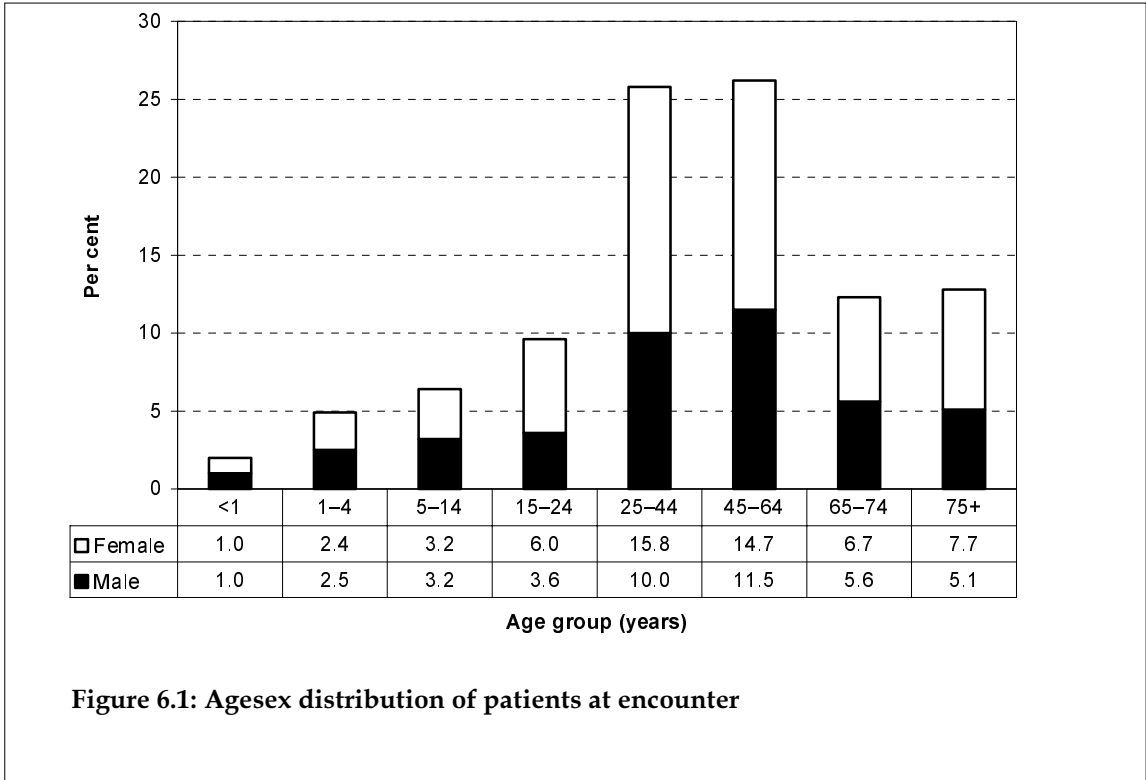


6 The patients

6.1 Patient characteristics

Age–sex distribution of patients

Figure 6.1 shows the age–sex distribution of patients at the encounters recorded in the survey. Age was not recorded at 0.8% of encounters and sex was not recorded at 0.8% of encounters (Table 6.1). Overall there were more encounters with female than male patients (57.4% compared with 42.6%). This was reflected across all age groups except for patients aged 1–4 years where there were slightly more male than female encounters. Gender differences were greatest in the reproductive years (25–44 years age group), and in the middle ages (45–64 years).



Note: Missing data removed. The distributions will not agree perfectly with those in Table 6.1 due to missing data in either age or sex fields.

Approximately one in seven encounters were with children aged less than 15 years (13.3%), one in ten were with young adults (9.5%), and approximately one in four with patients in each of the following age groups, 25–44 years (25.8%), 45–64 years (26.3%), and 65 years and older (25.1%) (Table 6.1).

Other patient characteristics

The patient was new to the practice at 9.2% of encounters. Approximately one in five encounters were with patients who held a health care card (41.9%) and 3.3% were with persons who held a Department of Veterans' Affairs card. At 9.3% of encounters the patient was from a non-English-speaking background, and at 1.0% the patient was an Aboriginal and/or Torres Strait Islander person.

