not shown if <3%.  
 NP Not available for publication.

## Peer groups

Map Ref.

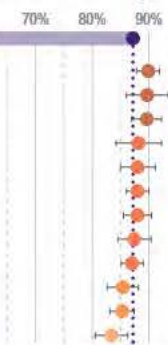
### Metro 1 89%

Sydney North Shore & Beaches .....	108	91%
Bayside .....	202	91%
Eastern Sydney .....	101	89%
Australian Capital Territory .....	801	89%
Inner NW Melbourne .....	201	89%
Inner East Melbourne .....	206	88%
Northern Sydney .....	107	87%
Inner West Sydney .....	102	87%



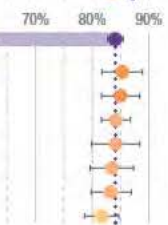
### Metro 2 87%

Perth North Metro# .....	502	90%
Fremantle .....	503	90%
Bentley-Armadale .....	504	90%
South Western Melbourne .....	203	88%
Eastern Melbourne .....	207	88%
Greater Metro South Brisbane .....	302	88%
Perth Central & East Metro .....	501	88%
South Eastern Sydney .....	103	87%
Central Adelaide & Hills .....	402	87%
Sthn Adelaide-Flourieu-Kangaroo Is. ....	403	85%
Metro North Brisbane .....	301	85%
Gold Coast# .....	303	83%



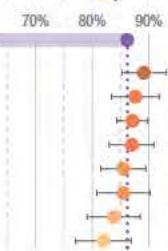
### Metro 3 84%

Northern Melbourne .....	205	85%
Western Sydney .....	105	85%
South Western Sydney .....	104	84%
South Eastern Melbourne .....	208	84%
West Moreton-Oxley .....	305	84%
Macedon Ranges & NW Melb .....	204	83%
Northern Adelaide .....	401	82%



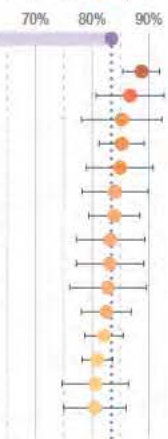
### Regional 1 86%

Frankston-Mornington Peninsula .....	209	89%
Nepean-Blue Mountains .....	106	88%
Hunter .....	111	87%
Barwon .....	210	87%
Illawarra-Shoalhaven .....	110	86%
Sunshine Coast .....	304	86%
Central Coast NSW .....	109	84%
Perth South Coastal .....	505	82%



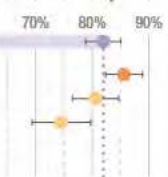
### Regional 2 83%

South West WA# .....	506	89%
Southern NSW .....	117	87%
Grampians .....	211	85%
Gippsland .....	217	85%
Wide Bay .....	307	85%
New England .....	114	84%
North Coast NSW .....	113	84%
Murrumbidgee .....	116	83%
Hume .....	216	83%
Country South SA .....	404	83%
Western NSW .....	115	83%
Loddon-Mallee-Murray .....	214	82%
Tasmania .....	601	81%
Goulburn Valley .....	215	81%
Darling Downs-SW Qld .....	306	81%
Great South Coast .....	212	NP



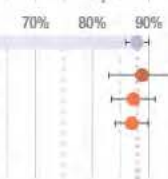
### Rural 1 82%

Townsville-Mackay# .....	310	86%
Country North SA† .....	405	81%
Far West NSW† .....	118	75%
Lower Murray .....	213	NP
Central Qld .....	308	NP



### Rural 2† 88%

Goldfields-Midwest† .....	507	89%
Far North Qld† .....	311	87%
Northern Territory† .....	701	87%
Central & NW Qld† .....	309	NP
Kimberley-Pilbara† .....	508	NP

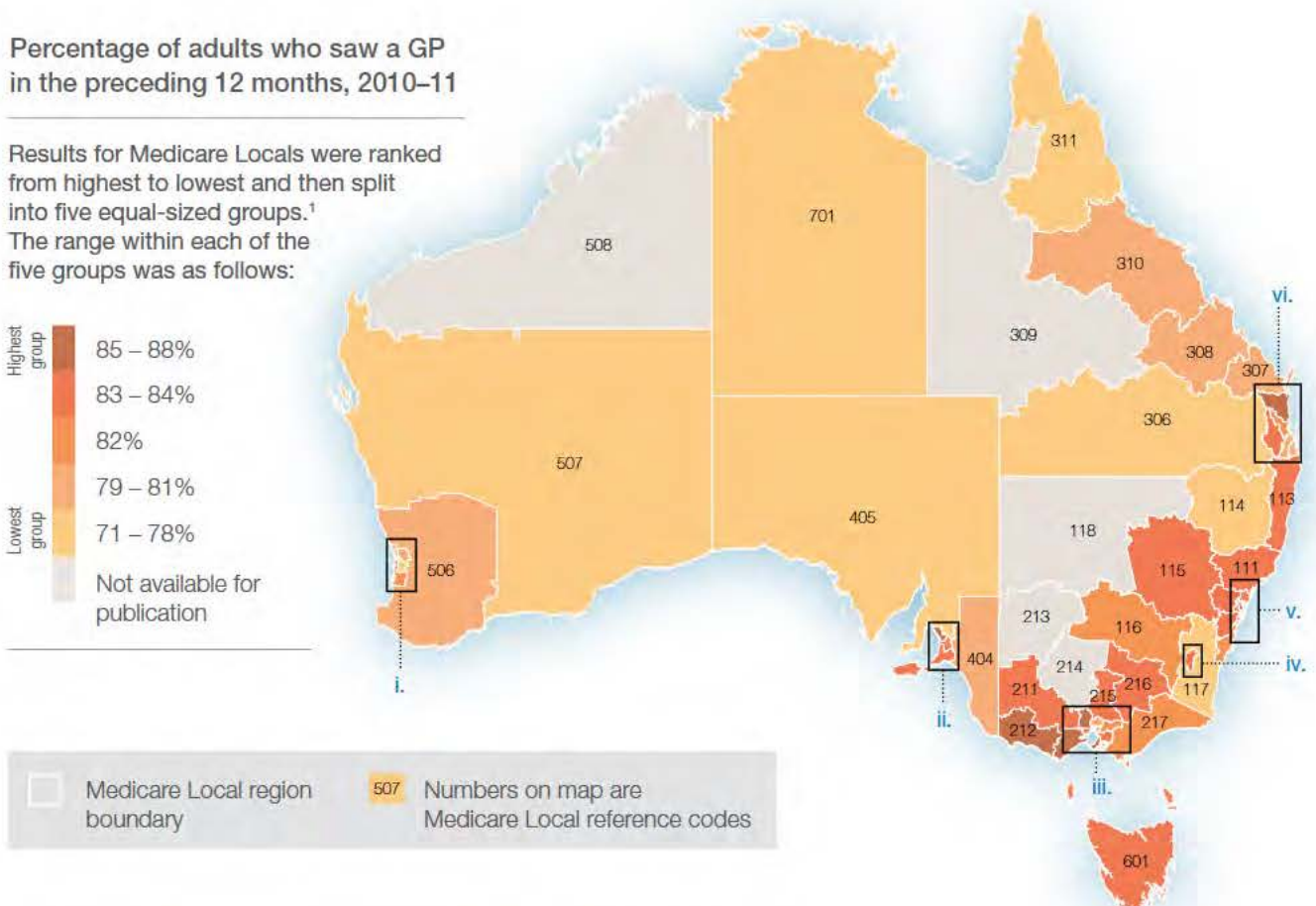
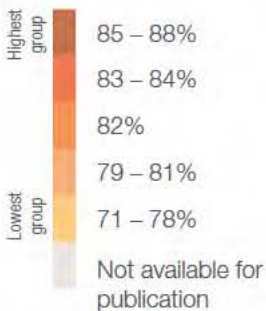


# Seeing a GP

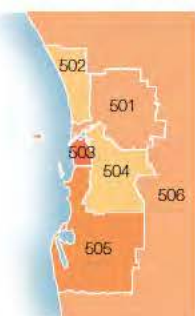
In 2010–11, the percentage of adults who said they saw a GP in the preceding 12 months varied across Medicare Locals, ranging from 71% to 88%.

## Percentage of adults who saw a GP in the preceding 12 months, 2010–11

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>1</sup> The range within each of the five groups was as follows:



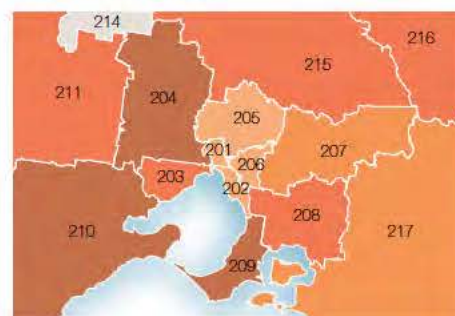
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



1. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

2. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)

3. Peer group results are calculated using the results of all survey responses within the group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** Survey excludes persons aged less than 15 years, persons living in non-private dwellings, very remote areas, and discrete Indigenous communities.

**Source:** Australian Bureau of Statistics, Patient Experience Survey 2010–11.

**Data can be downloaded from** [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons

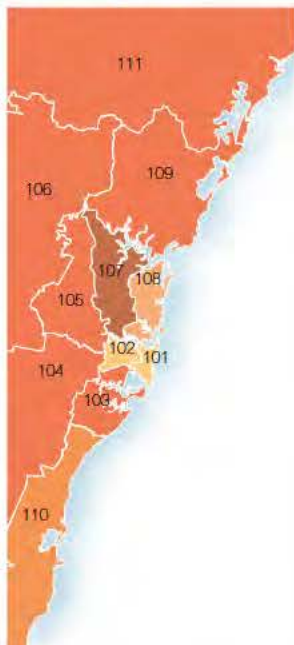


To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>2</sup>, based on remoteness and socioeconomic status. This allows:

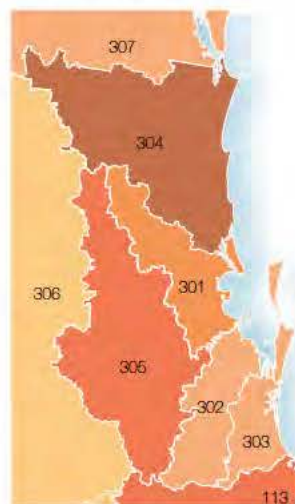
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>3</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



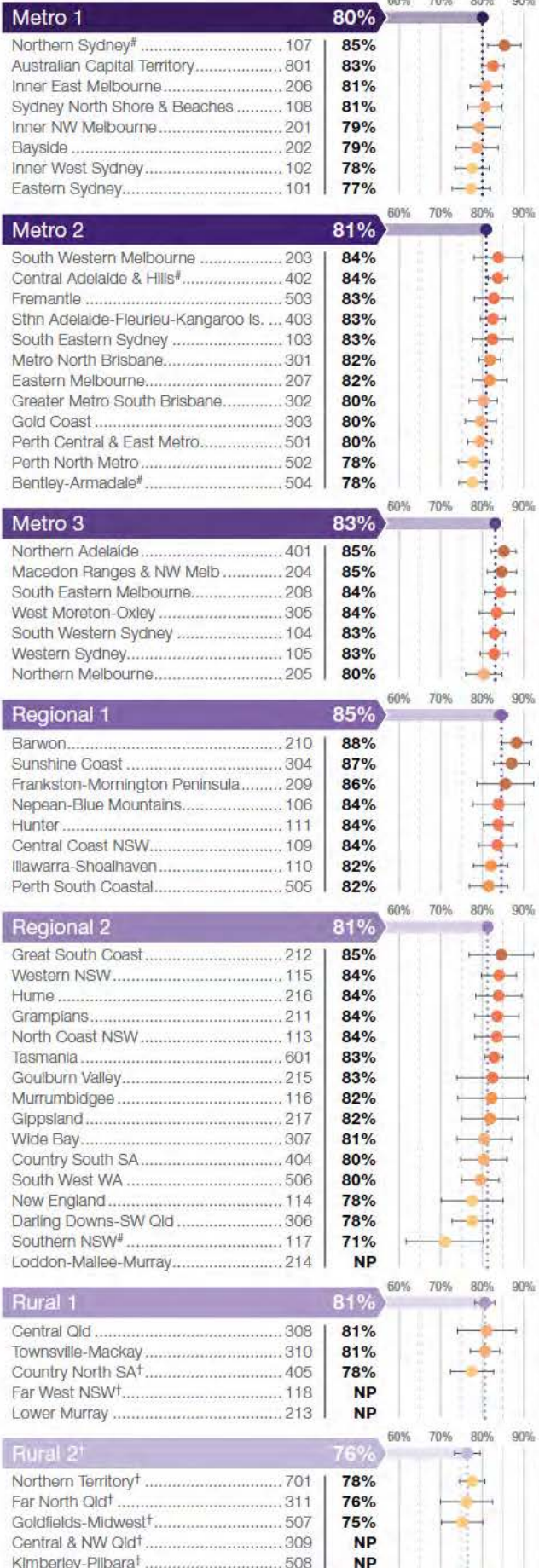
vi. Greater Brisbane



# Statistically different (at the 95% level) from the peer group percentage.  
 † This area has >5% of its population in very remote areas which were not included in the Patient Experience Survey 2010–11. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
 —●— 95% confidence interval - not shown if <3%.  
 NP Not available for publication.

## Peer groups

Map Ref.



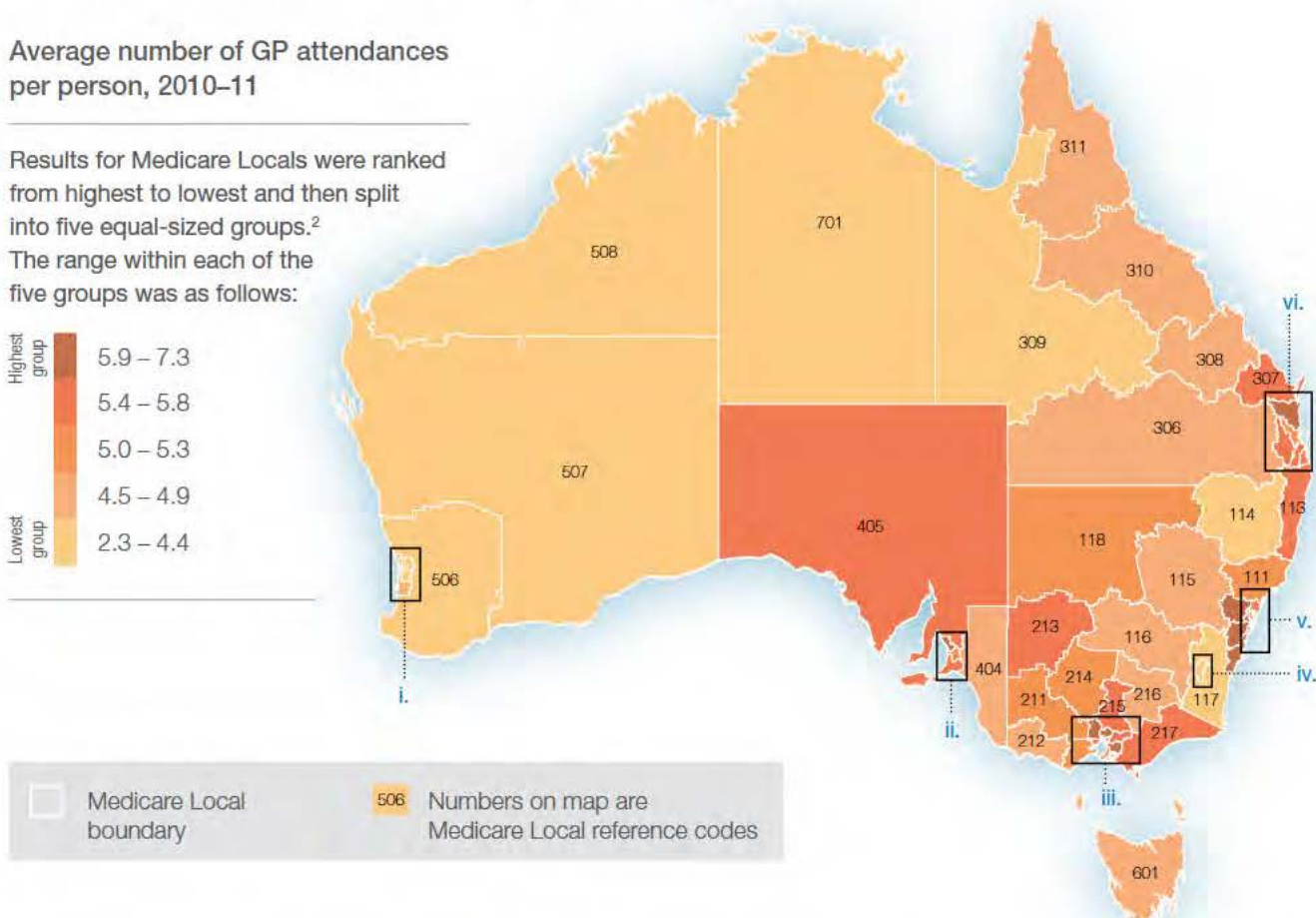
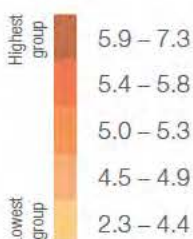


# GP attendances

GP attendances are Medicare Benefits Schedule-funded patient/doctor encounters for which the patient has not been referred by another doctor. GP attendances exclude services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on a GP's behalf.<sup>1</sup> In 2010–11, the average number of GP attendances per person varied across Medicare Locals, ranging from 7.3 attendances in South Western Sydney to 2.3 attendances in Kimberley-Pilbara.

## Average number of GP attendances per person, 2010–11

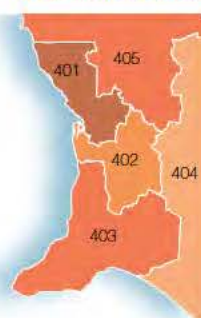
Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>2</sup> The range within each of the five groups was as follows:



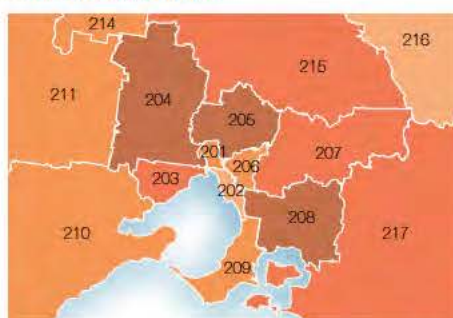
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



1. For more information on the Medicare Benefits Schedule (MBS) see [www.nhpa.gov.au](http://www.nhpa.gov.au)
2. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
3. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)
4. Peer group results are calculated using the total number of relevant GP attendances within each peer group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs.

**Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.  
**Data can be downloaded from** [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons



To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>3</sup>, based on remoteness and socioeconomic status. This allows:

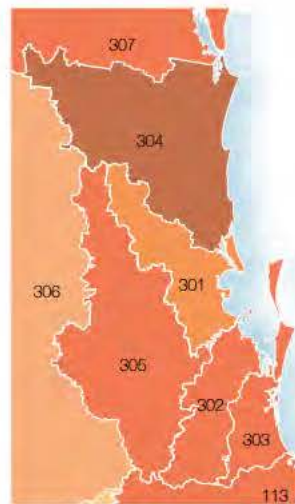
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>4</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



vi. Greater Brisbane



## Peer groups

Map Ref.

### Metro 1

5.1

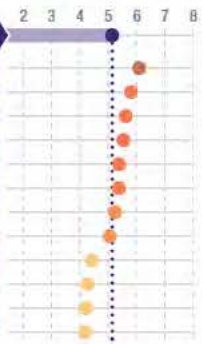
Inner West Sydney .....	102	6.0
Inner NW Melbourne .....	201	5.2
Northern Sydney .....	107	5.2
Inner East Melbourne .....	206	5.1
Eastern Sydney .....	101	5.0
Bayside .....	202	4.9
Sydney North Shore & Beaches .....	108	4.8
Australian Capital Territory .....	801	4.0



### Metro 2

5.1

South Eastern Sydney .....	103	6.1
Gold Coast .....	303	5.8
Stln Adelaide-Flourieu-Kangaroo Is. ....	403	5.6
South Western Melbourne .....	203	5.5
Eastern Melbourne .....	207	5.4
Greater Metro South Brisbane .....	302	5.4
Central Adelaide & Hills .....	402	5.2
Metro North Brisbane .....	301	5.1
Perth North Metro .....	502	4.4
Fremantle .....	503	4.3
Perth Central & East Metro .....	501	4.2
Bentley-Armadale .....	504	4.2



### Metro 3

6.5

South Western Sydney .....	104	7.3
Western Sydney .....	105	7.0
South Eastern Melbourne .....	208	6.1
Northern Melbourne .....	205	6.1
Macedon Ranges & NW Melb .....	204	6.0
Northern Adelaide .....	401	5.9
West Moreton-Oxley .....	305	5.7



### Regional 1

5.6

Nepean-Blue Mountains .....	106	6.4
Sunshine Coast .....	304	6.2
Illawarra-Shoalhaven .....	110	5.9
Central Coast NSW .....	109	5.7
Frankston-Mornington Peninsula .....	209	5.3
Hunter .....	111	5.2
Barwon .....	210	5.1
Perth South Coastal .....	505	4.8



### Regional 2

5.0

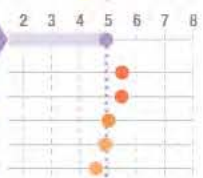
Wide Bay .....	307	5.8
Gippsland .....	217	5.6
North Coast NSW .....	113	5.5
Goulburn Valley .....	215	5.5
Grampians .....	211	5.2
Loddon-Mallee-Murray .....	214	5.0
Tasmania .....	601	4.9
Darling Downs-SW Qld .....	306	4.9
Great South Coast .....	212	4.9
Murrumbidgee .....	116	4.9
Western NSW .....	115	4.9
Country South SA .....	404	4.8
Hume .....	216	4.5
Southern NSW .....	117	4.3
South West WA .....	506	4.2
New England .....	114	4.2



### Rural 1

4.9

Lower Murray .....	213	5.5
Country North SA .....	405	5.5
Far West NSW .....	118	5.0
Central Qld .....	308	4.9
Townsville-Mackay .....	310	4.6



### Rural 2

3.5

Far North Qld .....	311	4.6
Central & NW Qld .....	309	3.5
Goldfields-Midwest .....	507	3.4
Northern Territory .....	701	2.9
Kimberley-Pilbara .....	508	2.3



# GP attendances

## Variation *within* Medicare Locals

This report for the first time breaks down information to the level of individual Medicare Locals. But results for some measures have been calculated for geographical areas even smaller than this, using localities referred to by the Australian Bureau of Statistics (ABS) as Statistical Areas Level 3 (SA3 – see box).

The information presented on the maps shows the average number of GP attendances per person across ABS Statistical Areas Level 3 (SA3), with Medicare Local boundaries overlaid.

GP attendances are Medicare Benefits Schedule-funded patient/doctor encounters for which the patient has not been referred by another doctor. GP attendances exclude services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on a GP's behalf.<sup>1</sup>

### Findings

In 2010–11, the average number of GP attendances per person varied across statistical areas<sup>2</sup> ranging from 8.2 attendances to 2.2 attendances per person.

The statistical area with the highest number of GP attendances per person was Mount Druitt (NSW) with an average of 8.2 attendances per person.

The statistical area with the lowest number of GP attendances per person was Pilbara (WA), with 2.2 attendances per person.

### Why use SA3s?

Providing information at more local levels of geography within a Medicare Local, allows further insight into patterns of service utilisation across Australia.

Variation within Medicare Locals is shown in this report using the ABS Statistical Areas Level 3 (SA3) which generally have a population of between 30,000 and 130,000 people. A single Medicare Local may contain as few as one SA3, or as many as 17. In some instances, SA3s cross over Medicare Local boundaries.

In this report these SA3s have been chosen as an appropriate level of geography to present Medicare Benefits Schedule (MBS) information as they are large enough in population numbers to ensure confidentiality of MBS statistics, while allowing insights into the variation that exists within each Medicare Local.

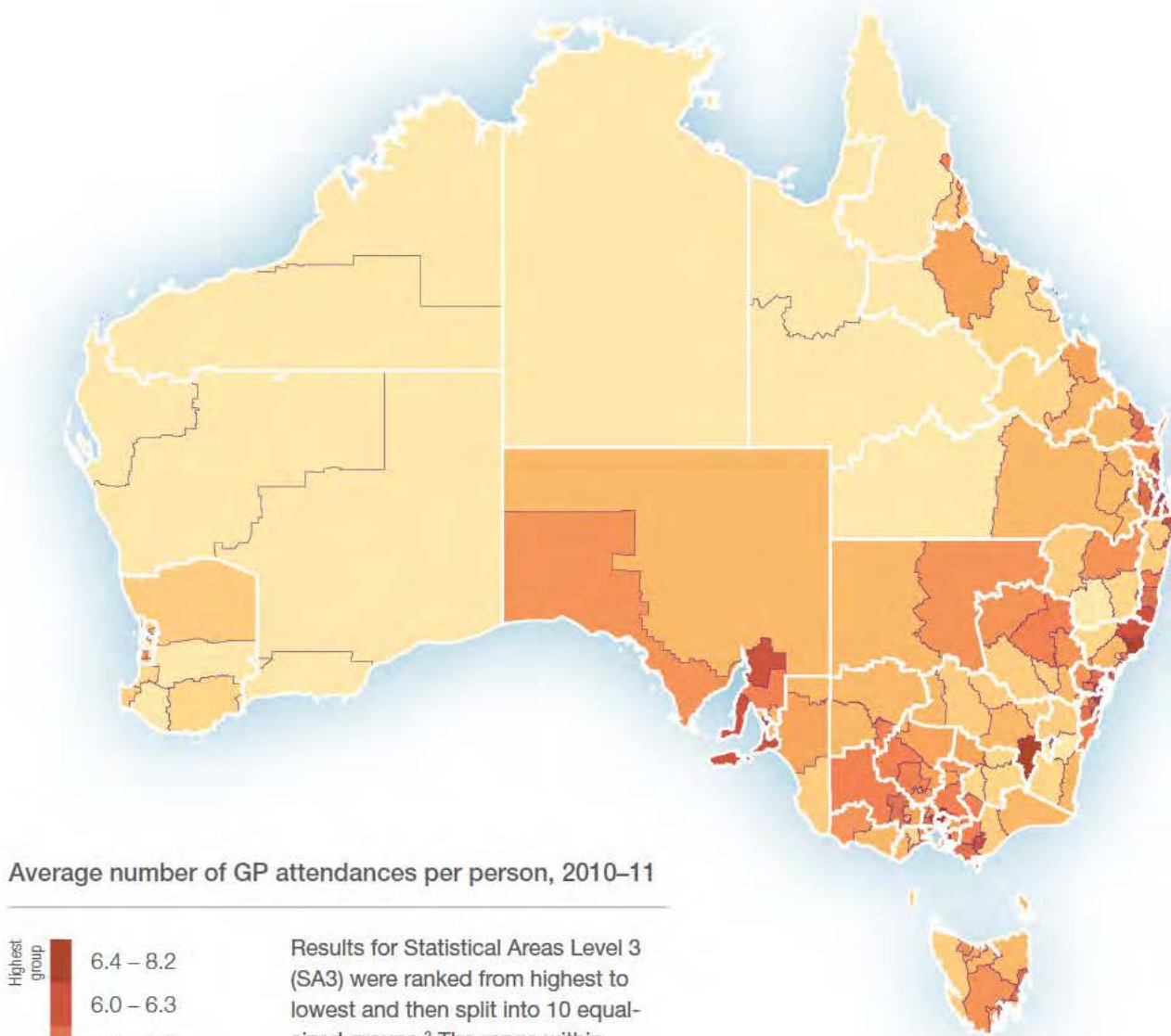
- 
1. For more information on the Medicare Benefits Schedule (MBS), see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  2. ABS Statistical Areas Level 3 (SA3s) have been excluded from the reported range of results where the population is less than 1000 as they may identify individual providers and their patients. Christmas Island and the Cocos (Keeling) Islands are also excluded as the majority of primary health care services are provided by the Indian Ocean Territories Health Service.
  3. 325 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.



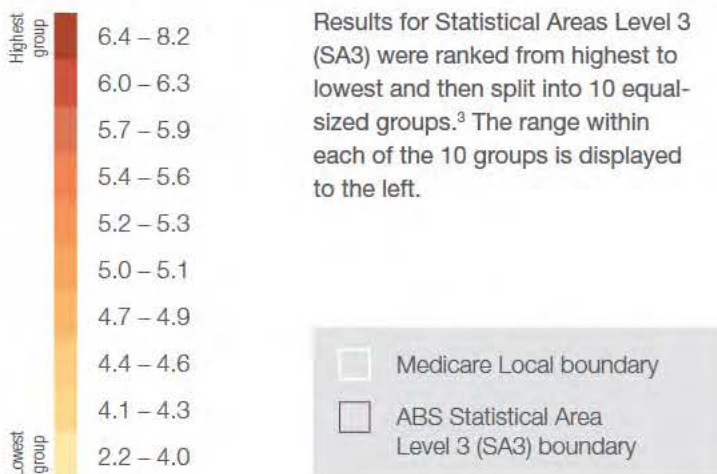
## Variation *within* Medicare Locals

### Average number of GP attendances per person, 2010–11

In 2010–11, the average number of GP attendances per person varied across statistical areas<sup>2</sup> ranging from 8.2 attendances per person to 2.2 attendances per person.



