1. Introduction

At the World Health Organisation conference on primary care in 1978 the present health care goal of WHO was conceived—'Health for all by the year 200'. The key to this goal was recognised as adequate primary health care. However, any assessment of health care priorities was regarded as dependent on the availability of the right kind of information (1987; WHO 1985).

The concepts of 'primary' and 'secondary' care were introduced in the 1920s by Dawson. He also recognised that statistical population based data was essential for the organisation of health services, and the suitable allocation of funds (1920). However, it was some forty years before Yves Biraud reintroduced the term 'primary care' to describe the care provided at the patient's point of entry to the health care system. He further recognised that if a full system of health statistics data collection was ever to be established there was a need for realistic classification and coding of the problems encountered in primary care (Biraud 1960).

General practitioners began to record details of their work in the early 1950s. In Australia growing interest in the morbidity managed in the primary care system led the (then) Australian College of General Practitioners and the National Health and Medical Research Council (NHMRC) to undertake the first national survey of morbidity managed in general practice in 1962–63. Eighty-five volunteer general practitioners throughout Australia each recorded data for a 12 month period. Between 1969 and 1974 the Royal Australian College of General Practitioners (RACGP) undertook a morbidity and prescribing survey in conjunction with Intercontinental Medical Statistics (IMS), a market research firm (Bridges-Webb &RACGP, 1976). IMS continued the survey each year for market research purposes, but the RACGP ceased participation after 1974.

In 1990–91 a one year national survey of morbidity and treatment in general practice (the Australian Morbidity and Treatment Survey)(AMTS), funded by the NHMRC and the General Practice Evaluation Program, was conducted by the Family Medicine Research Unit at the University of Sydney. The study involved a national random sample of 495 GPs (stratified by State) who each recorded details of all surgery and home consultations for two periods of one week, six months apart. Encounter details were recorded on structured paper forms. The resulting database incorporated records of over 110,000 doctor–patient encounters and included more than 160,000 problem contacts (Bridges-Webb et al. 1992).

More recently the wide recognition of the need for continuous and timely information about general practice led to the formation of the General Practice Statistics and Classification Unit (GPSCU), a collaborating unit of the AIHW and the Family Medicine Research Centre (then Unit) of the University of Sydney. The GPSCU was established in 1998 and given the task of filling the void in up to date information about general practice activity in Australia.

The BEACH program began in April 1998. An interim six month report describing the BEACH methods was published earlier in 1999 (Britt et al. 1999). This is a report of the activities of general practitioners drawn from the first year of the BEACH program between 1 April 1998 and 31 March 1999. It provides an overview of the results and gives some examples of analyses to facilitate understanding of the many ways the database can be used to answer questions about specific areas of interest.

1.1 Aims

The BEACH program has three primary aims:

- to provide a reliable and valid data-collection process for general practice which is responsive to the ever-changing needs of information users,
- to establish an ongoing database of GP–patient encounter information,
- to assess patient risk factors and health states and the relationship these factors have with health service activity.