Table 6.1: Characteristics of the patients at encounters

Patient variable	Number	Per cent of encounters (n=96,973) ^(a)	95% UCL	95% UCL
Sex				
Males	40,963	42.6	41.9	43.3
Females	55,202	57.4	56.7	58.1
Missing sex	809
Age group				
< 1 year	1,917	2.0	1.8	2.1
1–4 years	4,732	4.9	4.6	5.2
5–14 years	6,157	6.4	6.1	6.7
15–24 years	9,177	9.5	9.1	10.0
25–44 years	24,786	25.8	25.1	26.5
45–64 years	25,281	26.3	25.7	26.8
65–74 years	11,873	12.3	11.8	12.8
75+ years	12,292	12.8	12.0	13.5
Missing age	760
Other characteristics				
New patient to practice	8,589	9.2	8.5	9.9
Health care card	40,582	41.9	40.4	43.3
Veterans' Affairs card	3,187	3.3	3.0	3.6
Non-English-speaking background	9,051	9.3	5.9	12.7
Aboriginal person	855	0.9	0.0	2.0
Torres Strait Islander	96	0.1	0.0	0.6
Aboriginal person and Torres Strait Islander	31	1.0	0.0	1.5

(a) Missing data removed in calculation of rates.
Note: LCL—lower confidence limit, UCL—upper confidence limit.

6.2 Patient reasons for encounter

International interest in reasons for encounter (RFEs) has been developing over the past three decades. They reflect the patient's demand for care and can provide an indication of service utilisation patterns, which may benefit from intervention on a population level²⁶.

RFEs are those concerns and expectations which patients bring to the GP. Participating GPs were asked to record at least one and up to three patient RFEs in words as close as possible to those used by the patient, before the diagnostic or management process has begun. These reflect the patient's view of the reasons for consulting the GP. RFEs can be expressed in terms of one or more symptoms (e.g. 'itchy eyes', 'chest pain'), in diagnostic terms

(e.g. 'about my diabetes', 'for my hypertension'), a request for a service ('I need more scripts', 'I want a referral'), an expressed fear of disease, or a need for a check-up.

Patient RFEs have a many-to-many relationship to problems managed. That is, the patient may describe two symptoms that relate to a single problem managed at the encounter or may describe one RFE that relates to multiple problems.