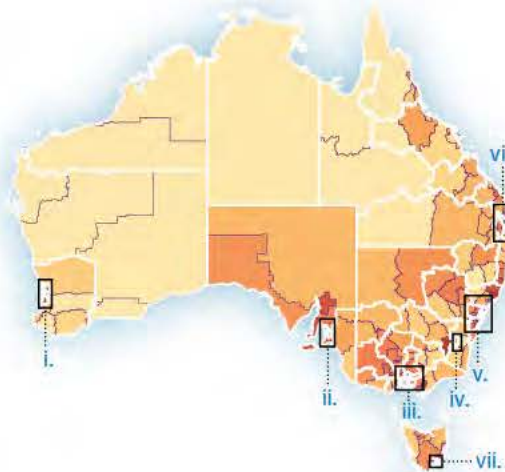
### Average number of GP attendances per person, 2010–11



# GP attendances

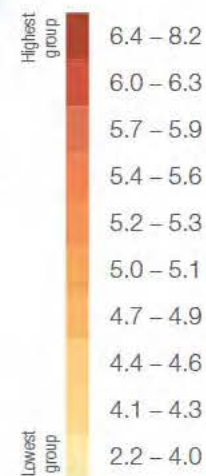
Variation *within* Medicare Locals

i. Greater Perth



Average number of GP attendances per person, 2010–11

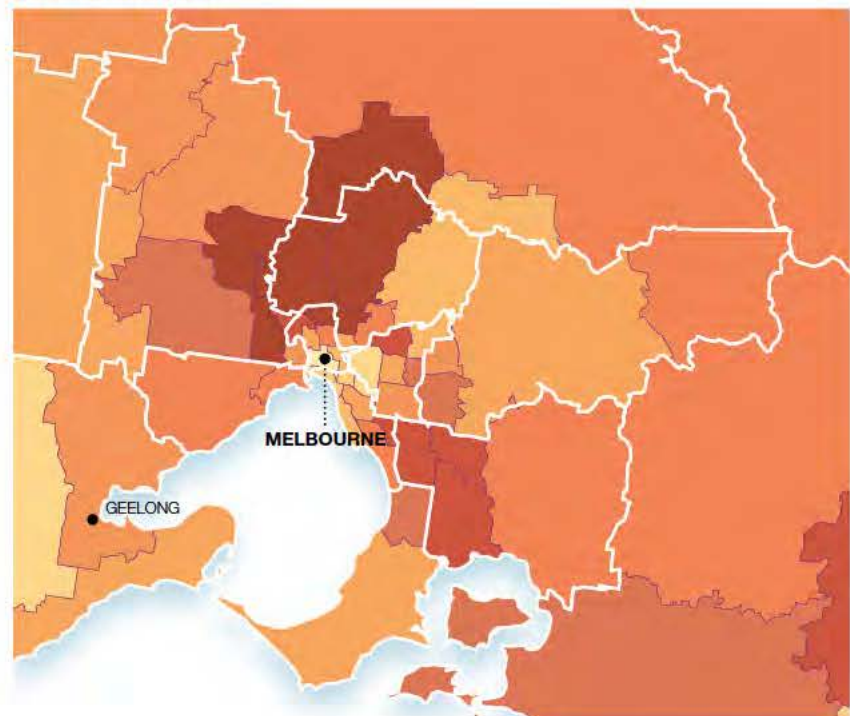
Results for Statistical Areas Level 3 (SA3) were ranked from highest to lowest and then split into 10 equal-sized groups.<sup>1</sup> The range within each of the 10 groups was:



ii. Greater Adelaide



iii. Greater Melbourne

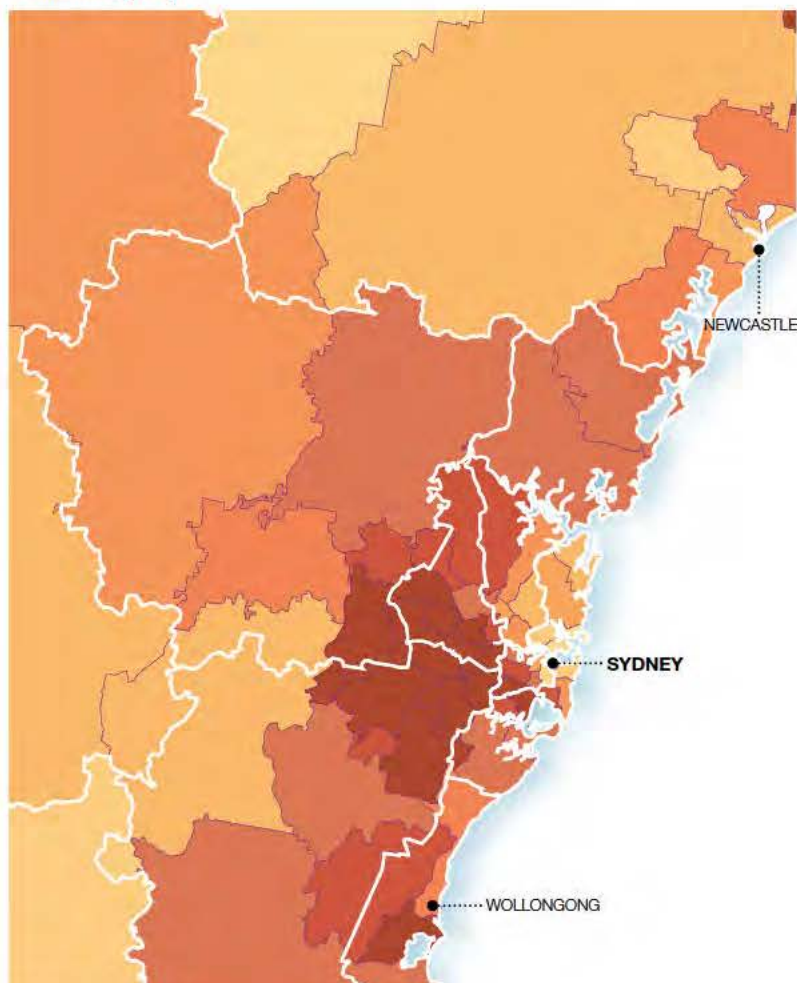




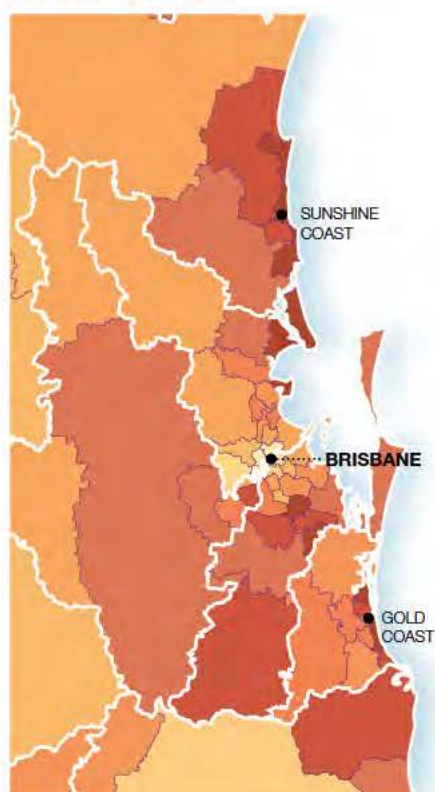
iv. ACT



v. Greater Sydney



vi. Greater Brisbane



vii. Greater Hobart



1. 325 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

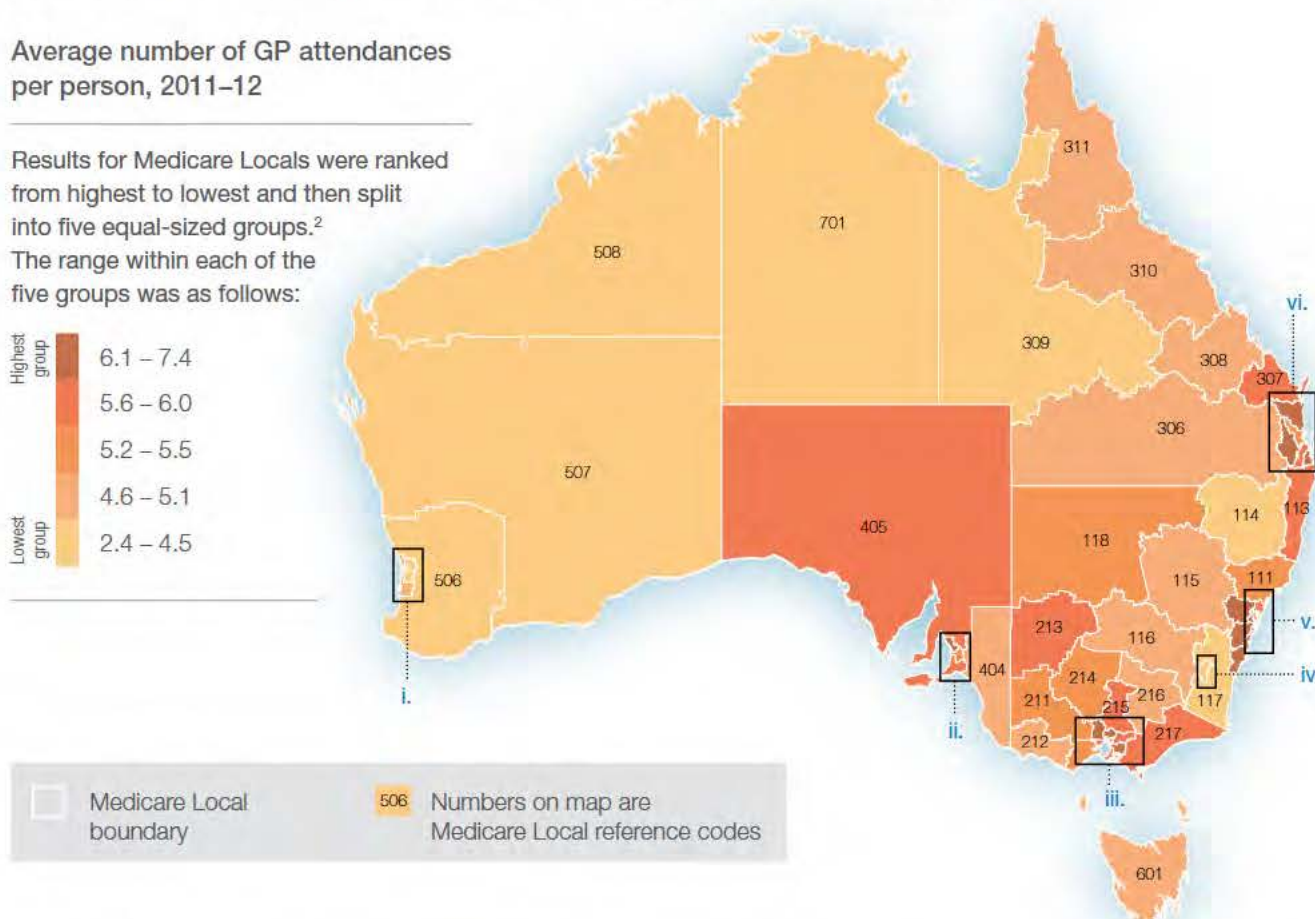
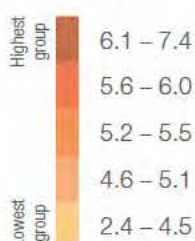
**Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

# GP attendances, 2011–12

GP attendances are Medicare Benefits Schedule-funded patient/doctor encounters for which the patient has not been referred by another doctor. GP attendances exclude services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on a GP's behalf.<sup>1</sup> In 2011–12, the average number of GP attendances per person varied across Medicare Locals, ranging from 7.4 attendances in South Western Sydney to 2.4 attendances in Kimberley-Pilbara.

## Average number of GP attendances per person, 2011–12

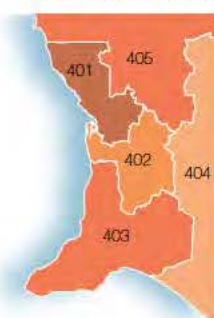
Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>2</sup> The range within each of the five groups was as follows:



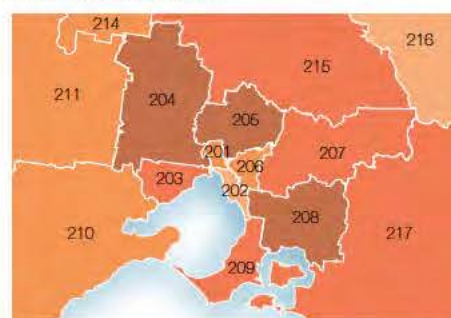
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



- For more information on the Medicare Benefits Schedule (MBS) see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Peer group results are calculated using the total number of relevant GP attendances within each peer group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs.

**Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.  
**Data can be downloaded from** [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons

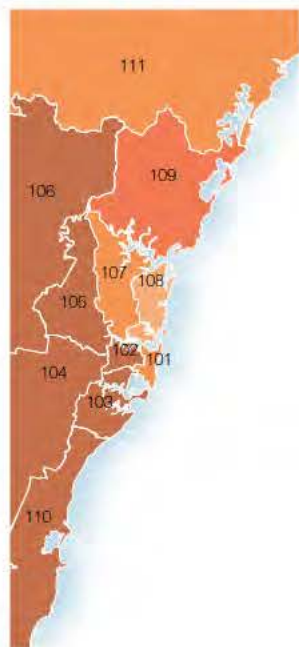


To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>3</sup>, based on remoteness and socioeconomic status. This allows:

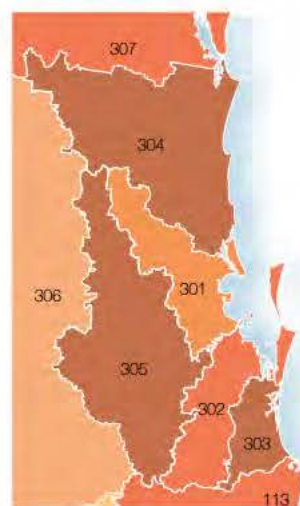
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>4</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



vi. Greater Brisbane



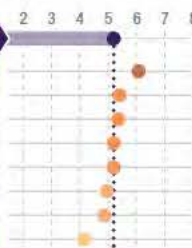
## Peer groups

Map Ref.

### Metro 1

5.2

Inner West Sydney .....	102	6.1
Inner NW Melbourne .....	201	5.4
Northern Sydney .....	107	5.4
Eastern Sydney .....	101	5.2
Inner East Melbourne .....	206	5.2
Bayside .....	202	5.0
Sydney North Shore & Beaches .....	108	4.9
Australian Capital Territory .....	801	4.2



### Metro 2

5.3

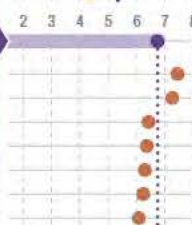
South Eastern Sydney .....	103	6.3
Gold Coast .....	303	6.1
South Western Melbourne .....	203	6.0
Sthn Adelaide-Flourieu-Kangaroo Is. ....	403	5.8
Greater Metro South Brisbane .....	302	5.6
Eastern Melbourne .....	207	5.6
Central Adelaide & Hills .....	402	5.4
Metro North Brisbane .....	301	5.3
Perth North Metro .....	502	4.7
Fremantle .....	503	4.4
Perth Central & East Metro .....	501	4.4
Bentley-Armadale .....	504	4.4



### Metro 3

6.7

South Western Sydney .....	104	7.4
Western Sydney .....	105	7.3
South Eastern Melbourne .....	208	6.4
Northern Melbourne .....	205	6.4
Macedon Ranges & NW Melb .....	204	6.3
Northern Adelaide .....	401	6.2
West Moreton-Oxley .....	305	6.1



### Regional 1

5.9

Nepean-Blue Mountains .....	106	6.6
Sunshine Coast .....	304	6.4
Illawarra-Shoalhaven .....	110	6.3
Central Coast NSW .....	109	6.0
Frankston-Mornington Peninsula .....	209	5.6
Barwon .....	210	5.4
Hunter .....	111	5.4
Perth South Coastal .....	505	5.1



### Regional 2

5.2

Wide Bay .....	307	6.0
Goulburn Valley .....	215	5.9
North Coast NSW .....	113	5.9
Gippsland .....	217	5.7
Grampians .....	211	5.5
Loddon-Mallee-Murray .....	214	5.3
Murrumbidgee .....	116	5.1
Tasmania .....	601	5.1
Darling Downs-SW Qld .....	306	5.1
Western NSW .....	115	5.1
Country South SA .....	404	5.0
Great South Coast .....	212	5.0
Hume .....	216	4.7
Southern NSW .....	117	4.5
South West WA .....	506	4.5
New England .....	114	4.4



### Rural 1

5.1

Lower Murray .....	213	5.7
Country North SA .....	405	5.6
Far West NSW .....	118	5.5
Central Qld .....	308	5.0
Townsville-Mackay .....	310	4.8



### Rural 2

3.7

Far North Qld .....	311	4.9
Goldfields-Midwest .....	507	3.6
Central & NW Qld .....	309	3.3
Northern Territory .....	701	3.1
Kimberley-Pilbara .....	508	2.4



# GP attendances, 2011–12

## Variation *within* Medicare Locals

This report for the first time breaks down information to the level of individual Medicare Locals. But results for some measures have been calculated for geographical areas even smaller than this, using localities referred to by the Australian Bureau of Statistics (ABS) as Statistical Areas Level 3 (SA3 – see box).

The information presented on the maps shows the average number of GP attendances per person across ABS Statistical Areas Level 3 (SA3), with Medicare Local boundaries overlaid.

GP attendances are Medicare Benefits Schedule-funded patient/doctor encounters for which the patient has not been referred by another doctor. GP attendances exclude services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on a GP's behalf.<sup>1</sup>

## Findings

In 2011–12, the average number of GP attendances per person varied across statistical areas<sup>2</sup> ranging from 8.3 attendances to 2.1 attendances per person.

The statistical area with the highest number of GP attendances per person was Mount Druitt (NSW), with an average of 8.3 attendances per person.

The statistical area with the lowest number of GP attendances per person was Pilbara (WA), with 2.1 attendances per person.

### Why use SA3s?

Providing information at more local levels of geography within a Medicare Local, allows further insight into patterns of service utilisation across Australia.

Variation within Medicare Locals is shown in this report using the ABS Statistical Areas Level 3 (SA3) which generally have a population of between 30,000 and 130,000 people. A single Medicare Local may contain as few as one SA3, or as many as 17. In some instances, SA3s cross over Medicare Local boundaries.

In this report these SA3s have been chosen as an appropriate level of geography to present Medicare Benefits Schedule (MBS) information as they are large enough in population numbers to ensure confidentiality of MBS statistics, while allowing insights into the variation that exists within each Medicare Local.

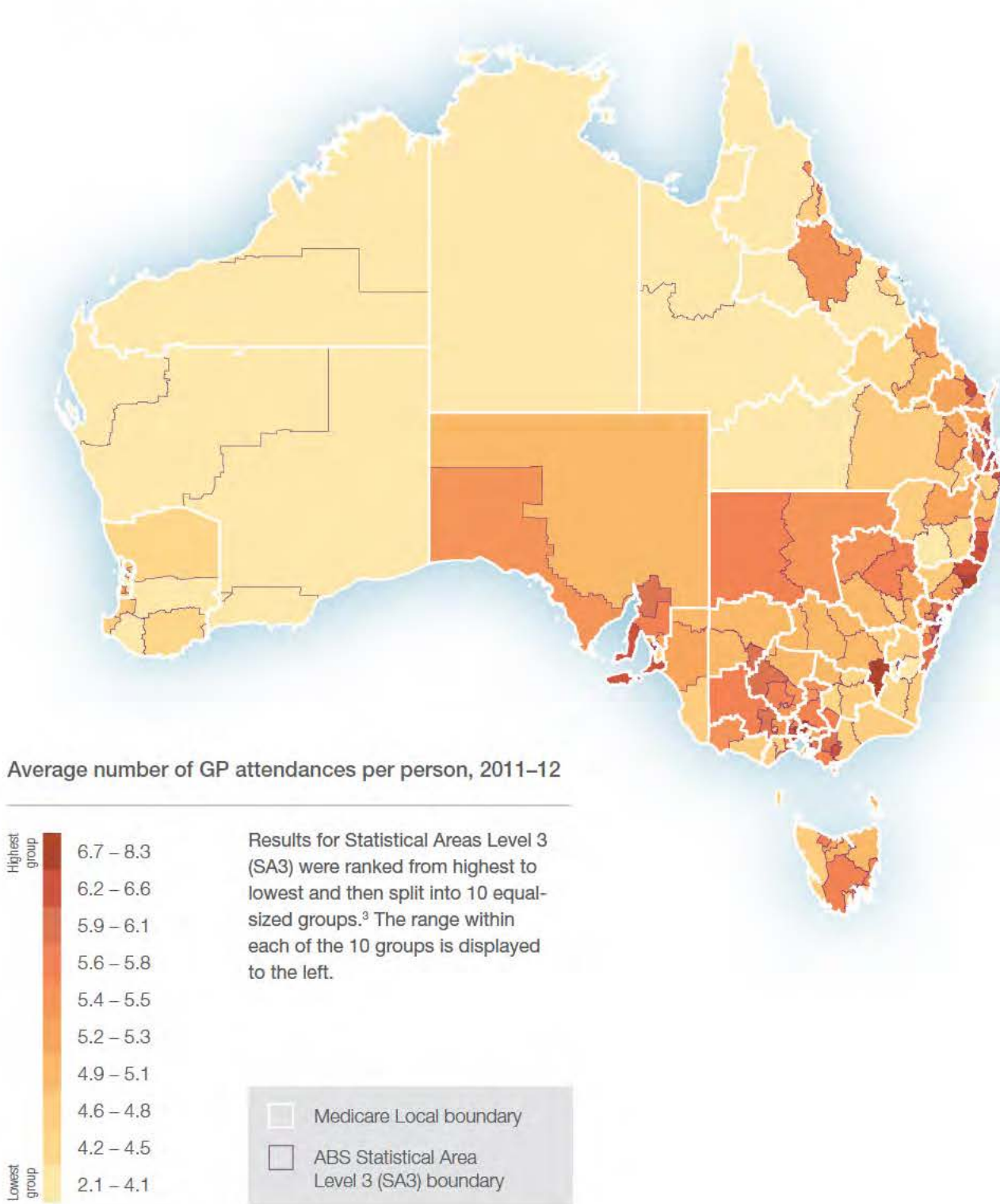
- 
1. For more information on the Medicare Benefits Schedule (MBS), see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  2. ABS Statistical Areas Level 3 (SA3s) have been excluded from the reported range of results where the population is less than 1000 as they may identify individual providers and their patients. Christmas Island and the Cocos (Keeling) Islands are also excluded as the majority of primary health care services are provided by the Indian Ocean Territories Health Service.
  3. 325 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.



## Variation *within* Medicare Locals

### Average number of GP attendances per person, 2011–12

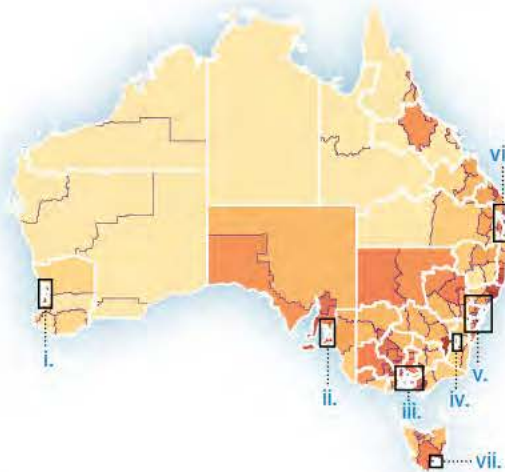
In 2011–12, the average number of GP attendances per person varied across statistical areas<sup>2</sup> ranging from 8.3 attendances to 2.1 attendances per person.



# GP attendances, 2011–12

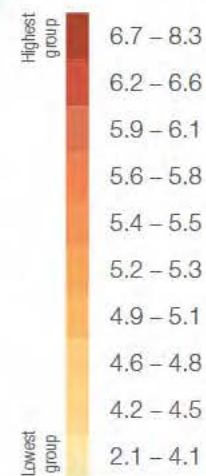
Variation *within* Medicare Locals

i. Greater Perth



Average number of GP attendances per person, 2011–12

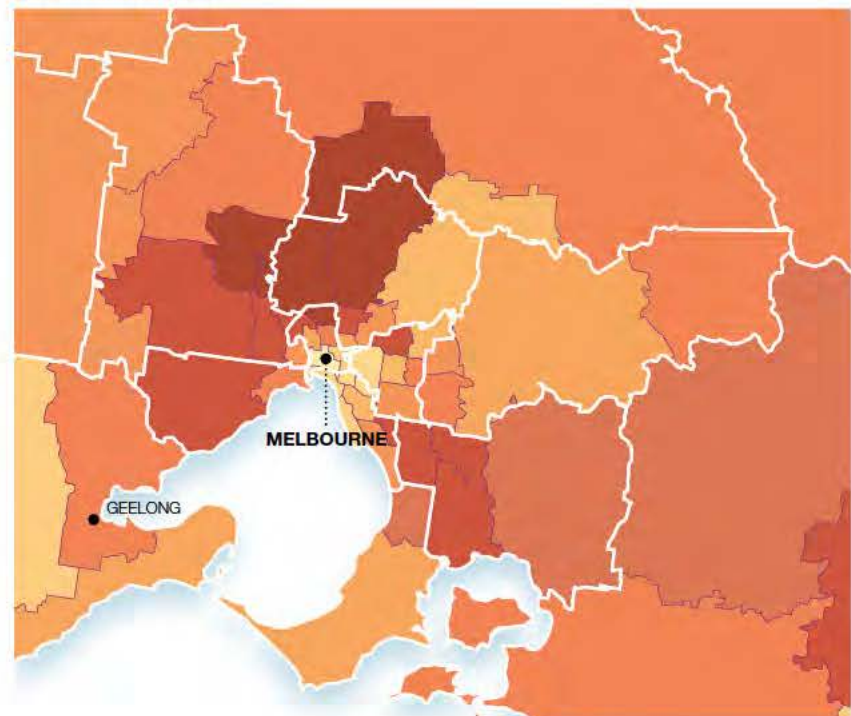
Results for Statistical Areas Level 3 (SA3) were ranked from highest to lowest and then split into 10 equal-sized groups.<sup>1</sup> The range within each of the 10 groups was:



ii. Greater Adelaide



iii. Greater Melbourne

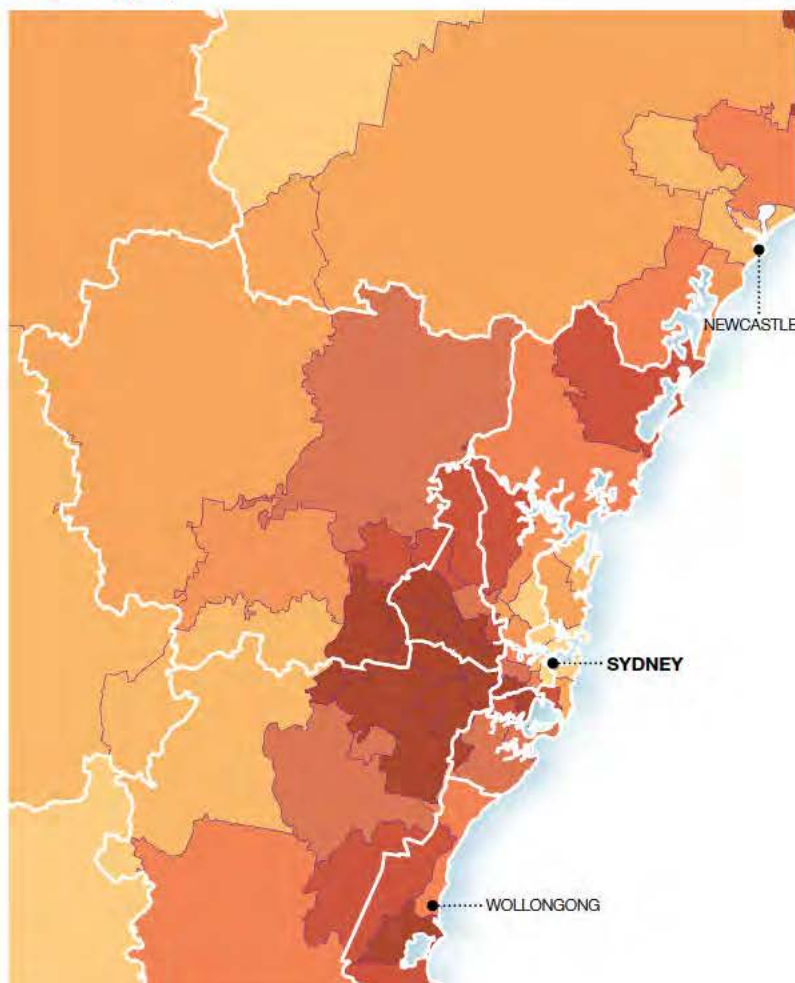




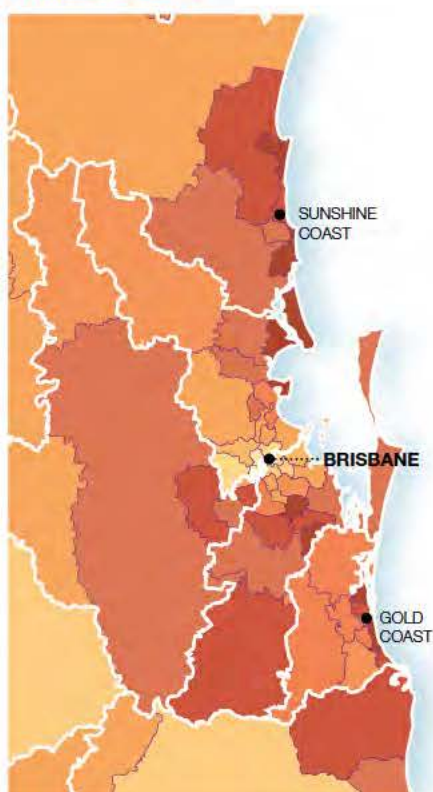
iv. ACT



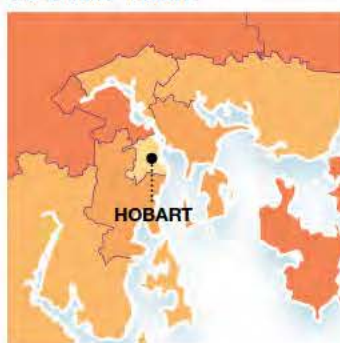
v. Greater Sydney



vi. Greater Brisbane



vii. Greater Hobart



1. 325 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

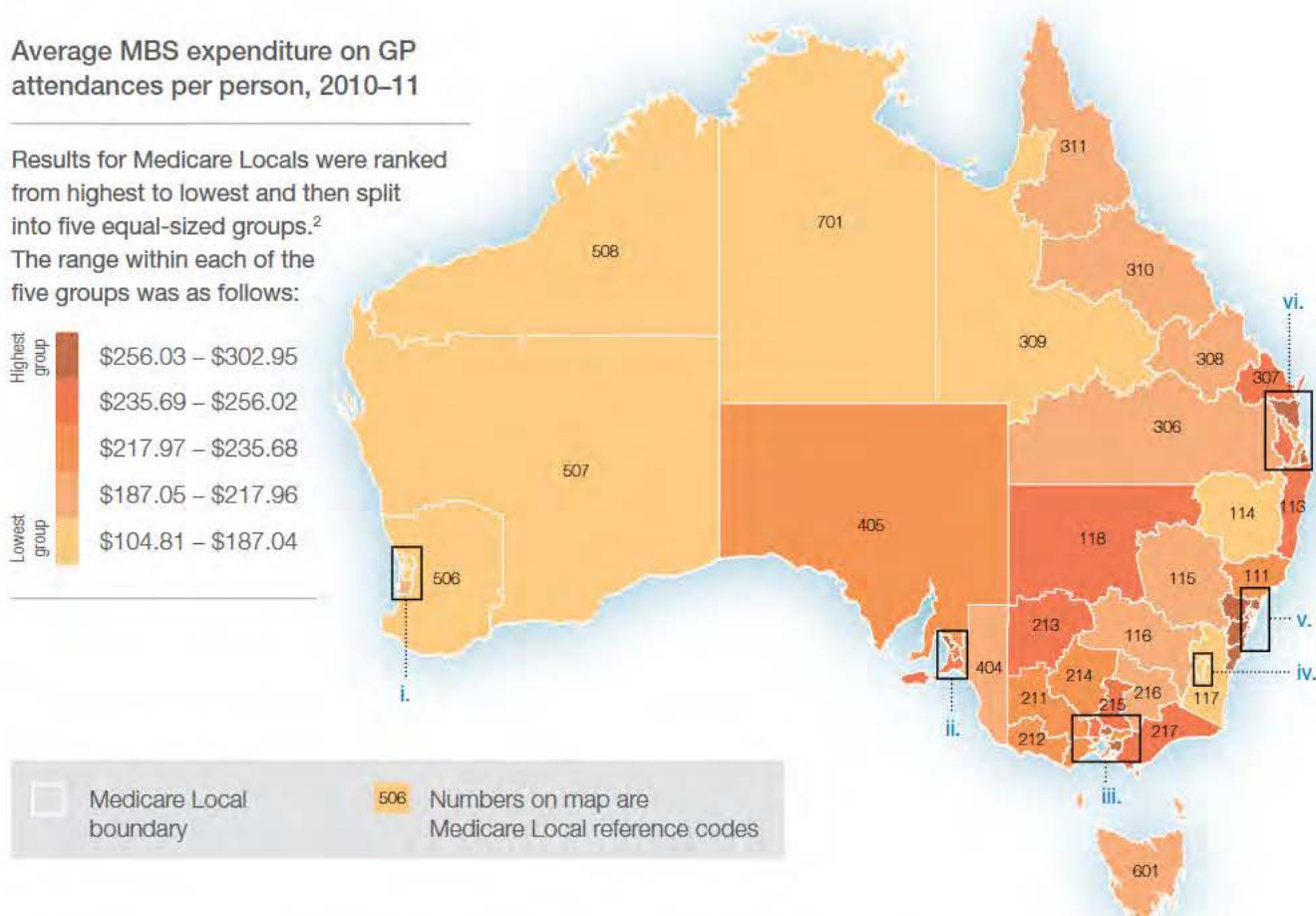
# Expenditure on GP attendances

Expenditure on GP attendances<sup>1</sup> comprises Medicare Benefits Schedule (MBS) funding for patient/doctor encounters across Medicare Locals. In 2010–11, the average expenditure on GP attendances per person varied across Medicare Locals, ranging from \$302.95 in Western Sydney to \$104.81 in Kimberley-Pilbara.