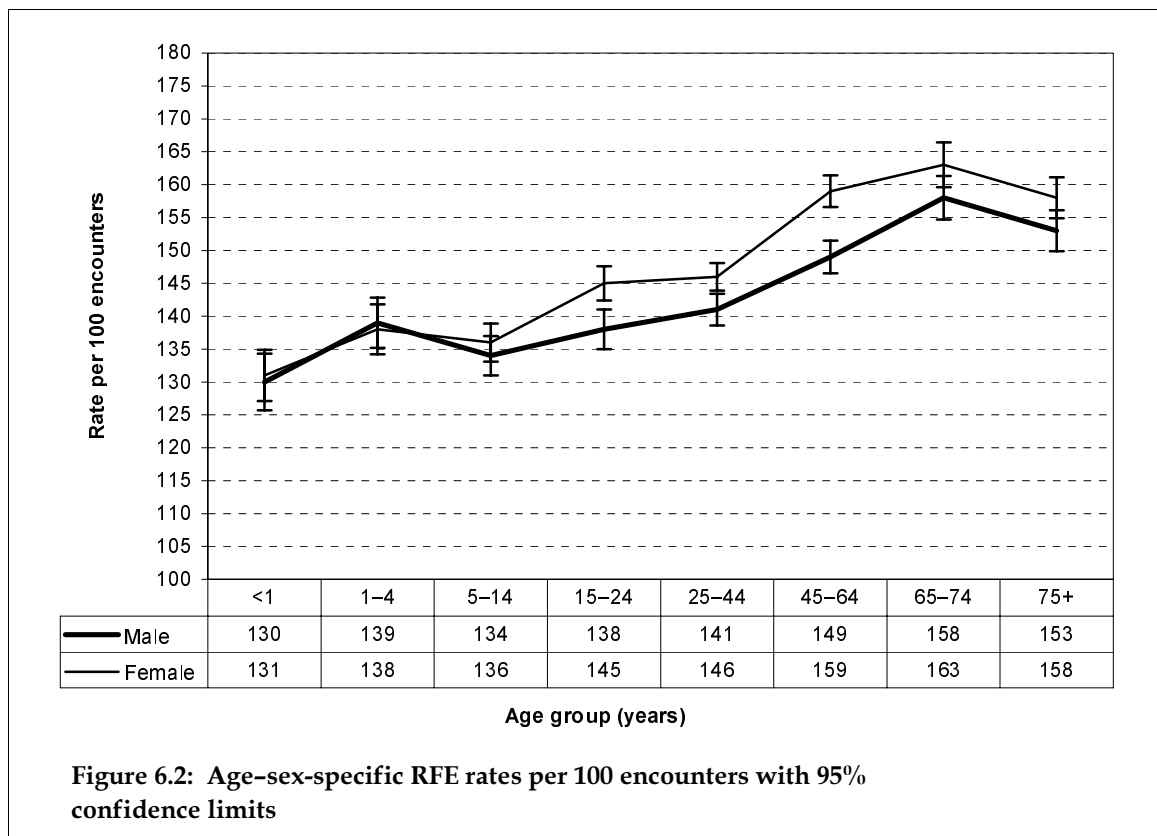
Number of RFEs at encounter

There were 144,654 patient RFEs recorded at a rate of 149.2 per 100 encounters. For three out of five encounters (61.8%) only one RFE was recorded, while at 11.0% of encounters the maximum of three RFEs were recorded (Table 6.2).

Table 6.2: Number of patient reasons for encounter

Number of RFEs at encounter	Number of encounters	Per cent of encounters	95% LCL	95% UCL
One RFE	59,929	61.8	60.6	63.0
Two RFEs	26,407	27.2	26.5	28.0
Three RFEs	10,637	11.0	10.3	11.6
Total	96,973	100.0

Note: LCL—lower confidence limit, UCL—upper confidence limit.



Note: Missing data removed.

Age–sex-specific rates of RFEs

Overall, significantly more RFEs were recorded at encounters with female patients (151.8, 95% CL 150.0–153.7) than at those with male patients (145.7, 95% CL 143.8–147.6).

Figure 6.2 shows the number of RFEs per 100 encounters for male and female patients in each age group. For encounters with children aged less than 15 years the age–sex-specific rate of RFEs per 100 encounters was steady at 130–139. It then gradually increased with advancing age for both males and females, reaching its maximum of 168 RFEs per 100 encounters for women of 65–74 years, though the rates of RFEs decreased in patients aged 75 years or more. Women aged 15–64 years had significantly more RFEs recorded than their male counterparts.

Reasons for encounter by ICPC–2 chapter

The distribution of patient RFEs by ICPC–2 chapter and the most common RFEs within each chapter are presented in Table 6.3. Each chapter and individual RFE is expressed as a percentage of all RFEs and as a rate per 100 encounters with 95% confidence limits.

More than half the RFEs related to the respiratory, musculoskeletal, skin, circulatory and digestive systems. Less common were RFEs of a psychological or social nature and reasons related to the blood, ear, eye, urological, endocrine and genital systems.

Almost one in five RFEs (20.7%, 30.9 per 100 encounters) were classified in the general chapter, not being associated with any particular body system. Of these, the most common were requests for a prescription, for test results or a check-up. However, there were also some general symptoms frequently described, such as fever and chest pain (of unspecified origin).

Respiratory problems arose at a rate of 23.4 per 100 encounters, the most common being cough, throat complaints and upper respiratory tract infection (URTI) (often expressed as a ‘cold’). Requests for influenza vaccination presented at a rate of 2.3 per 100 encounters while asthma and nasal congestion were also relatively common.

RFEs related to the musculoskeletal system were described at a rate of 17.7 per 100 encounters and were most commonly for symptoms and complaints of specific skeletal body parts. Complaints related to the back were by far the most common (3.8 per 100 encounters), followed by those related to the knee, the foot/toe, the neck, leg and shoulder.

Reasons associated with the skin were described at a rate of 14.4 per 100 encounters, rash being the most frequent problem, followed by skin complaints (not otherwise classified). Localised or generalised swelling was also in the most frequent list of RFEs related to the skin.

Requests for a cardiovascular check-up accounted for almost half of all RFEs associated with the circulatory system, which arose at a rate of 11.4 per 100 encounters. Patients also frequently presented for their ‘hypertension or ‘high blood pressure’ problem.

Table 6.3: Distribution of patient reasons for encounter, by ICPC-2 chapter and most frequent individual reasons for encounter within chapter

Patient reasons for encounter	Number	Per cent of total RFEs	Rate per 100 encounters ^(a) (n=96,973)	95% LCL	95% UCL
General & unspecified	29,914	20.7	30.9	29.9	31.8
Prescription NOS	5,847	4.0	6.0	5.6	6.5
Results tests/procedures NOS	3,790	2.6	3.9	3.6	4.2
Check-up NOS*	3,038	2.1	3.1	2.9	3.4
Fever	1,926	1.3	2.0	1.7	2.3
Immunisation/vaccination—general	1,881	1.3	1.9	1.7	2.2
Weakness/tiredness	1,471	1.0	1.5	1.4	1.7
Chest pain NOS	1,192	0.8	1.2	1.1	1.4
Administrative procedure NOS	1,122	0.8	1.2	1.0	1.4
Blood test NOS	806	0.6	0.8	0.5	1.2
Respiratory	22,693	15.7	23.4	22.6	24.2
Cough	6,280	4.3	6.5	6.1	6.9
Throat symptom/complaint	3,642	2.5	3.8	3.4	4.1
Upper respiratory tract infection	2,234	1.5	2.3	2.0	2.7
Immunisation/vaccination—respiratory	2,228	1.5	2.3	1.3	3.3
Nasal congestion/sneeze	1,479	1.0	1.5	1.2	1.8
Asthma	1,039	0.7	1.1	0.9	1.2
Shortness of breath, dyspnoea	875	0.6	0.9	0.7	1.1
Musculoskeletal	17,204	11.9	17.7	17.2	18.3
Back complaint*	3,716	2.6	3.8	3.6	4.1
Knee complaint	1,374	1.0	1.4	1.3	1.6
Foot/toe complaint	1,175	0.8	1.2	1.1	1.3
Neck complaint	1,172	0.8	1.2	1.1	1.4
Shoulder complaint	1,163	0.8	1.2	1.1	1.4
Leg/thigh complaint	1,058	0.7	1.1	1.0	1.2
Skin	13,962	9.7	14.4	13.9	14.9
Rash*	2,724	1.9	2.8	2.6	3.0
Skin complaint	1,276	0.9	1.3	1.0	1.7
Swelling*	1,105	0.8	1.1	1.0	1.3
Circulatory	11,035	7.6	11.4	10.8	11.9
Cardiovascular check-up*	5,155	3.6	5.3	4.9	5.7
Hypertension/high blood pressure*	2,004	1.4	2.1	1.7	2.4
Prescription—cardiovascular	780	0.5	0.8	0.5	1.1

(continued)

Table 6.3 (continued): Distribution of patient reasons for encounter, by ICPC-2 chapter and most frequent individual reasons for encounter within chapter

Patients reasons for encounter	Number	Per cent of total RFEs	Rate per 100 encounters ^(a) (<i>n</i> =96,973)	95% LCL	95% UCL
Digestive	10,280	7.1	10.6	10.2	11.0
Abdominal pain*	2,041	1.4	2.1	2.0	2.3
Diarrhoea	1,358	0.9	1.4	1.3	1.6
Vomiting	1,084	0.8	1.1	0.9	1.3
Psychological	7,551	5.2	7.8	7.3	8.3
Depression*	1,836	1.3	1.9	1.7	2.1
Insomnia	1,243	0.9	1.3	1.1	1.5
Anxiety*	1,067	0.7	1.1	0.9	1.3
Endocrine & metabolic	6,196	4.3	6.4	6.1	6.7
Diabetes (non-gestational)*	993	0.7	1.0	0.8	1.2
Prescription—endocrine/metabolic	778	0.5	0.8	0.6	1.0
Check-up—endocrine/metabolic*	750	0.5	0.8	0.5	1.1
Neurological	5,227	3.6	5.4	5.2	5.6
Headache	1,972	1.4	2.0	1.9	2.2
Vertigo/dizziness	1,172	0.8	1.2	1.1	1.3
Female genital system	5,339	3.7	5.5	5.1	5.9
Check-up/Pap smear*	1,652	1.1	1.7	1.4	2.0
Menstrual problems*	823	0.6	0.9	0.7	1.0
Ear	4,023	2.8	4.2	4.0	4.4
Ear pain	1,679	1.2	1.7	1.6	1.9
Pregnancy & family planning	3,387	2.3	3.5	3.2	3.8
Pre/post natal check-up*	941	0.7	1.0	0.6	1.3
Oral contraception*	861	0.6	0.9	0.7	1.1
Eye	2,464	1.7	2.5	2.4	2.7
Urology	2,458	1.7	2.5	2.4	2.7
Blood	1,035	0.7	1.1	0.9	1.2
Male genital system	955	0.7	1.0	0.9	1.1
Social	931	0.6	1.0	0.8	1.1
Total RFEs	144,654	100.0	149.2	147.4	150.9

(a) Figures do not total 100 as more than one RFE can be recorded at each encounter.