## Average MBS expenditure on GP attendances per person, 2010–11

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>2</sup> The range within each of the five groups was as follows:

Highest group	\$256.03 – \$302.95
	\$235.69 – \$256.02
	\$217.97 – \$235.68
	\$187.05 – \$217.96
Lowest group	\$104.81 – \$187.04



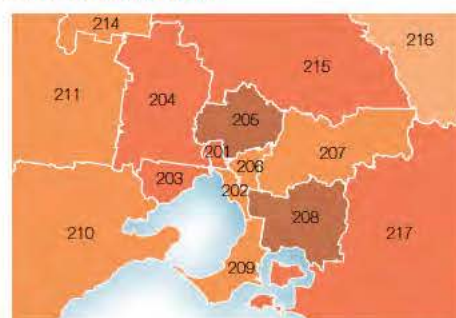
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



1. For more information on the Medicare Benefits Schedule (MBS) see [www.nhpa.gov.au](http://www.nhpa.gov.au)
2. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
3. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)
4. Peer group results are calculated using the total number of relevant GP attendances within each peer group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs.

**Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.  
**Data can be downloaded from** [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons

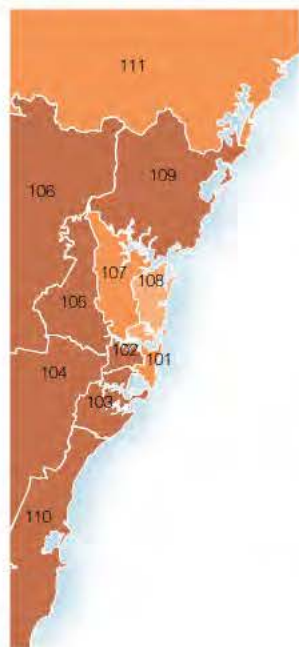


To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>3</sup>, based on remoteness and socioeconomic status. This allows:

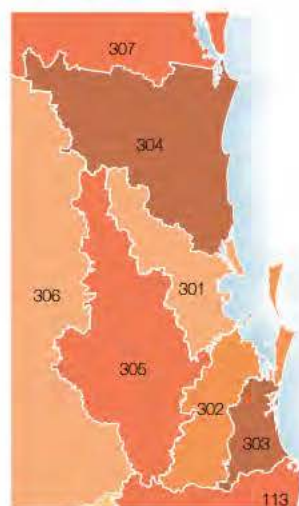
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>4</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



vi. Greater Brisbane

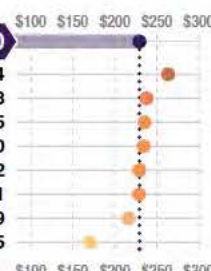


## Peer groups

Map Ref.

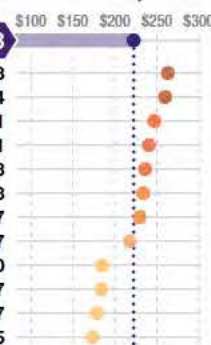
### Metro 1 \$229.30

Inner West Sydney .....	102	\$263.44
Inner NW Melbourne .....	201	\$237.63
Northern Sydney .....	107	\$235.35
Eastern Sydney .....	101	\$234.20
Inner East Melbourne .....	206	\$229.12
Bayside .....	202	\$229.01
Sydney North Shore & Beaches .....	108	\$216.39
Australian Capital Territory .....	801	\$170.25



### Metro 2 \$222.43

South Eastern Sydney .....	103	\$263.13
Gold Coast .....	303	\$259.74
Stn Adelaide-Flourieu-Kangaroo Is. ....	403	\$246.91
Central Adelaide & Hills .....	402	\$240.71
South Western Melbourne .....	203	\$236.03
Eastern Melbourne .....	207	\$233.83
Greater Metro South Brisbane .....	302	\$229.57
Metro North Brisbane .....	301	\$217.57
Perth North Metro .....	502	\$185.00
Fremantle .....	503	\$183.77
Perth Central & East Metro .....	501	\$178.97
Bentley-Armadale .....	504	\$172.95



### Metro 3 \$276.11

Western Sydney .....	105	\$302.95
South Western Sydney .....	104	\$301.62
Northern Melbourne .....	205	\$266.46
Northern Adelaide .....	401	\$262.40
South Eastern Melbourne .....	208	\$256.72
Macedon Ranges & NW Melb .....	204	\$254.20
West Moreton-Oxley .....	305	\$237.78



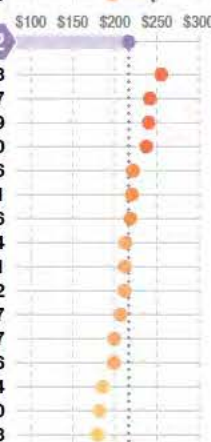
### Regional 1 \$245.62

Sunshine Coast .....	304	\$277.18
Nepean-Blue Mountains .....	106	\$276.96
Illawarra-Shoalhaven .....	110	\$261.85
Central Coast NSW .....	109	\$257.56
Hunter .....	111	\$230.25
Frankston-Mornington Peninsula .....	209	\$229.46
Barwon .....	210	\$223.85
Perth South Coastal .....	505	\$196.75



### Regional 2 \$216.42

North Coast NSW .....	113	\$255.33
Wide Bay .....	307	\$241.67
Gippsland .....	217	\$240.19
Goulburn Valley .....	215	\$237.50
Loddon-Mallee-Murray .....	214	\$221.56
Grampians .....	211	\$220.21
Great South Coast .....	212	\$218.36
Murrumbidgee .....	116	\$212.64
Tasmania .....	601	\$211.81
Western NSW .....	115	\$211.32
Darling Downs-SW Qld .....	306	\$206.97
Country South SA .....	404	\$199.37
Hume .....	216	\$198.96
Southern NSW .....	117	\$185.44
South West WA .....	506	\$181.80
New England .....	114	\$179.23



### Rural 1 \$205.53

Far West NSW .....	118	\$248.04
Lower Murray .....	213	\$239.21
Country North SA .....	405	\$229.03
Central Qld .....	308	\$197.13
Townsville-Mackay .....	310	\$188.66



### Rural 2 \$158.45

Far North Qld .....	311	\$199.89
Central & NW Qld .....	309	\$156.52
Goldfields-Midwest .....	507	\$154.19
Northern Territory .....	701	\$137.15
Kimberley-Pilbara .....	508	\$104.81



# Expenditure on GP attendances

## Variation *within* Medicare Locals

This report for the first time breaks down information to the level of individual Medicare Locals. But results for some measures have been calculated for geographical areas even smaller than this, using localities referred to by the Australian Bureau of Statistics (ABS) as Statistical Areas Level 3 (SA3 – see box).

The information presented on the maps shows the average Medicare Benefits Schedule (MBS) expenditure on GP attendances per person across ABS Statistical Areas Level 3 (SA3), with Medicare Local boundaries overlaid.

GP attendances are MBS-funded patient/doctor encounters for which the patient has not been referred by another doctor. GP attendances exclude services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on a GP's behalf.<sup>1</sup>

## Findings

In 2010–11, the average MBS expenditure per person on GP attendances varied across statistical areas<sup>2</sup>, ranging from \$342.42 to \$96.37 per person.

The statistical area with the highest MBS expenditure on GP attendances per person was Mount Druitt (NSW), with an average of \$342.42 per person.

The statistical area with the lowest MBS expenditure on GP attendances per person was Pilbara (WA), with an average of \$96.37 per person.

### Why use SA3s?

Providing information at more local levels of geography within a Medicare Local, allows further insight into patterns of service utilisation across Australia.

Variation within Medicare Locals is shown in this report using the ABS Statistical Areas Level 3 (SA3) which generally have a population of between 30,000 and 130,000 people. A single Medicare Local may contain as few as one SA3, or as many as 17. In some instances, SA3s cross over Medicare Local boundaries.

In this report these SA3s have been chosen as an appropriate level of geography to present Medicare Benefits Schedule (MBS) information as they are large enough in population numbers to ensure confidentiality of MBS statistics, while allowing insights into the variation that exists within each Medicare Local.

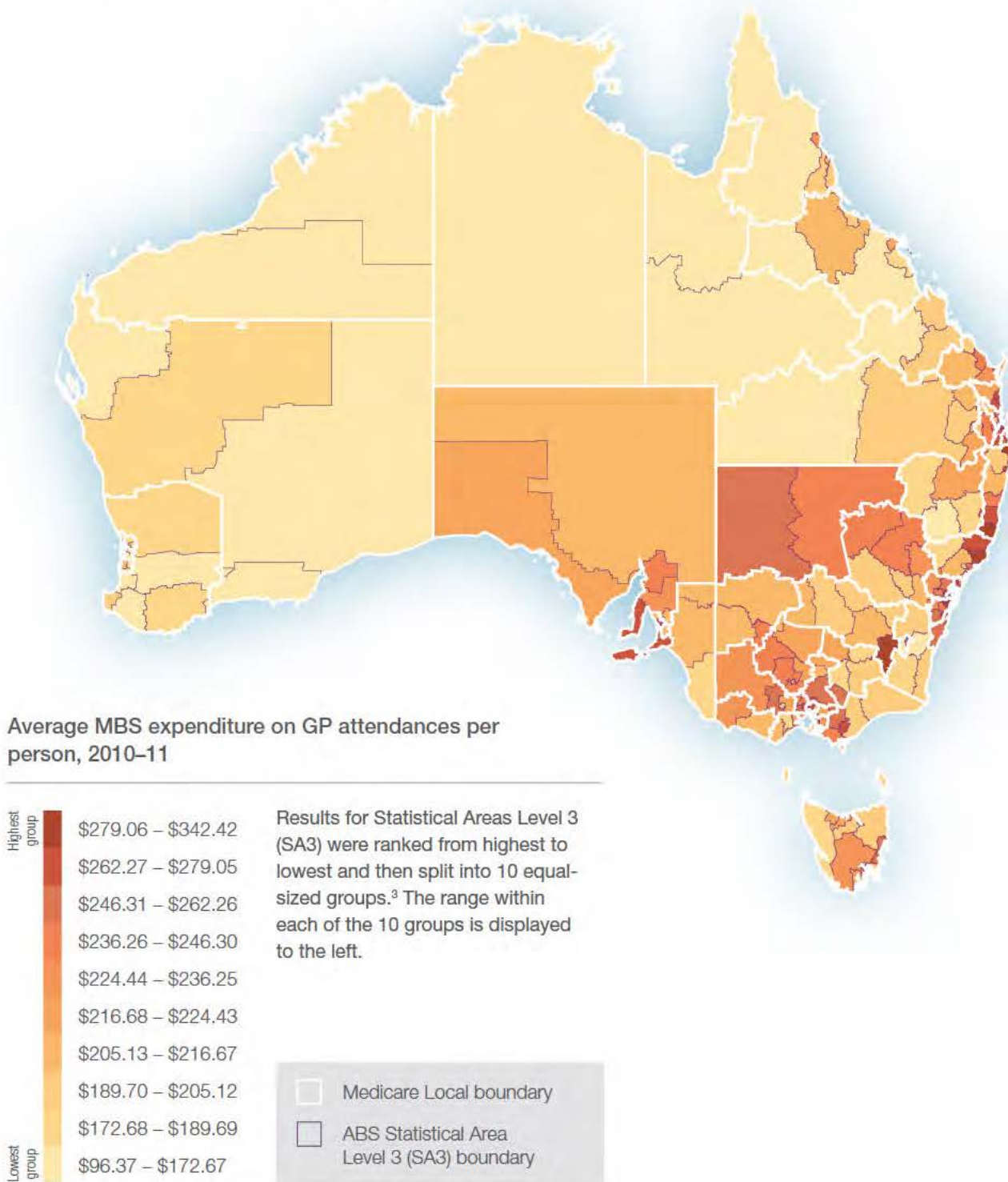
- 
1. For more information on the Medicare Benefits Schedule (MBS), see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  2. ABS Statistical Areas Level 3 (SA3s) have been excluded from the reported range of results where the population is less than 1000 as they may identify individual providers and their patients. Christmas Island and the Cocos (Keeling) Islands are also excluded as the majority of primary health care services are provided by the Indian Ocean Territories Health Service.
  3. 325 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.



## Variation *within* Medicare Locals

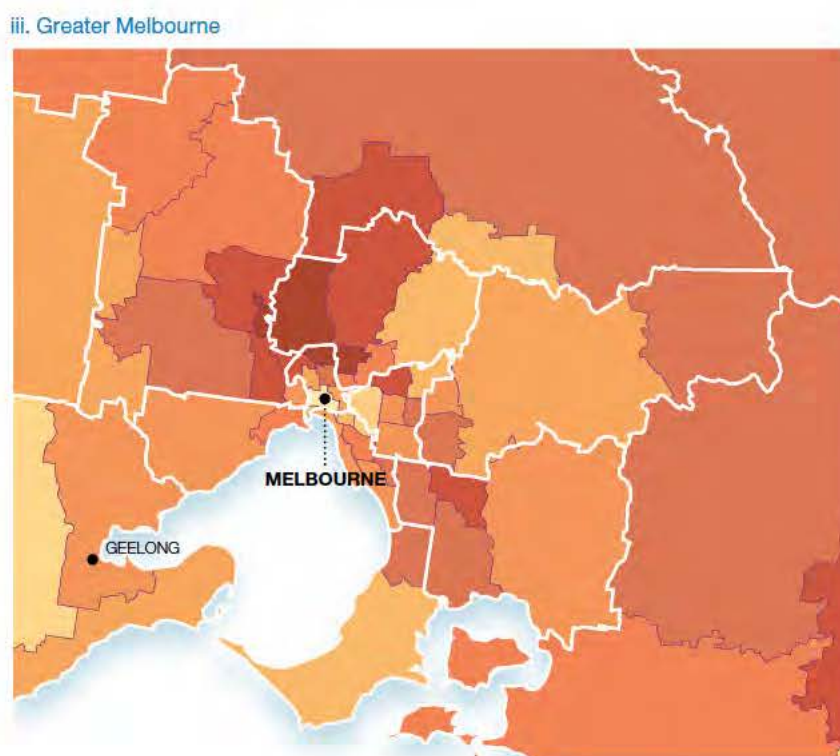
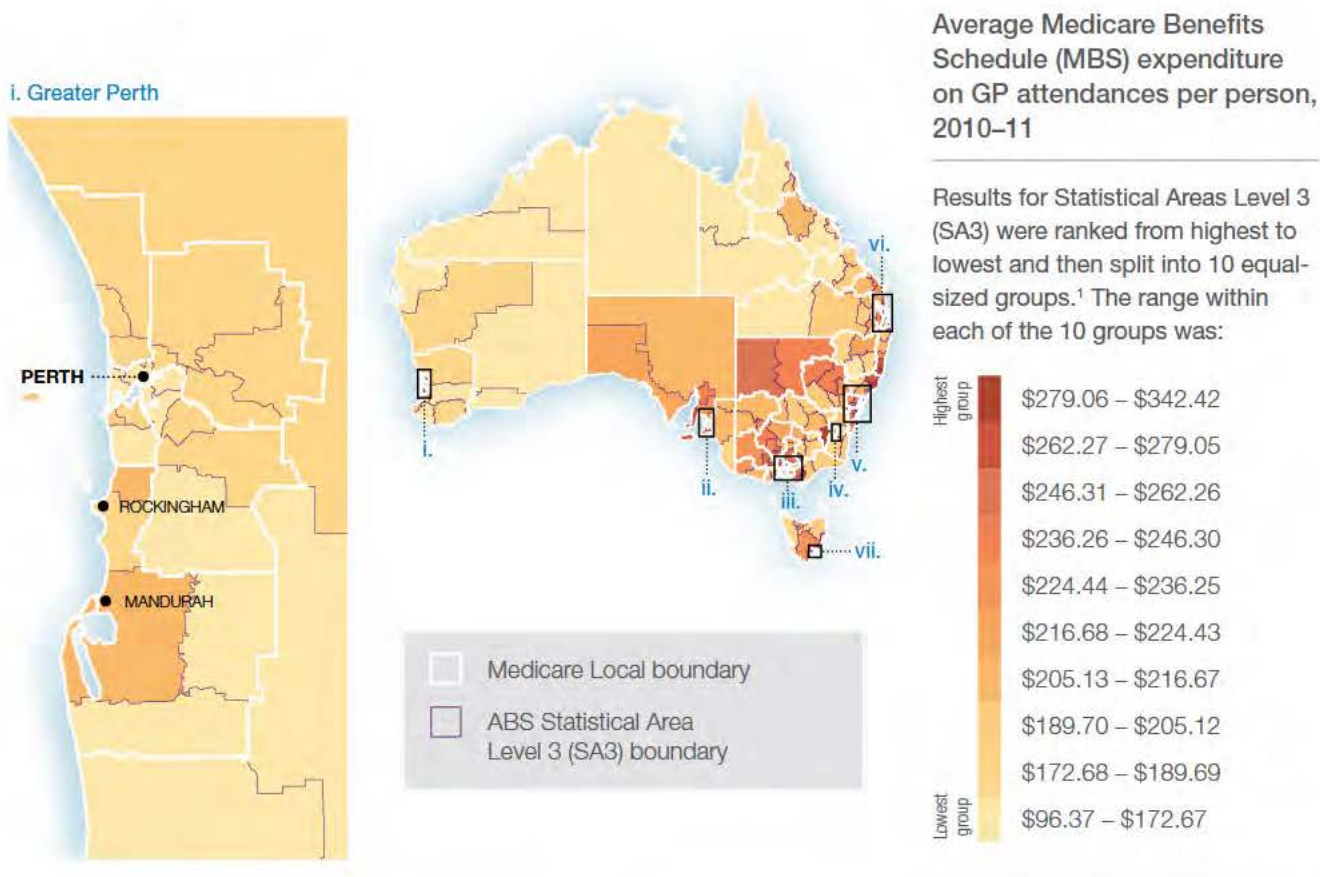
### Average Medicare Benefits Schedule (MBS) expenditure on GP attendances per person, 2010–11

In 2010–11, the average MBS expenditure per person on GP attendances varied across statistical areas<sup>2</sup>, ranging from \$342.42 to \$96.37 per person.



# Expenditure on GP attendances

Variation *within* Medicare Locals

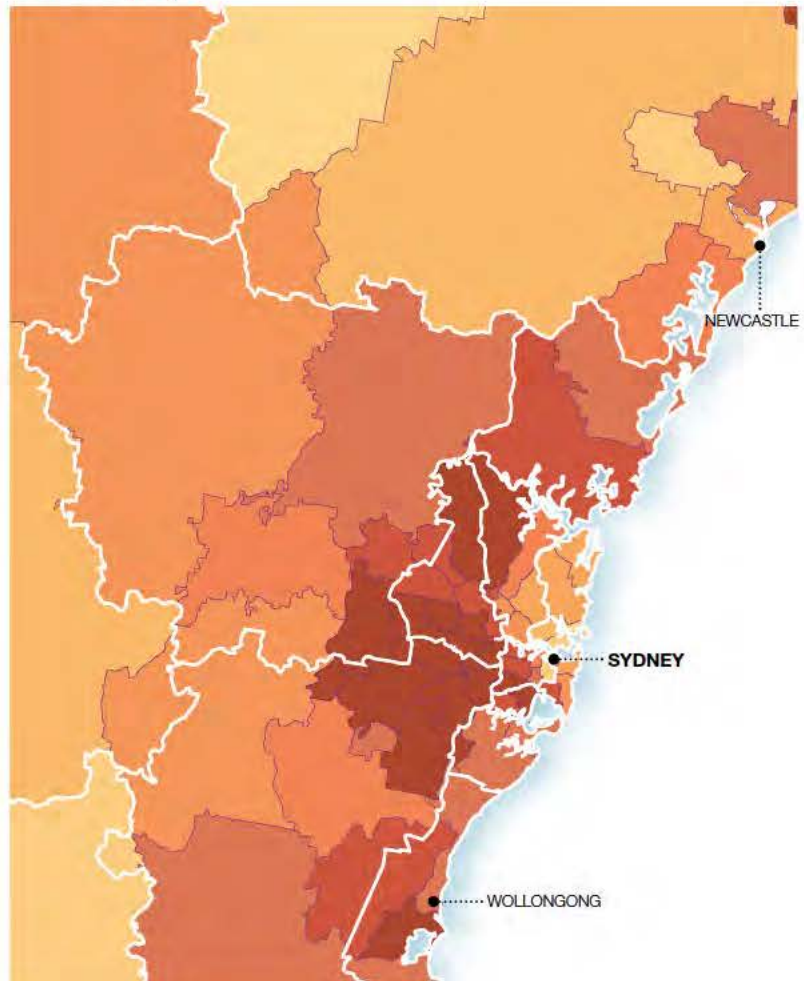




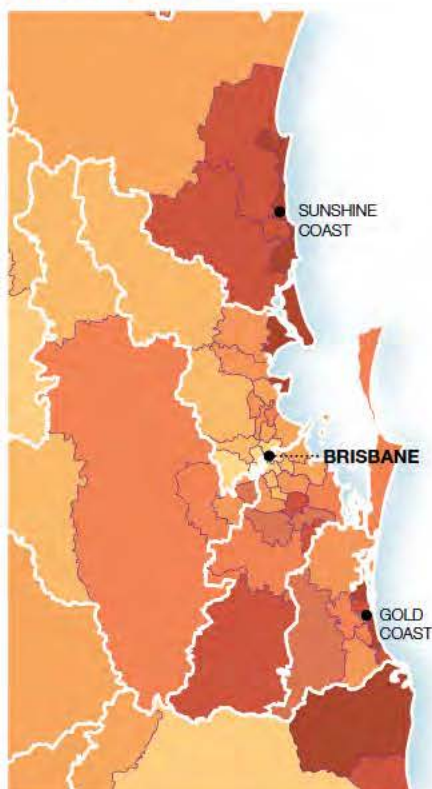
iv. ACT



v. Greater Sydney



vi. Greater Brisbane



vii. Greater Hobart



1. 325 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

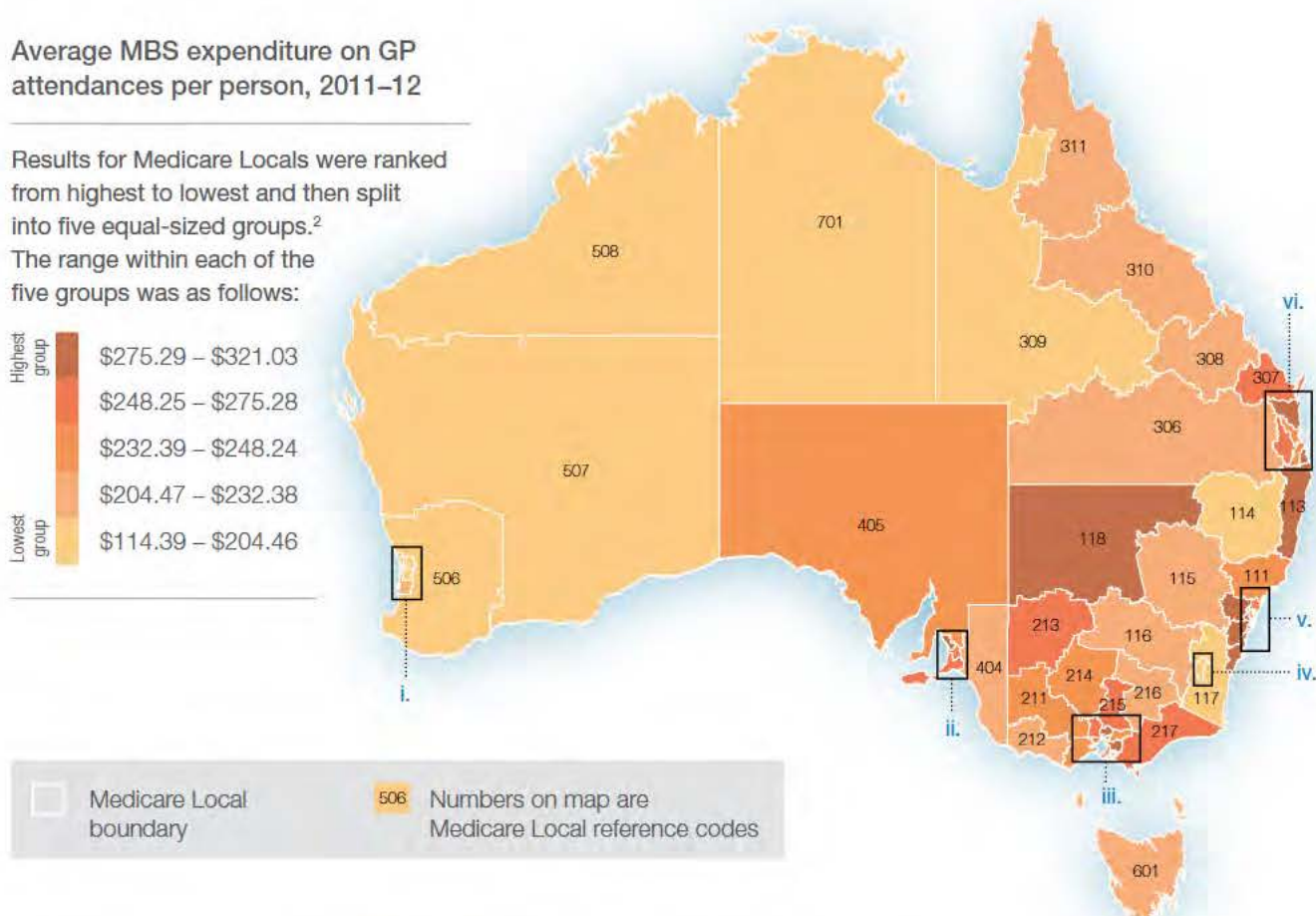
# Expenditure on GP attendances, 2011–12

Expenditure on GP attendances<sup>1</sup> comprises Medicare Benefits Schedule (MBS) funding for patient/doctor encounters across Medicare Locals. In 2011–12, the average expenditure on GP attendances per person varied across Medicare Locals, ranging from \$321.03 in Western Sydney to \$114.39 in Kimberley-Pilbara.

## Average MBS expenditure on GP attendances per person, 2011–12

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>2</sup> The range within each of the five groups was as follows:

Highest group	\$275.29 – \$321.03
	\$248.25 – \$275.28
	\$232.39 – \$248.24
	\$204.47 – \$232.38
Lowest group	\$114.39 – \$204.46



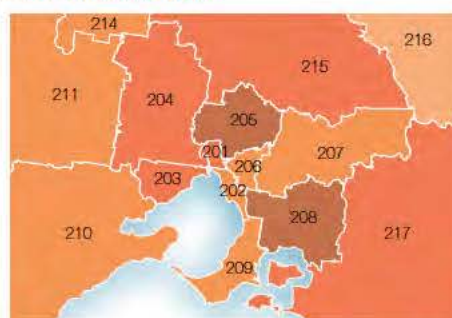
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



1. For more information on the Medicare Benefits Schedule (MBS) see [www.nhpa.gov.au](http://www.nhpa.gov.au)
2. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
3. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)
4. Peer group results are calculated using the total number of relevant GP attendances within each peer group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs.

**Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.  
**Data can be downloaded from** [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons

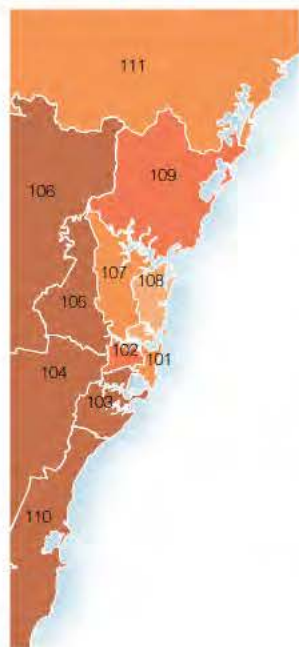


To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>3</sup>, based on remoteness and socioeconomic status. This allows:

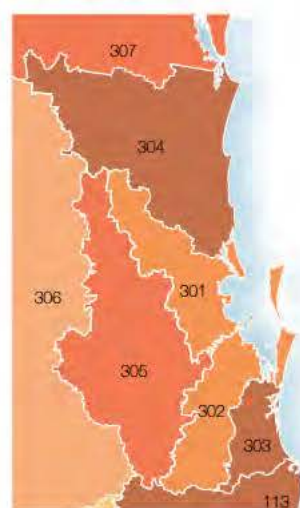
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>4</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



vi. Greater Brisbane



## Peer groups

Map Ref.

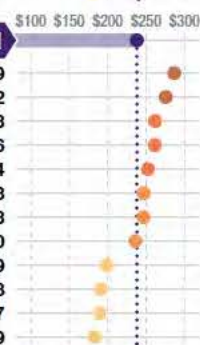
### Metro 1 \$239.88

Inner West Sydney .....	102	\$274.93
Inner NW Melbourne .....	201	\$252.06
Northern Sydney .....	107	\$248.12
Eastern Sydney .....	101	\$246.19
Inner East Melbourne .....	206	\$238.69
Bayside .....	202	\$234.22
Sydney North Shore & Beaches .....	108	\$227.13
Australian Capital Territory .....	801	\$181.00



### Metro 2 \$238.01

Gold Coast .....	303	\$286.79
South Eastern Sydney .....	103	\$275.72
South Western Melbourne .....	203	\$261.63
Sthn Adelaide-Fleurieu-Kangaroo Is. ....	403	\$261.46
Central Adelaide & Hills .....	402	\$252.54
Eastern Melbourne .....	207	\$246.73
Greater Metro South Brisbane .....	302	\$246.63
Metro North Brisbane .....	301	\$235.90
Perth North Metro .....	502	\$198.69
Fremantle .....	503	\$191.28
Perth Central & East Metro .....	501	\$189.07
Bentley-Armadale .....	504	\$183.09



### Metro 3 \$294.61

Western Sydney .....	105	\$321.03
South Western Sydney .....	104	\$316.74
Northern Melbourne .....	205	\$283.46
Northern Adelaide .....	401	\$282.95
South Eastern Melbourne .....	208	\$275.64
Macedon Ranges & NW Melb .....	204	\$274.79
West Moreton-Oxley .....	305	\$262.50



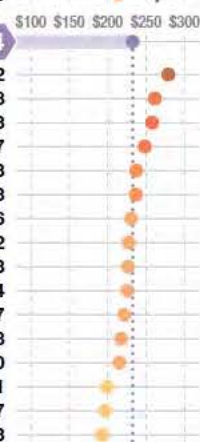
### Regional 1 \$264.36

Sunshine Coast .....	304	\$296.54
Nepean-Blue Mountains .....	106	\$294.54
Illawarra-Shoalhaven .....	110	\$286.33
Central Coast NSW .....	109	\$274.29
Hunter .....	111	\$247.54
Frankston-Mornington Peninsula .....	209	\$246.41
Barwon .....	210	\$244.75
Perth South Coastal .....	505	\$213.36



### Regional 2 \$232.44

North Coast NSW .....	113	\$279.02
Goulburn Valley .....	215	\$261.38
Wide Bay .....	307	\$257.83
Gippsland .....	217	\$248.37
Loddon-Mallee-Murray .....	214	\$237.33
Grampians .....	211	\$236.63
Murrumbidgee .....	116	\$230.56
Great South Coast .....	212	\$227.42
Western NSW .....	115	\$226.63
Tasmania .....	601	\$225.74
Darling Downs-SW Qld .....	306	\$221.57
Country South SA .....	404	\$217.28
Hume .....	216	\$215.20
Southern NSW .....	117	\$199.51
South West WA .....	506	\$196.47
New England .....	114	\$192.53



### Rural 1 \$222.96

Far West NSW .....	118	\$280.38
Lower Murray .....	213	\$255.34
Country North SA .....	405	\$242.20
Central Qld .....	308	\$209.81
Townsville-Mackay .....	310	\$209.43



### Rural 2 \$174.53

Far North Qld .....	311	\$224.34
Goldfields-Midwest .....	507	\$166.02
Central & NW Qld .....	309	\$161.16
Northern Territory .....	701	\$151.07
Kimberley-Pilbara .....	508	\$114.39





# Expenditure on GP attendances, 2011–12

## Variation *within* Medicare Locals

This report for the first time breaks down information to the level of individual Medicare Locals. But results for some measures have been calculated for geographical areas even smaller than this, using localities referred to by the Australian Bureau of Statistics (ABS) as Statistical Areas Level 3 (SA3 – see box).

The information presented on the maps shows the average Medicare Benefits Schedule (MBS) expenditure on GP attendances per person across ABS Statistical Areas Level 3 (SA3), with Medicare Local boundaries overlaid.

GP attendances are MBS-funded patient/doctor encounters for which the patient has not been referred by another doctor. GP attendances exclude services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on a GP's behalf.<sup>1</sup>

## Findings

In 2011–12, the average MBS expenditure per person on GP attendances varied across statistical areas<sup>2</sup>, ranging from \$356.99 to \$92.47 per person.

The statistical area with the highest MBS expenditure on GP attendances per person was Mount Druitt (NSW), with an average of \$356.99 per person.

The statistical area with the lowest MBS expenditure on GP attendances per person was Pilbara (WA), with an average of \$92.47 per person.

### Why use SA3s?

Providing information at more local levels of geography within a Medicare Local, allows further insight into patterns of service utilisation across Australia.

Variation within Medicare Locals is shown in this report using the ABS Statistical Areas Level 3 (SA3) which generally have a population of between 30,000 and 130,000 people. A single Medicare Local may contain as few as one SA3, or as many as 17. In some instances, SA3s cross over Medicare Local boundaries.

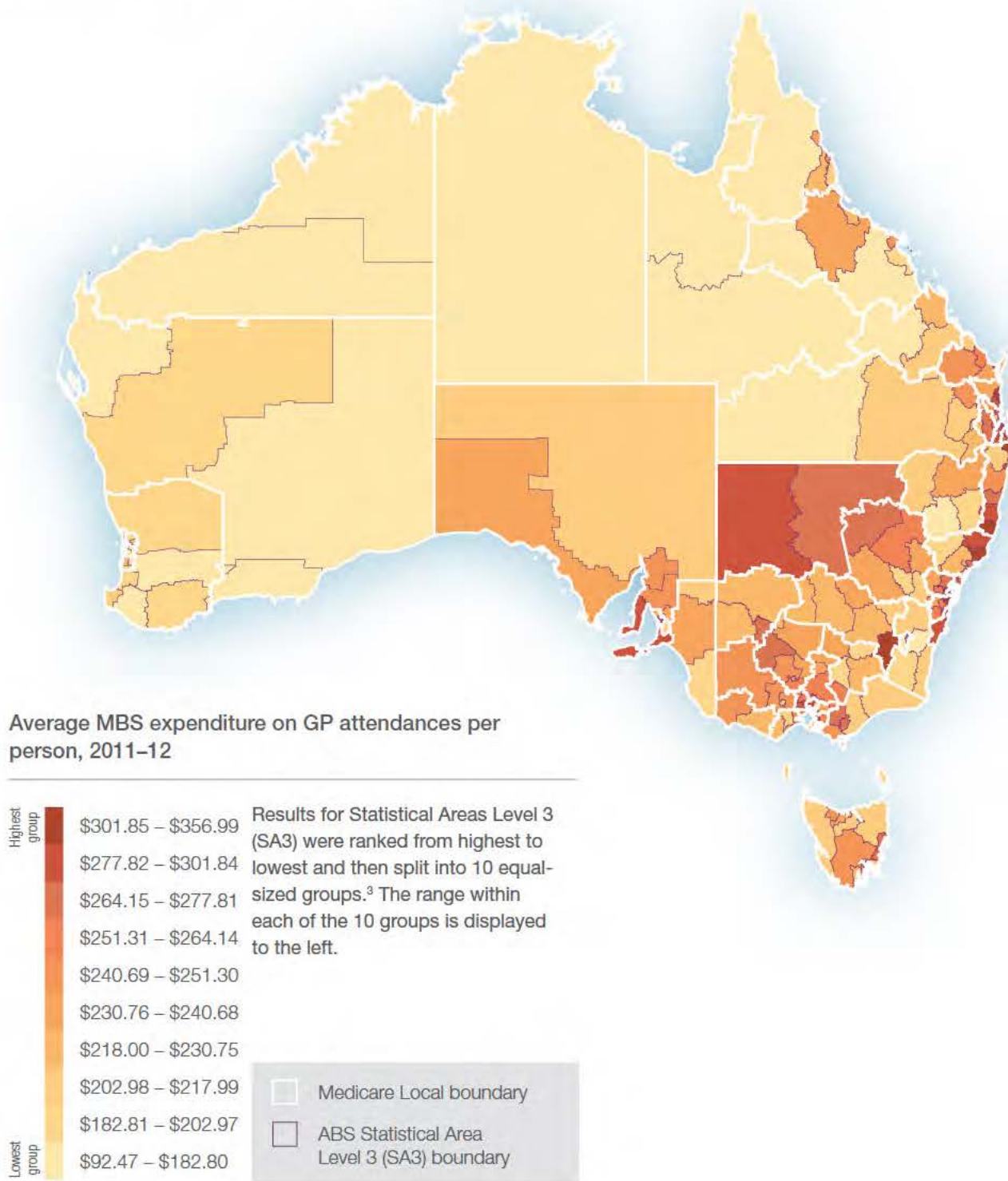
In this report these SA3s have been chosen as an appropriate level of geography to present Medicare Benefits Schedule (MBS) information as they are large enough in population numbers to ensure confidentiality of MBS statistics, while allowing insights into the variation that exists within each Medicare Local.

- 
1. For more information on the Medicare Benefits Schedule (MBS), see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  2. ABS Statistical Areas Level 3 (SA3s) have been excluded from the reported range of results where the population is less than 1000 as they may identify individual providers and their patients. Christmas Island and the Cocos (Keeling) Islands are also excluded as the majority of primary health care services are provided by the Indian Ocean Territories Health Service.
  3. 325 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

## Variation *within* Medicare Locals

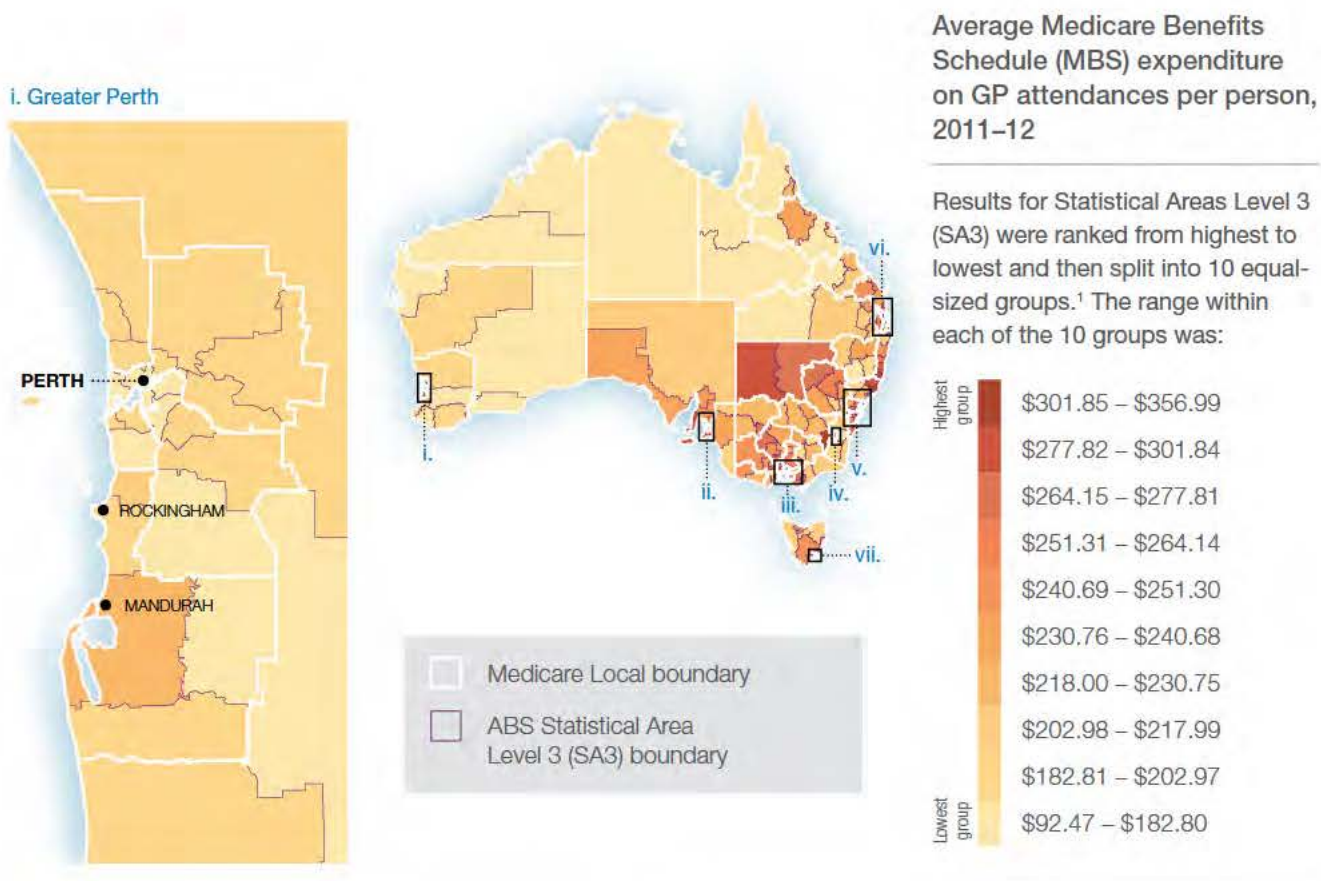
### Average Medicare Benefits Schedule (MBS) expenditure on GP attendances per person, 2011–12

In 2011–12, the average MBS expenditure per person on GP attendances varied across statistical areas<sup>2</sup>, ranging from \$356.99 to \$92.47 per person.



# Expenditure on GP attendances, 2011–12

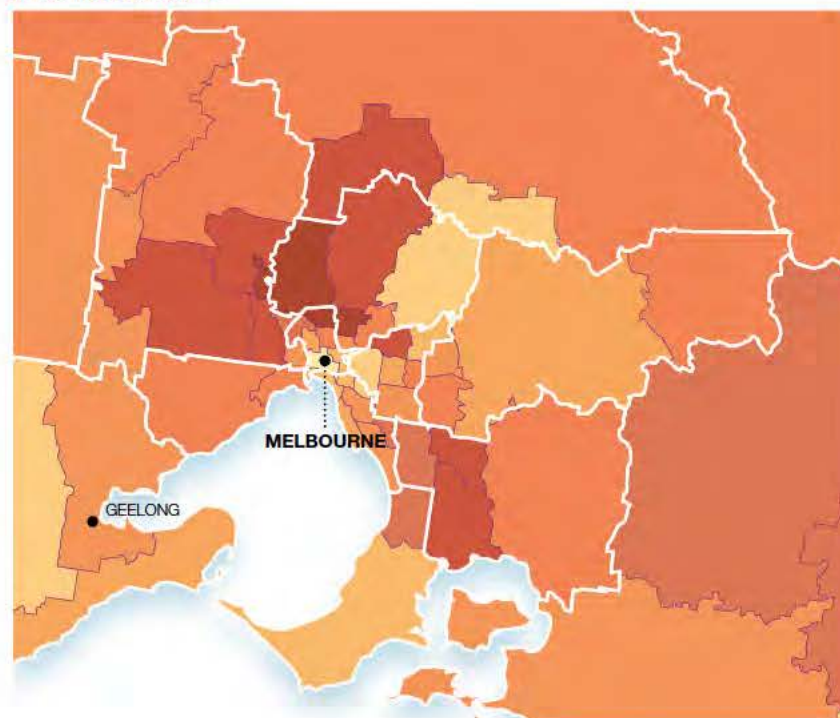
Variation *within* Medicare Locals



**ii. Greater Adelaide**



**iii. Greater Melbourne**

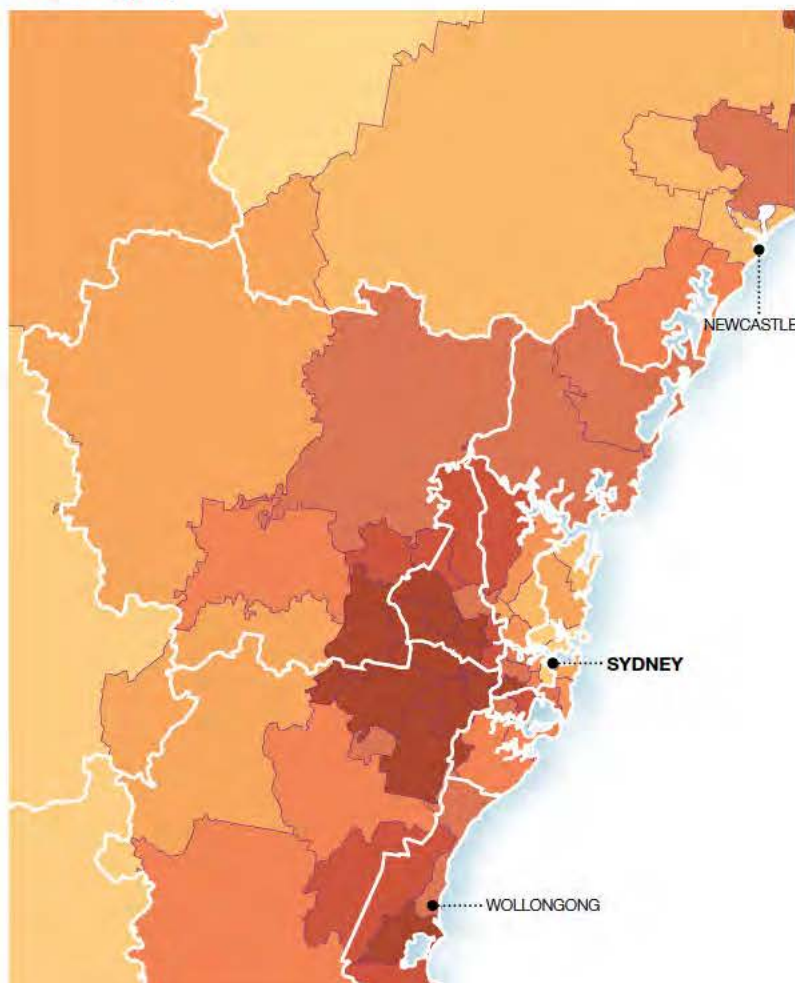




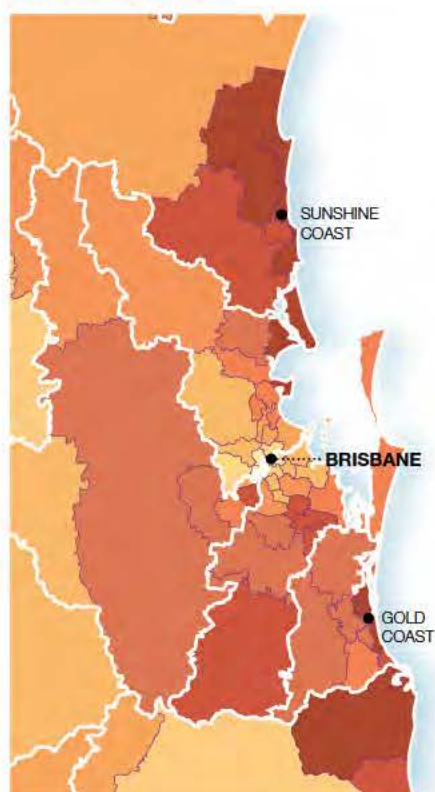
iv. ACT



v. Greater Sydney



vi. Greater Brisbane



vii. Greater Hobart



1. 325 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

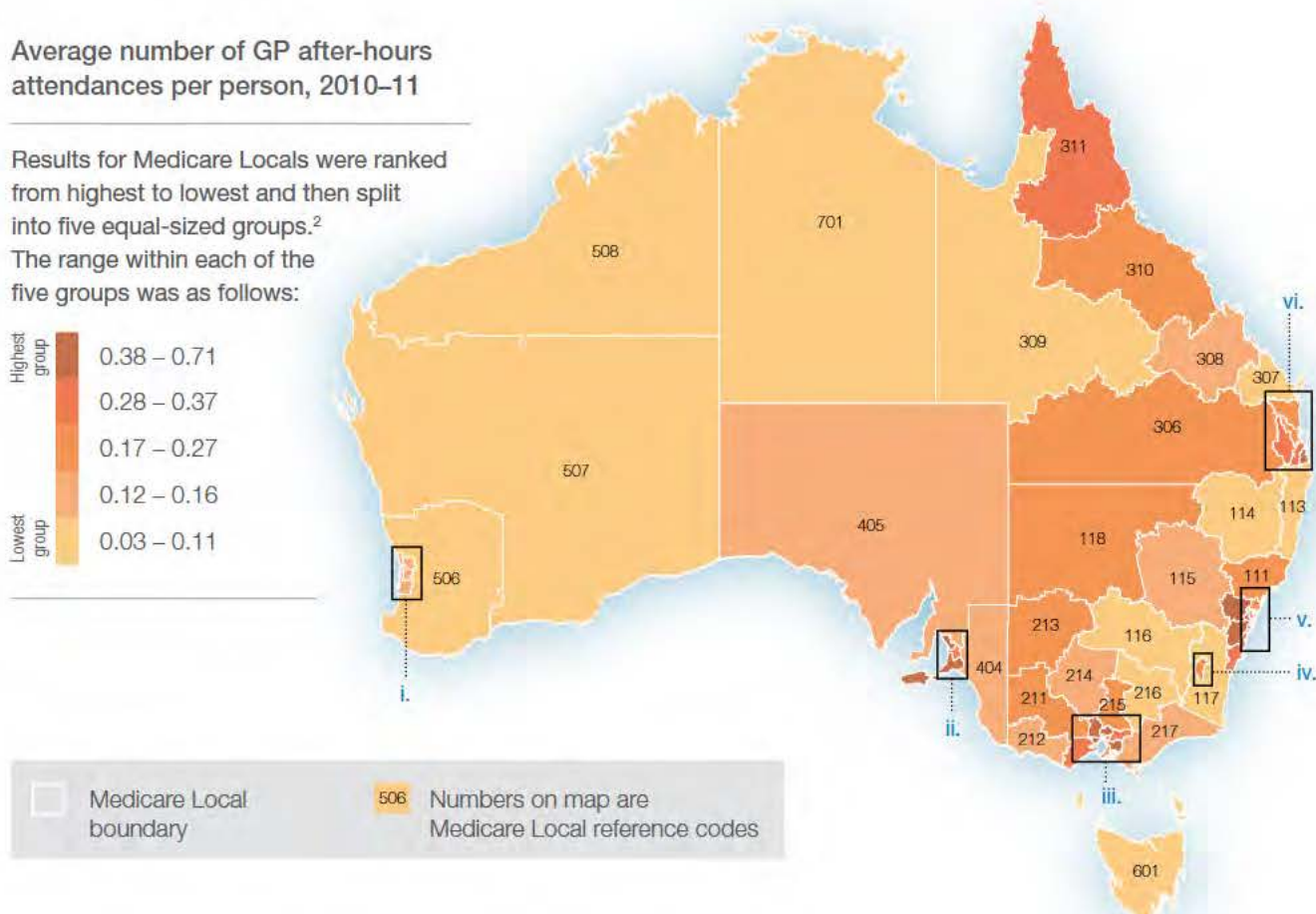
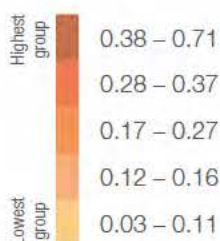
**Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

# GP after-hours attendances

GP after-hours attendances<sup>1</sup> are non-referred patient/doctor after-hours encounters funded through the Medicare Benefits Schedule (MBS). They include urgent and non-urgent attendances. In 2010–11, the average number of GP after-hours attendances per person varied across Medicare Locals, ranging from 0.71 in South Western Melbourne to 0.03 in both Goldfields-Midwest and Kimberley-Pilbara.

## Average number of GP after-hours attendances per person, 2010–11

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>2</sup> The range within each of the five groups was as follows:



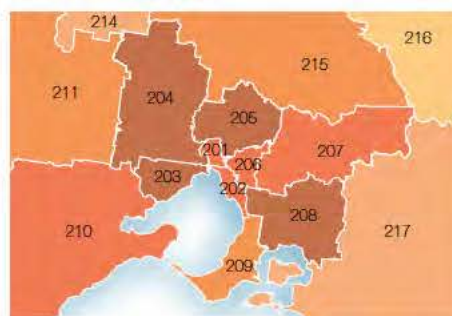
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



- For more information on the Medicare Benefits Schedule (MBS) see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Peer group results are calculated using the total number of relevant GP attendances within each peer group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs.

**Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.  
Data can be downloaded from [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons

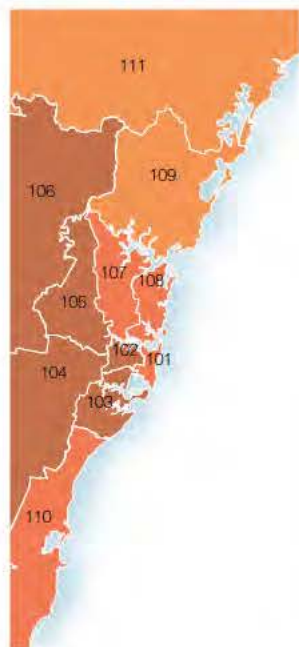


To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>3</sup>, based on remoteness and socioeconomic status. This allows:

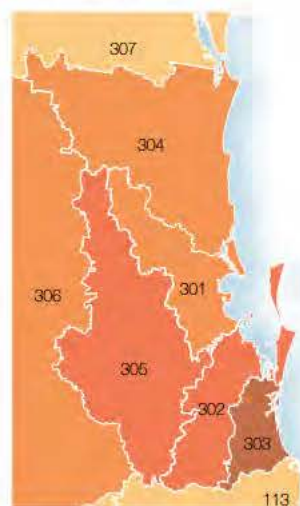
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>4</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney

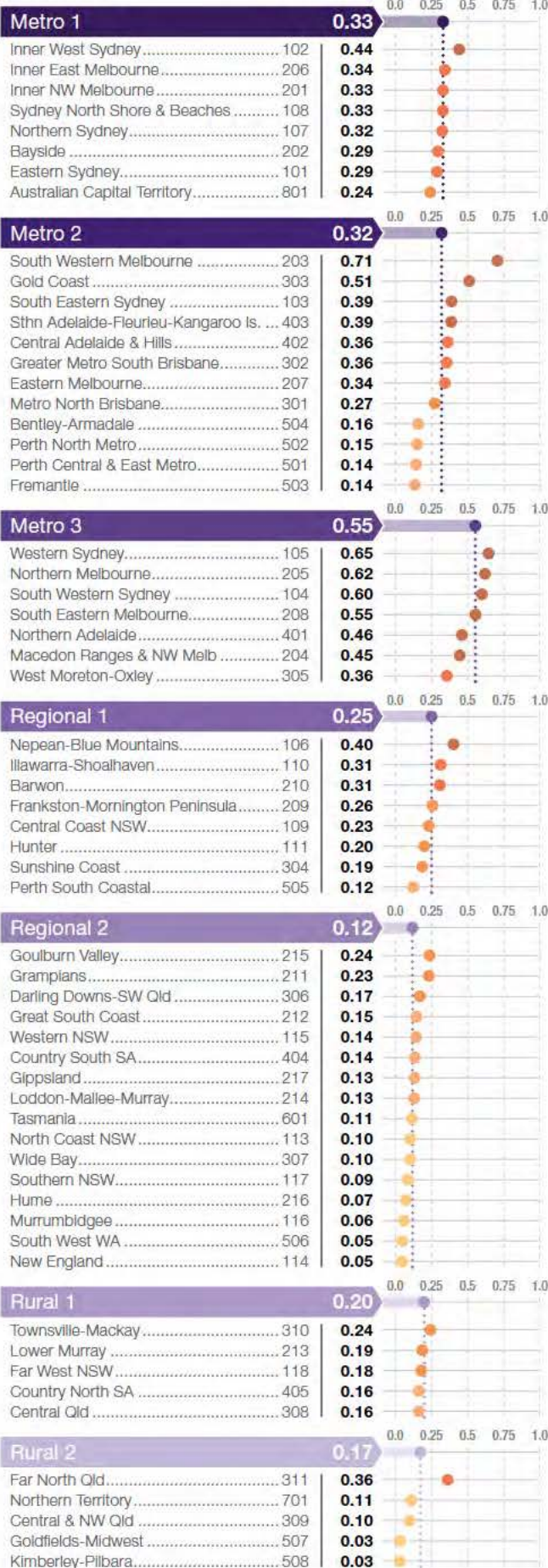


vi. Greater Brisbane



## Peer groups

Map Ref.



# GP after-hours attendances

## Variation *within* Medicare Locals

This report for the first time breaks down information to the level of individual Medicare Locals. But results for some measures have been calculated for geographical areas even smaller than this, using localities referred to by the Australian Bureau of Statistics (ABS) as Statistical Areas Level 3 (SA3 – see box).

The information presented on the maps displays the average number of GP after-hours attendances per person across ABS Statistical Areas Level 3 (SA3), with Medicare Local boundaries overlaid.

GP after-hours attendances<sup>1</sup> are non-referred patient/doctor after-hours encounters that are eligible for after-hours Medicare Benefits Schedule (MBS) rebates. They include urgent and non-urgent attendances that may be eligible for higher rebates where they occur between 6pm and 8am Monday to Friday, before 8am and after 12 noon on Saturdays, and all day Sundays and public holidays.

### Findings

In 2010–11, the average number of GP after-hours attendances per person varied across statistical areas<sup>2</sup>, ranging from 0.98 to 0.02 attendances per person.

The statistical area with the highest average number of GP after-hours attendances per person was Mount Druitt (NSW) with an average of 0.98 attendances per person.

The statistical areas with the lowest average number of GP after-hours attendances per person were Manjimup (WA), Esperance (WA), Gascoyne (WA) and Albany (WA) which all recorded an average of 0.02 attendances per person.

### Why use SA3s?

Providing information at more local levels of geography within a Medicare Local, allows further insight into patterns of service utilisation across Australia.

Variation within Medicare Locals is shown in this report using the ABS Statistical Areas Level 3 (SA3) which generally have a population of between 30,000 and 130,000 people. A single Medicare Local may contain as few as one SA3, or as many as 17. In some instances, SA3s cross over Medicare Local boundaries.

In this report these SA3s have been chosen as an appropriate level of geography to present Medicare Benefits Schedule (MBS) information as they are large enough in population numbers to ensure confidentiality of MBS statistics, while allowing insights into the variation that exists within each Medicare Local.

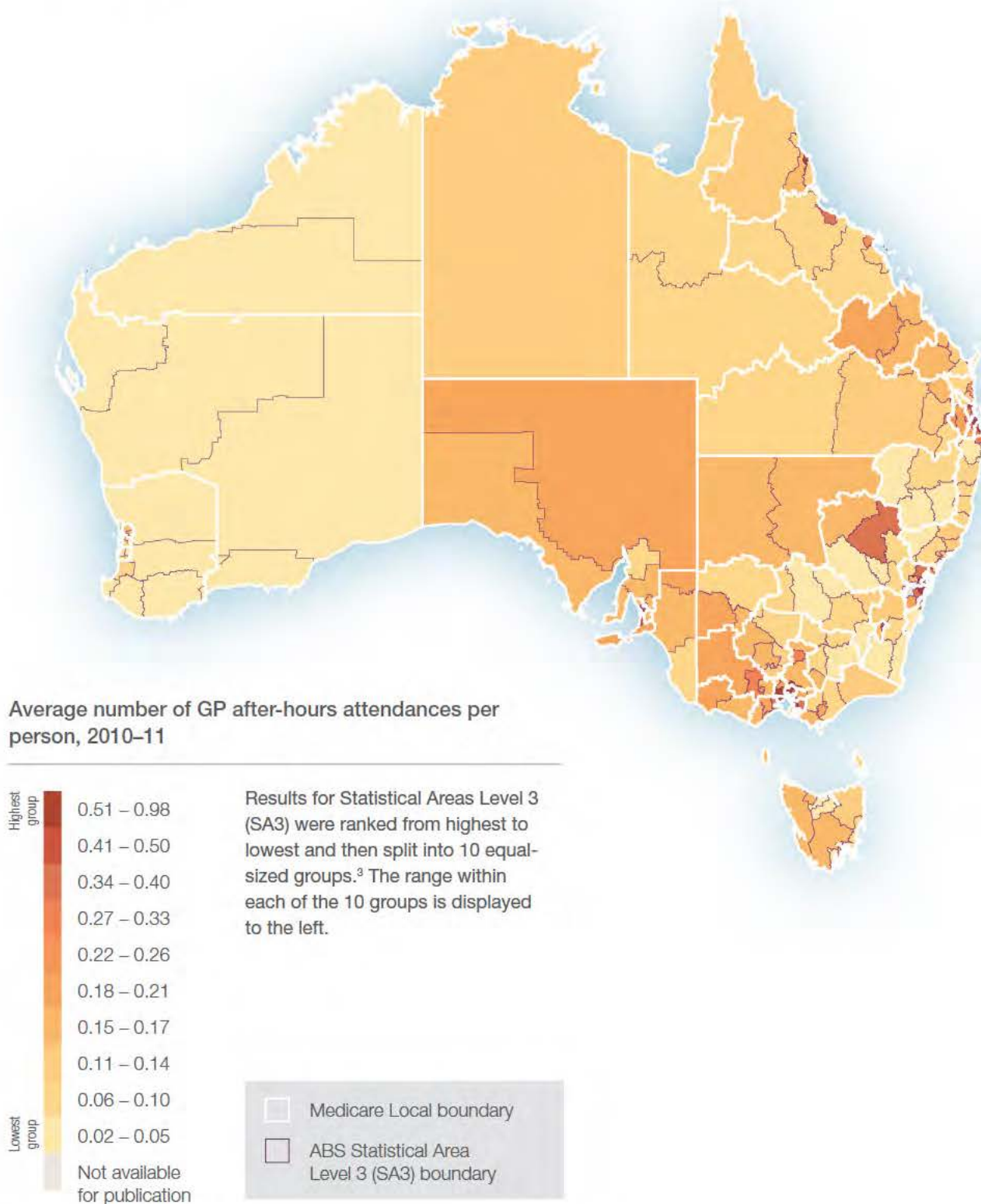
- 
1. For more information on the Medicare Benefits Schedule (MBS), see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  2. ABS Statistical Areas Level 3 (SA3s) have been excluded from the reported range of results where the population is less than 1000 as they may identify individual providers and their patients. Christmas Island and the Cocos (Keeling) Islands are also excluded as the majority of primary health care services are provided by the Indian Ocean Territories Health Service.
  3. 323 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.



## Variation *within* Medicare Locals

### Average number of GP after-hours attendances per person, 2010–11

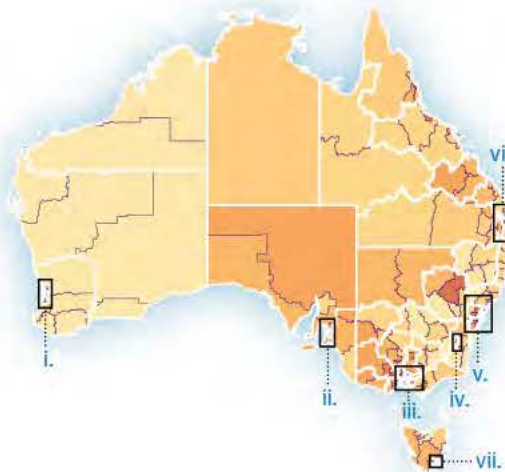
In 2010–11, the average number of GP after-hours attendances per person varied across statistical areas<sup>2</sup>, ranging from 0.98 to 0.02 attendances per person.



# GP after-hours attendances

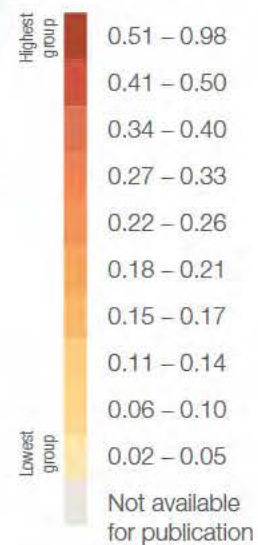
Variation *within* Medicare Locals

i. Greater Perth



Average number of GP after-hours attendances per person, 2010-11

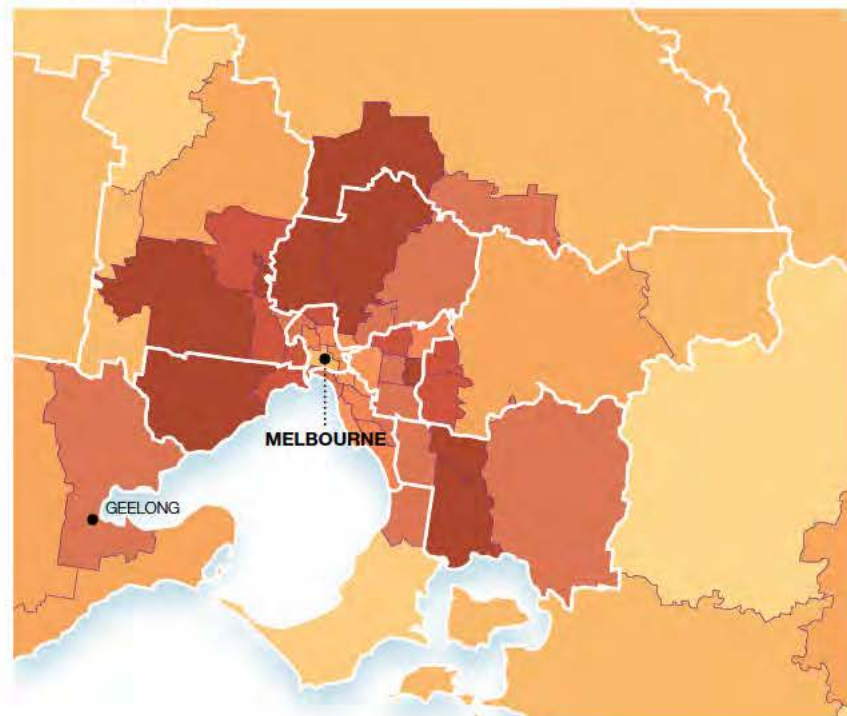
Results for Statistical Areas Level 3 (SA3) were ranked from highest to lowest and then split into 10 equal-sized groups.<sup>1</sup> The range within each of the 10 groups was:



ii. Greater Adelaide



iii. Greater Melbourne

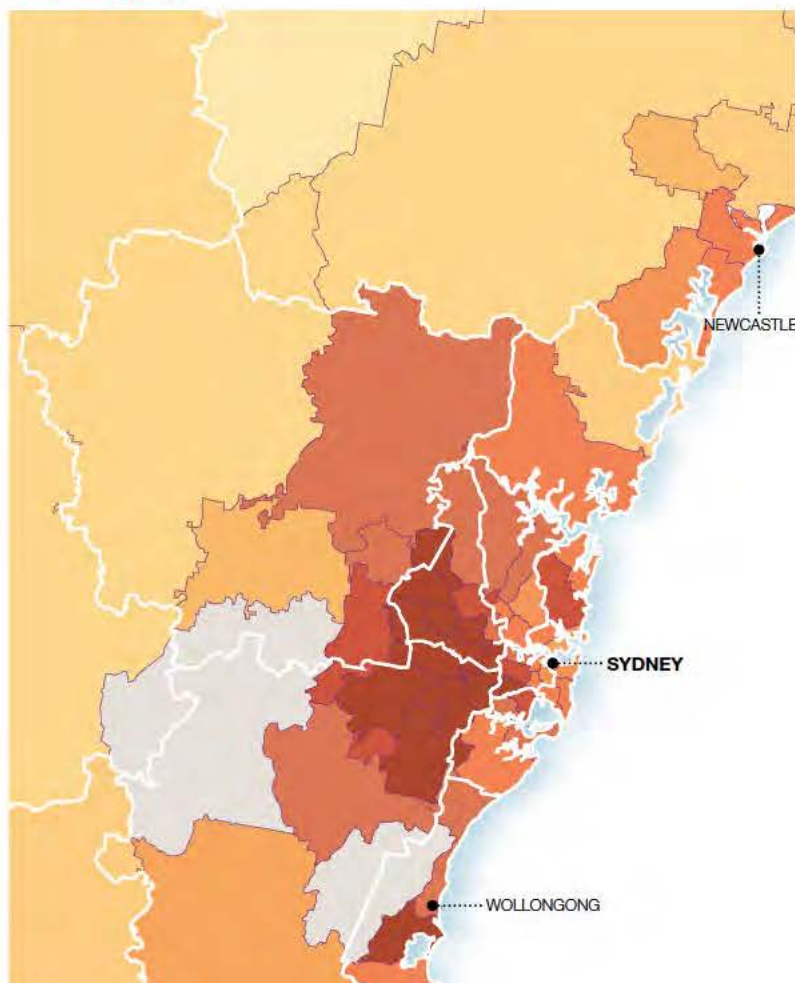




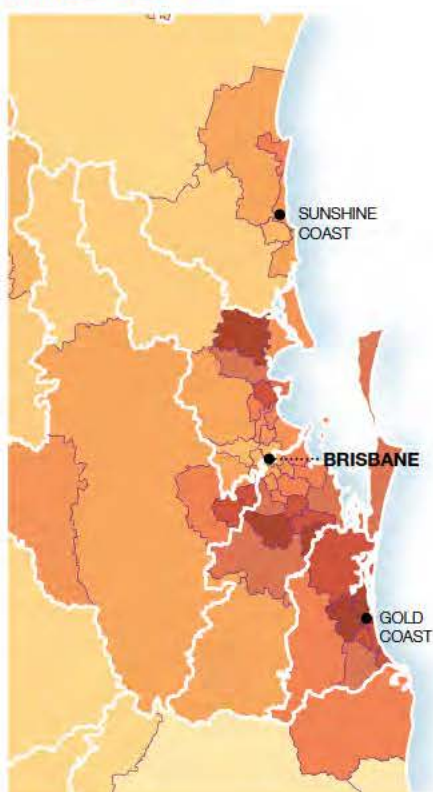
iv. ACT



v. Greater Sydney



vi. Greater Brisbane



vii. Greater Hobart



1. 323 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

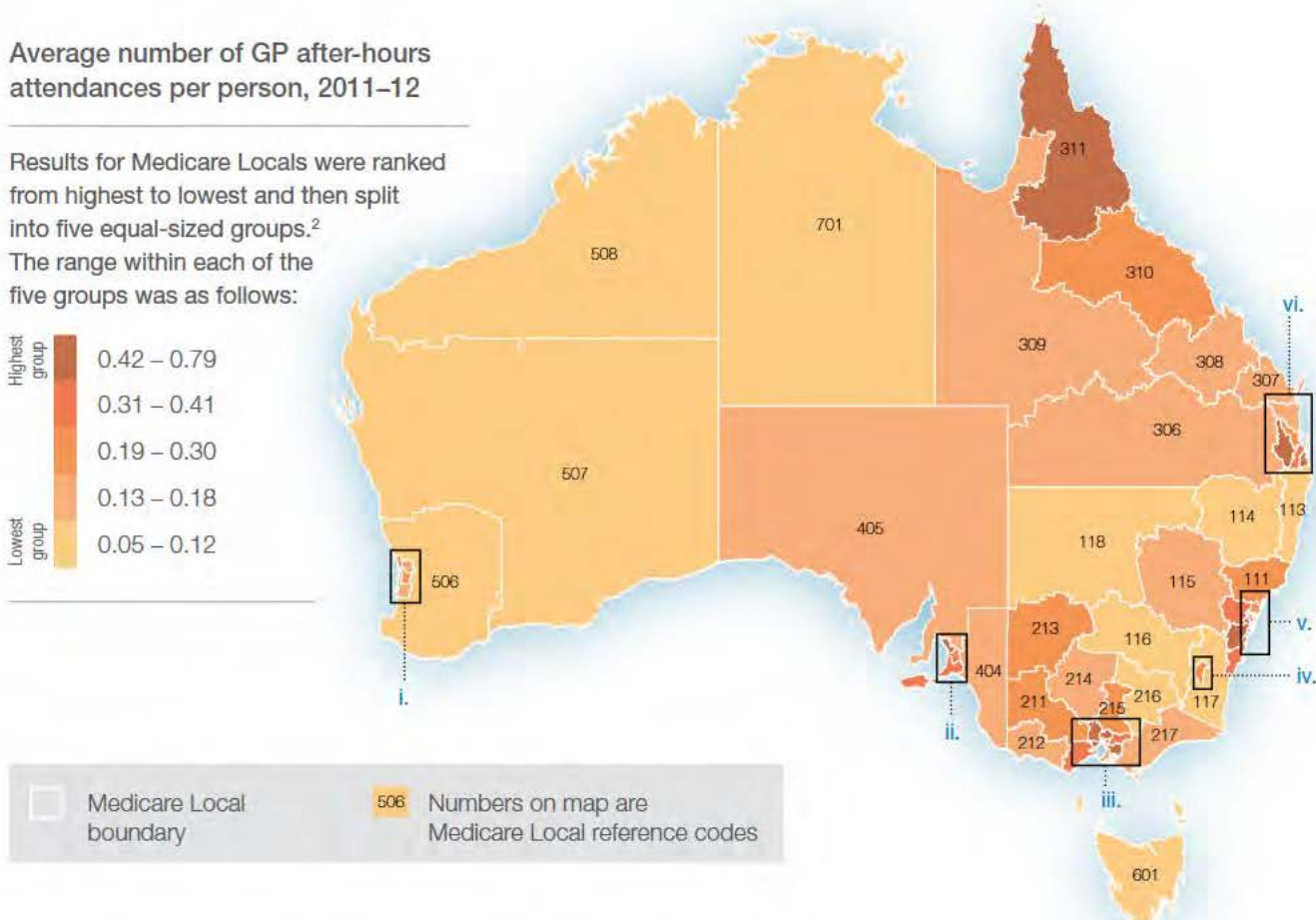
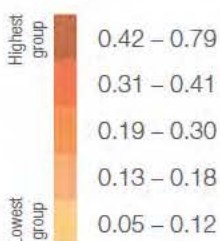
**Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

# GP after-hours attendances, 2011–12

GP after-hours attendances<sup>1</sup> are non-referred patient/doctor after-hours encounters funded through the Medicare Benefits Schedule (MBS). They include urgent and non-urgent attendances. In 2011–12, the average number of GP after-hours attendances per person varied across Medicare Locals, ranging from 0.79 in South Western Melbourne to 0.05 in both New England and Kimberley-Pilbara.

## Average number of GP after-hours attendances per person, 2011–12

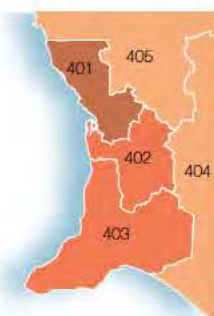
Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>2</sup> The range within each of the five groups was as follows:



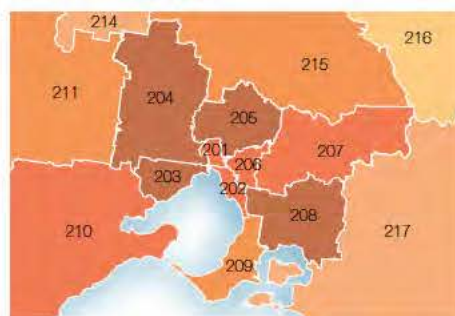
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



1. For more information on the Medicare Benefits Schedule (MBS) see [www.nhpa.gov.au](http://www.nhpa.gov.au)
2. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
3. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)
4. Peer group results are calculated using the total number of relevant GP attendances within each peer group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs.

**Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011. Data can be downloaded from [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons



To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>3</sup>, based on remoteness and socioeconomic status. This allows:

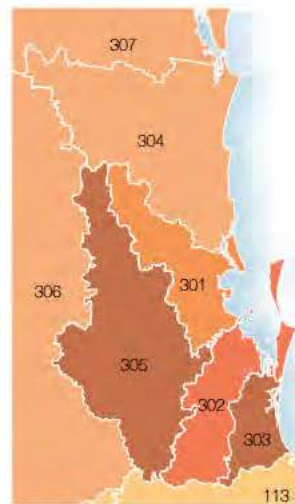
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>4</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney

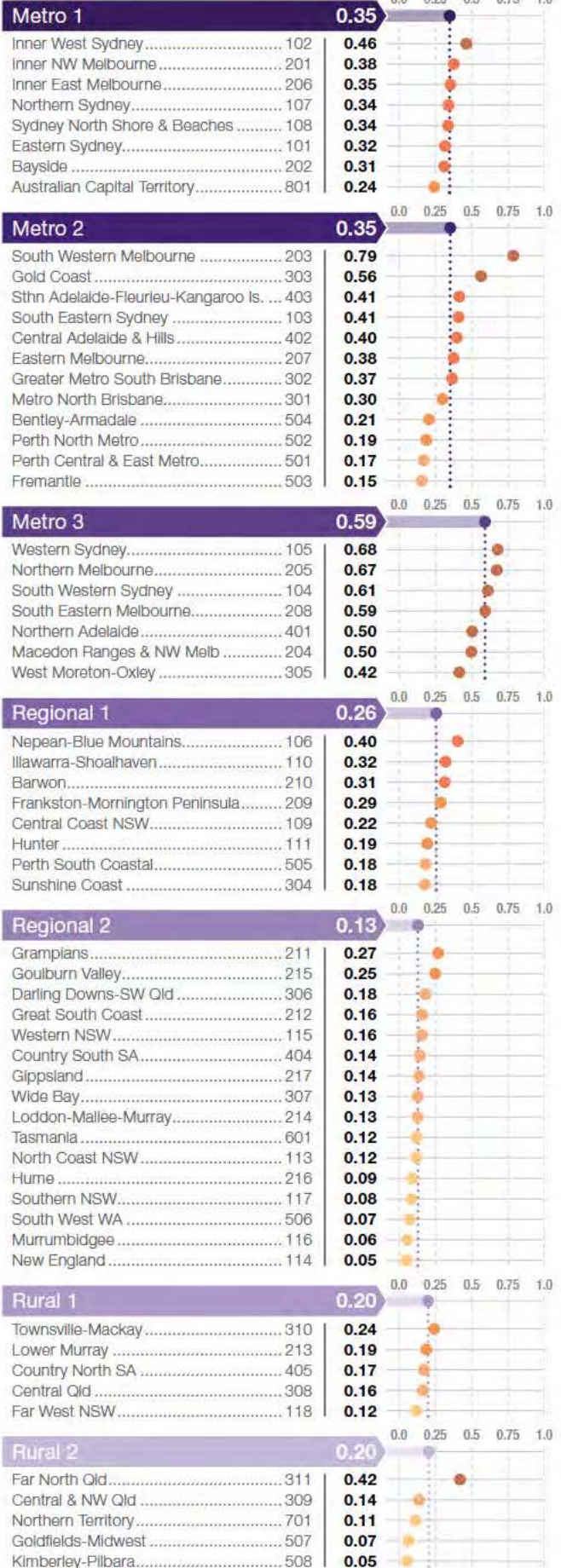


vi. Greater Brisbane



## Peer groups

Map Ref.



# GP after-hours attendances, 2011–12

## Variation *within* Medicare Locals

This report for the first time breaks down information to the level of individual Medicare Locals. But results for some measures have been calculated for geographical areas even smaller than this, using localities referred to by the Australian Bureau of Statistics (ABS) as Statistical Areas Level 3 (SA3 – see box).

The information presented on the maps shows the average number of GP after-hours attendances per person across ABS Statistical Areas Level 3 (SA3), with Medicare Local boundaries overlaid.

GP after-hours attendances<sup>1</sup> are non-referred patient/doctor after-hours encounters that are eligible for after-hours Medicare Benefits Schedule (MBS) rebates. They include urgent and non-urgent attendances that may be eligible for higher rebates where they occur between 6pm and 8am Monday to Friday, before 8am and after 12 noon on Saturdays, and all day Sundays and public holidays.

### Findings

In 2011–12, the average number of GP after-hours attendances per person varied across statistical areas<sup>2</sup>, ranging from 1.01 to 0.02 attendances per person.

The statistical area with the highest average number of GP after-hours attendances per person was Mount Druitt (NSW) with an average of 1.01 attendances per person.

The statistical areas with the lowest average number of GP after-hours attendances per person was Esperance (WA), with an average of 0.02 attendances per person.

### Why use SA3s?

Providing information at more local levels of geography within a Medicare Local, allows further insight into patterns of service utilisation across Australia.

Variation within Medicare Locals is shown in this report using the ABS Statistical Areas Level 3 (SA3) which generally have a population of between 30,000 and 130,000 people. A single Medicare Local may contain as few as one SA3, or as many as 17. In some instances, SA3s cross over Medicare Local boundaries.

In this report these SA3s have been chosen as an appropriate level of geography to present Medicare Benefits Schedule (MBS) information as they are large enough in population numbers to ensure confidentiality of MBS statistics, while allowing insights into the variation that exists within each Medicare Local.

---

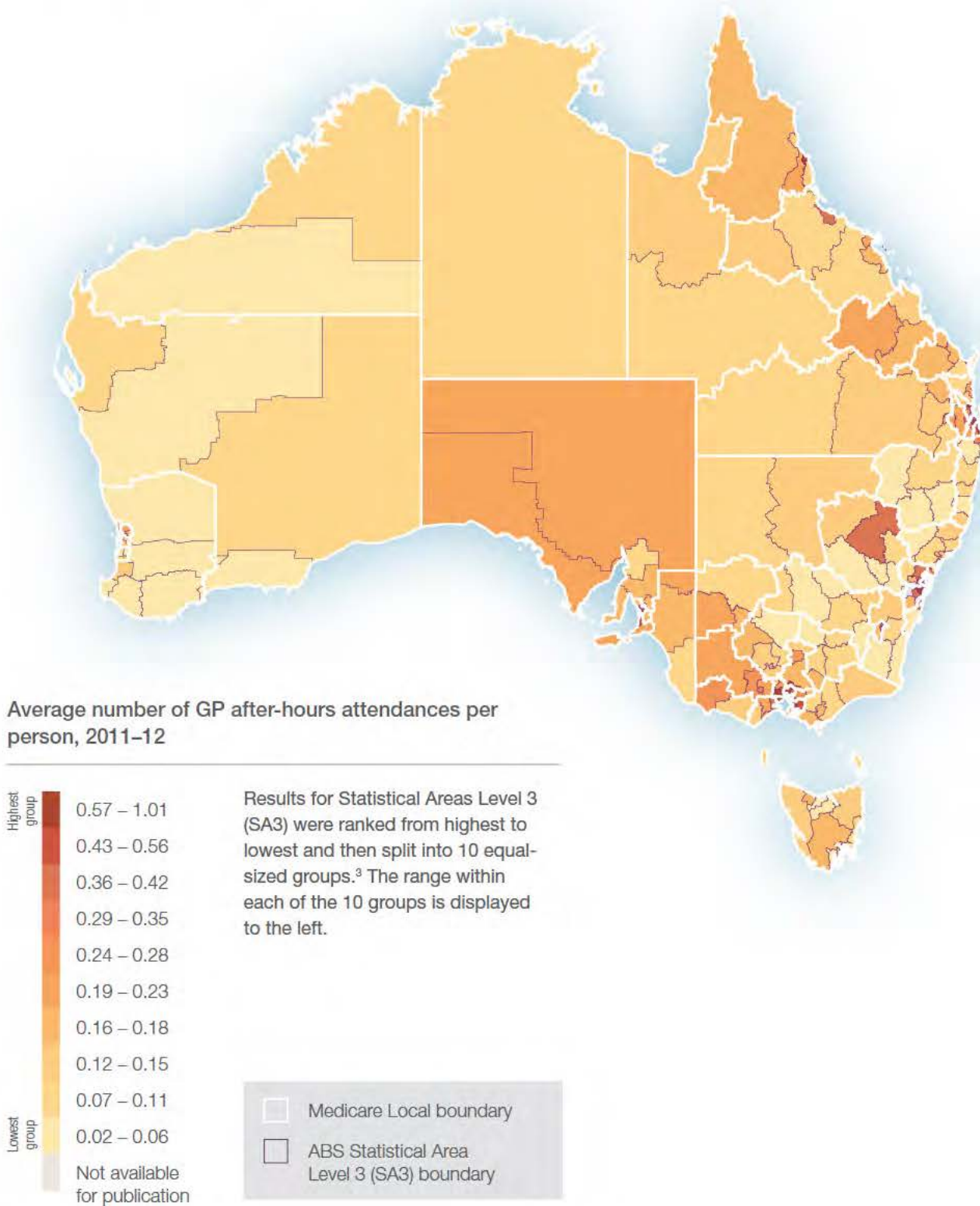
1. For more information on the Medicare Benefits Schedule (MBS), see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
2. ABS Statistical Areas Level 3 (SA3s) have been excluded from the reported range of results where the population is less than 1000 as they may identify individual providers and their patients. Christmas Island and the Cocos (Keeling) Islands are also excluded as the majority of primary health care services are provided by the Indian Ocean Territories Health Service.  
3. 323 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
**Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.



## Variation *within* Medicare Locals

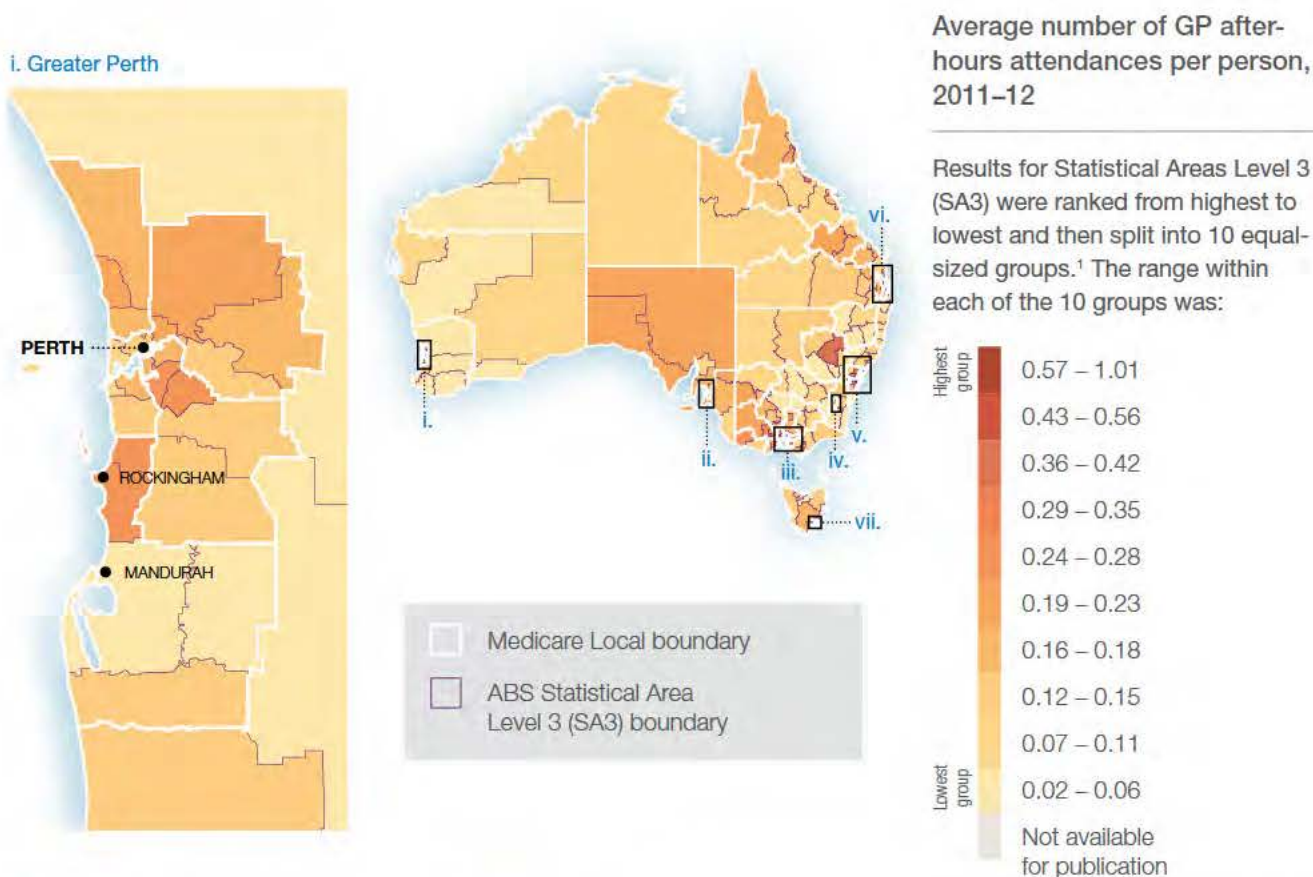
### Average number of GP after-hours attendances per person, 2011–12

In 2011–12, the average number of GP after-hours attendances per person varied across statistical areas<sup>2</sup>, ranging from 1.01 to 0.02 attendances per person.