* Includes multiple ICPC-2 or ICPC-2 PLUS codes (see Appendix 3).

Note: LCL—lower confidence limit, UCL—upper confidence limit, NOS—not otherwise specified, NEC—not elsewhere classified.

Digestive problems accounted for 7.1% of all reasons described, arising at a rate of 10.6 per 100 encounters. Abdominal pain was most common, followed by diarrhoea and vomiting. Together these three symptoms represented approximately half of all digestive-related RFEs. RFEs of a psychological nature were recorded at a rate of 7.8 per 100 encounters and these were frequently described in terms of depression, insomnia and anxiety. The relative frequencies of the remaining ICPC-2 chapters for patient reasons for encounter are provided in Table 6.3.

Distribution of RFEs by ICPC–2 component

Almost half of the RFEs were expressed in terms of a symptom or complaint (e.g. back pain, cough) and were presented by patients at a rate of 74.1 such symptoms per 100 encounters. RFEs expressed in diagnostic terms (e.g. ‘about my diabetes’) accounted for almost one-fifth of all RFEs and were described at a rate of 27.3 per 100 encounters. Requests for diagnostic and preventive procedures were made at a rate of 22.7 per 100 encounters, and these were most often requests for a check-up or for immunisation/vaccination (demonstrated in Table 6.5). Patient requests for medication and other treatments were made at a rate of 11.9 per 100 encounters, while request for referrals, results, and administrative procedures were relatively few (Table 6.4).

Table 6.4: Distribution of RFEs, by ICPC–2 component

ICPC–2 component	Number	Per cent of total RFEs	Rate per 100 encounters ^(a) (n=96,973)	95% LCL	95% UCL
Symptoms & complaints	71,853	49.7	74.1	72.3	75.9
Diagnosis, diseases	26,496	18.3	27.3	25.9	28.7
Diagnostic & preventive procedures	21,985	15.2	22.7	21.7	23.6
Medications, treatments & therapeutics	11,509	8.0	11.9	11.3	12.4
Referral & other RFE	6,957	4.8	7.2	6.7	7.7
Results	4,565	3.2	4.7	4.4	5.1
Administrative	1,288	0.9	1.3	1.1	1.5
Total RFEs	144,654	100.0	149.2	147.4	150.9

(a) Figures do not total 100 as more than one RFE can be recorded at each encounter.

Note: Encs—encounters, LCL—lower confidence limit, UCL—upper confidence limit.

Most frequent patient reasons for encounter

The 30 most commonly recorded RFEs, listed in order of frequency in Table 6.5, accounted for over 50% of all RFEs. In this analysis the specific ICPC–2 chapter to which an across chapter RFE belongs is disregarded, such that ‘check-up (all)’ includes all check-ups from all body systems irrespective of whether the type was specified (e.g. ‘BP check’) or whether the request was very general. Equally, ‘immunisation/vaccination (all)’ includes influenza vaccination requests as well as those for childhood immunisation, hepatitis, etc.

A request for a check-up was by far the most common RFE, accounting for 9.0% of all RFEs, being recorded at a rate of 13.4 per 100 encounters. Requests for medication were also frequent (9.8 per 100 encounters). It is notable that RFEs described as ‘hypertension’ or ‘high blood pressure’ also arose at a rate of 2.1 per 100 encounters and these are likely to be closely associated with the need for a check-up and/or medication. A request for test results was the fourth most often expressed RFE (4.7 per 100 encounters), followed by presentations for immunisation or vaccination (4.6 per 100 encounters).

The remaining RFEs in the top 30 were largely symptom-based, led by cough (6.5 per 100 encounters), back complaints (3.8 per 100 encounters), throat complaints (3.8 per 100 encounters), rash, and URTI (often described as ‘a cold’).

Undifferentiated symptoms such as headache, fever, abdominal pain, ear pain, weakness, and nasal congestion were also common. Many musculoskeletal symptoms also appeared in the top 30 RFEs. It is notable that chronic conditions such as depression, insomnia and anxiety were also frequently recorded.