# GP after-hours attendances, 2011–12

Variation *within* Medicare Locals

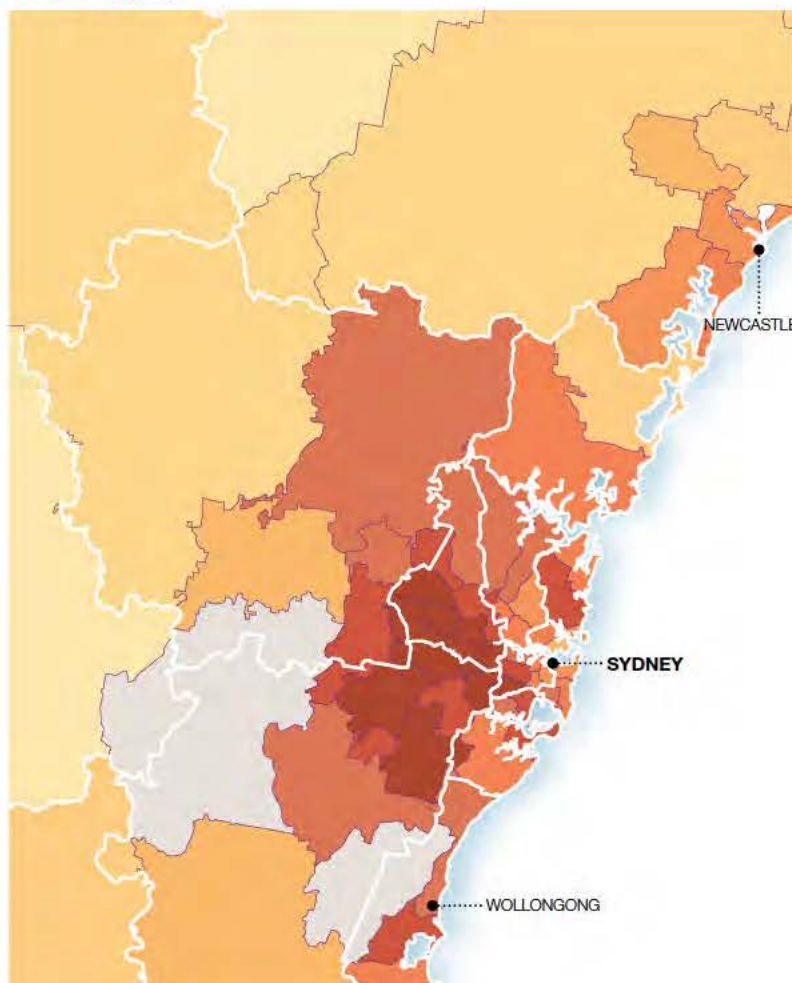




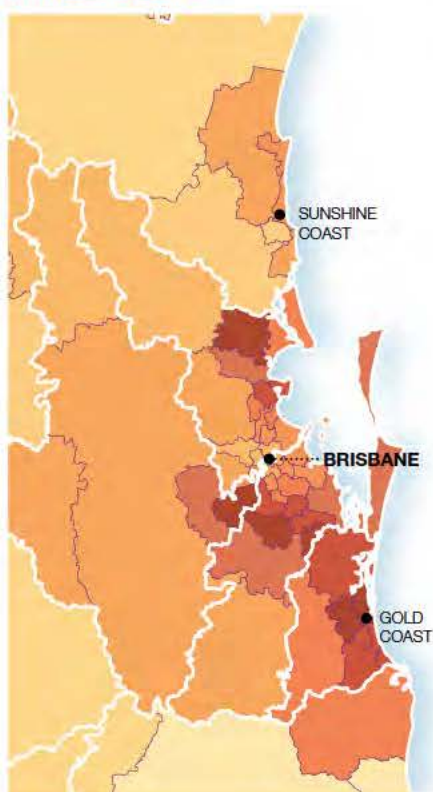
iv. ACT



v. Greater Sydney



vi. Greater Brisbane



vii. Greater Hobart



1. 323 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

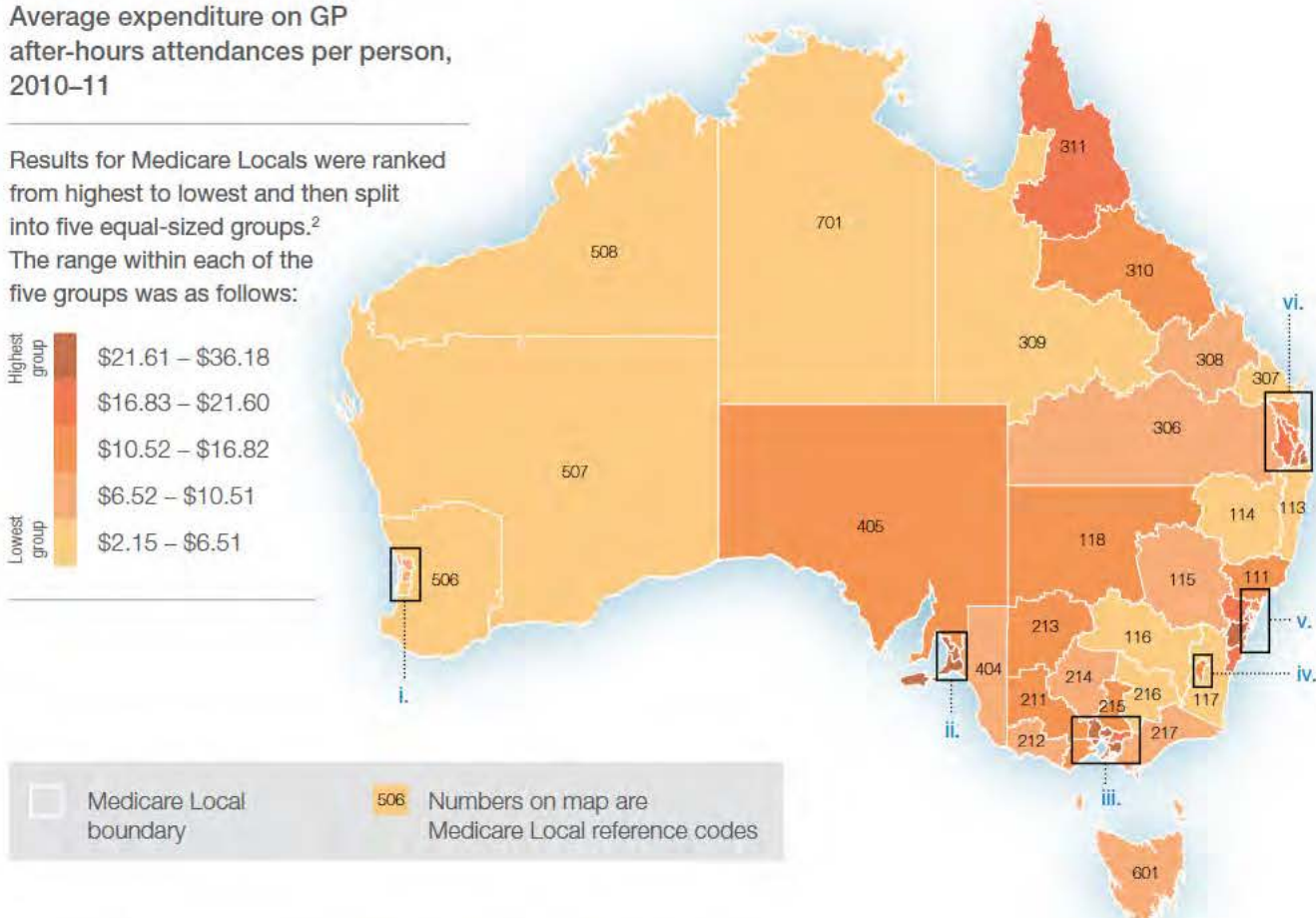
# Expenditure on GP after-hours attendances

Expenditure on GP after-hours attendances<sup>1</sup> comprises Medicare Benefits Schedule (MBS) funding provided for after-hours patient/doctor encounters across Medicare Locals. In 2010–11, the average expenditure on GP after-hours attendances per person varied across Medicare Locals, ranging from \$36.18 in South Western Melbourne to \$2.15 in Goldfields-Midwest.

## Average expenditure on GP after-hours attendances per person, 2010–11

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>2</sup> The range within each of the five groups was as follows:

Highest group	\$21.61 – \$36.18
	\$16.83 – \$21.60
	\$10.52 – \$16.82
	\$6.52 – \$10.51
Lowest group	\$2.15 – \$6.51



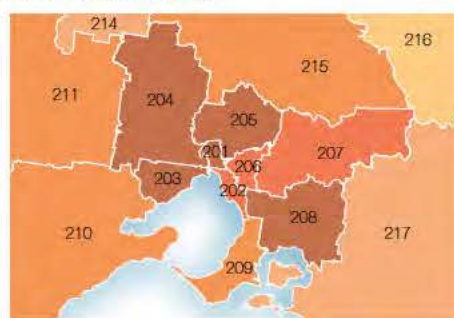
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



- For more information on the Medicare Benefits Schedule (MBS) see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Peer group results are calculated using the total number of relevant GP attendances within each peer group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs.

**Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.  
Data can be downloaded from [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons



To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>3</sup>, based on remoteness and socioeconomic status. This allows:

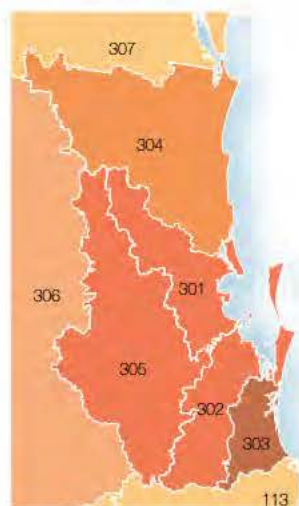
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>4</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



vi. Greater Brisbane



## Peer groups

Map Ref.

### Metro 1 \$18.83

Inner West Sydney .....	102	\$23.64
Inner NW Melbourne .....	201	\$21.62
Inner East Melbourne .....	206	\$20.02
Bayside .....	202	\$18.32
Northern Sydney .....	107	\$17.67
Sydney North Shore & Beaches .....	108	\$17.34
Eastern Sydney .....	101	\$16.29
Australian Capital Territory .....	801	\$12.40



### Metro 2 \$19.78

South Western Melbourne .....	203	\$36.18
Gold Coast .....	303	\$35.25
Central Adelaide & Hills .....	402	\$27.36
Sthn Adelaide-Flourieu-Kangaroo Is. ....	403	\$26.05
South Eastern Sydney .....	103	\$21.59
Greater Metro South Brisbane .....	302	\$20.76
Eastern Melbourne .....	207	\$19.24
Metro North Brisbane .....	301	\$16.96
Bentley-Armadale .....	504	\$9.12
Perth North Metro .....	502	\$9.01
Perth Central & East Metro .....	501	\$8.37
Fremantle .....	503	\$8.20



### Metro 3 \$30.10

Northern Melbourne .....	205	\$34.09
Western Sydney .....	105	\$33.74
Northern Adelaide .....	401	\$33.04
South Western Sydney .....	104	\$30.64
South Eastern Melbourne .....	208	\$28.80
Macedon Ranges & NW Melb .....	204	\$24.28
West Moreton-Oxley .....	305	\$19.34



### Regional 1 \$13.90

Nepean-Blue Mountains .....	106	\$21.04
Illawarra-Shoalhaven .....	110	\$18.85
Barwon .....	210	\$16.69
Frankston-Mornington Peninsula .....	209	\$14.12
Central Coast NSW .....	109	\$12.17
Hunter .....	111	\$11.22
Sunshine Coast .....	304	\$11.19
Perth South Coastal .....	505	\$6.00



### Regional 2 \$7.13

Goulburn Valley .....	215	\$15.56
Grampians .....	211	\$13.87
Great South Coast .....	212	\$10.48
Country South SA .....	404	\$9.48
Darling Downs-SW Qld .....	306	\$9.44
Loddon-Mallee-Murray .....	214	\$8.44
Gippsland .....	217	\$8.33
Western NSW .....	115	\$7.15
Tasmania .....	601	\$6.64
Wide Bay .....	307	\$6.39
North Coast NSW .....	113	\$5.86
Hume .....	216	\$5.15
Southern NSW .....	117	\$4.67
Murrumbidgee .....	116	\$3.36
New England .....	114	\$3.16
South West WA .....	506	\$2.80



### Rural 1 \$11.44

Far West NSW .....	118	\$15.72
Townsville-Mackay .....	310	\$12.40
Country North SA .....	405	\$12.09
Lower Murray .....	213	\$10.55
Central Qld .....	308	\$8.47



### Rural 2 \$9.72

Far North Qld .....	311	\$20.33
Northern Territory .....	701	\$5.90
Central & NW Qld .....	309	\$5.27
Kimberley-Pilbara .....	508	\$2.22
Goldfields-Midwest .....	507	\$2.15





# Expenditure on GP after-hours attendances

## Variation *within* Medicare Locals

This report for the first time breaks down information to the level of individual Medicare Locals. But results for some measures have been calculated for geographical areas even smaller than this, using localities referred to by the Australian Bureau of Statistics (ABS) as Statistical Areas Level 3 (SA3 – see box).

The information presented on the maps shows the average Medicare Benefits Schedule (MBS) expenditure per person on GP after-hours attendances across ABS Statistical Areas Level 3 (SA3), with Medicare Local boundaries overlaid.

Expenditure on GP after-hours attendances<sup>1</sup> comprises MBS funding for after-hours patient/doctor encounters across Medicare Locals.

GP after-hours attendances are non-referred patient/doctor after-hours encounters that are eligible for after-hours MBS rebates. They include urgent and non-urgent attendances that may be eligible for higher rebates where they occur between 6pm and 8am Monday to Friday, before 8am and after 12 noon on Saturdays, and all day Sundays and public holidays.

## Findings

In 2010–11, the average MBS expenditure per person on GP after-hours attendances varied across statistical areas<sup>2</sup>, ranging from \$49.99 to \$1.20 per person.

The statistical area with the highest MBS expenditure on GP after-hours attendances was Playford (SA), with an average of \$49.99 per person. The statistical area with the lowest MBS expenditure on GP after-hours attendances was Gascoyne (WA), with an average of \$1.20 per person.

### Why use SA3s?

Providing information at more local levels of geography within a Medicare Local, allows further insight into patterns of service utilisation across Australia.

Variation within Medicare Locals is shown in this report using the ABS Statistical Areas Level 3 (SA3) which generally have a population of between 30,000 and 130,000 people. A single Medicare Local may contain as few as one SA3, or as many as 17. In some instances, SA3s cross over Medicare Local boundaries.

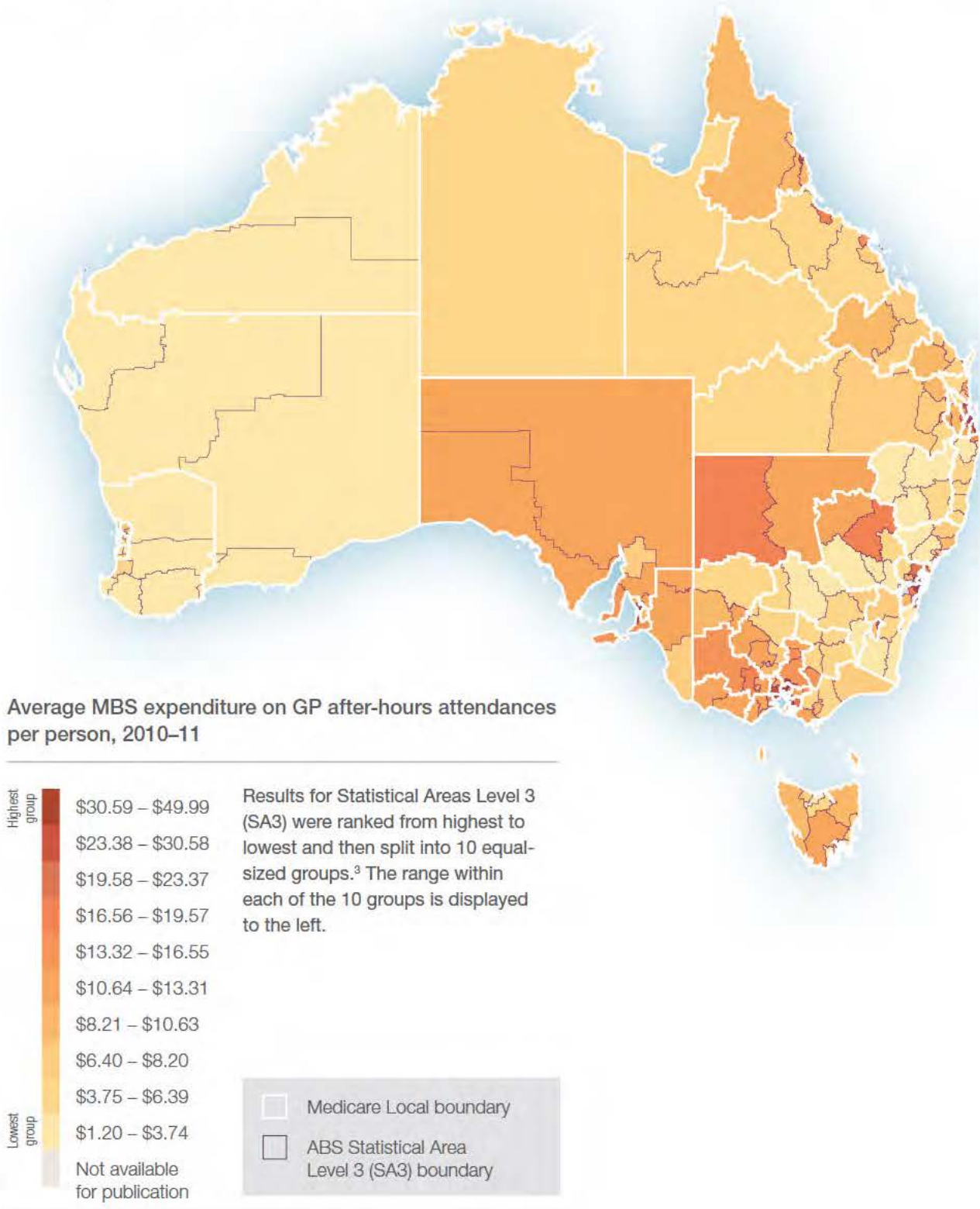
In this report these SA3s have been chosen as an appropriate level of geography to present Medicare Benefits Schedule (MBS) information as they are large enough in population numbers to ensure confidentiality of MBS statistics, while allowing insights into the variation that exists within each Medicare Local.

- 
1. For more information on the Medicare Benefits Schedule (MBS), see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  2. ABS Statistical Areas Level 3 (SA3s) have been excluded from the reported range of results where the population is less than 1000 as they may identify individual providers and their patients. Christmas Island and the Cocos (Keeling) Islands are also excluded as the majority of primary health care services are provided by the Indian Ocean Territories Health Service.
  3. 323 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

## Variation *within* Medicare Locals

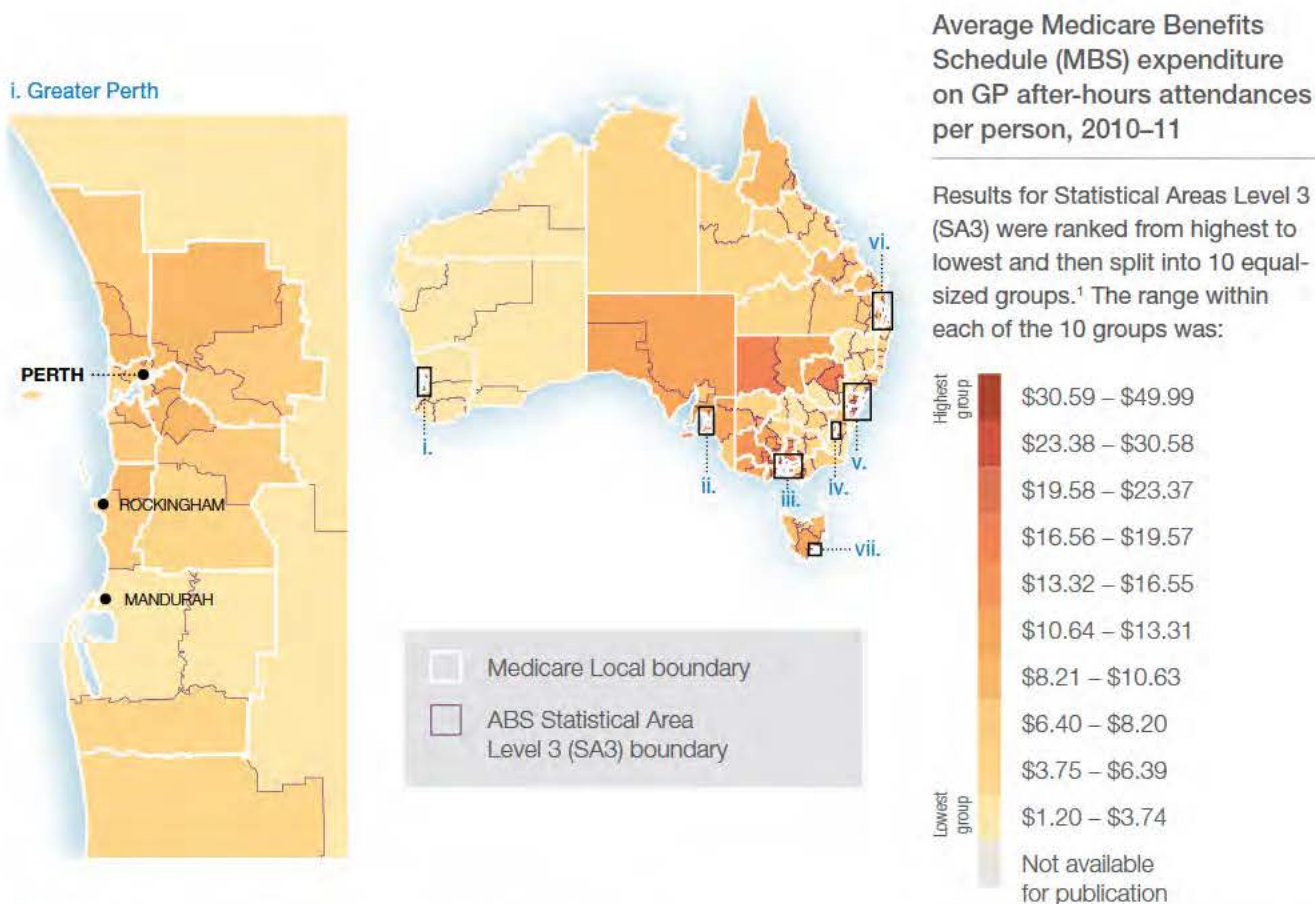
### Average Medicare Benefits Schedule (MBS) expenditure on GP after-hours attendances per person, 2010–11

In 2010–11, the average MBS expenditure per person on GP after-hours attendances varied across statistical areas<sup>2</sup>, ranging from \$49.99 to \$1.20 per person.



# Expenditure on GP after-hours attendances

Variation *within* Medicare Locals

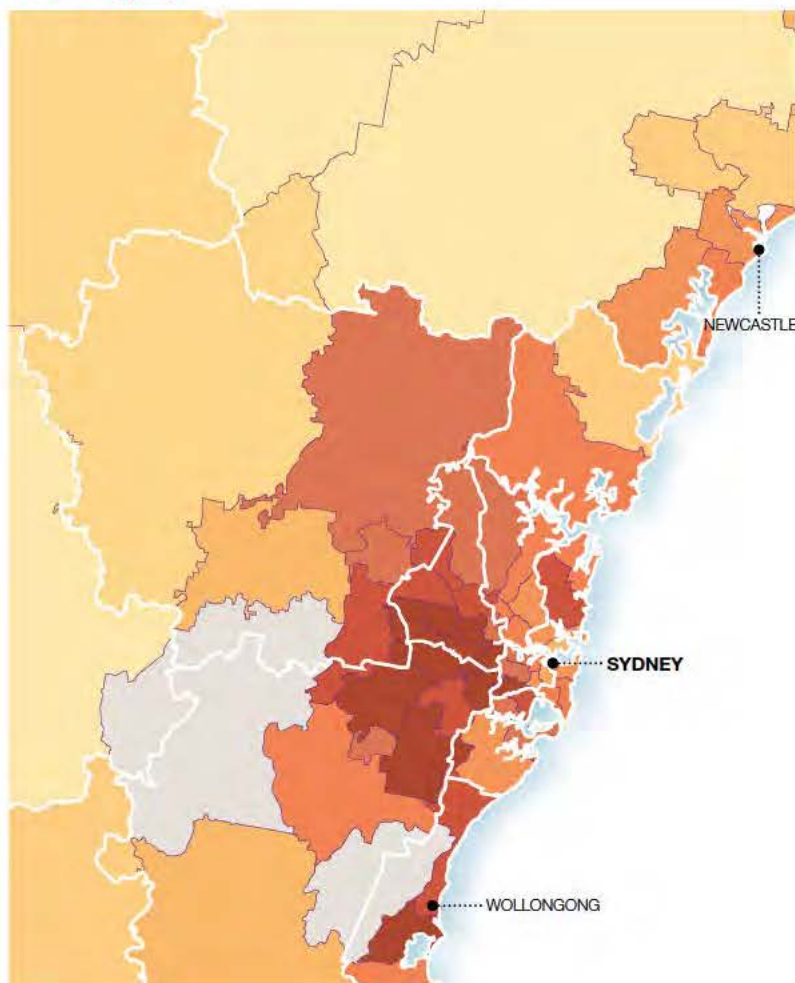




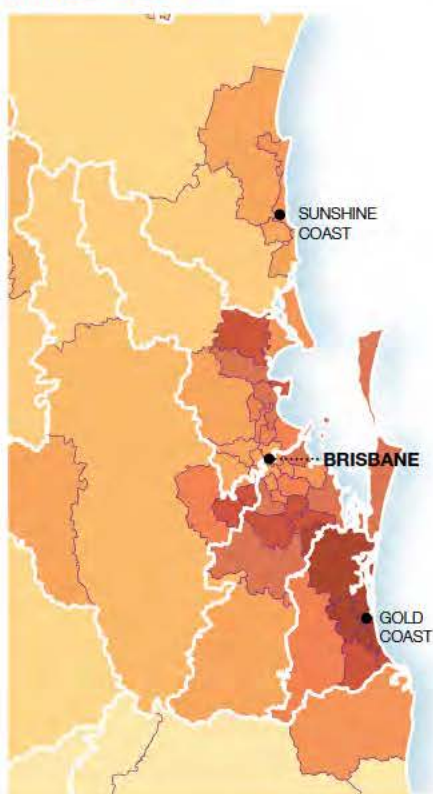
iv. ACT



v. Greater Sydney



vi. Greater Brisbane



vii. Greater Hobart



1. 323 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Source:** Department of Human Services Medicare Benefits statistics 2010–11 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

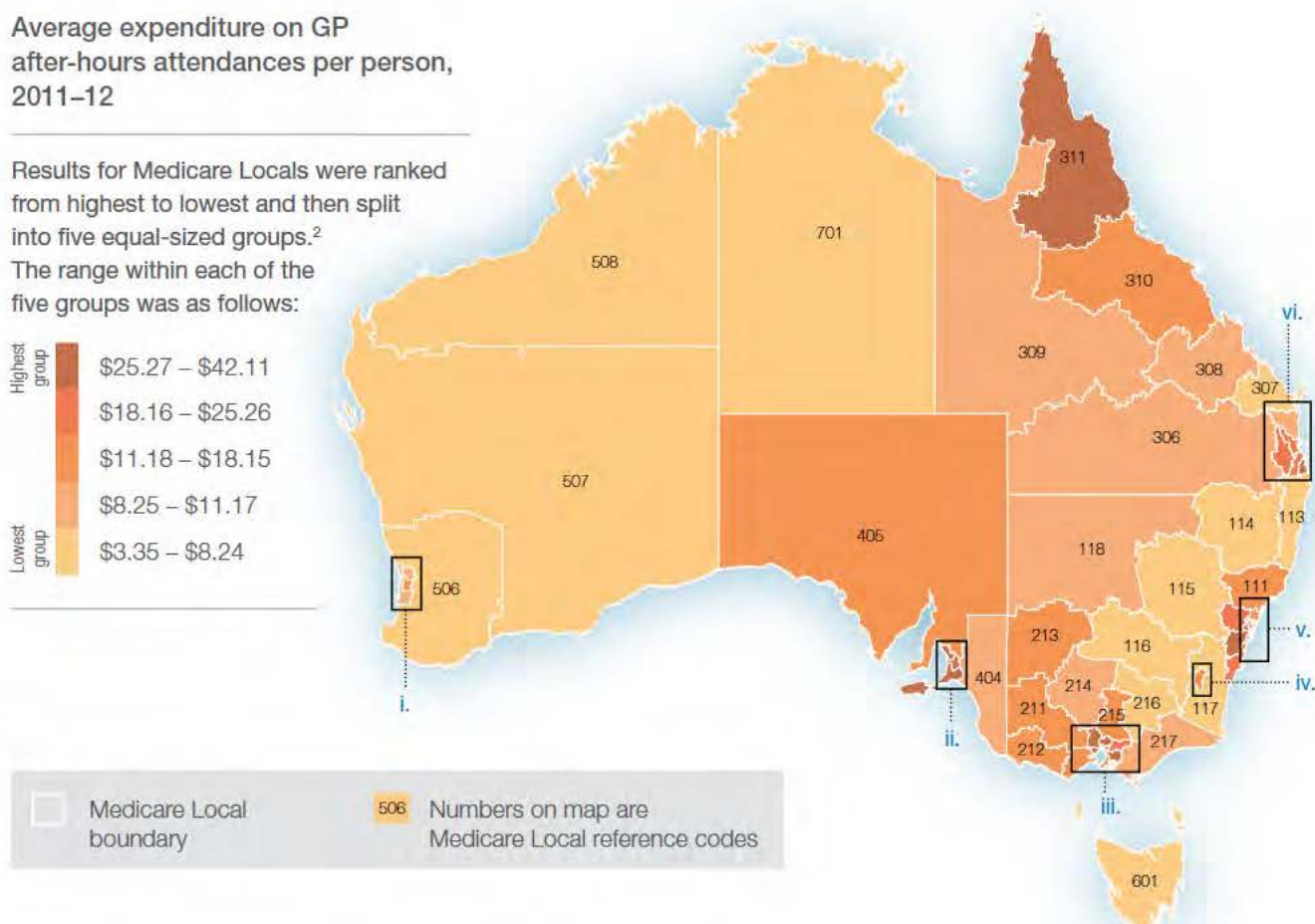
# Expenditure on GP after-hours attendances, 2011–12

Expenditure on GP after-hours attendances<sup>1</sup> comprises Medicare Benefits Schedule (MBS) funding provided for after-hours patient/doctor encounters across Medicare Locals. In 2011–12, the average expenditure on GP after-hours attendances per person varied across Medicare Locals, ranging from \$42.11 in South Western Melbourne to \$3.35 in Murrumbidgee.

## Average expenditure on GP after-hours attendances per person, 2011–12

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>2</sup> The range within each of the five groups was as follows:

Highest group	\$25.27 – \$42.11
	\$18.16 – \$25.26
	\$11.18 – \$18.15
	\$8.25 – \$11.17
Lowest group	\$3.35 – \$8.24



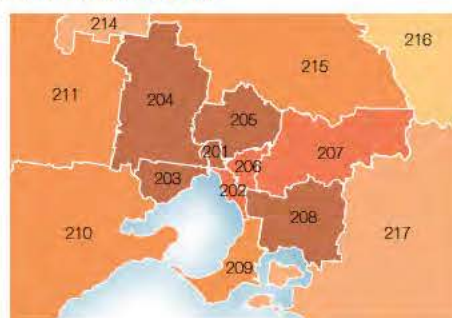
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



1. For more information on the Medicare Benefits Schedule (MBS) see [www.nhpa.gov.au](http://www.nhpa.gov.au)
2. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
3. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)
4. Peer group results are calculated using the total number of relevant GP attendances within each peer group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs.

**Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.  
**Data can be downloaded from** [www.nhpa.gov.au](http://www.nhpa.gov.au)



## Fair comparisons



To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>3</sup>, based on remoteness and socioeconomic status. This allows:

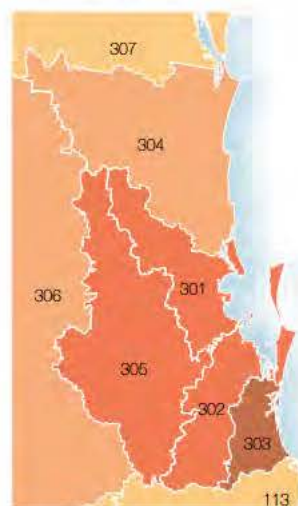
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>4</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



vi. Greater Brisbane

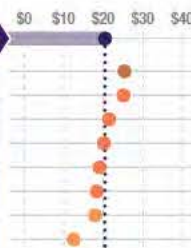


### Peer groups

Map Ref.

#### Metro 1 \$20.45

Inner NW Melbourne .....	201	\$25.38
Inner West Sydney .....	102	\$25.15
Inner East Melbourne .....	206	\$21.50
Bayside .....	202	\$20.16
Northern Sydney .....	107	\$19.01
Sydney North Shore & Beaches .....	108	\$18.34
Eastern Sydney .....	101	\$17.98
Australian Capital Territory .....	801	\$12.54



#### Metro 2 \$22.38

South Western Melbourne .....	203	\$42.11
Gold Coast .....	303	\$41.57
Central Adelaide & Hills .....	402	\$30.13
Sthn Adelaide-Flourieu-Kangaroo Is. ....	403	\$28.21
South Eastern Sydney .....	103	\$22.82
Greater Metro South Brisbane .....	302	\$22.25
Eastern Melbourne .....	207	\$21.62
Metro North Brisbane .....	301	\$19.36
Bentley-Armadale .....	504	\$12.02
Perth North Metro .....	502	\$11.17
Perth Central & East Metro .....	501	\$10.05
Fremantle .....	503	\$9.62



#### Metro 3 \$32.89

Northern Melbourne .....	205	\$37.83
Northern Adelaide .....	401	\$37.12
Western Sydney .....	105	\$35.95
South Western Sydney .....	104	\$31.78
South Eastern Melbourne .....	208	\$31.24
Macedon Ranges & NW Melb .....	204	\$28.42
West Moreton-Oxley .....	305	\$23.13



#### Regional 1 \$14.59

Nepean-Blue Mountains .....	106	\$21.64
Illawarra-Shoalhaven .....	110	\$19.46
Barwon .....	210	\$17.70
Frankston-Mornington Peninsula .....	209	\$16.25
Central Coast NSW .....	109	\$12.01
Hunter .....	111	\$11.38
Sunshine Coast .....	304	\$11.05
Perth South Coastal .....	505	\$8.93



#### Regional 2 \$7.94

Grampians .....	211	\$16.14
Goulburn Valley .....	215	\$16.07
Great South Coast .....	212	\$11.31
Country South SA .....	404	\$10.62
Darling Downs-SW Qld .....	306	\$10.50
Gippsland .....	217	\$9.01
Loddon-Mallee-Murray .....	214	\$8.64
Western NSW .....	115	\$8.17
Wide Bay .....	307	\$7.44
Tasmania .....	601	\$7.11
North Coast NSW .....	113	\$6.81
Hume .....	216	\$6.02
Southern NSW .....	117	\$4.63
South West WA .....	506	\$4.28
New England .....	114	\$3.62
Murrumbidgee .....	116	\$3.35



#### Rural 1 \$11.61

Country North SA .....	405	\$12.98
Townsville-Mackay .....	310	\$12.51
Lower Murray .....	213	\$11.18
Central Qld .....	308	\$9.24
Far West NSW .....	118	\$9.00



#### Rural 2 \$12.74

Far North Qld .....	311	\$26.74
Central & NW Qld .....	309	\$8.32
Northern Territory .....	701	\$6.20
Kimberley-Pilbara .....	508	\$4.06
Goldfields-Midwest .....	507	\$4.00





# Expenditure on GP after-hours attendances, 2011–12

## Variation *within* Medicare Locals

This report for the first time breaks down information to the level of individual Medicare Locals. But results for some measures have been calculated for geographical areas even smaller than this, using localities referred to by the Australian Bureau of Statistics (ABS) as Statistical Areas Level 3 (SA3 – see box).

The information presented on the maps shows the average Medicare Benefits Schedule (MBS) expenditure per person on GP after-hours attendances across ABS Statistical Areas Level 3 (SA3), with Medicare Local boundaries overlaid.

Expenditure on GP after-hours attendances<sup>1</sup> comprises MBS funding for after-hours patient/doctor encounters across Medicare Locals.

GP after-hours attendances are non-referred patient/doctor after-hours encounters that are eligible for after-hours MBS rebates. They include urgent and non-urgent attendances that may be eligible for higher rebates where they occur between 6pm and 8am Monday to Friday, before 8am and after 12 noon on Saturdays, and all day Sundays and public holidays.

## Findings

In 2011–12, the average MBS expenditure per person on GP after-hours services varied across statistical areas<sup>2</sup>, ranging from \$60.24 to \$1.27 per person.

The statistical area with the highest MBS expenditure on GP after-hours attendances was Playford (SA), with an average of \$60.24 per person. The statistical area with the lowest MBS expenditure on GP after-hours attendances was Esperance (WA), with an average of \$1.27 per person.

### Why use SA3s?

Providing information at more local levels of geography within a Medicare Local, allows further insight into patterns of service utilisation across Australia.

Variation within Medicare Locals is shown in this report using the ABS Statistical Areas Level 3 (SA3) which generally have a population of between 30,000 and 130,000 people. A single Medicare Local may contain as few as one SA3, or as many as 17. In some instances, SA3s cross over Medicare Local boundaries.

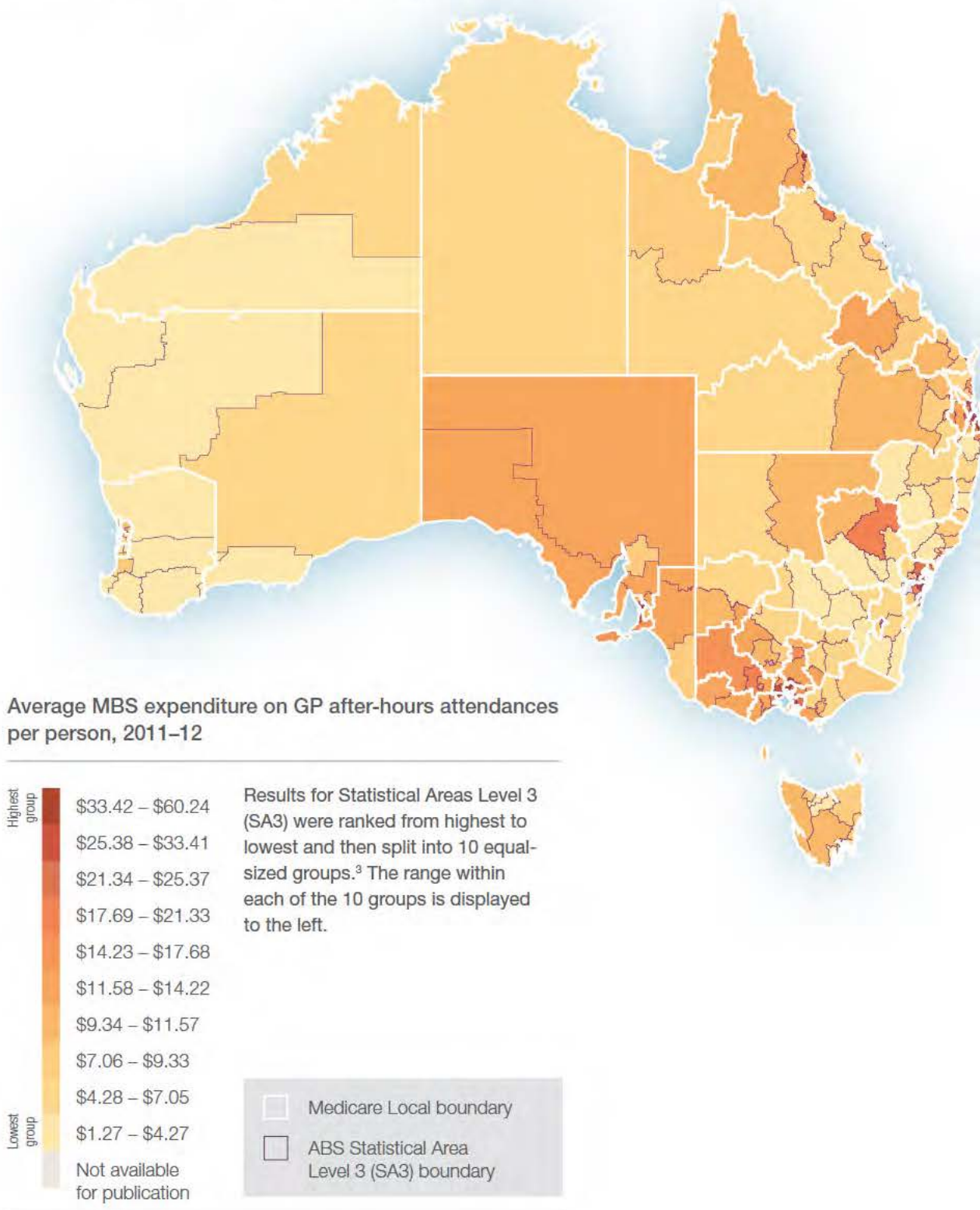
In this report these SA3s have been chosen as an appropriate level of geography to present Medicare Benefits Schedule (MBS) information as they are large enough in population numbers to ensure confidentiality of MBS statistics, while allowing insights into the variation that exists within each Medicare Local.

- 
1. For more information on the Medicare Benefits Schedule (MBS), see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  2. ABS Statistical Areas Level 3 (SA3s) have been excluded from the reported range of results where the population is less than 1000 as they may identify individual providers and their patients. Christmas Island and the Cocos (Keeling) Islands are also excluded as the majority of primary health care services are provided by the Indian Ocean Territories Health Service.
  3. 323 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

## Variation *within* Medicare Locals

### Average Medicare Benefits Schedule (MBS) expenditure on GP after-hours attendances per person, 2011–12

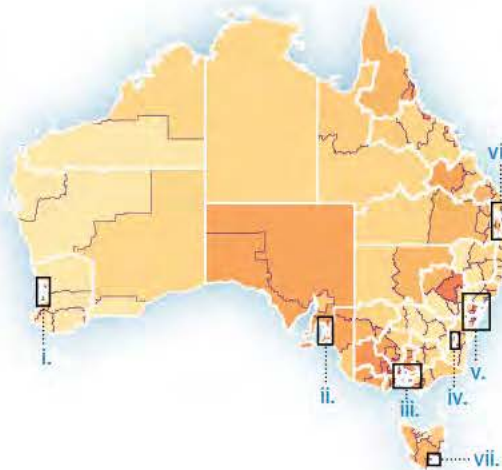
In 2011–12, the average MBS expenditure per person on after-hours GP services varied across statistical areas<sup>2</sup>, ranging from \$60.24 to \$1.27 per person.



# Expenditure on GP after-hours attendances, 2011–12

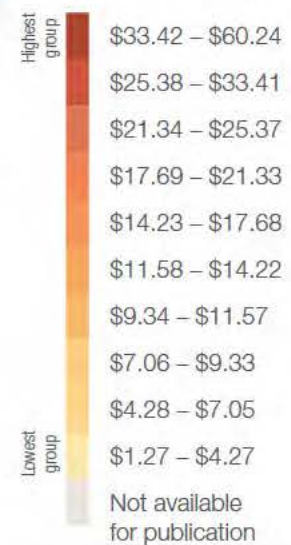
Variation *within* Medicare Locals

i. Greater Perth



Average Medicare Benefits Schedule (MBS) expenditure on GP after-hours attendances per person, 2011–12

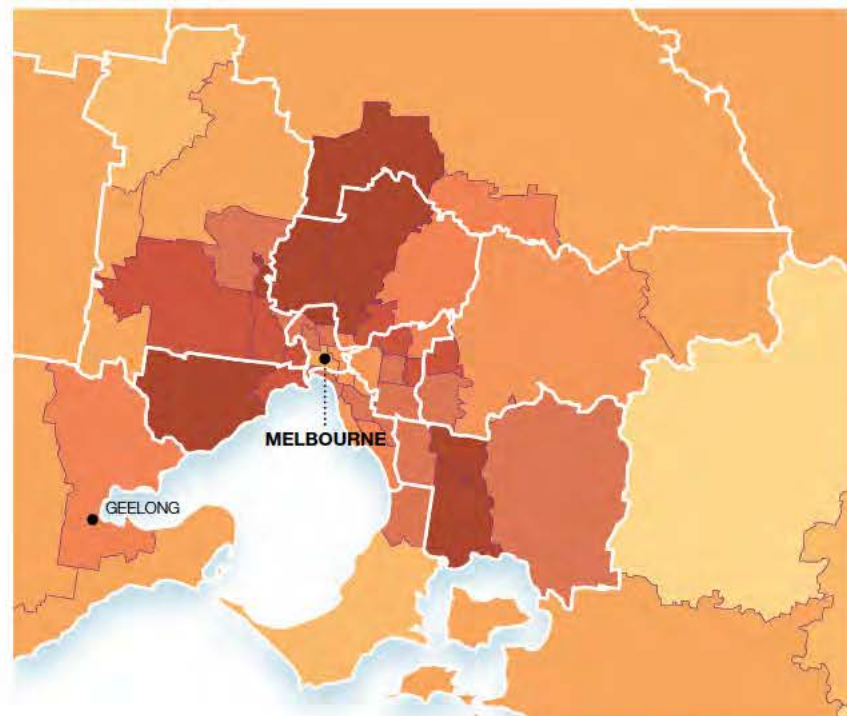
Results for Statistical Areas Level 3 (SA3) were ranked from highest to lowest and then split into 10 equal-sized groups.<sup>1</sup> The range within each of the 10 groups was:



ii. Greater Adelaide



iii. Greater Melbourne

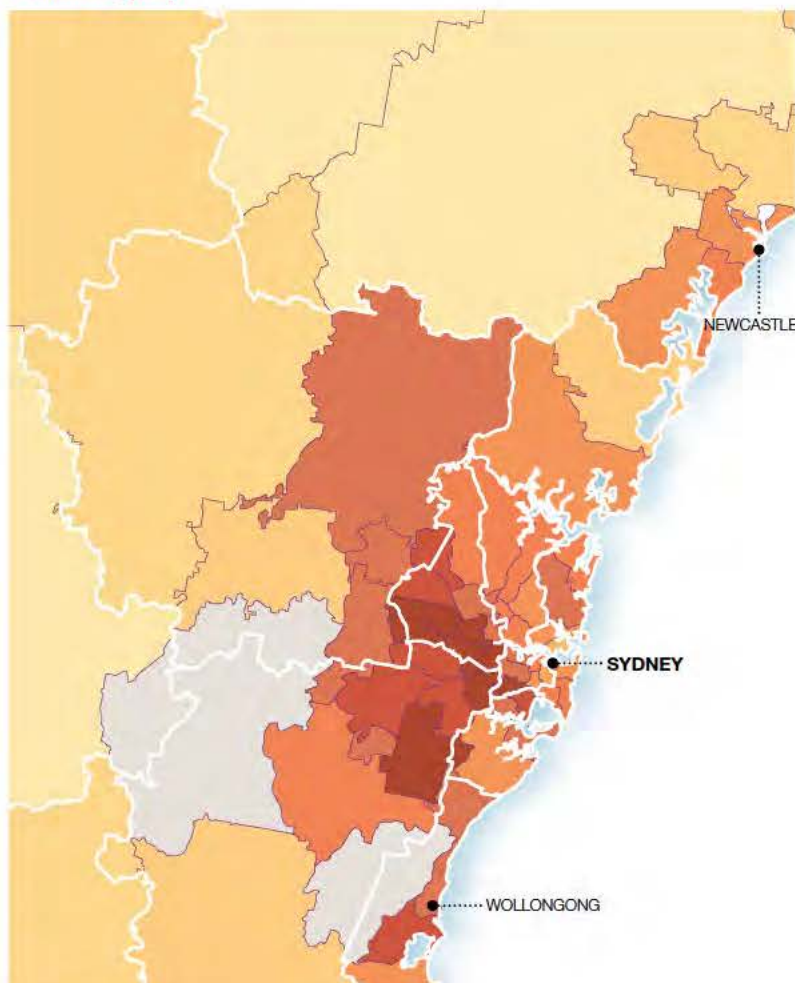




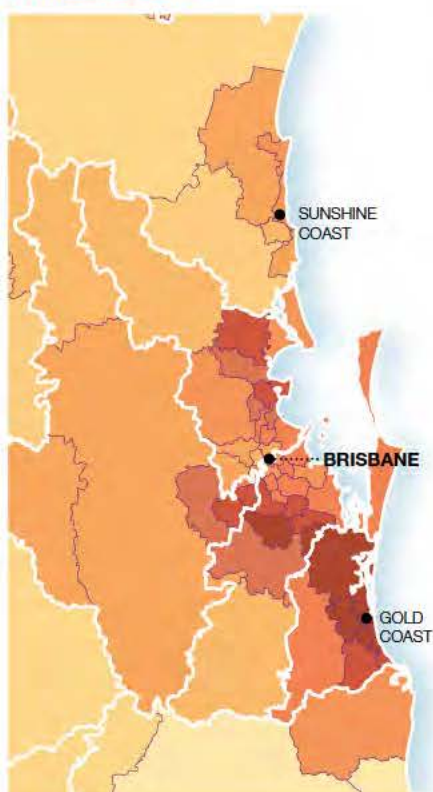
iv. ACT



v. Greater Sydney



vi. Greater Brisbane



vii. Greater Hobart



1. 323 SA3s have been assigned to a decile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** MBS statistics exclude services provided free of charge to public patients in hospitals, to Department of Veterans' Affairs beneficiaries, to some patients under compensation arrangements, and through other publicly funded programs. Information for the Northern Territory has been presented at the Medicare Local level only due to the large proportion of persons enrolled with Medicare using a non-geographic postcode. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Source:** Department of Human Services Medicare Benefits statistics 2011–12 and Australian Bureau of Statistics Estimated Resident Population 30 June 2011.

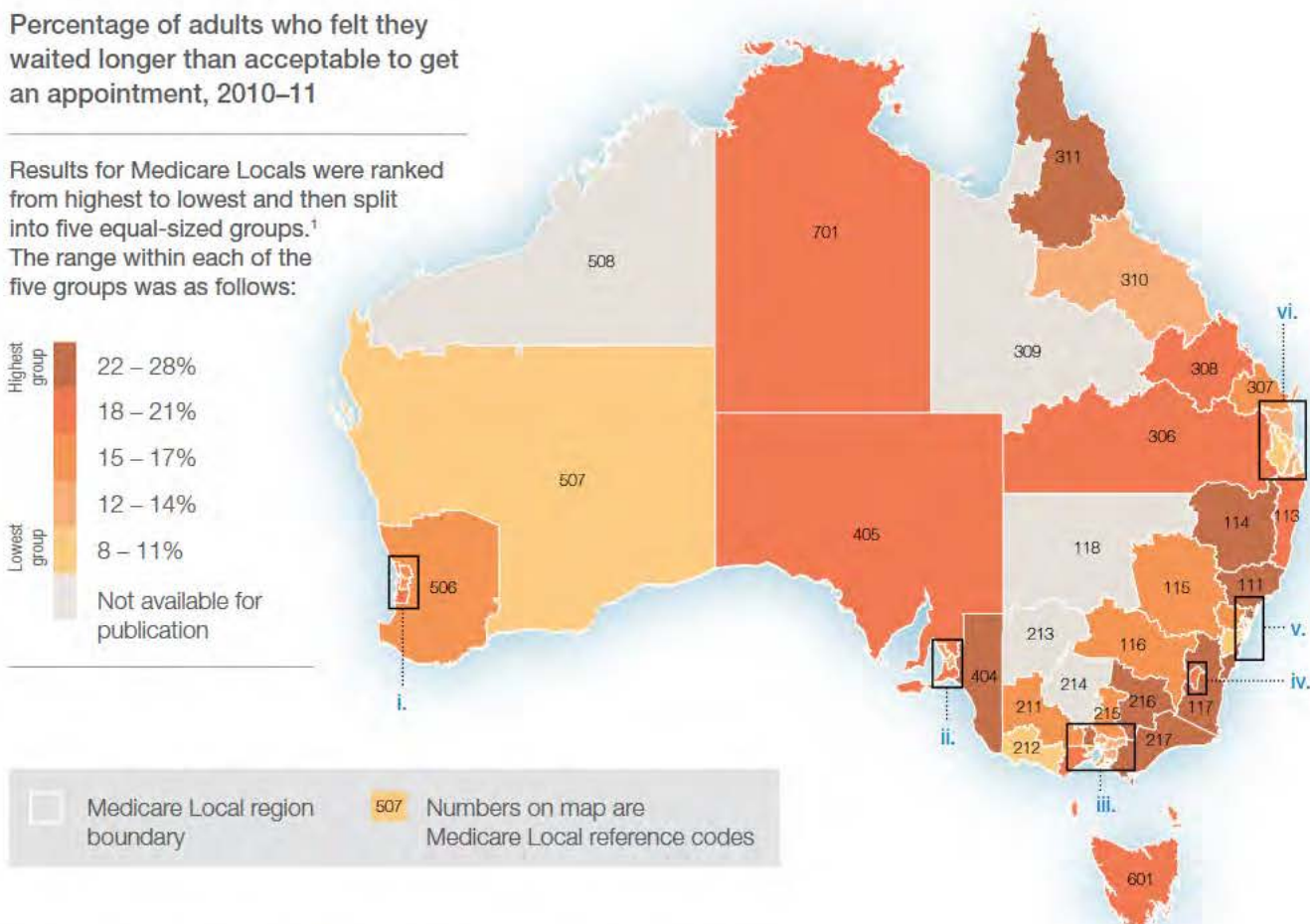
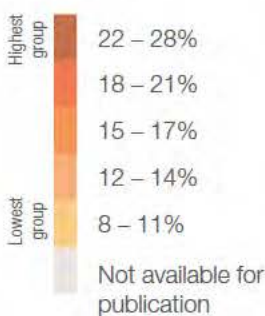
# Waiting times for GP appointments

**Among all adults who saw a GP for their own health in the preceding 12 months:**

In 2010–11, the percentage who felt they waited longer than acceptable to get an appointment with a GP in the preceding 12 months varied across Medicare Locals ranging from 8% to 28%.

**Percentage of adults who felt they waited longer than acceptable to get an appointment, 2010–11**

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>1</sup> The range within each of the five groups was as follows:



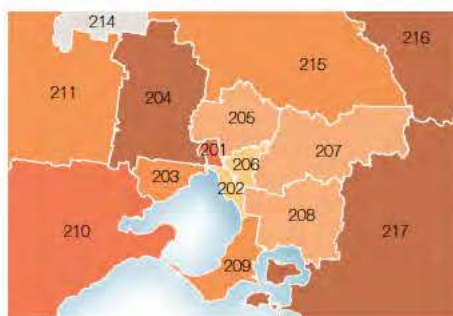
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



1. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

2. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)

3. Peer group results are calculated using the results of all survey responses within the group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** Survey excludes persons aged less than 15 years, persons living in non-private dwellings, very remote areas, and discrete Indigenous communities.

**Source:** Australian Bureau of Statistics, Patient Experience Survey 2010–11.

Data can be downloaded from [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons

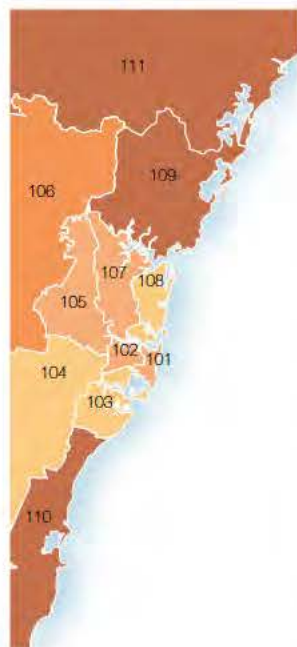


To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>2</sup>, based on remoteness and socioeconomic status. This allows:

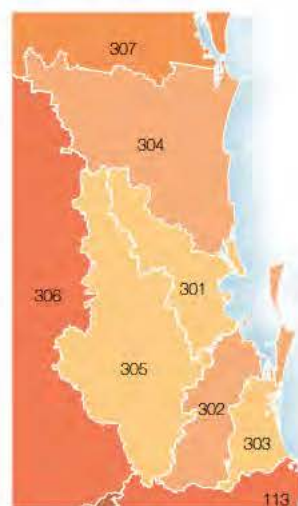
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>3</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



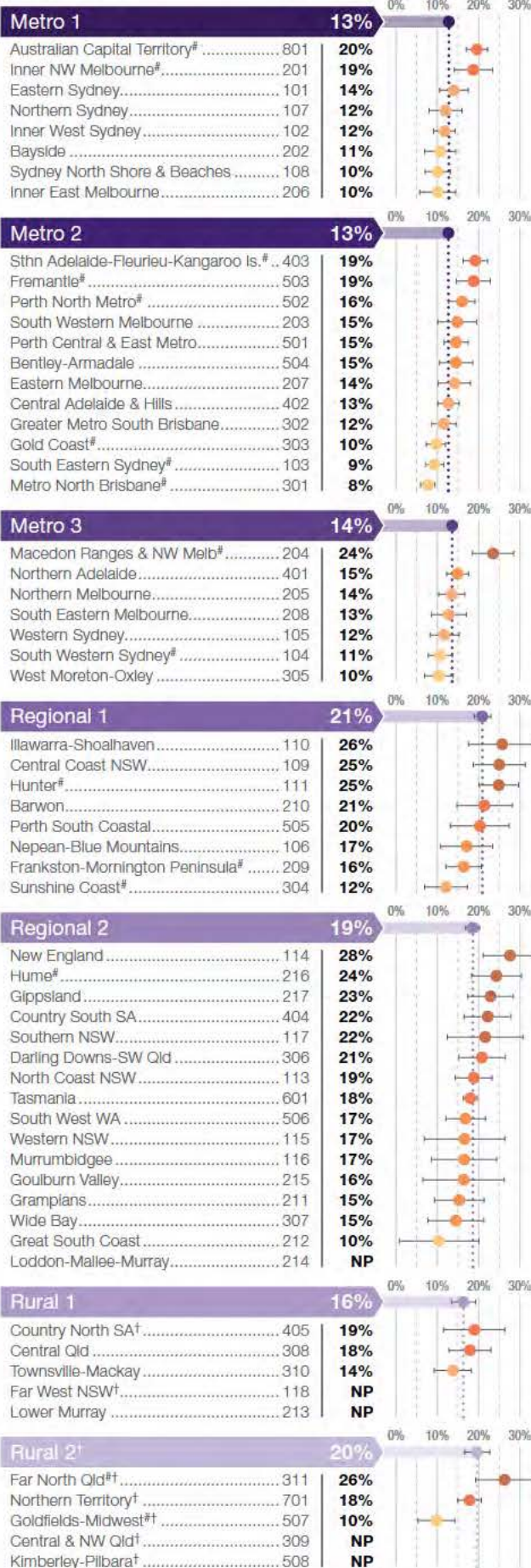
vi. Greater Brisbane



# Statistically different (at the 95% level) from the peer group percentage.  
 † This area has >5% of its population in very remote areas which were not included in the Patient Experience Survey 2010–11. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
 —●— 95% confidence interval - not shown if <3%.  
 NP Not available for publication.