Table 6.5: Most frequent patient reasons for encounter

Patient reason for encounter	Number	Per cent of total RFEs	Rate per 100 encounters ^(a) (n=96,973)	95% LCL	95% UCL
Check-up—all*	12,945	9.0	13.4	12.7	14.0
Prescription—all*	9,450	6.5	9.8	9.2	10.3
Cough	6,280	4.3	6.5	6.1	6.9
Test results*	4,565	3.2	4.7	4.4	5.1
Immunisation/vaccination—all*	4,452	3.1	4.6	4.1	5.1
Back complaint*	3,716	2.6	3.8	3.6	4.1
Throat complaint	3,642	2.5	3.8	3.4	4.1
Rash*	2,724	1.9	2.8	2.6	3.0
Upper respiratory tract infection	2,234	1.5	2.3	2.0	2.7
Abdominal pain*	2,041	1.4	2.1	2.0	2.3
Hypertension/high BP*	2,004	1.4	2.1	1.7	2.4
Headache	1,972	1.4	2.0	1.9	2.2
Fever	1,926	1.3	2.0	1.7	2.3
Depression*	1,836	1.3	1.9	1.7	2.1
Ear pain	1,679	1.2	1.7	1.6	1.9
Sneeze/nasal congestion/ Weakness/tiredness	1,479	1.0	1.5	1.2	1.8
Knee complaint	1,471	1.0	1.5	1.3	1.7
Diarrhoea	1,374	1.0	1.4	1.3	1.6
Skin complaint	1,358	0.9	1.4	1.2	1.6
Insomnia	1,276	0.9	1.3	1.0	1.7
Pain, chest NOS	1,243	0.9	1.3	1.1	1.5
Pain, chest NOS	1,192	0.8	1.2	1.1	1.4
Foot & toe complaint	1,175	0.8	1.2	1.1	1.3
Neck complaint	1,172	0.8	1.2	1.1	1.4
Vertigo/dizziness	1,172	0.8	1.2	1.1	1.3
Shoulder complaint	1,163	0.8	1.2	1.0	1.4
Administrative procedure NOS	1,122	0.8	1.2	1.0	1.3
Swelling*	1,105	0.8	1.1	1.0	1.3
Vomiting	1,084	0.8	1.1	0.9	1.3
Anxiety*	1,067	0.7	1.1	0.9	1.3
<i>Subtotal</i>	<i>79,919</i>	<i>55.2</i>	<i>..</i>	<i>..</i>	<i>..</i>
Total RFEs	144,654	100.0	149.2	147.4	150.9

(a) Figures do not total 100 as more than one RFE can be recorded at each encounter.

* Includes multiple ICPC-2 and ICPC-2 PLUS codes (see Appendix 3).

Note: LCL—lower confidence limit, UCL—upper confidence limit, NOS—not otherwise specified.

6.3 Significant changes from 1998–99 to 2001–02

The age distribution of patients encountered in general practice changed significantly over the first 4 years of the BEACH program. In 2001–02 the GPs' workload included a significantly smaller proportion of encounters with children under the age of 5 years than it did in 1998–99 (8.1% in 1998–99 compared with 6.9% in 2001–02). In contrast a greater proportion of the workload was devoted to the management of patients aged between 45 and 64 years (26.3% in 2001–02 compared with 24.4% in 1998–99).

There was a significant increase in the proportion of health care card holders (41.9, 95% CI: 40.4–43.3) when compared with BEACH 2000–01 (36.7, 95% CI: 35.1–38.3) and BEACH 999–00 (38.6%, 95% CI: 37.0–40.2), but a significant decrease was found when compared with BEACH 1998–99 (47.3, 95% CI: 45.8–48.8). This is perhaps due to the minor change of health care card item in BEACH data collection form (see Chapter 17). These results are summarised in Appendix 4, Table A4.4.

While there was some movement across ICPC–2 chapters in the relative rate of RFEs of particular types over the 4 years, only one statistically significant trend emerged, and this was in a specific type of RFE. The relative rate of requests for results of tests increased steadily over the 1998–99 to 2001–02 period, from 3.4 (95% CI: 3.1–3.7) per 100 encounters in 1998–99, to 4.0 (95% CI: 3.7–4.3) per 100 in 1999–00, 4.3 (95% CI: 3.9–4.6) in 2000–01 to 4.7 (95% CI: 4.4–5.1) per 100 encounters in the fourth BEACH year (results not presented). Whether this represents an increase in the rate at which patients are being asked to return to the GP to receive their test results (with a decrease in the likelihood of GPs giving results over the telephone to their patient) is not known. However, this hypothesis would align with the decrease in the proportion of encounters for which 'no charge' was made for the service and a decrease in the proportion of indirect encounters over the same period. It is also possible that the new Privacy Legislation released at the end of 2001 may be contributing to an increase in call-back rates to give patients the results of tests undertaken. If this is the case, a further increase in such RFEs should be apparent in the coming year.