## Peer groups

Map Ref.





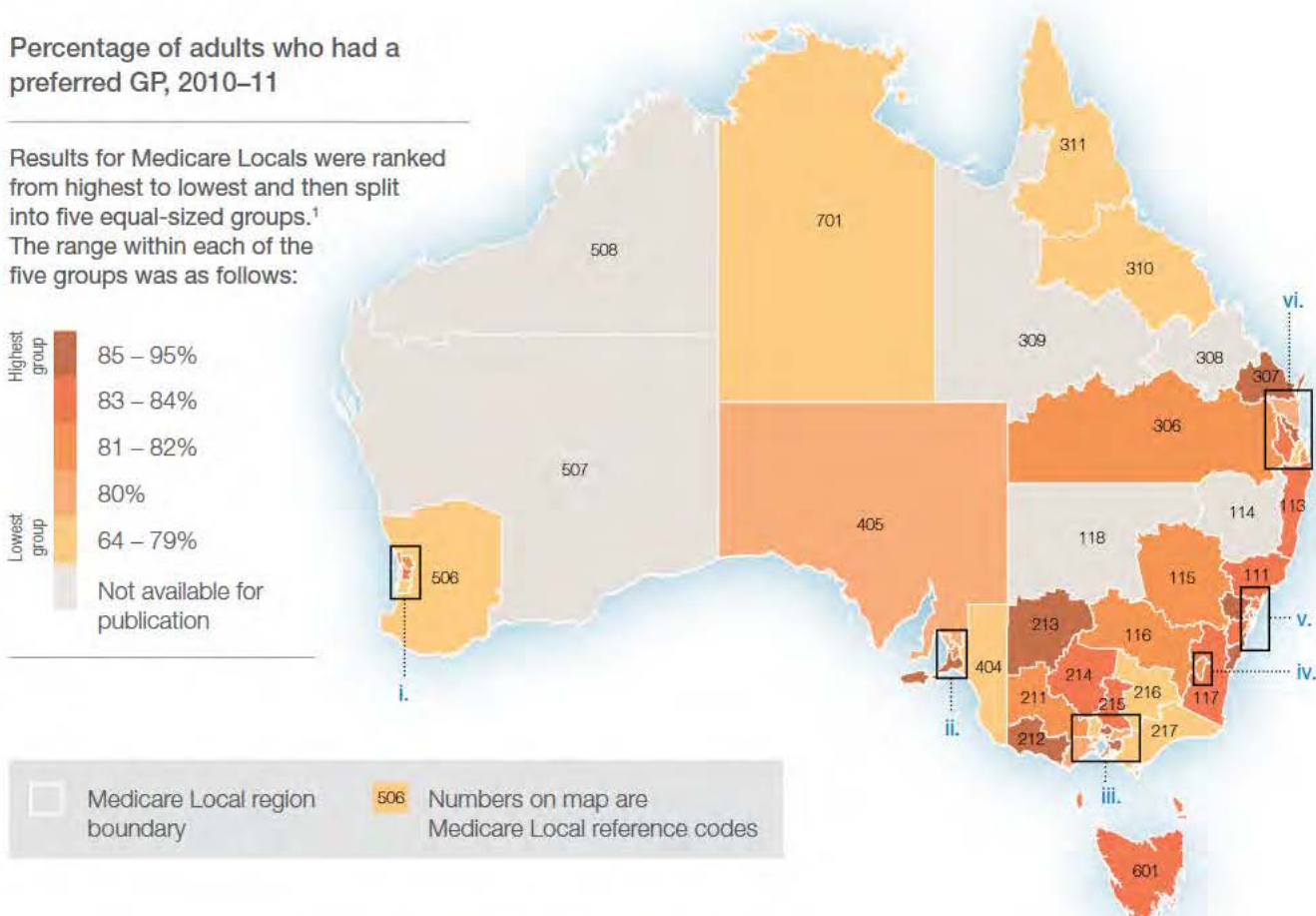
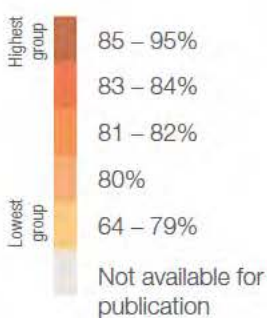
# Having a preferred GP

**Among all adults who saw a GP for their own health in the preceding 12 months:**

In 2010–11, the percentage who had a preferred GP varied across Medicare Locals, ranging from 64% to 95%.

## Percentage of adults who had a preferred GP, 2010–11

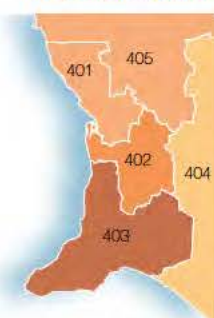
Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>1</sup> The range within each of the five groups was as follows:



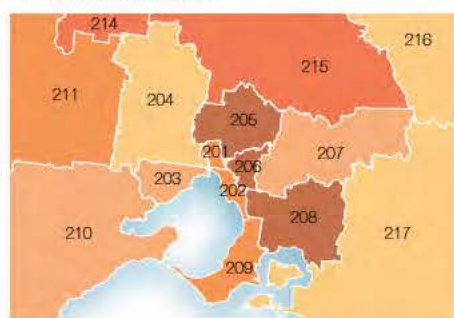
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



1. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

2. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)

3. Peer group results are calculated using the results of all survey responses within the group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** Survey excludes persons aged less than 15 years, persons living in non-private dwellings, very remote areas, and discrete Indigenous communities.

**Source:** Australian Bureau of Statistics, Patient Experience Survey 2010–11.

Data can be downloaded from [www.nhpa.gov.au](http://www.nhpa.gov.au)

# Fair comparisons

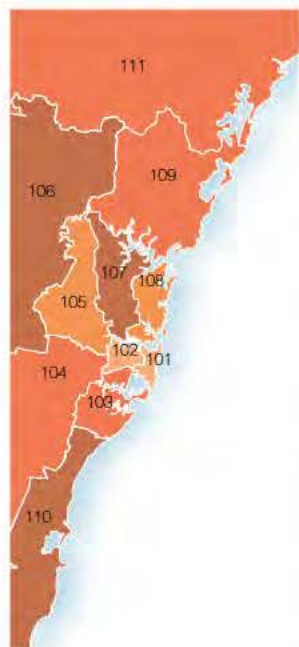


To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>2</sup>, based on remoteness and socioeconomic status. This allows:

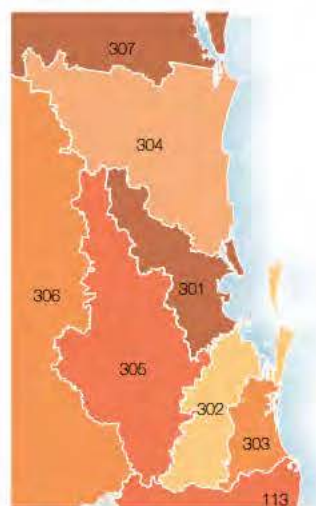
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>3</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



vi. Greater Brisbane



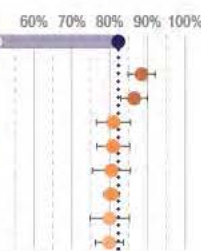
# Statistically different (at the 95% level) from the peer group percentage.  
 † This area has >5% of its population in very remote areas which were not included in the Patient Experience Survey 2010–11. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
 —●— 95% confidence interval - not shown if <5%.  
 NP Not available for publication.

## Peer groups

Map Ref.

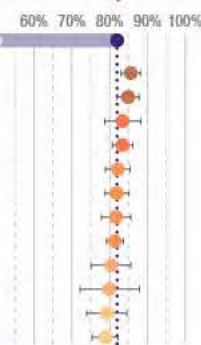
### Metro 1 82%

Northern Sydney#	107	89%
Inner East Melbourne#	206	87%
Inner NW Melbourne	201	81%
Bayside	202	81%
Sydney North Shore & Beaches	108	81%
Australian Capital Territory	801	81%
Eastern Sydney	101	80%
Inner West Sydney	102	80%



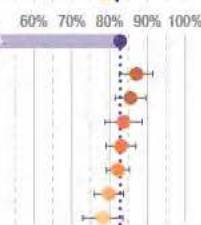
### Metro 2 82%

Stn Adelaide-Flourieu-Kangaroo Is.#	403	86%
Metro North Brisbane	301	85%
South Eastern Sydney	103	83%
Bentley-Armadale	504	83%
Gold Coast	303	82%
Perth Central & East Metro	501	82%
Central Adelaide & Hills	402	82%
Perth North Metro	502	81%
Eastern Melbourne	207	80%
South Western Melbourne	203	80%
Fremantle	503	79%
Greater Metro South Brisbane#	302	79%



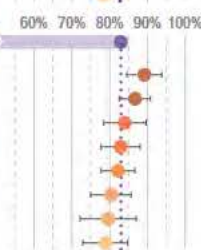
### Metro 3 83%

South Eastern Melbourne#	208	87%
Northern Melbourne	205	86%
West Moreton-Oxley	305	84%
South Western Sydney	104	83%
Western Sydney	105	82%
Northern Adelaide	401	80%
Macedon Ranges & NW Melb	204	78%



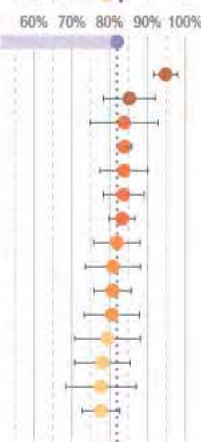
### Regional 1 83%

Nepean-Blue Mountains#	106	89%
Illawarra-Shoalhaven	110	87%
Central Coast NSW	109	84%
Hunter	111	83%
Frankston-Mornington Peninsula	209	82%
Barwon	210	80%
Sunshine Coast	304	80%
Perth South Coastal	505	79%



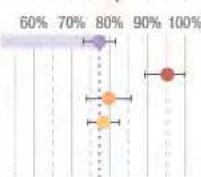
### Regional 2 82%

Wide Bay#	307	95%
Great South Coast	212	85%
Southern NSW	117	84%
Tasmania	601	84%
Loddon-Mallee-Murray	214	84%
North Coast NSW	113	84%
Goulburn Valley	215	83%
Darling Downs-SW Qld	306	82%
Western NSW	115	81%
Murrumbidgee	116	81%
Grampians	211	81%
Country South SA	404	79%
Gippsland	217	78%
Hume	216	78%
South West WA	506	78%
New England	114	NP



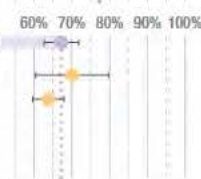
### Rural 1 77%

Lower Murray#	213	95%
Country North SA†	405	80%
Townsville-Mackay	310	78%
Far West NSW†	118	NP
Central Qld	308	NP



### Rural 2† 67%

Far North Qld†	311	70%
Northern Territory†	701	64%
Central & NW Qld†	309	NP
Goldfields-Midwest†	507	NP
Kimberley-Pilbara†	508	NP





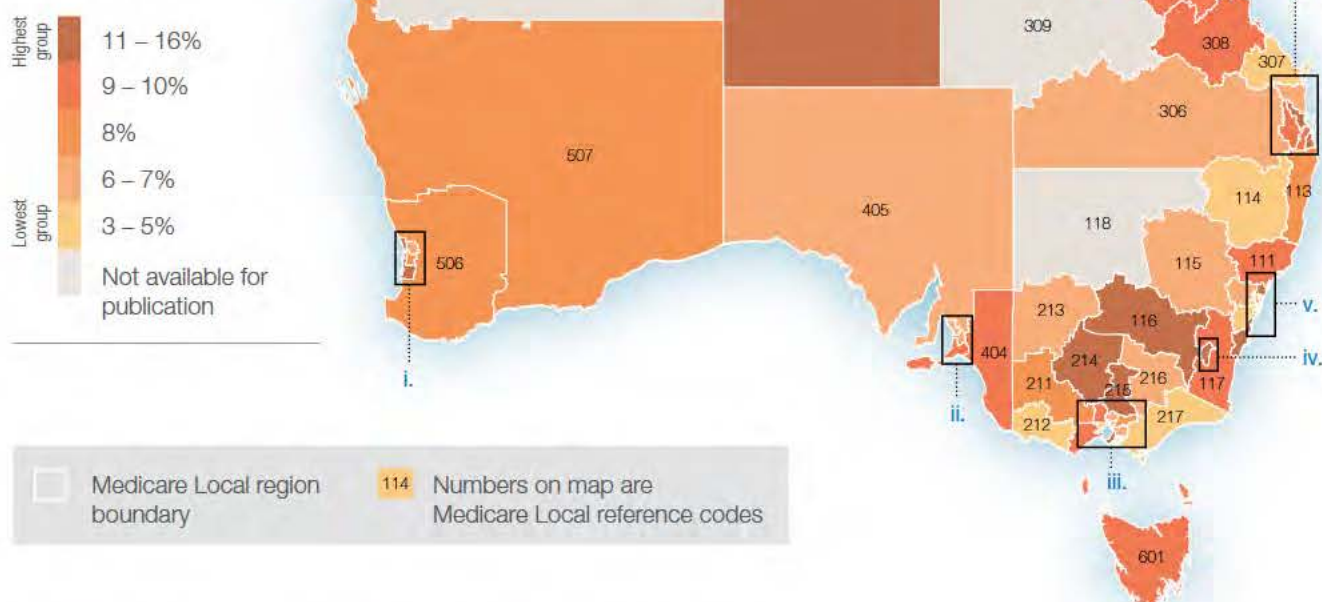
## Cost barriers to seeing a GP

Among all adults who saw, or needed to see, a GP for their own health in the preceding 12 months:

In 2010–11, the percentage who said they did *not* see, or who delayed seeing, a GP due to cost in the preceding 12 months varied across Medicare Locals, ranging from 3% to 16%.

Percentage of adults who did not see or delayed seeing a GP due to cost, 2010-11

Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>1</sup> The range within each of the five groups was as follows:



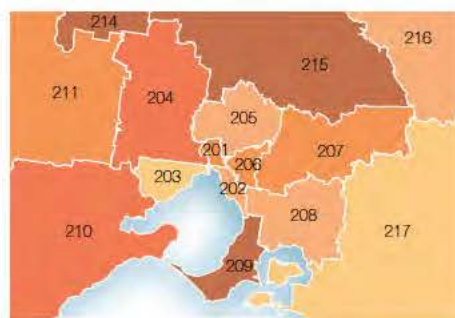
### j. Greater Perth



## ii. Greater Adelaide



### iii. Greater Melbourne



iv. ACT



1. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  2. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)
  3. Peer group results are calculated using the results of all survey responses within the group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)
- Note:** Survey excludes persons aged less than 15 years, persons living in non-private dwellings, very remote areas, and discrete Indigenous communities.
- Source:** Australian Bureau of Statistics, Patient Experience Survey 2010–11.
- Data can be downloaded from [www.nhpa.gov.au](http://www.nhpa.gov.au)**



# Fair comparisons

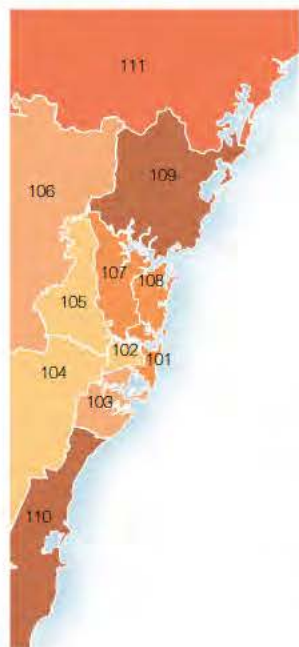


To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>2</sup>, based on remoteness and socioeconomic status. This allows:

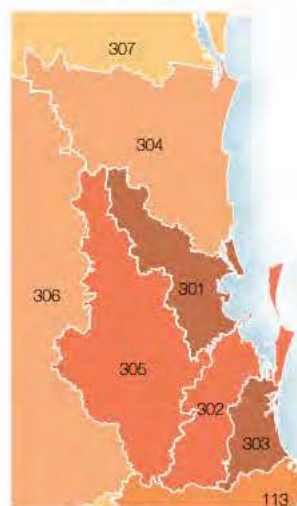
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>3</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



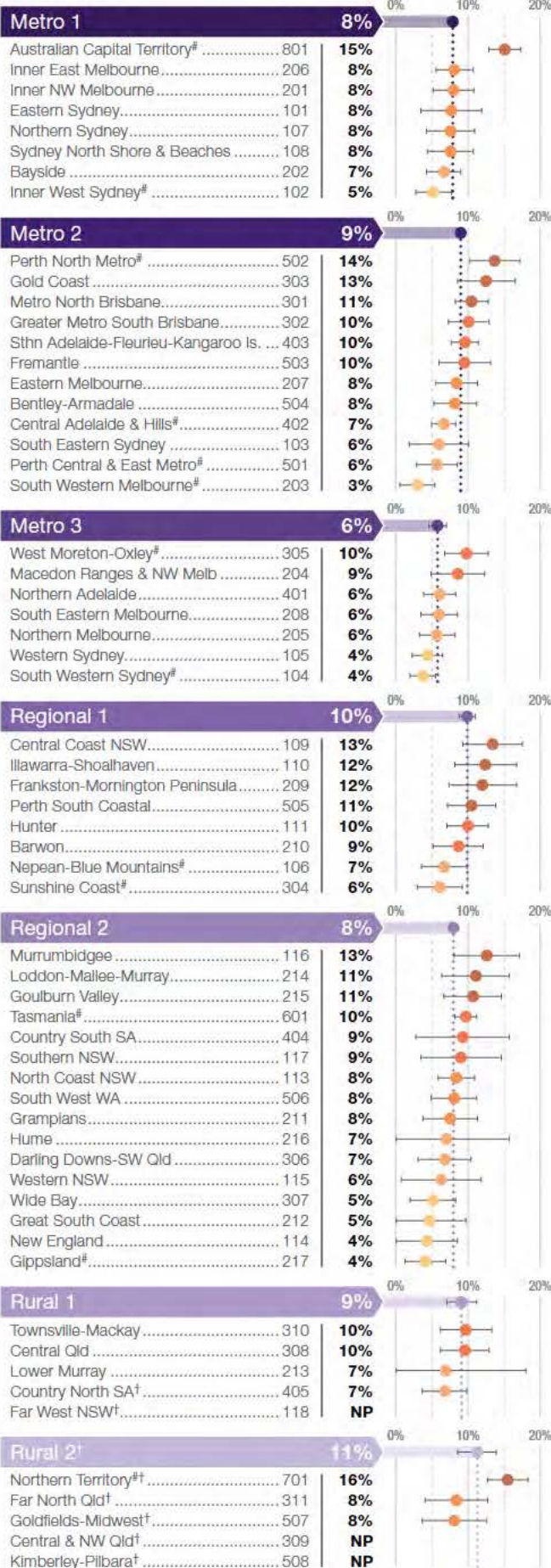
vi. Greater Brisbane



# Statistically different (at the 95% level) from the peer group percentage.  
 † This area has >5% of its population in very remote areas which were not included in the Patient Experience Survey 2010–11. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
 —●— 95% confidence interval - not shown if <2%.  
 NP Not available for publication.

## Peer groups

Map Ref.



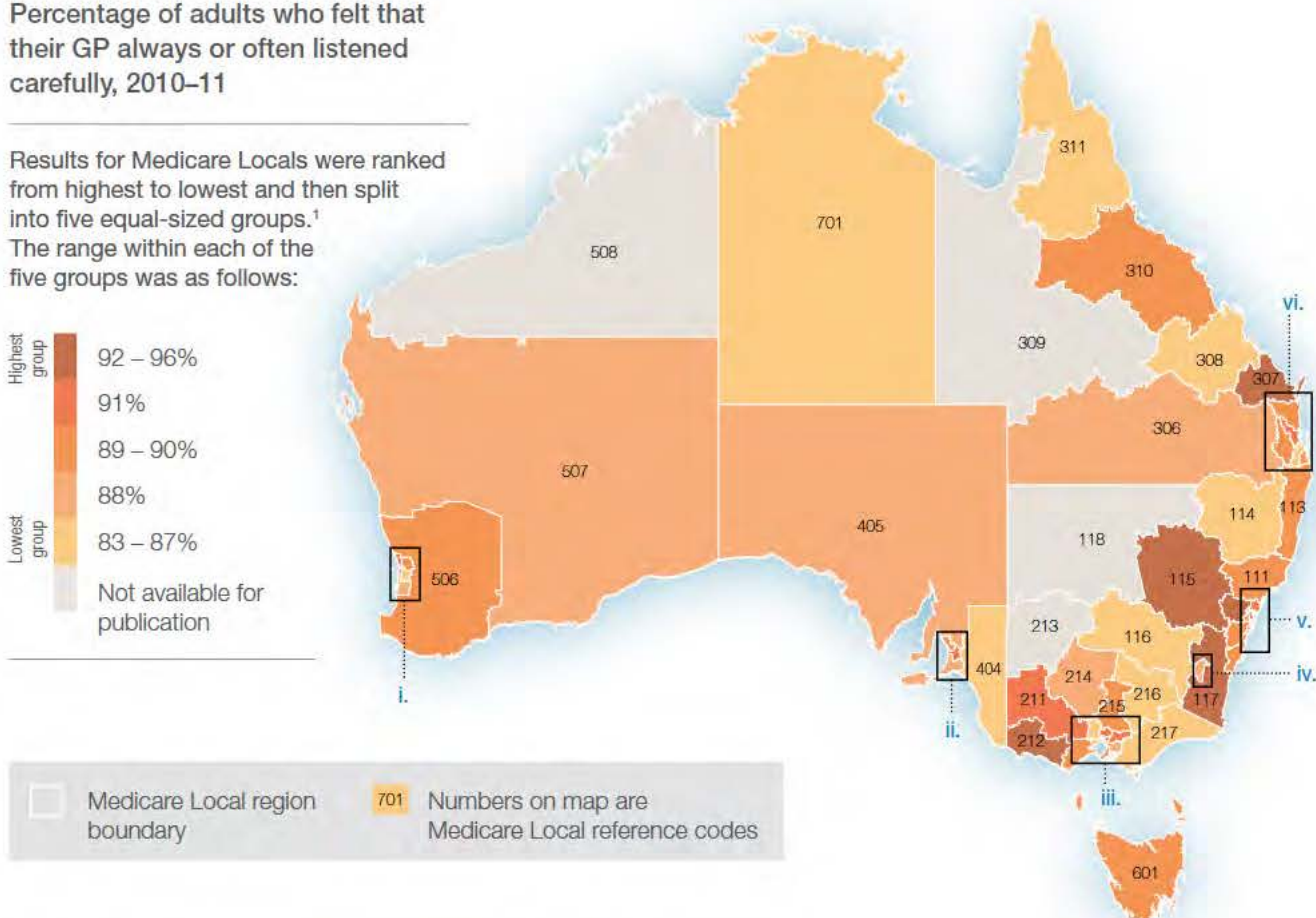
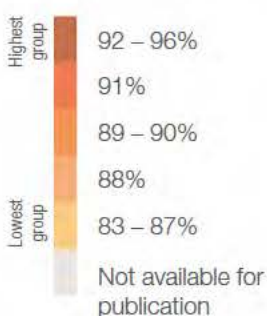
# Experiences with GPs: listened

**Among all adults who saw a GP for their own health in the preceding 12 months:**

In 2010–11, the percentage who felt that their GP always or often listened carefully to them in the preceding 12 months varied across Medicare Locals, ranging from 83% to 96%.

**Percentage of adults who felt that their GP always or often listened carefully, 2010–11**

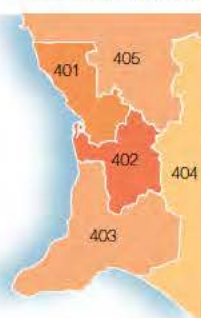
Results for Medicare Locals were ranked from highest to lowest and then split into five equal-sized groups.<sup>1</sup> The range within each of the five groups was as follows:



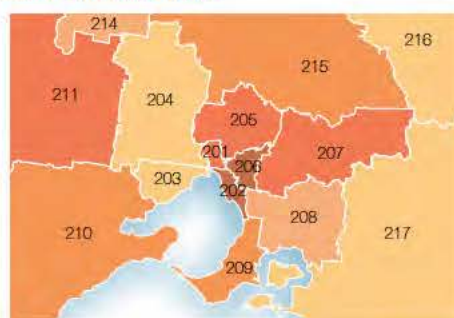
i. Greater Perth



ii. Greater Adelaide



iii. Greater Melbourne



iv. ACT



1. Each Medicare Local has been assigned to a quintile group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

2. For more information on peer groups see [www.nhpa.gov.au](http://www.nhpa.gov.au)

3. Peer group results are calculated using the results of all survey responses within the group. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)

**Note:** Survey excludes persons aged less than 15 years, persons living in non-private dwellings, very remote areas, and discrete Indigenous communities.

**Source:** Australian Bureau of Statistics, Patient Experience Survey 2010–11.

Data can be downloaded from [www.nhpa.gov.au](http://www.nhpa.gov.au)



# Fair comparisons



To more fairly compare Medicare Locals, each Medicare Local has been grouped into one of seven peer groups<sup>2</sup>, based on remoteness and socioeconomic status. This allows:

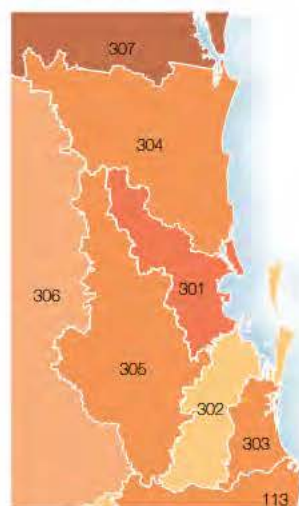
- Medicare Locals to be compared within the same metropolitan, regional or rural peer group, and
- Medicare Locals to be compared with the average for their peer group.<sup>3</sup>

It also allows variation to be seen across peer groups that may be associated with remoteness and socioeconomic status.

v. Greater Sydney



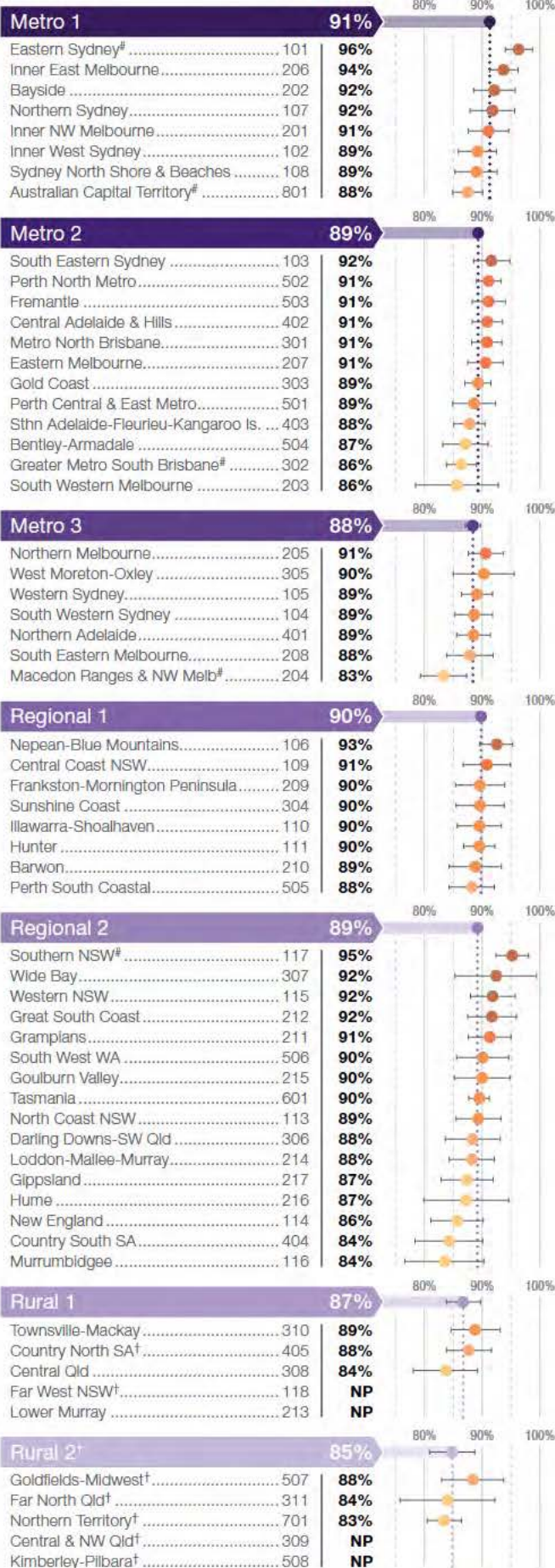
vi. Greater Brisbane



# Statistically different (at the 95% level) from the peer group percentage.  
 † This area has >5% of its population in very remote areas which were not included in the Patient Experience Survey 2010–11. For more information see [www.nhpa.gov.au](http://www.nhpa.gov.au)  
 —●— 95% confidence interval - not shown if <2.5%.  
 NP Not available for publication.

## Peer groups

Map Ref.





*This page is intentionally left blank*

# Acknowledgements

This report has benefited from advice from a number of individuals and organisations with interest and expertise in primary health care.

In particular the Authority received advice from its Patient Experience Advisory Group. The Advisory Group comprised:

- Ms Carol Bennett
- Dr Nicola Dunbar
- Ms Louise Gates
- Dr Anthony Hobbs (to 3 February 2013)
- Dr Karen Luxford
- Ms Leanne Wells.

This report relies on data provided by the Australian Bureau of Statistics (ABS) and the Australian Government Department of Health and Ageing (DoHA). These data were used to calculate the performance measures in this report. The Authority does a number of checks to ensure data quality, and also relies on the data quality work of the ABS and DoHA.

Thanks are extended to all those who contributed.

*This page is intentionally left blank*





**National Health Performance Authority**

MDP 158, GPO Box 9848  
Sydney, NSW 2001, Australia  
Telephone: +61 2 9186 9210

[www.nhpa.gov.au](http://www.nhpa.gov.au)

